Reverse shoulder replacement offers benefit for many patients not eligible for traditional approach

For many individuals with painful shoulders caused by arthritis, injury or other afflictions, reverse shoulder replacement has made shoulder replacement surgery far more effective. First approved in the U.S. in 2004, the procedure is ideal for patients whose damaged rotator cuffs render them ineligible for anatomic shoulder replacement, the traditional approach.

“Many people still think of shoulder replacement as being painful and ineffective, and that's because in the past the anatomic procedure was often used to address a diagnosis for which
UCLA Health is expanding with a newly opened cardiology location in Downtown Los Angeles and a newly opened cancer care location in San Luis Obispo. These practices join the UCLA Health network of more than 170 primary and specialty clinics in convenient locations throughout Los Angeles, Orange and Ventura counties, including in the Conejo Valley, San Fernando Valley, Santa Clarita Valley, San Gabriel Valley, Simi Valley, South Bay, Ventura and Westside areas.

For information about UCLA offices in your area, go to: uclahealth.org/locations

UCLA Health opens new cardiology and cancer care locations

UCLA Health offers transparent pricing

Patients now can look up the anticipated charges for health care services they receive through UCLA Health. While it is not always possible to know ahead of time which services will be needed to address each patient’s specific medical needs, four searchable online tools now provide an estimate of anticipated charges. Except where noted, the listed prices are for hospital service only and do not include physician services.

To learn more about transparent cost-of-care pricing at UCLA Health and to access the searchable tools, go to: uclahealth.org/price-transparency

Connect with UCLA Health

UCLA Health Connect is a virtual community for patients and families to connect, share their experiences and improve UCLA Health through participation. Get started by browsing some of the patient stories, photos and videos featured on our website. Then share your own story.

We’d love to hear from you.

Connect. Share. Improve.

To learn more about UCLA Health Connect, go to: connect.uclahealth.org

For information about UCLA offices in your area, go to: uclahealth.org/locations
What you should know about personal EKG devices

An estimated 3-to-6 million Americans have atrial fibrillation, or AFib, according to the U.S. Centers for Disease Control and Prevention. It’s the most common type of heart arrhythmia, a condition that causes the heart to beat too fast, too slowly or erratically. Because people with AFib are up to five times more likely to experience a stroke — and have a higher risk of heart failure — keeping the heart in proper rhythm with medications or other treatments can be important. Personal electrocardiogram (EKG/ECG) devices can help monitor heart rhythm when you’re at home or on the go. Eric Buch, MD, a UCLA cardiologist and electrophysiologist in Los Angeles, addresses the pros and cons of these devices.

How do these devices work?

When you feel an irregular heartbeat, you hold one or two fingers, depending on the device, on sensors built into the device, Dr. Buch explains. The sensors act as electrodes measuring and recording your heart’s electrical activity for as long as your fingers are on the device. The device stores this information on a smartphone application so you can review the findings and share them with your doctor. Most of these devices are approved by the Food and Drug Administration for detecting AFib and rely on smartphone applications to capture heart activity.

Who might benefit from a personal EKG device?

“People who have infrequent symptoms that might be related to a heart rhythm abnormality — such as heart palpitations, dizziness or fainting — might benefit from having a way to record heart events when they occur,” Dr. Buch says. “Doctor-prescribed cardiac event monitors, which can track heart activity for 24 hours up to 30 days, are more reliable. However, since they only track heart rhythm for a designated time period, a personal EKG device could capture an event that occurs outside of these time frames.”

What is the next step if my device indicates a heart rhythm problem?

Keep in mind that these devices rely on just one or two points of contact, or leads, to track heart activity. Hospital EKGs use 12 leads and are more reliable and accurate. Don’t panic if you have an unusual reading; share the information with your doctor, who can then confirm or negate the validity of the finding.

Is a personal EKG device right for me?

Talk to your doctor before making this purchase, Dr. Buch says. “I would only recommend one of these devices to people who have infrequent arrhythmia symptoms that are difficult to monitor. We don’t yet have enough evidence to recommend these devices as screening tools for people without symptoms.”

For a complete list of UCLA primary care locations, go to: uclahealth.org/primary-care
As restrictions are loosened, concerns are raised about gambling-related problems
Americans love to bet on sports, and over the last 15 years the advent of online gambling, coupled with smartphone technology, has substantially increased the ability to gamble in an unregulated environment. A recent U.S. Supreme Court ruling allowing states to legalize sports gambling has raised concerns that as more states get into the game, or, in this case games, more people will succumb to the potentially severe consequences associated with gambling disorder — the diagnosis once referred to as gambling addiction.

The need is to get out ahead of the problem, and UCLA is doing just that. A UCLA gambling disorder expert says that the best way to minimize harm from gambling expansion is to use newly generated revenue to strengthen support for existing problem gambling prevention and treatment programs. “If done properly, California has the opportunity to create a fair and regulated market for gambling on sports, in which, like alcohol, tobacco and cannabis, the state would be able collect revenues that previously would have gone uncollected,” says Timothy Fong, MD, codirector of the UCLA Gambling Studies Program. “What’s important is that states that are legalizing sports gambling pass science-based legislation to ensure that such resources are available.”

