

Vital Signs

SUMMER 2018 | VOLUME 79

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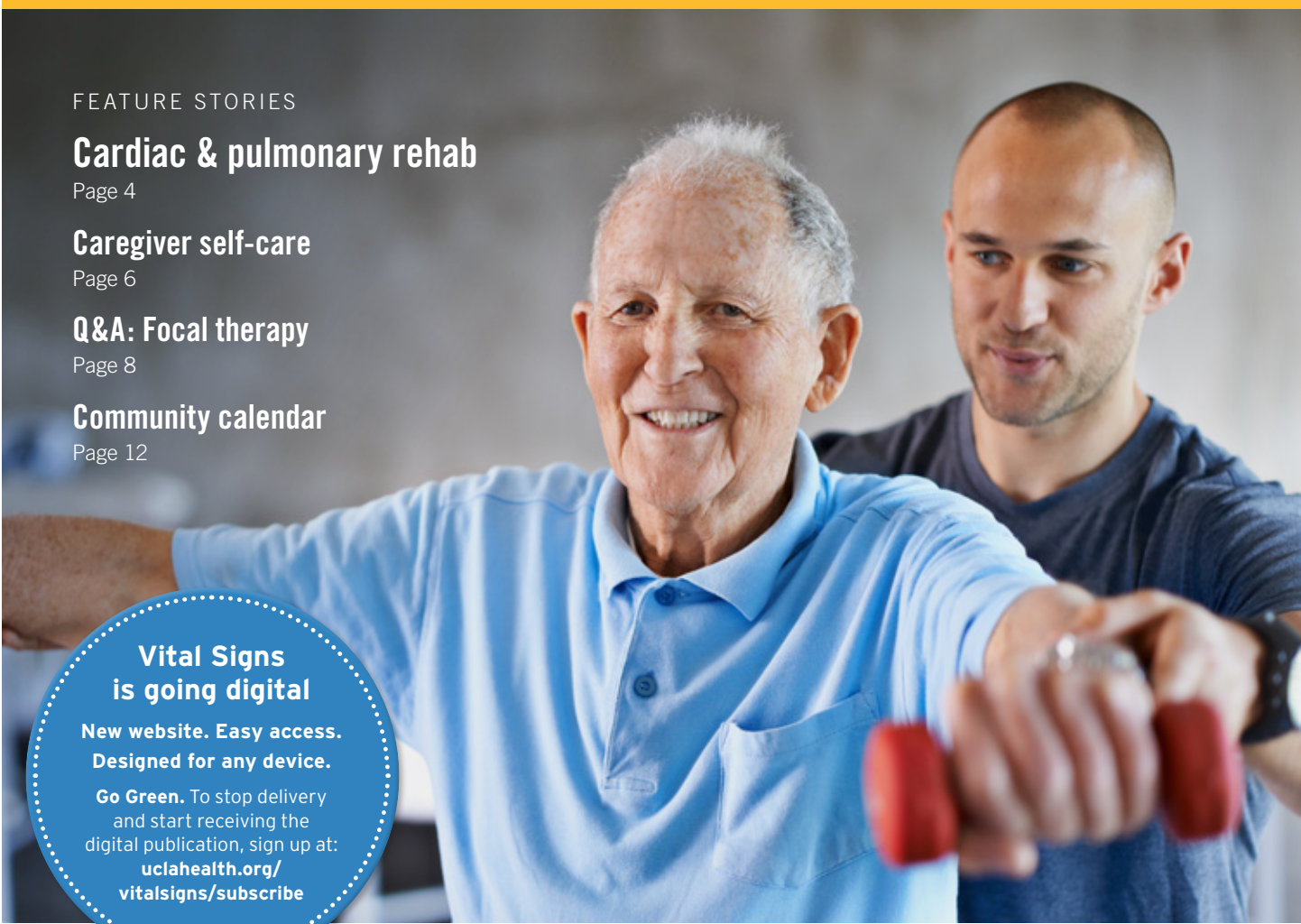
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New study aims to improve depression treatment in older adults

While many people ages 60 and older anticipate their “golden years,” factors related to aging — physical ailments, loss of relationships, isolation — can usher in debilitating depression. UCLA researchers are working to find better ways to identify and treat people with depression, says Helen Lavretsky, MD, director of UCLA’s Late-Life Mood, Stress, and Wellness Research Program. Dr. Lavretsky has long studied the unique elements of depression in older adults.

In 2016, she was one of the recipients of a \$13.9 million grant to study treatment-resistant depression in people ages 60 and older.

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Health and wellness for the community.



New UCLA Health community offices

UCLA delivers primary and specialty health care in more than 170 convenient locations throughout Los Angeles, Orange and Ventura counties. In addition to our offices in the Conejo Valley, Orange County, San Fernando Valley, Santa Clarita Valley, San Gabriel Valley, Simi Valley, South Bay, Ventura and the Westside, UCLA Health has expanded with new primary and specialty care offices in Beverly Hills, Santa Monica, Torrance and its newest location opening in Culver City.



