Vaccinations are not just for children

Vaccinations are not typically associated with adulthood. “When parents bring their children for a scheduled doctor’s visit, they expect to have a conversation about what immunizations are needed. But when an adult sees his or her physician, immunizations generally are not on their list of things to discuss,” says Nathan Samras, MD, a UCLA internal medicine and pediatrics physician in Beverly Hills. “We have to bring it up, and often new patients don’t remember which vaccines they’ve had or when they received them.”

Each year in the U.S., thousands of adults become seriously ill or die from diseases that vaccines can help to prevent, according to the Centers for Disease Control and Prevention. Dr. Samras notes that the reasons adults need immunizations vary. The recent resurgence of measles cases

Continued on page 7
UCLA Health and Los Angeles Dodgers join forces

UCLA Health will serve as the Official Medical Partner of the Los Angeles Dodgers in a multiyear partnership between the two organizations. Starting in 2020, UCLA Health physicians will begin to provide care to players during home games and conduct the team’s annual physicals during spring training. This partnership will allow UCLA Health and the Dodgers to work together to deliver on their joint missions of community service, fitness and health for a broad and diverse audience.

UCLA Health and Los Angeles Dodgers join forces

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Daily aspirin prescription revised for healthy adults

Many healthy people take a daily 81 mg baby aspirin as a means of warding off a heart attack or stroke. But recent studies indicate that for most healthy people, the potential benefits and potential harms are similar and offset each other. “Clinical studies of aspirin use for patients without cardiovascular disease have generally shown a modest degree of preventing heart attacks and strokes, but that decreased risk is potentially countered by an increased risk of bleeding,” says Gregg Fonarow, MD, clinical cochief of the UCLA Division of Cardiology and codirector of UCLA’s Preventative Cardiology Program.

“Baby aspirin significantly increases your risk of bleeding. For example, if you fall and hit your head, it increases the risk of intracranial bleeding,” adds Serena Wang, MD, a UCLA internal medicine physician in Santa Monica. Bleeding may also occur in the gastrointestinal system. The risk is higher for people with such conditions as peptic ulcer disease or gastric ulcers, as well as for those over age 70.

In March, the American Heart Association and the American College of Cardiology released new guidelines recommending against taking an aspirin to prevent a first occurrence of a heart attack or stroke. Other medications may increase risks

The bleeding risk associated with daily aspirin use increases when taking certain other common medications. These include ibuprofen and naproxen, which are the key ingredients for many common over-the-counter pain medications, as well as anti-coagulation medications such as clopidogrel and warfarin.

Better ways to prevent heart disease

A healthy lifestyle can help prevent heart disease. This includes doing moderate exercise for 150 or more minutes each week; eating a healthy diet rich in vegetables, fruits, nuts, legumes, fish and whole grains; not smoking; and maintaining a healthy weight. Statins (cholesterol-lowering drugs) can help prevent heart disease, particularly in adults ages 40 to 75.

Aspirin still recommended for some patients

While aspirin use may not be appropriate for healthy individuals, it has clear benefits for people with heart disease and those who have previously had a heart attack or stroke, Dr. Wang says. Aspirin reduces the chance of having a subsequent episode of heart attack or stroke. "Aspirin has long been established and has benefits that greatly outweigh the risks for preventing recurrent heart attacks and strokes in individuals who have already established heart disease or cerebrovascular disease,” Dr. Fonarow says.

The bottom line

Each individual has a unique health situation and health history that will influence the best course of action for him or her. "If you’re taking baby aspirin and your doctor has not recently specifically told you to be on it, I would recommend talking with your doctor about whether or not you should be taking it and before deciding to stop,” Dr. Wang says.
Understanding the mysteries of miscarriage

Although miscarriage is not uncommon and occurs in 15-to-20 percent of pregnancies — up to a million cases each year — women who miscarry often feel a very particular kind of heartbreak accompanied by the question of why did it happen.

There are many misconceptions surrounding the possible reasons for a miscarriage. They do not occur because of an STD, lifting a heavy object, using birth control or getting into an argument, experts affirm. Rather, a miscarriage occurs because the embryo does not form as it should and the woman’s body shuts down the pregnancy.

As researchers understand more about the journey of cells after conception, they are gathering clues about exactly why a pregnancy remains viable — and why it does not. Amander Clark, PhD, chair of UCLA’s Department of Molecular, Cell and Developmental Biology and a member of the Eli and Edythe Broad Center of Regenerative Medicine and Stem Cell Research at UCLA, and her team explored the nongenetic changes in stem cells of a new embryo.

Embryonic cells begin in a “naive” state as the embryo travels through the reproductive tract after fertilization. By two weeks, after the embryo attaches to the uterine wall the naïve cells begin to “prime” in preparation for becoming all the cell types in our body. But If there are errors along the way the embryo will not continue developing. “Human reproduction depends on high-quality gametes and a perfectly timed cell and molecular program for initiating embryonic development. Getting all of this right is not an easy process,” Dr. Clark says.