The vast majority of people who gamble do so for entertainment purposes and suffer no lasting harm from the activity, Dr. Fong states. However, the UCLA Gambling Studies Program has found that nearly 4 percent of Californians have been negatively affected by gambling behaviors. To varying degrees, the disorder can damage personal relationships, limit productivity and compromise health through sleeplessness, lack of exercise, poor diet and use of substances to cope with the increased stress. Gambling disorder appears to affect the same regions of the brain as other addictions, manifesting in the same types of cravings, tolerance, symptoms of withdrawal, loss of control, irrational behavior and inability to stop, Dr. Fong explains.

He notes that, far more than disorders involving substances, a gambling problem is easily hidden. “You can’t spot it with the naked eye,” Dr. Fong says. “Unfortunately, by the time the problem is discovered, it is usually pretty severe, and considerable damage has been done.”

As with other addictive disorders, the individual with the problem often is the last to recognize it, Dr. Fong adds. “Gambling is meant as entertainment. When it’s no longer fun, and when there is emotional pain or stress attached to it, it’s time to take a deeper look and ask if there could be a problem,” he says.

The UCLA Gambling Studies Program helped create a state-funded treatment program in California, called the California Gambling Education and Treatment Services Program (CalGETS), now in its 10th year, which combines psychological, biological and social approaches to treating gambling disorder. While medications sometimes are used to treat gambling cravings as well as co-occurring psychiatric conditions such as depression and anxiety, the majority of treatments are psychological, focusing on cognitive behavioral therapy and other evidence-based approaches to changing thoughts and behaviors. Over the longer term, patients are directed to 12-step support programs, such as Gamblers Anonymous and other forms of group therapy. Dr. Fong also explains how a focus on exercise, nutrition, sleep and finding more desirable and rewarding ways to spend time helps people in treatment regain their mental and physical health.

Within as little as two months, more than half of people who seek help for a gambling disorder through the state system report improvements in their quality of life, including improved emotional and physical well-being. “We know that the earlier in the course of their disorder that someone seeks treatment, the better the outcome,” Dr. Fong says. He recommends that anyone concerned about his or her own gambling or that of a family member call the 24-hour helpline, 1-800-GAMBLER, to be connected to an authorized CalGETS provider or program, which is a collaboration between the California Office of Problem Gambling and the UCLA Gambling Studies Program. Services through CalGETS are provided at no cost to the person seeking help.

For more information about the UCLA Gambling Studies Program, go to: uclagamblingprogram.org

“Gambling is meant as entertainment. When it’s no longer fun, and when there is emotional pain or stress attached to it, it’s time to take a deeper look and ask if there could be a problem.”
Being able to smile and express other emotions with our face is something that most of us take for granted. But for people who are unable to move facial muscles on one or both sides of their face as a result of nerve damage, the quality-of-life impact can be substantial. With advances in treatment, most patients with facial paralysis can benefit from one of the many approaches that now are available, according to UCLA facial plastic and reconstructive surgeon Irene Kim, MD.

Facial paralysis most often is caused by an infection or inflammation of the facial nerve, trauma to the head, a tumor in the head and neck or a stroke. It can occur suddenly or develop over time, and it can be short-term or long lasting. "In the past, many patients with facial paralysis were told that they were going to have to live with it. But that should no longer be the case," says Dr. Kim, who helped establish a multidisciplinary program in facial reanimation at UCLA. "There are many options now available that can help these patients regain function, as well as confidence regarding their appearance."

The inability to fully smile or otherwise express the emotions they feel on the inside is the biggest complaint Dr. Kim hears from patients with facial paralysis. But, she points out, there often are significant functional issues as well. "People might see an asymmetric face, but there also can exist deeper pain from struggles to do daily activities like brushing teeth or drinking water from a cup," she says. When the muscles around the mouth are weakened, many patients have difficulty eating food without spilling or drooling. Some patients can’t close an eye, leading to dryness of the cornea, which can impair vision.

Facial nerve surgery is tailored to the individual patient, taking into account the cause of the paralysis, the timeline of events and the health of the facial nerve and muscles. In patients with Bell’s palsy, a form of paralysis that tends to affect one side of the face and is usually temporary, there is a tendency to treat medically and wait, since a majority of patients regain their facial function without intervention. But in other cases, Dr. Kim says, the UCLA team endeavors to be proactive with treatment to ensure that patients meet their facial-functioning potential.

"The traditional thinking has been to wait one-to-two years before we do anything, to see if there is some improvement," Dr. Kim explains. "Most of us don’t think that way.

"There are many options now available that can help these patients regain function, as well as confidence regarding their appearance."