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



UCLA MDChat Webinars

UCLA MDChat Facebook Live Webinars offer the latest information on advances and treatments from expert physicians at UCLA on a broad range of health care topics ranging from audiology to weight loss. Live-streaming webinars give online participants the opportunity to learn and to ask questions.



For a list of upcoming webinars, to view previously recorded webinars and to subscribe to updates, go to: uclahealth.org/uclamdchat

A lifesaving gift

Ronald Reagan UCLA Medical Center and UCLA Medical Center, Santa Monica transfuse more than 75,000 units of blood and blood components yearly to sustain and save lives. Blood and platelet donations help our UCLA patients undergoing treatment for cancer and other medical conditions. You can help save a life.



For more information about donations through the UCLA Blood & Platelet Center, go to: gotblood.ucla.edu

Five tips for a successful school year

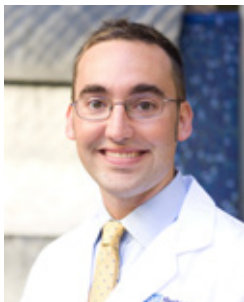
The start of a new school year can be exciting and scary for a child. You can help make sure your student has a great school year by following these tips.

Make sure your child gets enough shut-eye.

“It’s very important for children to get the sleep that their bodies need at night to allow them to do their best while awake during the day,” says David Feazell, MD, a UCLA pediatrician in Santa Monica. Elementary-aged children typically need nine-to-12 hours of sleep each night, while teenagers should get eight-to-10 hours, according to the American Academy of Pediatrics. Unfortunately, most children do not get enough sleep, which makes learning more difficult. Dr. Feazell recommends having a consistent bedtime routine and getting up around the same hour each day. Parents should also limit screen time as bedtime approaches and instead get their child to read a book.

Choose brain-healthy foods.

“A healthy breakfast with proteins such as eggs and milk can give your child the energy he or she needs to start off the school day right,” says Anuradha Seshadri, MD, a UCLA internal medicine and pediatric specialist who treats patients in Los Angeles. When packing lunches or snacks, it’s important to include a variety of healthy foods, such as fresh fruits and vegetables, whole-wheat breads, low-fat dairy products and water or milk. “Try to limit excessively sugary products such as juice, gummy candies, chips and crackers,” she says.



David Feazell, MD



Anuradha Seshadri, MD

Help ease worries.

It’s normal for a child to feel some school-related anxiety, Dr. Feazell says. Talk to your child about potential sources of worry, such as getting lost, fitting in and making friends. “Normalize your child’s feelings by reminding your child that his or her friends probably feel the same way,” Dr. Feazell says. If your child is just starting school or is going to a new school, Dr. Feazell recommends visiting the facility over the summer. “If a child is struggling, parents should absolutely reach out to the teacher to solicit advice and assistance,” he says.

Be on the lookout for bullying.

Failing grades, school absences and social isolation may suggest that your child is the target of bullying. “Try to engage your child in discussions about his or her school day to help gain a perspective on any issues that may be occurring in the classroom,” Dr. Seshadri says. “Ask open-ended questions like ‘What good thing happened today? Who do you sit with at lunch, and what do you talk about?’ It’s also helpful to model how to treat others with kindness and respect.”

Fight back against germs.

Bacteria and viruses spread easily in the close confines of a classroom and school bus. “You can protect your child against certain viruses by making sure your child is up-to-date on vaccinations and reinforcing good hand-washing habits,” Dr. Feazell says. Keep your child home from school until he or she is fever-free (or symptom-free if your child has a stomach bug) for 24 hours. “Your child will get better faster by resting at home,” he says.



UCLA primary care physicians are available in:

- Beverly Hills
- Brentwood
- Century City
- Culver City
- Malibu
- Marina del Rey
- Pacific Palisades
- Santa Monica
- West Los Angeles
- Westwood



For a complete list of UCLA primary care locations, go to: uclahealth.org/primary-care

Rehab speeds recovery

following cardiac and cardiopulmonary treatment

Treatments for heart and lung diseases have improved significantly in recent decades with new medications, devices and surgeries to address a range of conditions. Too often overlooked following treatment are the benefits of such low-tech methods as exercise and lifestyle modification to boost heart and respiratory health.

“The focus has been on these medications,” says Tamara Horwich, MD, medical director of UCLA’s Cardiac Rehabilitation Program. “But, on top of all those medications and devices, lifestyle and taking ownership of your health continue to be important to reduce cardiovascular disease and deaths.”

Spending a few months attending a heart or lung rehabilitation program not only helps patients to recover from immediate problems, but also sets them on a healthier path moving forward. UCLA Health soon will expand its cardiac and cardiopulmonary rehabilitation programs to help more people access these life-changing services.