Though scientists still are figuring out exactly why this happens, the primary common denominator for miscarriages is maternal age, says OB/GYN Aparna Sridhar, MD, MPH. Women over 35 are at higher risk — 20 percent vs. about 10 percent for those 20–24 — for unsuccessful pregnancies and stillbirths. That risk increases each year: by around age 45, there is up to an 80 percent chance of miscarriage, Dr. Sridhar says.

There are other potential contributing factors that may contribute to a miscarriage, explains Daniel Dumesic, MD, a specialist in reproductive endocrinology and infertility. Factors include smoking and drug use, uterine malformations or fibroids, obesity, endocrine disruptors (chemicals that may interfere with the endocrine system), or an immune reaction that treats the embryo as if it were an invader and clots the blood to make attachment to the uterine wall impossible.

Miscarriage often is followed by a broad range of feelings. These can include guilt, shame and inadequacy for not being able to carry the pregnancy to term, says Joan Gordon, a social worker at Ronald Reagan UCLA Medical Center and UCLA Mattel Children’s Hospital. One of the most helpful things a woman can do if she has had a miscarriage is to dig in deep and understand her own feelings, Gordon says. If, for example, attending a friend’s baby shower may trigger negative feelings, a woman should politely decline, she advises. It also is helpful to let friends, family and coworkers know what is helpful — and what is not — such as talking about grief or avoiding the subject.

For information and to find a support group following pregnancy loss or bereavement after the loss of a child, go to: la.misfoundation.org
mysteries of miscarriage
Understanding the

Illustration: Traci Daberko
While incidence of some head and neck cancers is down, lifestyle choices appear to be associated with increases in some types of tumors.

The overall decline in the use of tobacco and excessive alcohol consumption has contributed to reductions in certain cancers involving the head and neck. Nonetheless, head and neck cancer is the sixth most common malignancy worldwide, resulting in more than 600,000 deaths each year worldwide. Moreover, notes Maie St. John, MD, PhD, the Thomas C. Calcaterra Chair of the UCLA Department of Head and Neck Surgery, the recent rise of vaping and e-cigarette use, particularly among younger people, warrants considerable concern. “We haven’t had a long enough period of time to fully understand to what extent those agents, which can cause mutations in the oral cavity or in the lung, are going to lead to potential cancers down the line,” Dr. St. John says.

Head and neck cancer researchers currently are grappling with two emerging epidemics. One involves what’s known as young tongue cancer. “We are seeing a growing number of patients under the age of 45 who develop a lesion on their tongue that initially is thought to be a canker sore but continues to grow,” Dr. St. John explains. “These cancers can be very aggressive, and they are not linked to tobacco or alcohol use.” UCLA researchers are seeking to understand both the risk factors and the underlying genetics for this type of cancer, she says.

Dr. St. John notes that there also is a sharp increase in human papilloma virus (HPV)-positive cancers. HPV has long been associated with cervical cancer risk, but now HPV-positive cancers in the throat, base of tongue and tonsil areas are on the rise. UCLA is part of a major study to understand the risk factors for these cancers, as well...
as potential strategies for prevention, early detection and effective treatment.

For all head and neck cancers, Dr. St. John and her UCLA colleagues are moving toward so-called precision surgery — the ability to more clearly visualize cancer cells in the operating room so that surgeons can cut around them and preserve as much healthy tissue as possible, allowing patients to have both longer lives and better function. Similarly, UCLA’s head and neck cancer researchers are closely collaborating with researchers in other departments at UCLA to take advantage of advances in genomics and related fields to move toward drug treatments that are specific to the mutations driving individual tumors — so-called precision medicine.

UCLA has also been a leader in studying the use of immunotherapy for the treatment of head and neck cancers, including immune checkpoint inhibitor therapy — an approach, successful in melanoma and other cancers, which uses drugs to block specific proteins that act as “brakes” on the immune system, thereby unleashing a more robust immune response against the cancer. UCLA’s head and neck cancer researchers are also collaborating with bioengineering colleagues to develop new ways to deliver both immunotherapy and other treatments nonsystemically, to ensure that the cancer treatment doesn’t affect the heart, liver or other vital organs.

Dr. St. John notes that just as important as research into better treatments for head and neck cancers is her department’s emphasis on providing patient-centered care, which has fueled the development of a multidisciplinary clinic that enables patients to visit all of the experts they need to see in a single morning or afternoon within the same facility. “As we continue to unravel the mysteries of these cancers and push the envelope forward, we’re going to shape a brighter future for patients with this disease,” Dr. St. John says. “We want to make sure that translates into care that is not just cutting-edge, but also compassionate and optimal.”

Continued from cover

Vaccinations are not just for children

is a case in point and highlights the importance of vaccinations and maintaining childhood vaccination records as adults.

In some cases, immunity conferred from childhood vaccines can wear off over time. Some vaccines are recommended based on lifestyle, health condition or stage of life. In other cases, effective new vaccines have become available.

The one immunization that every adult is urged to receive on an annual basis is the seasonal influenza vaccine. Despite the universal recommendation, fewer than half of adults in the U.S. get the shot in a given flu season, in many cases because of concerns that are based on misconceptions.