Facial reanimation procedures can restore smiles

Left: This patient had a left-sided temporal bone tumor that caused her to have dense facial paralysis.
Right: Five months after tumor resection, lower eyelid tightening and two nerve transfers, there is increased symmetry at rest and the ability to smile.

Photos: Courtesy of Dr. Irene Kim
Reverse shoulder replacement offers benefit for many patients not eligible for traditional approach

it was not appropriate,” says UCLA orthopaedic surgeon and sports medicine physician Frank Petrigliano, MD. “Now that we can also offer reverse shoulder replacement, surgeons can indicate the best procedure for a given patient. As a result, the outcomes for both surgeries have improved dramatically.”

The conventional anatomic shoulder replacement tends to be effective only for individuals with shoulder arthritis and a normal rotator cuff, Dr. Petrigliano says. The reverse procedure — so named because the surgeon replaces the shoulder joint’s ball and socket while switching their positions — is the best option for most other cases. These include patients with shoulder arthritis in which the rotator cuff is torn, patients with severe fractures that can’t otherwise be repaired, patients with previous shoulder replacements that are no longer effective and those with severe rheumatoid arthritis and advanced osteoarthritis.

Although it remains less common than hip and knee replacements, shoulder replacement is growing at a faster pace, due to the ability of the reverse procedure to relieve shoulder pain for conditions that were inadequately addressed by the anatomic approach. Last year, there were more than 53,000 total shoulder replacements in the U.S., Dr. Petrigliano notes. UCLA is among the highest-volume shoulder replacement centers in the country.

The reverse shoulder replacement is less invasive than a hip or knee replacement, requiring just a small incision on the front of the shoulder. The procedure involves minimal postoperative pain and typically one-to-two nights in the hospital. After a period of physical therapy, patients typically are able to return to recreational activities within four-to-six months with no major restrictions. Anatomic shoulder replacements tend to survive 15-to-20 years, and data from Europe, where the reverse procedure has been performed since the early 1990s, suggests that the durability of reverse shoulder replacement is similar.

Dr. Petrigliano says that anyone with a diagnosis of shoulder arthritis who has received insufficient relief from physical therapy or injections is a candidate to seek a surgical consultation. “Most people with shoulder arthritis not only have pain, but can be severely restricted in their activities of daily living because it’s difficult to raise their arm,” he says. “Shortly after recovering from a reverse shoulder replacement, patients can expect complete or near-complete resolution of their pain as well as a restoration of a range of motion that allows them to perform their daily and leisure activities. It’s a huge quality-of-life benefit to be able to return to a more normal lifestyle.”
Cut back on fats, but be careful what you eat in their place

The message that we should switch from consuming saturated to unsaturated fats has resonated loudly for decades. But last year, the U.S. Centers for Disease Control and Prevention reported that in spite of that recommendation, national obesity rates among adults have continued to rise — from 33.7 percent in 2007-08 to 39.6 percent in 2015-16 — as the number of people with type 2 diabetes reaches epidemic proportions. A UCLA Health nutrition expert says that it’s not necessarily that people are ignoring the recommendation to reduce animal fats; the problem, says Zhaoping Li, MD, PhD, director of the UCLA Center for Human Nutrition, is that many are replacing those fats with the wrong foods.
With so much emphasis on the importance of reducing our intake of saturated fats, why do obesity and type 2 diabetes continue to rise among U.S. adults?

Since around the 1980s, people have been getting the message that they need to cut back on saturated fats, such as those in meat and dairy foods. But the tendency has been to switch liberally to carbohydrates, without thought to the overall calories coming in. Too many people mistakenly think of fat as bad and anything other than fat as good. But it is important to remember that fat, particularly in a protein like meat, may have satisfied your hunger more than carbs. So if you cut back on fat, you’re less likely to feel full and you may end up eating more.

Is there a natural tendency to crave carbohydrates when cutting back on saturated fat?

Yes. When we reduce saturated fats, it’s natural to be driven toward carbs. The three pillars for taste are fat, sugar and salt. If you cut out fat, you’re going to gravitate toward the carb side. But to our bodies, carbohydrates are interchangeable with saturated fats. When we eat carbs, the liver immediately converts them to triglycerides, which is the most prevalent saturated fat in animal foods like meat. At any given time, an average person carries about five grams of sugar in the blood. That’s a cube of sugar. A can of soda, as an example, is nine cubes. When the body can’t use the sugar, it immediately converts it to triglycerides. So drinking that soda is more efficient than eating a piece of lard in terms of its becoming saturated fat in the body.

What’s the best strategy for reducing fats without ending up consuming more carbs and calories?

When you compare fat, protein and carbs, it is protein that is the most satiating. Therefore, it’s always good to replace fat with healthy proteins. Chicken and turkey breast, egg whites and seafood are examples of foods that are high in protein and low in fat. And the best source of carbohydrates is vegetables, and, to some degree, fruit. Vegetables provide key micronutrients, which are important because we now know that every bite we take is to feed not only our human cells but also our gut bacteria as well. Each of us carries about 100 trillion-to-300 trillion gut bacteria, referred to as the gut microbiome. That atmosphere changes based on what we eat, and it plays a major role in our overall health. If we’re just eating refined carbs, nothing gets to those bacteria. We’re also beginning to learn that the gut microbiome plays a role in satiety, and even in mood.