Patients need to be aware of such services and ask their physicians to refer them, says Gerard W. Frank, MD, a pulmonary disease specialist at UCLA Medical Center, Santa Monica. The service too often is an afterthought while doctors focus on a patient’s immediate needs. But “rehab reduces the risk of future events,” Dr. Frank says.

Cardiac patients who can benefit from rehab include those who have experienced a heart attack or angina, received a stent or valve replacement or had bypass surgery or any type of cardiac surgery or procedure. Rehab for cardiac patients consists of sessions two-to-three times a week for eight to 10 weeks.

Pulmonary patients referred for rehabilitation often include those with conditions such as chronic obstructive pulmonary disorder, emphysema, chronic bronchitis, severe asthma and interstitial lung disease. “Most lung transplants at UCLA are being done for interstitial lung diseases,” Dr. Frank says. “We work with those patients before they have their transplants to get them ready for the operation.”

During cardiopulmonary rehab, which consists of sessions two-to-three times a week for six-to-eight weeks, patients exercise under supervision and learn how to make healthy changes to their diets and lifestyle, notes Sharon Randles, RN, manager of Cardiopulmonary Rehabilitation. They work with respiratory therapists, nurses, a dietician and psychologist. “A lot of pulmonary patients become couch potatoes,” Randles says. “We can’t really change their lungs, and we can’t really change their hearts. What we can do is improve their lifestyles and hopefully make them more active and improve their well-being. That is the goal of rehab.”

Rehabilitation typically is covered by insurance. UCLA also offers a pay-for-service maintenance program to continue to work on exercise and rehab goals. “The trick with rehab is to keep it up,” says Ellen Wilson, executive director of UCLA Therapy Services. “The heart is a muscle, and muscles support lung function, and exercise will help strengthen them and improve output. But you have to continue with it.”

UCLA also offers a more intensive cardiac rehab program known as the Ornish Lifestyle Medicine program, created by Dean Ornish, MD. It consists of twice-weekly sessions, four hours each, for nine weeks. Participants engage in exercise, yoga, group support sessions and learn about the Ornish diet and how to prepare food. The program is especially helpful to people with heart disease or who have had heart surgery who want to prevent another heart attack or stroke. “The goal of this program is to bring people to a higher level of cardiovascular health,” Dr. Horwich says.

While beginning a cardiac or cardiopulmonary program can be daunting, patients and their families typically are pleased with the end result, Dr. Frank says. “Patients are so happy they came through the program,” he says. “Their families are very gratified at the change, too.”



To view a video about cardiac and pulmonary rehab, go to:

uclahealth.org/videos/cardiac-cardiopulmonary-rehab



“The trick with rehab is to keep it up. The heart is a muscle, and muscles support lung function, and exercise will help strengthen them and improve output. But you have to continue with it.”



Women who care for dementia patients need support, too

“Caregivers, particularly women, really neglect their own health, getting to the doctor, managing nutrition, exercising. It’s not uncommon for women to have worsening health over the course of their caregiving, both from neglect and physical demands. ... Caregivers need to be able to vent and not be alone with their feelings and thoughts.”

More than 16 million Americans are unpaid caregivers for someone with Alzheimer’s disease or dementia, according to the Alzheimer’s Association. Many of these caregivers are women, and they may become worn down by the stress and physical exhaustion of caregiving.

But it is essential for caregivers to find ways to both give and receive care, says Kauser Ahmed, PhD, a psychologist in the Simms/Mann-UCLA Center for Integrative Oncology. “A dementia diagnosis affects the entire family,” she says. “Caregivers, particular women, really neglect their own

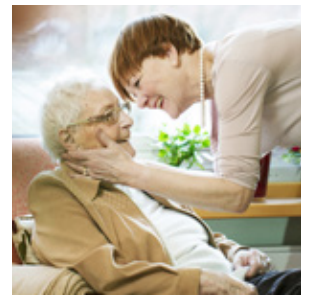
health, getting to the doctor, managing nutrition, exercising. It’s not uncommon for women to have worsening health over the course of their caregiving, both from neglect and physical demands.”

Caregivers also experience a range of spirit-depleting emotions, such as grief, guilt, anger and sadness, says Linda Ercoli, PhD, a psychologist in UCLA’s Late-life Mood, Stress, and Wellness Research Program. A spouse may experience grief due to the loss of intimacy in the relationship. “Dementia affects personality and cognitive abilities. You can be caring for someone who has become

a stranger to you,” she says. “Caregivers need to be able to vent and not be alone with their feelings and thoughts.”

Alzheimer’s disease often progresses slowly. Families benefit by discussing caregiving planning as soon as possible following the diagnosis, says Zaldy Tan, MD, medical director of the UCLA Alzheimer’s and Dementia Care Program. “Prepare for the level of care that will be needed,” he says. “Have those frank, but difficult, conversations now.”