“Several times a week, I will have a patient say ‘the flu shot gave me the flu,’ which is not possible,” Dr. Samras says.

In fact, he notes, the flu vaccine uses a deactivated virus that triggers the immune system to build antibodies against future exposure to the flu. That can create mild flu-like symptoms that rarely last more than a day — and which pale next to the actual experience of the flu, which results in hundreds of thousands of hospitalizations and tens of thousands of deaths each year.

The populations most at risk from the flu are young children, older adults, and those with compromised immune systems. But Dr. Samras says there are compelling reasons for healthy, middle-aged adults to get the annual vaccine. “There have been times in history when the seasonal flu has killed millions of people, including individuals who were otherwise healthy,” he notes.

“That’s rare, but getting the flu is still quite debilitating and a significant inconvenience to be home in bed for several days feeling terrible and not being able to go about your daily life.”

The other argument for getting vaccinated against the flu is to protect others, including the most vulnerable — to contribute to so-called herd immunity. “If all adults got all of their recommended vaccines, many diseases would drop off dramatically,” Dr. Samras says.

The Tdap (tetanus, diphtheria and pertussis) vaccine is another illustration of the importance of getting immunized in adulthood to protect others. Pertussis, or whooping cough, is no more than a nuisance for most adults, but Dr. Samras notes that it can be deadly for newborns, who are too young to be protected through immunization. The vaccine is recommended for women in the third trimester of pregnancy and once for all adults who have not previously received it. The Td vaccine — covering tetanus and diphtheria — is recommended every 10 years.

Two immunizations for older adults are the herpes zoster vaccine — typically two doses two-to-six months apart at age 50 or older — to prevent shingles; and one of two pneumococcal vaccines, for adults 65 and older (or younger for smokers or those with certain health conditions). While most pneumococcal infections are mild, some can be fatal, and older adults are at the highest risk. Shingles, a reactivation of the dormant chickenpox virus, can cause an extremely painful skin rash, but a vaccine in use since 2017 is highly effective in reducing the risk of that reactivation, Dr. Samras says.

Dr. Samras also recommends that people who are planning international travel check with their physician if any vaccines are needed as protection against diseases in their travel destination that are rare in the United States. Travel vaccines should be obtained at least two weeks ahead of time to allow the body to build up sufficient immunity, he adds.

“For all vaccinations, it’s worth checking with your physician each year to make sure you’re up to date,” Dr. Samras says. “Vaccine side effects are generally either nonexistent or mild. They are some of the most well-studied medical interventions we have, and are extremely effective ways to protect health.”
Early identification of autism spectrum can lead to more effective interventions

Parents who notice signs that could indicate their child is on the autism spectrum should not hesitate to raise their concerns with their child’s pediatrician, two UCLA Health experts say. Alice Kuo, MD, PhD, chief of medicine-pediatrics at the David Geffen School of Medicine at UCLA and director of the University of California Leadership Education in Neurodevelopmental Disabilities (UC-LEND) program, and Rolanda Gott, MD, a developmental-behavioral pediatrician and clinical medical director of the UCLA Developmental-Behavioral Pediatrics Program, spoke with Vital Signs about what to look for and what can be done to help children found to be on the spectrum.

Why is it important to bring up any concerns that a child might be on the autism spectrum as soon as the warning signs appear?

Dr. Kuo: Early identification of autism is crucial because research studies have shown that it improves functional outcomes. If a parent has a concern about a child’s development, he or she should bring it up with the pediatrician right away. The pediatrician may decide to monitor the child’s development more closely or make a referral to a therapist for an evaluation or treatment. If a pediatrician dismisses a parent’s concern or says that the child “will grow out of it” without monitoring more closely, the parent may want to check with a developmental specialist.

At what point in the child’s development might these concerns present themselves? What should parents look for?

Dr. Gott: There are certain red flags parents should raise with the pediatrician as early as the child’s first year. If by six months the parent is smiling at the child and he or she doesn’t smile back, that’s a concern. By 10
months, when the parent points at something in the room and asks the child to look at it, the child should follow the parent’s eyes. By 7 months the child should turn when his or her name is called, and by 14 months the child should point at things that are of interest. Any sign of significant language delay is a concern. Other concerning signs would include an absence of babbling by 12 months and the child not saying spontaneous, meaningful words by 16 months. At any age, parents also should bring up any language or social concerns or regression that they notice. Parents should also bring up any language or social regression that they notice between the ages of 1 and 2. Also, if an older sibling has already been diagnosed with autism, that in itself is cause for close monitoring.

**How early can autism be diagnosed?**

**Dr. Kuo:** Researchers say that diagnoses of autism spectrum disorder are not stable before the child is 3, but a clinician experienced in caring for children with autism often can pick up on warning signs in the child’s second year of life. Language delay at 15- or 18-months is a common presenting symptom, and if the language delay is accompanied by behavioral challenges, restrictive interests or repetitive actions, then an autism diagnosis should be considered. Other symptoms can include difficulty with transitions, sensory issues (either sensory-adverse or sensory-seeking), unusual hand movements, such as flapping, and not looking at faces or making eye contact.