There is good fat and there is bad fat. What is the hierarchy?

The best fats are the long-chain omega-3s — fish such as salmon and albacore tuna — and monounsaturated fatty acids, like those found in such foods as avocados, olive oil and tree nuts. Then you have polyunsaturated — corn, soybean and safflower oils. And then saturated, which is found in beef, pork, butter and cheese. The worst are trans fats — the artificially altered adulterated fats like partially or completely hydrogenated fats — found in fried foods, vegetable shortening, premade baked goods and coffee creamers.

Finding a balance is the key, right?

Yes. If you want to have a piece of steak, which has quite a bit of saturated fat, make sure to eat healthy the rest of the day, with minimal fat and less carbohydrates. What matters in the new dietary guidelines is the big picture, focusing on overall calories and dietary patterns. The specifics are going to differ with each person, depending on genetics and lifestyle. If you tell me, as a Chinese woman, to avoid fat, I have no problem, because I didn’t grow up with it; carbs are my concern. And as a working woman, it’s unrealistic to recommend that I prepare three meals a day. There will never be one recommendation that fits everyone. People should talk with their physician or a registered dietitian to determine what will be best for them.

Zhaoping Li, MD, PhD
Few relationships are as intimate as those between patients and their health care providers. But for many lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) individuals, health care settings may have felt less than welcoming. Amy K. Weimer, MD, an internal medicine and pediatrics specialist who codirects the UCLA Gender Health Program, notes that among individuals who identify as transgender or gender diverse, suboptimal experiences are all too common. “Many people have stories about providers or institutions that are ignorant, in large part because there hasn’t been much education of health care providers about gender transition, or about general health care delivered through the lens of a person’s gender experience,” she says. “Many patients also feel actively discriminated against, or are reluctant to speak about their gender status because of discomfort.”

Dr. Weimer notes that when people are uncomfortable in health care settings, they are less likely to seek general preventive care services such as cancer screenings and vaccinations, and may be more likely to engage in unhealthy behaviors. Transgender individuals might delay seeking hormones, surgeries and other gender-affirming services, increasing the risk of poor health outcomes, including untreated depression and suicidality. The Santa Monica-based UCLA Gender Health Program was established in 2016 to provide a place where children, adolescents and adults who are transgender or gender diverse can receive primary care and chronic disease management, as well as care specific to their gender or gender transition, in an environment where providers and staff are knowledgeable and sensitive to patients’ needs. Comprehensive staff training ensures that everyone who interacts with patients — from office staff to the network of UCLA Health specialists who see patients in coordination with the program’s primary care providers — are respectful and sensitive to their desires, including calling them by their chosen name and personal pronouns. The program is part of a purposeful and proactive effort by UCLA Health to ensure equitable, affirming and supportive environments for LGBTQ patients and their families. In its 2018 Healthcare Equality Index, the Human Rights Campaign Foundation awarded each of UCLA Health’s four hospitals the distinction of “LGBTQ Healthcare Equality Leader.”

At the UCLA Center for Clinical AIDS Research and Education (CARE), which provides state-of-the-art care to patients with HIV and AIDS, the vast majority of patients are gay and bisexual men, says Emery H. Chang, MD, an internal medicine and pediatrics physician and HIV specialist at the center. Dr. Chang notes that even in a city as diverse as Los Angeles, many of his patients complain about experiences with other health care settings. “There is still a stigma, both around HIV and LGBTQ issues, and that results in patients not feeling comfortable disclosing information that would be important to their care,” Dr. Chang says.

At CARE and elsewhere, Dr. Chang says, the UCLA Health system is taking extra measures to ensure that interactions with LGBTQ patients at both the staff and provider levels are inclusive and welcoming. In the CARE hiring process, he notes, candidates are closely vetted to ensure that they are not only well-versed in issues of importance to LGBTQ patients, but also able to connect in a way that allows them to deliver compassionate services. “When patients see these efforts,” Dr. Chang says, “it sets a tone that not only improves their experience, but allows us to deliver higher-quality care.”

For more information about the UCLA Gender Health Program, go to: uclahealth.org/gender-health

For more information about the UCLA Center for Clinical AIDS Research and Education, go to: uclahealth.org/care-center
New national recommendations for cervical cancer screening of women ages 21-to-65 years of age offer three testing options, beginning at age 30, to be selected in consultation with a woman’s primary care provider. Regardless of which option a woman chooses, what is most important is that she be regularly screened, says Carol Mangione, MD, MSPH, a UCLA Health internal medicine physician who headed the panel of experts from the U.S. Preventive Services Task Force, which issued the guidelines.