Caregivers need help and support. However, many women choose to shoulder the burden



Continued from cover

alone or have difficulty asking for help. It can be hard to find and schedule help, Dr. Ahmed says. “Women often say, ‘It’s just easier to do it myself.’”

Moreover, dementia often affects a family’s social circle. Friends fall away and neighbors withdraw. “It’s hard for people to ask for help because, often, friends don’t understand what they’re going through unless they’ve gone through it before,” Dr. Ercoli explains.

Sometimes, however, help is just a phone call away. Dr. Ahmed advises caregivers to schedule a visit with their primary care provider. “Talking to your primary care doctor is an easy place to begin,” he says. “Acknowledging your physical and psychological burden is important information that your primary care provider would value knowing. They can encourage a connection to other resources and reinforce the idea of self-care.”

Most communities have non-profit organizations for families dealing with dementia that offer free advice and education. Support groups for dementia caregivers are common. Attending a support group even once or twice a month can be valuable, Dr. Ercoli says. “Caregivers get to air their feelings, and they find out they are not alone,” she says of support groups. “Other people have good ideas to share about various situations.”

UCLA offers multidisciplinary services for patients and caregivers as well, Dr. Tan says. They include outpatient programs, education and support groups. In the UCLA Alzheimer’s and Dementia Care Program, patients with dementia and their caregivers are paired with a dementia care manager, who is a licensed geriatric nurse practitioner, to make sure all their needs are fulfilled.

“We have people involved with dementia at every stage, from primary care physicians to world-class services in geriatrics, neurology and psychiatry — the three medical specialties with expertise in the different aspects of the disease,” Dr. Tan says.



For information about education and support for families caring for a member newly diagnosed with dementia, go to:

longevity.ucla.edu

New study aims to improve depression treatment in older adults

Depression often is overlooked in older adults, even though an estimated one-in-four meets the criteria for clinical depression in a medical setting, Dr. Lavretsky says. “People under-report depression to their primary care physicians, and the physicians tend to be focused on their patients’ medical symptoms,” she says. “Also, there still is a stigma of mental illness in this cohort of older adults that keeps them from disclosing symptoms to their doctors.”

Risk factors for late-life depression include financial stress, retirement, the loss of a spouse, changes in relationships, physical ailments and chronic pain, the loss of independence and isolation. “Loneliness now is a well-recognized risk factor for depression,” Dr. Lavretsky says. Untreated depression can lead to suicide, which is more common among older adults.

Identifying the disorder is only one part of the challenge. Studies show older adults may not respond as well to antidepressant medications. About 40-to-50 percent of younger adults are helped by antidepressants, but the response rate drops to 30-to-40 percent in older adults. Many older adults remain ill even after trying several antidepressants, a phenomenon known as treatment resistance. “The drugs don’t treat psycho-social factors very well,” she says. “Patients are worried about financial situations or relationships or losing their houses. Without addressing psycho-social stresses, it’s very hard to treat geriatric depression.”

The new study is the largest ever to assess depression treatment in a geriatric population. The OPTIMUM study involves five sites, including UCLA Health and the West Los Angeles Veterans Administration Medical Center, and is enrolling 300 people ages 60 and older whose depression has not abated after trying two or more antidepressants.

In one phase of the study, researchers will add either the drug aripiprazole or bupropion to the patients’ current antidepressant or will switch the patient to bupropion. They will compare how each treatment helps to resolve symptoms. Another phase of the study will look at adding the drug lithium to the patient’s current antidepressant regimen or switching the patient to a drug called nortriptyline.

Researchers are hopeful the strategy of either augmenting the patient’s antidepressant with another drug or switching the patient to a new drug will determine which will be more effective. “We hope we can translate our findings to clinical practice, so patients aren’t wasting time trying six different drugs or trying five different drugs of the same class, and, predictably, they would fail instead of moving to a new strategy,” Dr. Lavretsky says.

Adults who don’t qualify for the study can take steps to address their depression, Dr. Lavretsky says. She recommends talking with one’s physician about symptoms and suggests that family members and friends of older adults look for signs of depression, such as poor sleep and loss of interest in activities, and encourage their loved ones to speak to a doctor. She says that simple activities such as exercising, spending time outside in the sun, enjoying nature and music positively affect mood. “Experience joy on a daily basis despite anything else going on,” she says.



For more information about the OPTIMUM study, go to:
optimumstudy.org



For more information about Late-life Mood, Stress, and Wellness Research Program, go to:
semel.ucla.edu/latelife

Focal therapy

offers advanced treatment options for prostate cancer

Advances in imaging technology have dramatically improved the ability of physicians and their patients to take a more conservative approach to treating prostate cancer. Because physicians can more accurately biopsy the prostate, many men with tumors that are unlikely to be lethal now opt for “active surveillance” — closely monitoring rather than treating the cancer and thereby avoiding the side effects associated with the two mainstays of prostate cancer treatment, surgery and radiation. Now, a multidisciplinary team headed by UCLA urologist Leonard S. Marks, MD, is pursuing a new frontier in prostate cancer treatment — focal therapy, which uses various approaches to target the cancer in ways that are far less invasive than traditional treatments, resulting in fewer side effects.