**Dr. Gott:** Pediatricians should screen all children for developmental delays — typically at 9, 12, 18 and 24 months. The American Academy of Pediatrics recommends that children receive autism-specific screening at 18 months and repeat it at 24-to-30 months. If that screening suggests the potential for an autism diagnosis, or if a clinician or therapist or educator are concerned, the child should be referred to an expert that ideally should include a physician or a psychologist specialized in autism. In California, regional centers under the state’s Department of Developmental Services can also evaluate and provide support for children with autism and other developmental disabilities.

**What types of therapies are recommended for children who are diagnosed on the autism spectrum?**

**Dr. Kuo:** As the word “spectrum” in autism spectrum disorder implies, autism covers a constellation of features, so the best approach really depends on the child. The two major research-supported approaches to intervening are speech and language therapy and behavioral therapy. UCLA has pioneered the major evidence-based behavioral treatment for children with autism spectrum disorder, known as applied behavioral analysis, which aims to increase helpful behaviors and decrease those that are harmful or affect learning. Depending on the child, other approaches can be helpful as well, including occupational therapy, therapy for sensory sensitivity and social skills groups.

**How effective are these therapies?**

**Dr. Gott:** Increasingly, autism is considered a learning disorder, so when we intervene, especially in young children, we can actually re-create connections in the brain to nurture better language and social communication, as well as improved behavior. Early intervention is crucial as it will help the child reach his or her highest potential.

**Dr. Kuo:** The needs of each child and their family are unique, so a therapeutic plan may include behavioral therapy, speech/language therapy, occupational/physical therapy, social skills classes and more. Pediatricians can and should help families navigate Regional Centers, the special education system in schools, therapies funded by their health insurance, and social programs like Supplemental Security Income (SSI) and In-Home Support Services (IHSS). The bottom line is to provide these children with whatever help they need to succeed in school and socially, so that they can lead productive and happy adult lives.

To learn about the UCLA Leadership Education in Neurodevelopmental Disabilities (UC-LEND) program, go to: uc-lend.org

To learn about assessment and treatment of children with a question of autism spectrum or developmental delay, go to: uclahealth.org/mattel/general-pediatrics/developmental-behavioral-pediatrics

Drs. Rolanda Gott (left) and Alice Kuo.
Everyone experiences some level of anxiety during the course of their lives, from the butterflies in anticipation of a job interview to the uneasy feeling when thrust into an unfamiliar social situation to waiting for the results of a laboratory test. And that’s not necessarily a bad thing. “Anxiety as an emotion isn’t by definition pathological. In fact, in most cases it’s healthy,” says Trevor Schraufnagel, PhD, a clinical psychologist and associate director of the UCLA Anxiety Disorders Program at the Semel Institute for Neuroscience and Human Behavior.

But for some, Dr. Schraufnagel adds, anxiety stops being productive and instead drives dysfunctional behavior. “If your anxiety about how you look leads you to get a haircut before you’re in a wedding, that makes sense and is effective; but if you’re so anxious you get your hair cut every third day, and you’re irritable and not sleeping or eating well, that anxiety may be causing impairment and unnecessary distress,” he says.

David Kronemyer, PhD, a psychologist in the UCLA Anxiety Disorders Program, says anxiety disorders can be viewed as irrational fears about what might happen in the future. “They typically involve an oversensitivity to what we call false positives,” he explains. “Think about the early human hunters hearing a rustling in the bushes. If one of them checks it out and tells the other that it’s a saber-toothed tiger, that individual is going to experience a fight-or-flight response based on the potential for adverse consequences that is grounded in reality. But people who have anxiety disorders tend to perceive a threat well beyond what’s actually there. The solution is to revise what counts as a threat.”

Whether it’s a generalized anxiety disorder or a more specific anxiety-related condition or phobia — a profound experience of anxiety in response to a specific object or situation — the gold standard for treatment involves cognitive-behavioral therapy (CBT). CBT identifies and addresses patterns of thoughts and behaviors that inadvertently perpetuate the problem. “Often, an individual is trying to navigate life in the moment; however, persons with an anxiety disorder have learned to rely excessively on partially or completely avoiding the problem or perceived threat. This often isn’t serving that person’s long-term interests,” Dr. Schraufnagel explains. “Avoidance isn’t sustainable, and if it becomes the norm, one may never learn how to effectively manage the anxiety. Moreover, over time, that can contribute to experiencing depression.”

To change the pattern of avoidance in anxiety, CBT employs a set of techniques called exposure and response prevention — usually gradual exposure to whatever is causing the spike in anxiety without engaging in the avoidance behaviors that would normally provide short-term comfort. “It really comes down to confronting and acclimating oneself to the fear,” Dr. Kronemyer says. “Through exposure and response prevention, we gradually move up the hierarchy — starting with small or more approachable exposures to whatever causes the anxiety, and increasing the difficulty of them over time. As it turns out, the object or situation we fear becomes smaller as we get closer to it, deconstruct it and realize our anxiety is out of proportion with reality.”