“Screening for cervical cancer saves lives and identifies the condition early, when it is treatable,” says Dr. Mangione, chief of the Division of General Internal Medicine and Health Services Research. “There are several effective screening strategies available, so women should talk to their doctors about which one is right for them.”

The recommendations call for primary care clinicians to screen women ages 21-to-29 every three years with cervical cytology, more commonly known as the Pap test. For women 30-to-65, there now are three recommended options: a Pap test alone every three years, screening every five years for high-risk human papillomavirus (HPV), or Pap and HPV screening together every five years.

Women older than 65 who have been adequately screened with repeated normal results during the prior 10 years need no further screening, the guidelines state.

The recommendations apply to women with a cervix and no signs or symptoms of cervical cancer. They are not for women at high risk for the disease, such as those who have previously been diagnosed with a high-grade precancerous cervical lesion.

Cervical cancer rates and deaths have declined significantly in the U.S. in the last several decades as a result of the increased prevalence of women getting regular screening. But Dr. Mangione notes that there continues to be a significant disparity in cervical cancer screening, with low-income and minority women the least likely to get the recommended tests. “We know that many women who present with cervical cancer and most women who die from cervical cancer have not been adequately screened, so it’s clear that we are not reaching everyone,” she says.

Home-test kits for high-risk HPV currently are in development, which could increase the number of women who are appropriately screened, particularly if home testing reaches those who lack access because of their health insurance status or for other reasons, Dr. Mangione says.

“The bottom line is that very few cancer screening tests are known to decrease mortality, and we have that for cervical cancer,” she adds. “Regardless of which option women choose, the important thing is that they get screened.”
## Community Health Programs

**APRIL, MAY, JUNE 2019 COMMUNITY HEALTH PROGRAMS**

UCLA Health offers community programs and events to help our neighbors lead healthier lives through wellness education. Go to [connect.uclahealth.org/calendar](http://connect.uclahealth.org/calendar) for more information.

### AGING

<table>
<thead>
<tr>
<th><strong>Healthy Aging and Longevity</strong></th>
<th>In Spanish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mirella Diaz-Santos, PhD, UCLA psychologist, will discuss the impact of nutrition, exercise, sleep and medication management on your health, brain and daily functioning.</td>
<td></td>
</tr>
<tr>
<td><strong>When:</strong> Monday, May 13 / 6:30 – 8 pm</td>
<td><strong>Where:</strong> Pico Branch Library, 2201 Pico Bl, Santa Monica</td>
</tr>
<tr>
<td><strong>RSVP:</strong> uclahealth.org/50PlusSeminar or 800-516-5323</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Sleepless in Calabasas</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Susie Fong, MD, UCLA sleep medicine physician, will discuss what every senior needs to know to help with sleep in your silver years.</td>
<td></td>
</tr>
<tr>
<td><strong>When:</strong> Friday, May 31 / 10 – 11:30 am</td>
<td><strong>Where:</strong> Calabasas Senior Ctr, 300 Civic Ctr Way</td>
</tr>
<tr>
<td><strong>RSVP:</strong> 818-224-1777 or apm.activecommunities.com/cityofcalabasasrec</td>
<td></td>
</tr>
</tbody>
</table>

### CANCER

<table>
<thead>
<tr>
<th><strong>East-West Culinary Medicine and Cancer</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Felicia Yu, MD, UCLA internist, will discuss digestible nutrition tips for healthy individuals, cancer patients, cancer survivors and those caring for loved ones with cancer.</td>
<td></td>
</tr>
<tr>
<td><strong>When:</strong> Thursday, Apr 25 / 3 – 4:30 pm</td>
<td><strong>Where:</strong> Santa Monica Family YMCA, 1332 6th St</td>
</tr>
<tr>
<td><strong>RSVP:</strong> uclahealth.org/50PlusSeminar or 800-516-5323</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Chemo Brain</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathleen Van Dyk, PhD, UCLA neuropsychologist, will discuss cognitive problems associated with cancer treatment, also known as chemo brain.</td>
<td></td>
</tr>
<tr>
<td><strong>When:</strong> Friday, Apr 26 / 1 – 2:30 pm</td>
<td><strong>Where:</strong> Cancer Support Community Redondo Beach, 109 W Torrance Bl, #100</td>
</tr>
<tr>
<td><strong>RSVP:</strong> uclahealth.org/50PlusSeminar or 800-516-5323</td>
<td></td>
</tr>
</tbody>
</table>