What is driving the effort to develop focal therapies for prostate cancer?

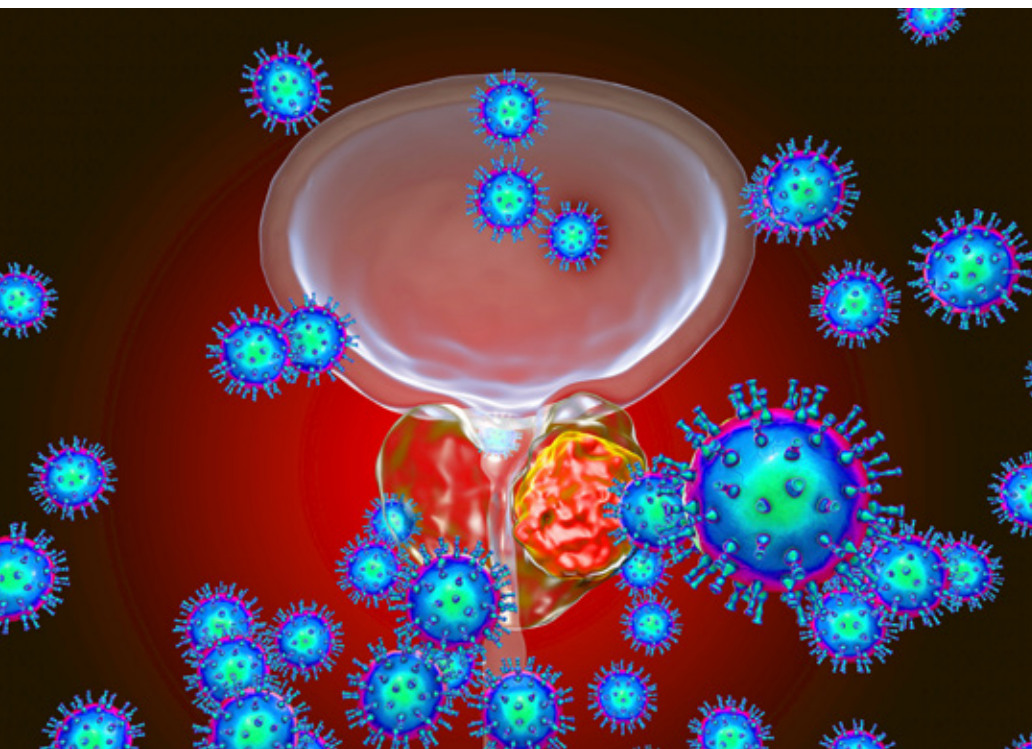
The rationale behind focal therapies is to destroy the tumor while leaving the normal tissue alone. This dramatically reduces adverse side effects such as incontinence and erectile

dysfunction that are associated with radical prostatectomy (traditional prostate cancer surgery) and radiation. The analogy is the lumpectomy for breast cancer. It used to be that the only approach to surgical treatment of breast cancer was radical mastectomy; then

studies showed that when breast-conserving surgery was appropriate, survival was equal. The same has been true for other cancers such as thyroid, colon and lung, for which partial removal can be effective. Now we are beginning to see this approach ramped up for certain prostate cancers.

What is making these therapies possible?

It is the advent of sophisticated MRI. When we were using transrectal ultrasound, we couldn't actually see the cancer. Instead, we relied on the PSA [prostate-specific antigen] test. When a patient's PSA was elevated, we would do a biopsy. Even though it was guided by ultrasound to show where the prostate was, since we were not able to see the cancer, if we found something, we were likely to remove or radiate the entire prostate. Within the last decade, for the first time we can see cancer in the prostate gland, put a biopsy needle specifically into that spot, characterize how aggressive it might be and, for low-risk patients who choose active surveillance over treatment, track it through repeat biopsies. This ability to see the cancer also has opened the door to focal therapy approaches to treating it more precisely.



Is this a middle ground between active surveillance and traditional surgery or radiation?

Exactly. Active surveillance is the most rapidly growing management strategy for prostate cancer. Many men with low-risk tumors who would have gotten surgery 10 or 20 years ago now are choosing active surveillance, thanks to our ability to view and follow the cancer to make sure it doesn't become a threat. But there's a large group of men who fall into the intermediate-risk category, where the cancer is not immediately life-threatening but is too risky to follow in active surveillance.

What are the focal therapy approaches currently available or under investigation?