Research suggests that medication can serve as a useful complement to CBT, particularly for people with severe anxiety, by helping to reduce anxiety levels to a point at which an individual may more easily engage in and fully experience the benefits of the cognitive-behavioral treatment. “Eventually, the goal in many cases is to help a person manage their anxiety medication-free, but anti-anxiety drugs are often useful, particularly at the front end of the therapy,” Dr. Schraufnagel says.

“What’s most important for people to recognize is that anxiety and its related disorders are among the most treatable mental health conditions,” he adds. “Evidence-based treatment for these problems is a public health must.”
Historically, cancer patients have been counseled on the importance of maintaining their body weight in the face of treatment associated with reduced appetite. Today, the focus is more nuanced, says Zhaoping Li, MD, PhD, director of the UCLA Center for Human Nutrition. “Weight was always the primary goal during cancer treatment, because of the concern that patients would become malnourished,” Dr. Li says. “Now, we are not as concerned with weight loss as we are with whether or not the patient is losing stamina or experiencing reduced function. In addition, rather than patients passively taking in calories, we want them to stay as active as possible and use activity as a driver to better use nutrition.”

In the past, Dr. Li says, cancer patients were encouraged to consume high-calorie foods in order to maintain their weight during treatment, in many cases without regard to nutritional value. Now, the advice is more specific. Of particular importance is protein intake. “Protein is very important both to support the vital organs during treatment and to bolster the immune system,” Dr. Li explains. The U.S. recommended daily allowance is 0.8 grams per kilogram of body weight (0.36 grams per pound) for average healthy individuals, but cancer patients should strive to consume as much as 1.2 g/kg, she says. For patients having trouble getting enough protein from food, Dr. Li recommends nutritional supplements in the form of protein shakes. Dr. Li also advises patients to avoid high intake of simple sugars because they can interfere with the response to chemotherapy. Instead, she recommends complex carbohydrates — ideally from whole grains, vegetables and fruits, which have the added benefit of providing the body with essential nutrients and feed and regulate the gut microbiome, which is essential to a patient’s ability to respond to cancer treatments. The variety of fruits and vegetables is more important than picking one or two “super foods.” Patients should get answers to any questions regarding foods from dietitians and physicians who specialize in cancer nutrition.

At the Simms/Mann-UCLA Center for Integrative Oncology, part of UCLA’s Jonsson Comprehensive Cancer Center, patients are counseled on ways to improve quality of life and reduce anxiety associated with cancer. Carolyn Katzin, MS, CNS, a wellness specialist with the center and author of The Cancer Nutrition Center Handbook, says nutrition often is a major source of anxiety for cancer patients. “It can be overwhelming when your friends and family are constantly sending you information they find on the Internet about what you should or shouldn’t be eating,” Katzin says.

She tells patients that the foundation of health and recovery is built on sleep and relaxation, and she discusses tools such as mindfulness meditation that help to reduce anxiety. Also central to the process, Katzin notes, is consuming sufficient protein and remaining hydrated. She also offers more specific advice, such as how to incorporate cabbage, garlic, berries and other helpful foods into the diet; ways to work with tastes and textures when treatment is affecting the taste buds; and the benefits of foods such as papaya for patients who are experiencing treatment-related digestive difficulties. But these are less important than the larger lifestyle factors. “People tend to come in worried about the ‘cherry on top,’ whether it’s a specific food or an exotic supplement, but the most important thing is to have that foundation,” Katzin says.

By offering practical guidelines and recipes, Katzin seeks to reduce some of the stress associated with a cancer diagnosis. “Patients worry quite a bit about whether they’re eating the right or wrong foods,” she says. “My goal is to inform them with science-based information, help them gain a feeling of mastery, and have them leave feeling inspired and uplifted.”
# Community Health Programs

**JULY, AUGUST, SEPTEMBER 2019 COMMUNITY CALENDAR EVENTS**

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

## AGING

### Memory and Aging

Learn how the brain changes with age, what is normal, what is not and what you can do about it. The latest research around brain health will be discussed as well as practical tips to stay focused and mentally sharp.

**When:** Thursday, Sep 19 / 10 – 11:30 am
**Where:** Santa Monica Family YMCA, 1332 6th St
**RSVP:** uclahealth.org/50plusseminar or 800-516-5323

### Resilience and Aging

Helen Lavretsky, MD, MS, UCLA psychiatrist, will discuss psychological resilience in aging and focus on mind-body therapies that enhance resilience as one ages.

**When:** Thursday, Sep 19 / Noon – 1:30 pm
**Where:** Santa Monica Family YMCA, 1332 6th St
**RSVP:** uclahealth.org/50plusseminar or 800-516-5323

## CANCER

### Immunotherapy and Cancer

Bartosz Chmielowski, MD, UCLA cancer physician, discusses the various types of immunotherapies, how they work with the body’s defense system to specifically attack cancer and why they are rapidly becoming an important modality in cancer treatment.

**When:** Tuesday, Jul 9 / 7 – 9 pm
**Where:** Ronald Reagan UCLA Medical Ctr, 757 Westwood Bl, Tamkin Auditorium, Rm B130
**Info:** 310-794-6644

### Hematologic Cancer Treatment in 2019

Herbert Eradat, MD, UCLA oncologist/hematologist, discusses the different types of hematologic cancers including leukemias and lymphomas, standard treatment approaches and the approaches, the expanding novel therapeutics for these diseases, and he highlights several new, exciting therapies currently in clinical trials.