### DEMENTIA

<table>
<thead>
<tr>
<th><strong>Middle-Aged Dementia Groups</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Memory Care is a weekly, three-hour program for middle-aged dementia patients (age 65 and younger) and their loved ones. It teaches memory techniques and strategies to lower stress and stimulate the mind and the body and offers support for people with memory challenges and their caregivers.</td>
<td></td>
</tr>
<tr>
<td><strong>When:</strong> Thursdays / 1 – 4 pm</td>
<td><strong>Where:</strong> UCLA Longevity Ctr, 10945 Le Conte Av</td>
</tr>
<tr>
<td><strong>Contact:</strong> 310-794-0680</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Hydration and Cancer</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Howard Murad, MD, FAAD, UCLA dermatologist, and Carolyn Katzin, MS, CNS, UCLA oncology specialist, discuss the nutritional value of high water content foods and the role of hydration during treatment for cancer.</td>
<td></td>
</tr>
<tr>
<td><strong>When:</strong> Tuesday, Jun 11 / 7 – 9 pm,</td>
<td><strong>Where:</strong> Ronald Reagan Medical Ctr, 757 Westwood Plaza, B130 RRMC</td>
</tr>
<tr>
<td><strong>Info:</strong> 310-794-6644</td>
<td></td>
</tr>
</tbody>
</table>

### SUPPORT GROUPS

UCLA Health and its community partners offer support groups to inform and help patients, families and caregivers coping with a variety of diagnoses. For more information, visit: [uclahealth.org/support-groups](http://uclahealth.org/support-groups)
DIABETES

Living with Type 2 Diabetes
This ADA-certified self-care class will help you gain important skills, knowledge and confidence to successfully manage your diabetes. A physician referral is required. Covered by most medical insurance policies.
Info: 310-794-1299 or diabeteseducation@mednet.ucla.edu
Santa Monica
When: Mondays, Apr 8 & 22, May 6 & 20, June 10 & 24 / 8:30 am – 5 pm
Where: 2020 Santa Monica Blvd, 2nd Fl Conf Rm
Porter Ranch
When: Mondays, Apr 15 & Jun 17 / 8 am – 5 pm
Where: 19950 Rinaldi St, Ste 300

Basic Diabetes Nutrition Group Class
This two-hour ADA-certified class will teach you how different foods affect your blood sugar and how to plan healthy meals. A physician referral is required. Covered by most medical insurance policies.
Info: 310-794-1299 or diabeteseducation@mednet.ucla.edu
Santa Monica
When: Tuesdays, Apr 9, May 14, June 11 / 9 – 11 am
Where: 2020 Santa Monica Blvd, 2nd Fl Conf Rm
Redondo Beach
When: Thursdays, Apr 18, May 16, Jun 20 / 3 – 5 pm
Where: 514 N Prospect Ave, Ste 103

Learning to Manage Gestational Diabetes
This ADA-certified self-care class will help you successfully manage your diabetes. A physician referral is required. Covered by most medical insurance policies.
Info: 310-794-1299 or diabeteseducation@mednet.ucla.edu
Santa Monica
When: Thursdays, Apr through Jun (time may vary by date)
Where: 2020 Santa Monica Bl, 2nd Fl Conf Rm
Torrance
When: Fridays, Apr through Jun / 3 – 5 pm
Where: 3445 East Pacific Coast Hwy, Ste 100

Integrative Medicine Class
This class will teach patients integrative approaches to manage diabetes, including gentle yoga, mindfulness, guidance on the judicious use of supplements and nutrition counseling.
Info: 310-794-1299 or diabeteseducation@mednet.ucla.edu
When: Tuesdays, Apr through Jun / 10 am – Noon
Where: 2020 Santa Monica Blvd, 2nd Fl Conf Rm

Diabetes Overview
Trinidad Solis, MD, MPH, UCLA family medicine physician, will give an overview of diabetes. She will focus on prevention and treatment strategies.
When: Thursday, May 30 / Noon – 1:30 pm
Where: Santa Monica Family YMCA, 1332 6th St
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

GASTROINTESTINAL

GERD: What to Know About Acid Reflux
Lisa Lin, MD, UCLA gastroenterologist, will discuss the symptoms of acid reflux, how to test for it and treatments to relieve the disorder.
When: Thursday, May 23 / 2 – 3:30 pm
Where: Belmont Village, 10475 Wilshire Bl
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

GENETICS

Home DNA Testing:
The Good, The Bad and The Ugly
Wayne Grody, MD, PhD, UCLA pathologist and molecular geneticist, will discuss home DNA tests, what to know about the test results and the importance of partnering with experts to interpret the results.
When: Saturday, Jun 22 / 10:30 am – Noon
Where: UCLA Medical Center, Santa Monica, 1250 16th St, Conf Rm 3
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

KIDNEY DISEASE

Kidney Smart Classes
This two-hour class provides information on kidney function, kidney disease and managing a diet that promotes healthy kidneys.
When: Thursdays, Apr 11 & 25, May 30 and Jun 27 / 2 – 4 pm
Where: UCLA Medical Ctr, Santa Monica, 1250 16 St, Conf Center
Info & RSVP: 888-695-4363 or kidneysmart.org

MEMORY CARE

Memory Training Course (Quarterly)
This innovative, four-week educational program teaches people with mild memory concerns (not dementia) how to develop good memory habits and techniques to improve their memory.
When: Two hours per week, once a week.
Call for next session dates.
Where: Locations vary
Info & Cost: 310-794-0680 or sgoldfarb@mednet.ucla.edu