The first form of focal therapy for prostate cancer was cryotherapy, which involves removing part of the prostate by freezing it. This technology has been around for a while, but the delivery systems have improved, and we currently offer it through a clinical trial. High-intensity focused ultrasound, or HIFU, uses powerful ultrasonic energy to destroy the tumor. We have been performing HIFU at UCLA since 2010 and have an Food and Drug Administration-approved HIFU device for the noninvasive treatment of prostate cancer, though this treatment is not yet covered by insurance.

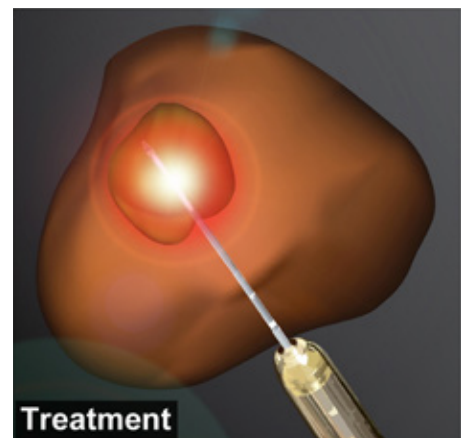
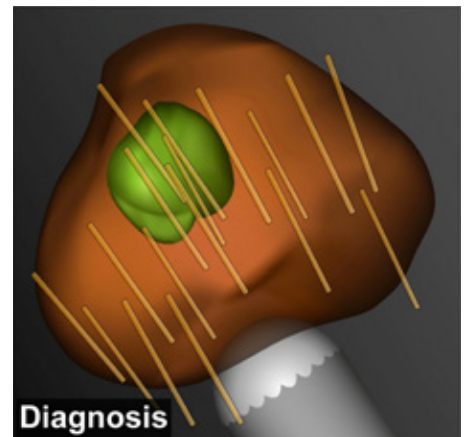
At UCLA, we are studying laser focal ablation. Using the same technology as for our targeted prostate biopsy to pinpoint the cancer, we insert a laser fiber to deliver energy to heat and destroy the tumor while keeping the surrounding tissue intact. We have a \$3.1 million grant from the National Cancer Institute to develop and commercialize this treatment. For the sake of full disclosure, I am the co-founder of a company that is collaborating with UCLA to do so.

Who would be a candidate for focal treatment?

This is for men with intermediate-risk prostate cancer, in which the tumor is confined to one identifiable part of the prostate, and the prostate gland is not too large. It's important to note that although we think the time is right to move forward with this treatment, because we are still early in its use, every man who gets a focal therapy treatment at UCLA undergoes a follow-up MRI-guided biopsy six months later, just to make sure that we did what we set out to do. Based on our cryotherapy experience, which is the best documented of the focal therapy treatments here, about 80 percent of the men getting those follow-ups have had no cancer in the tissues.



To view a video about focal therapy, go to: uclahealth.org/videos/focaltherapy



Today's technology enables physicians to see prostate cancer in place, allowing for a targeted biopsy (top) to diagnose the tumor and focal therapy (bottom) to destroy it without disturbing surrounding normal tissue.

Image: Courtesy of Dr. Leonard Marks



Leonard S. Marks, MD

Treatment options available for essential tremor

In essential tremor, tremors occur when one is actively using the affected body part rather than when at rest. It most often affects the hands and can be triggered or worsened by stress.



Essential tremor affects up to 10 million Americans, making it difficult, or even impossible, for some to perform such otherwise simple tasks as using a fork or buttoning a shirt. For many of these patients, treatment options may offer some relief.

“Treatment depends on the patients’ symptoms, impairment and quality of life,” says neurosurgeon Nader Pouratian, MD, PhD, director of the UCLA Neurosurgical Movement Disorders Program. “We initiate treatment when tremors start interfering with the patient’s ability to function. This threshold varies depending on the individual.”

In essential tremor, tremors occur when one is actively using the affected body part

rather than when at rest. It most often affects the hands and can be triggered or worsened by stress. Essential tremor tends to run in families; about half of all cases are hereditary.

Medication is the first line of treatment. Primidone, an anti-seizure medication, and propranolol, a medication for high blood pressure, often prove effective in treating tremor symptoms, Dr. Pouratian says. In some cases, surgery may be necessary. Dr. Pouratian likens deep brain stimulation (DBS), the most common surgical treatment for essential tremor, to “a pacemaker for the brain.” It involves implanting an electrode in the thalamus, located deep in the brain. When turned on, the electric charge interferes with the part of the brain responsible for the shaking.

“We most often perform DBS while patients are awake in order to ensure the best placement of the electrode and to see that the tremor is reduced,” Dr. Pouratian says. He reports that DBS can achieve a 50-to-80 percent reduction in tremors.

“The effects of this surgery can be dramatic,” he says, explaining how people who use their hands for intricate work, for example, can

resume their careers after undergoing DBS. Dr. Pouratian notes that advanced imaging techniques now allow patients to have the option of undergoing DBS under general anesthesia. This option opens the door to patients who may be too anxious to remain awake during surgery.