**When:** Tuesday, Aug 13 / 7 – 9 pm
**Where:** Ronald Reagan UCLA Medical Ctr, 757 Westwood Bl, Tamkin Auditorium, Rm B130
**Info:** 310-794-6644

### How Your Primary Care Physician Supports a Cancer Diagnosis

Join William Carroll, MD, UCLA internist and hospitalist, for a discussion about primary care physicians, the integral role they play in supporting patients through a cancer diagnosis, and the importance of advocating for an elevated lifestyle to promote healthy survivorship.

**When:** Tuesday, Sep 10 / 7 – 9 pm
**Where:** Ronald Reagan UCLA Medical Ctr, 757 Westwood Bl, Tamkin Auditorium, Rm B130
**Info:** 310-794-6644

### Introduction to Gynecological Cancers

Kelly E. McCann, MD, PhD, UCLA oncologist, will discuss gynecological cancers, including ovarian cancer, endometrial cancer and cervical cancer, risk factors for each and common treatment options.

**When:** Friday, Sep 20 / Noon – 1:30 pm
**Where:** Cancer Support Community – Los Angeles, 1990 S Bundy Dr #100
**RSVP:** uclahelath.org/50plusseminar or 800-516-5323

### Middle-Aged Dementia Groups (ongoing)

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.

**When:** Thursdays / 1 – 4 pm
**Where:** UCLA Longevity Ctr, 10945 Le Conte Av
**Contact:** 310-794-0680

### Coping with Dementia

This is a four-week (1.5 hours per session) program for patients recently diagnosed with mild dementia, Alzheimer’s disease or other memory disorders and a family member or other care partner. Covered by Medicare and other insurances.

**Contact:** 310-794-6314 or cyniguez@mednet.ucla

## DIABETES

### Lifestyle Strategies to Improve Metabolic Health

Andrew Day, MD, UCLA endocrinologist, will discuss nutrition, exercise and healthy lifestyle strategies that can help prevent diabetes mellitus and improve metabolic health.

**When:** Tuesday, Sep 10 / 7 – 8:30 pm
**Where:** Santa Clarita Family YMCA, 26147 McBean Parkway, Valencia
**RSVP:** uclahelath.org/50plusseminar or 800-516-5323

### Metabolic Health: Strategies to Improve Your Lifestyle

Andrew Day, MD, UCLA endocrinologist, will discuss nutrition, exercise and healthy lifestyle strategies that can help prevent diabetes mellitus and improve metabolic health.

**When:** Tuesday, Sep 10 / 7 – 8:30 pm
**Where:** Santa Clarita Family YMCA, 26147 McBean Parkway, Valencia
**RSVP:** uclahelath.org/50plusseminar or 800-516-5323

### Facial Feminization Surgery

Justine C. Lee, MD, PhD, FACS, UCLA craniofacial plastic and reconstructive surgeon, will discuss the comprehensive evaluation, treatment and outcomes of facial feminization surgery, including approaches to the brow bone, hairline, nose, jawline and neck.

**When:** Saturday, Sep 7 / 10:30 am – Noon
**Where:** UCLA Medical Center, Santa Monica, 1250 16th St, Conf Rm 3
**RSVP:** uclahelath.org/50plusseminar or 800-516-5323

## GENDER HEALTH

### Gender Health and Hormone Therapy

Shira Grock, UCLA endocrinologist, will discuss transgender medicine with a focus on gender affirming therapy. She will review the expected changes and possible side effects of masculinizing and feminizing hormone therapy.

**When:** Tuesday, Aug 13 / 7 – 8:30 pm
**Where:** UCLA Medical Center, Santa Monica, 1250 16th St, Auditorium
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## 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
HEART

Keep Your Heart Healthy (in Spanish)
Trinidad Solis, MD, UCLA family medicine physician, will discuss the importance of a heart-healthy diet, how to keep your blood pressure in normal limits, strategies to lower cholesterol and how to prevent diabetes and heart problems.
Where: Locations vary (ongoing)
RSVP: 800-516-3523

KIDNEY CARE

UCLA Kidney Education Enhancement Program (UKEEP): High Blood Pressure
What You Should Know
UCLA nephrologists Anjay Rastogi, MD, PhD, Niloofar Nobakht, MD, and Mohammad Kamgar, MD, conduct free educational programs about kidney health, high blood pressure and kidney-disease management. Interactive sessions include free blood-pressure tests and educational resources.
Where: Locations vary
RSVP: 800-516-3523

Multiple Sclerosis

REACH to Achieve Program (ongoing)
This weekly comprehensive wellness program focuses on fitness, yoga, cognitive stimulation, emotional well-being, recreation, nutrition and health education for individuals with multiple sclerosis.
Where: Marilyn Hilton MS Achievement Ctr, 1000 Veteran Av
Info & Application: 310-267-4071