Brain Booster
Brain Booster will provide information on healthy aging research and exercises to enhance overall cognitive function. Limited seating available. Sessions are 90 minutes.
Where: UCLA campus
Info & Cost: Sherrie Goldfarb at 310-794-0680 or sgoldfarb@mednet.ucla.edu

MEMORY CARE (CONTINUED)

Brain Boot Camp (Ongoing)
This intensive course teaches healthy lifestyle tips to enhance memory ability for people with age-related memory concerns.
Where: UCLA Longevity Center, 10945 Le Conte Av, Ste 3119
Info: 310-794-6314 or cyniguez@mednet.ucla.edu

Mental Health and Memory
Jennifer Logan, MD, UCLA family medicine physician, will give an overview of the causes and treatments of anxiety, depression and dementia and the way these diseases impact memory and recollection.
When: Monday, Jun 17 / 2:30 – 4 pm
Where: Kehillat Israel, 16019 W Sunset Bl, Pacific Palisades
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

MULTIPLE SCLEROSIS

REACH to Achieve Program (Ongoing)
This weekly comprehensive wellness program includes fitness, yoga, cognitive stimulation, emotional well-being, recreation, nutrition and health education for those with MS. Sessions are led by a team of health and wellness professionals.
Where: Marilyn Hilton MS Achievement Ctr, 1000 Veteran Av
Info & Application: 310-267-4071

Exercise and MS
This 12-week program will teach those with MS — who can easily walk a minimum of 25 feet with or without a cane or walker — how to use exercise to improve overall wellness and manage MS symptoms.
Where: Marilyn Hilton MS Achievement Ctr, 1000 Veteran Av
Info & Application: 310-481-1107

PLASTIC SURGERY

Facial Rejuvenation
Andrew Vardanian, MD, UCLA plastic surgeon, will discuss the surgical and nonsurgical options for cosmetic and facial rejuvenation, including Botox, fillers and laser skin resurfacing.
When: Thursday, Apr 18 / 6 – 7:30 pm
Where: 200 UCLA Medical Plaza, Ste 206
RSVP: plasticsurgery@mednet.ucla.edu

Rhinoplasty
Jason Roostaeian, MD, UCLA plastic surgeon, will discuss how rhinoplasty procedures can improve nasal airflow and aesthetic appearance of the face.
When: Thursday, May 2 / 6 – 7:30 pm
Where: 200 UCLA Medical Plaza, Ste 206
RSVP: plasticsurgery@mednet.ucla.edu
PLASTIC SURGERY (CONTINUED)

Breast Augmentation
Andrew Da Lio, MD, UCLA plastic surgeon, will discuss breast augmentation and the silicone, saline and cohesive gel implants currently on the market.
When: Thursday, May 16 / 6 – 7:30 pm
Where: 200 UCLA Medical Plaza, Ste 206
RSVP: plasticsurgery@mednet.ucla.edu

Is It Time for a Lift?
Jaco Festekjian, MD, UCLA plastic surgeon, will discuss contemporary approaches to body contouring, such as neck lift, face lift and eyelid lift.
When: Thursday, May 23 / 11 am – Noon
Where: Calabasas Senior Ctr, 300 Civic Ctr Way
Info: 818.224.1777 or apm.activecommunities.com/cityofcalabasasrec

Lunchtime Liposuction and Other In-Office Procedures
Andrew Vardanian, MD, UCLA plastic surgeon, will discuss the latest in office procedures for body contouring and facial rejuvenation, including lunchtime liposuction, chemical peels, laser skin resurfacing, Botox and dermal fillers.
When: Thursday, Jun 13 / 6 – 7:30 pm
Where: 200 UCLA Medical Plaza, Ste 206
RSVP: plasticsurgery@mednet.ucla.edu

PODIATRY

Bunions and Bunion Surgery
Bob Baravarian, DPM, will discuss bunions and the latest surgical and nonsurgical treatments.
When: Tuesday, Apr 16 / 5:45 – 6:45 pm
(Date subject to change)
Where: 2121 Wilshire Bl, Santa Monica, Ste 101
RSVP: 310-828-0011

Heel and Ankle Pain
Gary Briskin, DPM, will discuss common causes of heel and ankle pain, as well as surgical and nonsurgical therapies.
When: Tuesday, May 21 / 5:45 – 6:45 pm
Where: 2121 Wilshire Bl, Santa Monica, Ste 101
RSVP: 310-828-0011