Radiosurgical thalamotomy, a less frequent treatment for essential tremor, uses radiation to target and eventually create a small lesion in the affected area of the brain. The lesion, like deep brain stimulation, interrupts the faulty brain signals. Thalamotomy generally is limited to patients who are too sick or frail to undergo DBS surgery.

In early 2019, UCLA will begin offering a new way to treat essential tremor using a method recently approved by the Food and Drug Administration: MR (magnetic resonance)-guided focused ultrasound therapy. The approach uses ultrasound instead of radiation to heat and destroy the affected tissue without harming adjacent tissue.

“One of the strengths of our program is that we offer the entire array of treatments, so we’re not wedded to one treatment or another,” Dr. Pouratian says. “Our neurologists and neurosurgeons work together so we can truly find the best treatment for each individual patient.”



For more information about the UCLA Neuromodulation for Movement Disorders and Pain Program, go to: dbs.ucla.edu

UCLA experts comment: American Cancer Society recommends colon cancer screening start at age 45

In response to a rise in cases of colon and rectal cancer among younger adults, the American Cancer Society (ACS) has lowered the age at which it recommends beginning screening for colorectal cancer to 45. The previous recommendation of the ACS was to begin screening at age 50, and several other medical groups still adhere to that standard.

“Compared to 30 years ago, many more people younger than 50 are being diagnosed with colorectal cancer,” says Zev Wainberg, MD, a UCLA oncologist and member of the UCLA Jonsson Comprehensive Cancer Center. Patients sometimes avoid screening because they are nervous about having a colonoscopy, but Dr. Wainberg notes that there now are other less invasive ways to screen, including stool-sample tests and virtual colonoscopy.

Colorectal cancer is the fourth most common cancer and the second-leading cause of cancer death in the United States. The ACS characterizes its guideline to begin screening at age 45 as a qualified recommendation; while there is clear evidence of benefit, the balance of benefits and potential harm, as well as a patient’s values and preferences, should be measured.

Folasade P. May, MD, PhD, a gastroenterologist with the Vatche and Tamar Manoukian Division of Digestive Diseases at UCLA, recommends that patients in their mid-to-late 40s consult with their physicians about the optimal time to begin screening. “Unlike other cancers, this is one that we can prevent in most cases, but people have to take advantage of the screening tools,” Dr. May says. “The jury is still out on whether people at average risk should begin at age 45 or 50, but the most important message we want to convey is that people should definitely start screening by the age of 50 — and earlier for those who are at higher risk,” Dr. Tan says.

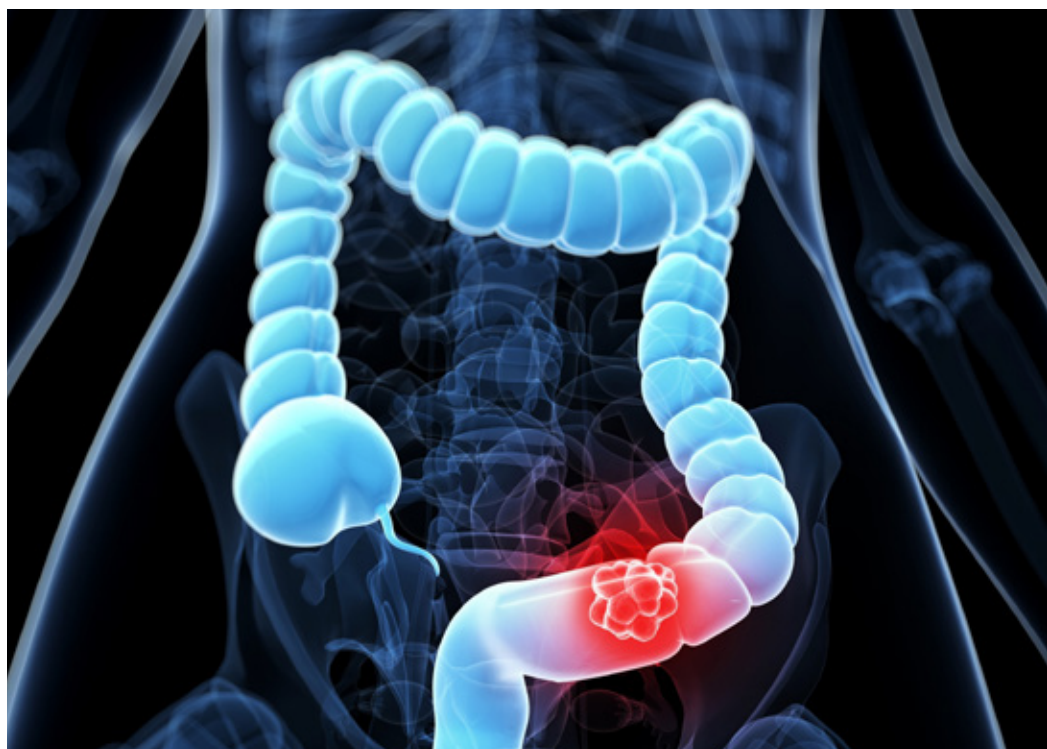
The gold standard for colorectal cancer screening remains colonoscopy, performed once every 10 years for patients at average risk in whom no precancerous polyps are found. Less invasive tests are available, but they need to be undertaken more frequently — annually or every three-to-five years, depending on the test. A positive result from those tests needs to be followed up with a colonoscopy.