MENTAL HEALTH

Depressed? Anxious?
Sharon Bina, MFT, UCLA therapist, will discuss symptoms of depression and anxiety in adults and will focus on the best practices to pull yourself away from the symptoms and create a balanced lifestyle.
Where: Locations vary
RSVP: uclahealth.org/50plusseminar or 800-516-3523

PLASTIC SURGERY (CONTINUED)

Lunchtime Liposuction and Other In-Office Cosmetic Procedures
UCLA Plastic Surgeon Andrew Vardanian, MD, 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.
Where: Locations vary
RSVP: plasticsurgery@mednet.ucla.edu

PODIATRY

Bunions and Bunion Surgery
Bob Baravarian, DPM, will discuss bunions and the latest surgical and nonsurgical treatments.
Where: Locations vary
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.
Where: Locations vary
RSVP: 310-828-0011

ANKLE ARTHRITIS AND ANKLE REPLACEMENT

Bob Baravarian, DPM, will discuss the latest advances in treating foot and ankle arthritis, including injection joint lubrication, arthroscopic cleanup, joint-preservation surgery, fusion surgery and ankle-replacement surgery.
Where: Locations vary
RSVP: 310-828-0011

PLASTIC SURGERY

Breast Augmentation
UCLA Plastic Surgeon Andrew Da Lio, MD, will discuss breast augmentation and the silicone, saline and cohesive gel implants currently on the market.
Where: Locations vary
RSVP: plasticsurgery@mednet.ucla.edu

Heel and Ankle Pain
Gary Briskin, DPM, will discuss common causes of heel and ankle pain, as well as surgical and nonsurgical therapies.
Where: Locations vary
RSVP: 310-828-0011

Ankle Arthritis and Ankle Replacement
Bob Baravarian, DPM, will discuss the latest advances in treating foot and ankle arthritis, including injection joint lubrication, arthroscopic cleanup, joint-preservation surgery, fusion surgery and ankle-replacement surgery.
Where: Locations vary
RSVP: 310-828-0011

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SHOULDER PAIN

Shoulder Pain
Jasmine Lee, MD, UCLA family medicine physician, will discuss the common causes for shoulder pain, treatments that include nonsurgical and surgical options, as well as review exercises to improve both strength and range of motion.
When: Thursday, Aug 1 / 1:30 – 3 pm
Where: Annex at Westchester Family YMCA, 8020 Alverstone Av
RSVP: uclahealth.org/50plusseminar or 800-516-5323

SLEEP

Getting a Good Night’s Sleep
John Dougherty, MD, UCLA internist, will discuss sleep hygiene, cognitive behavioral therapy and other approaches for getting a good night’s sleep — an essential element of good health.
When: Thursday, Aug 29 / 2 – 3 pm
Where: Beverly Hills Chamber of Commerce, 9400 S Santa Monica Bl, 2nd Floor
RSVP: uclahealth.org/50plusseminar or 800-516-5323

WALK WITH A DOC

Walk With a Doc
Join UCLA Health physicians for an informative, brief discussion on a current health topic, followed by a refreshing stroll at your own pace.
Topanga
When: The first Saturday of each month / 8 – 9 am
Where: UCLA Health, The Village at Westfield Topanga, 6344 Topanga Canyon Bl, Ste 2040
Van Nuys
When: The 2nd Sunday of each month / 9 – 10 am
Where: Lake Balboa, 6300 Balboa Bl
Culver City
When: Alternating 3rd Wednesday or 2nd Friday / 7:30 – 8:30 am
Where: UCLA Health Culver City, 6000 Sepulveda Bl, Ste 2660
Info: uclahealth.org/walkwithadoc

WELLNESS

Healthy Aging
Hyunah L. Poa, MD, UCLA internist, will discuss the physical, mental and social well-being for healthy aging and introduce behavioral habits and strategies one can incorporate to age well, both physically and mentally.
When: Thursday, Sep 19 / 2 – 3:30 pm
Where: Belmont Village, 5701 Crestridge Rd, Rancho Palos Verdes
RSVP: uclahealth.org/50plusseminar or 800-516-5323

WOMEN’S HEALTH

Healthy Breasts, Healthy U
Jeannie Shen, MD, UCLA breast surgeon, will discuss the factors that can increase a woman’s likelihood of developing breast cancer and healthy lifestyle choices that can help lower every woman’s risk of breast cancer.
When: Monday, Aug 5 / 2 – 3:30 pm
RSVP: uclahealth.org/50plusseminar or 800-516-5323

Women’s Heart Health
Megan Kamath, MD, UCLA cardiologist, will discuss important warning signs to know you’re at risk of a heart attack and lifestyle changes to make that lower cholesterol, blood pressure and your risk for heart disease.
When: Wednesday, Aug 7 / 7 – 8:30 pm
Where: UCLA Medical Center, Santa Monica, 1250 16th St, Auditorium
RSVP: uclahealth.org/50plusseminar or 800-516-5323