RESEARCH AND TRIALS

UCLA conducts research on a wide range of medical disorders. Go online to learn more information about opportunities to participate in research and clinical trials:

uclahealth.org/clinical-trials

WEBINARS ON DEMAND

If you missed one of our UCLA MDChat Webinars, visit our library at:

uclahealth.org/uclamdchat
50 Stay Active and Independent for Life (SAIL)
Join the SAIL fitness and education program led by UCLA physical therapists, designed for healthy seniors. First-time participants must receive a physical therapy screening ahead of time.
When: Mondays and Thursdays / 10 – 11 am
Where: St. Monica Catholic Church, 725 California Av
Info & Enrollment: 424-259-7140 or visit UCLA Rehabilitation, 1131 Wilshire Bl, Ste 200, between 8 am and 5 pm for a screening.
Cost: $40 per month (unlimited participation)

50 Senior Scholars
The UCLA Longevity Center invites adults 50 years of age or older to audit undergraduate courses taught by UCLA’s distinguished professors.
When: Spring quarter session begins April 1
Where: Locations vary by UCLA campus.
Info: www.srlongevity.org or lsrscholars@mednet.ucla.edu or 310-794-0679
Cost: $150 per course

50 Cardiovascular Update
Learn about prevention, symptoms and treatments of cardiovascular diseases as well as what lifestyle changes you can make to stay healthy.
When: Tuesday, Apr 16 / 2 – 3:30 pm
Where: Collins & Katz Family YMCA, 1466 S Westgate Av, West LA
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

50 New Recommendations for Aspirin
Boris Arbit, MD, UCLA cardiologist, will present the latest research on the role of aspirin, fish oil and vitamin D to prevent heart attacks and strokes.
When: Thursday, Apr 25 / 10 – 11:30 am
Where: ONEGeneration, 18255 Victory Bl, Reseda
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

50 Total Joint Replacement & Recovery
Adam Sassoon, MD, UCLA orthopaedic surgeon, will discuss the indications, technical aspects and postoperative recovery for total hip replacements and partial/total knee replacements.
When: Thursday, May 2 / 7 – 8:30 pm
Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Auditorium
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

50 Tech Help for U
UCLA undergraduate students offer free one-on-one coaching (30 – 45 minute sessions) to UCLA Health 50-Plus members about electronic devices. Bring your fully charged smartphone, tablet, laptop or e-reader to have your questions answered.
When: Saturdays, May 4 & Jun 1 / 9 am – Noon
Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Conf Rm 3
RSVP: 800-516-5323, by appointment

50 Exercise as You Age
Learn about the importance of exercise throughout life, the latest guidelines and recommendations for people over 50 and strategies to incorporate exercise into your life.
When: Tuesday, May 14 / 2 – 3:30 pm.
Where: Collins & Katz Family YMCA, 1466 S Westgate Av, West LA
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

50 Social Connections: Good for Your Health
Learn how social connections in your later years can improve your health and strategies to employ for you to stay socially connected.
When: Wednesday, May 15 / 2 – 3:30 pm.
Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Conf Rm 3
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

50 Aging, BPH and Cancer
Nicholas Donin, MD, UCLA urologist, will discuss the ABCs of prostate health in the aging male, covering diagnosis, evaluation and treatments for prostate problems.
When: Thursday, May 16 / 6 – 7:30 pm
Where: Santa Clarita Family YMCA, 26147 McBean Pkwy, Valencia
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

50 Conservative Management of Osteoarthritis
Arielle Levy, DPT, UCLA physical therapist, will discuss the symptoms of osteoarthritis and review conservative options available for improving pain and disability.
When: Monday, May 20 / 1:30 – 3 pm
Where: WISE & Healthy Aging, 1527 4th St, Santa Monica
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

50 Living a Brain Healthy Lifestyle
This presentation will discuss the latest research on what you can do to keep your brain healthy as you age and what are ways to reduce your risk of developing dementia.
When: Thursday, Jun 6 / Noon – 1:30 pm
Where: Hawthorne Public Library, 12700 Grevillea Av
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

50 Thyroid Disorders Update
This presentation will give an overview of thyroid disorders, including symptoms, treatments and how to prevent thyroid problems.
When: Tuesday, Jun 11 / 2 – 3:30 pm
Where: Collins & Katz Family YMCA, 1466 S Westgate Av
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

50 Understanding Medicare
Learn what Medicare covers, doesn’t cover and how to fill the gaps.
When: Wednesday, June 19 / 6:30 – 8 pm
Where: UCLA Medical Center, Santa Monica, 1250 16th St, Conf Rm 3
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

50 Hearing Loss
Denise Nicholson, AuD, UCLA audiologist, will discuss different types of hearing loss, causes, treatment options and updates on current hearing aid technologies.
When: Friday, Jun 21 / 2 – 3:30 pm
Where: OASIS Baldwin Hills, 4005 Crenshaw Bl, Macy’s, 3rd Fl
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323
Sound Body Sound Mind

Sound Body Sound Mind is the largest community engagement program at UCLA Health, providing Los Angeles-area youth with resources designed to introduce healthy habits, invigorate excitement for exercise and encourage self-confidence.

For more information or to make a gift to support Sound Body Sound Mind, go to: uclahealth.org/soundbodysoundmind or contact us at 310-500-4285, sbsminfo@mednet.ucla.edu