FEATURED EVENT

2ND ACT SUMMER EVENT
Join us in this all-day session dedicated to approaching life transitions with wisdom and humor. Presenter and alumna Dr. Linda Lehrer ’71 of The Aspen Institute will guide participants through exercises to challenge personal myths about aging and to imagine all that’s possible in their 2nd Act. Guest Fritz Coleman to join.
When: Saturday, Jul 27 / 9:30 am – 3:30 pm
Where: James West Alumni Center 325 Westwood Plz, Collins Conf Rm
RSVP: SecondAct@alumni.ucla.edu
Cost: $25 admission includes lunch

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
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: Summer quarter session begins August 5 / Application closes July 5
Where: Locations vary by UCLA campus
Info: semel.ucla.edu/longevity/srscholars or srscholars@mednet.ucla.edu or 310-794-0679
Cost: $150 per course

Heart Valve Disease
Olcay Aksoy, MD, UCLA interventional cardiologist, will discuss how the treatment of heart conditions such as mitral valve disease and aortic valve disease is evolving from open-heart surgery to minimally invasive options that do not require surgery.

Los Angeles
When: Wednesday, Jul 31 / 7 – 8:30 pm
Where: Belmont Village, 10475 Wilshire Bl
Torrance
When: Wednesday, Sep 25 / 7 – 8:30 pm
Where: Torrance Family YMCA, 2900 W Sepulveda
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

New Treatments for Knee Arthritis
Sid Padia, MD, UCLA interventional radiologist, will discuss new minimally invasive treatments, such as genicular artery embolization, which are designed for people with knee pain who are not candidates for knee replacement surgery and have tried joint injections without success.

When: Wednesday, Aug 21 / Noon – 1:30 pm
Where: Santa Monica Family YMCA, 1332 6th St
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

Your Eyes – A User’s Manual
Gavin Bahadur, MD, UCLA ophthalmologist, will give an interactive presentation on the treatment of common eye conditions, including cataracts, glaucoma, macular degeneration and dry eyes.

When: Friday, Aug 23 / 1 – 2:30 pm
Where: WISE & Healthy Aging, 1527 4th St, Santa Monica
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

Understanding Medicare
Learn what Medicare covers, doesn't cover and how to fill the gaps.

When: Tuesday, Sep 17 / 2 – 3:30 pm
Where: Belmont Village, 10475 Wilshire Bl
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

Constipation Update
Learn about the causes and treatments of constipation.

When: Tuesday, Sep 17 / 2 – 3:30 pm
Where: Belmont Village, 10475 Wilshire Bl
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

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 Westwood campus
Info & Cost: Sherrie Goldfarb at 310-794-0680 or SGoldfarb@mednet.ucla.edu

Nonoperative Treatment for Knee Pain
Not everyone who suffers from knee pain is a candidate for surgery. Scott Genshaft, MD, UCLA interventional radiologist, will address nonoperative options for chronic knee pain from osteoarthritis, including genicular artery embolization (GAE) for the treatment of arthritic knee pain.

When: Saturday, Jul 20 / 10:30 am – Noon
Where: UCLA Medical Ctr, Santa Monica, 1250 16 St, Boardroom
RSVP: uclahealth.org/50PlusSeminar or 80-516-5323

10 Habits to Add Vitality to Your Life
This workshop will explore tips for developing healthy habits and simple life strategies that will help you feel your best at any age.
Santa Monica
When: Friday, Jul 26 / 1 – 2:30 pm
Where: WISE & Healthy Aging, 1527 4th St
Baldwin Hills
When: Thursday, Aug 8 / 1 – 2:30 pm
Where: OASIS Baldwin Hills, 4005 Crenshaw Bl, Macy’s 3rd floor
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

Hearing Loss
Megan Greenya, AuD, UCLA audiologist, will discuss different types of hearing loss, causes, treatment options and updates on current hearing aid technologies.

When: Wednesday, Sep 18 / 10:30 am – Noon
Where: Hawthorne Public Library, 12700 Grevillea Av
RSVP: uclahealth.org/50PlusSeminar or 800-516-5323

UCLA HEALTH 50 PLUS IS A FREE MEMBERSHIP PROGRAM that offers individuals age 50 and older access to educational lectures, exercise opportunities, information on community and health resources, a free community flu-shot clinic and special events. Call 800-516-5323 or go to uclahealth.org/50plus to sign up. To learn more about our 50 Plus program and events, subscribe to our Focus: 50 Plus e-newsletter by e-mailing us at fiftyplus@mednet.ucla.edu
Reusing to Help Support Patients

The UCLA Auxiliary Thrift Shop plays an important supporting role in UCLA Health. Donations to the thrift shop help to touch many lives and make an important difference in patient and staff needs when no other resources are available.

The thrift shop accepts almost everything, including jewelry, clothing, shoes, electronics, household items, toys and furniture. Donations are tax deductible.

Shop or donate at this convenient location:

11271 Massachusetts Avenue, Los Angeles, CA 90025
(Corner of Sawtelle and Massachusetts, one block north of Santa Monica Blvd.)
Phone: 310-478-1793
Open Monday – Sunday, 10 am – 5 pm
OR
Call for a pickup

Subscribe to Vital Signs & Health Tips for Parents electronically:

uclahealth.org/enews

uclahealth.org/getsocial