Dr. May explains that patients who are at higher risk for colorectal cancer include those with a parent or sibling who has had colorectal cancer or colon polyps, as well as individuals with inflammatory bowel disease or any hereditary disorder known to cause colon polyps.

Rates for colorectal cancer screening among U.S. adults ages 50-to-75 were only about 65 percent in 2016. UCLA Health has stepped up efforts to screen more eligible patients

as part of a national initiative that aims to raise the rate to 80 percent by the end of this year, both by increasing awareness among patients of the importance of screening and by ensuring that physicians counsel their patients on the issue.

“We’ve made major strides, but there is still a great deal of work to be done,” says Dr. May, who has helped spearhead the UCLA Health initiative. “Every year, a new group of patients become eligible to begin screening, and if people are going to start to think about if they should start screening before the age of 50, that means there are many more patients who need to receive this important message. By finding and removing polyps, we can prevent this cancer, and we also have strong evidence that if we find and treat early colorectal cancer, 90 percent of patients can be cured.”



Community Health Programs

JULY, AUGUST, SEPTEMBER 2018 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 for more information.

CANCER

Skin Cancer: Prevention Strategies, Early Recognition and Treatment

Emily Newson, MD, UCLA dermatologist and dermatologic surgeon, will discuss risk factors, signs and treatments for skin cancers such as basal cell carcinoma, squamous cell carcinoma and melanoma.

When: Tuesday, July 10 / 7 – 9 pm

Where: Ronald Reagan UCLA Medical Ctr, 757 Westwood Bl, Tamkin Auditorium, Rm B130

Info: 310-794-6644

Lung Cancer — Latest Treatments

Lung cancer screening using a low-dose CT scan has been recognized and approved to reduce lung cancer mortality. Fereidoun Abtin, MD, UCLA interventional radiologist, will discuss new minimally invasive technologies that are used to treat early stage lung cancer and who is considered a good candidate for these options.

When: Monday, July 30 / 6:30 – 8 pm

Where: Santa Monica Family YMCA, 1332 6th St

RSVP: 800-516-5323

Cardiac Health After Cancer

Megha Agarwal, MD, UCLA cardiologist, will discuss the critical importance of a healthy diet and lifestyle, and how ongoing screenings can decrease the risk of cardiovascular illness and potential long-term complications later in life for cancer survivors.

When: Tuesday, Aug 7 / 7 – 9 pm

Where: Ronald Reagan UCLA Medical Ctr, 757 Westwood Bl, Tamkin Auditorium, Rm B130

Info: 310-794-6644

CANCER (CONTINUED)

Prostate Cancer Treatment

Matthew Rettig, MD, UCLA medical oncologist, will discuss prostate cancer and treatments for prostate cancer, including active surveillance without treatment, and traditional and cutting-edge options such as hormonal therapies, immunotherapies, novel biologics, chemotherapy and new approaches in clinical trials.

When: Tuesday, Sept 4 / 7 – 9 pm

Where: Ronald Reagan UCLA Medical Ctr, 757 Westwood Bl, Tamkin Auditorium, Rm B130

Info: 310-794-6644

CARDIOVASCULAR HEALTH

Heart Disease Prevention

Ramin Assadi, MD, FACC, UCLA cardiologist, will discuss how to prevent cardiovascular disease and the latest advanced treatments.

When: Friday, Aug 3 / 10 – 11:30 am

Where: ONEgeneration, 18255 Victory Bl, Reseda

RSVP: 800-516-5323

Blood Pressure Update

Beronie Richardson, MD, UCLA family medicine physician, will discuss hypertension and ways to prevent it through diet and exercise. He will cover basic dietary and salt guidelines as well as exercise recommendations, including ways to fit an exercise regimen into a busy schedule.

When: Wednesday, Aug 22 / 2 – 3:30 pm

Where: Belmont Village, 10475 Wilshire Bl

RSVP: 800-516-5323

CARDIOVASCULAR HEALTH

Keep Your Heart Healthy: Blood Pressure Overview (In Spanish)

Trinidad Solis, MD, UCLA family medicine physician, will discuss the importance of a healthy diet, keeping your blood pressure within normal limits and how to do routine home blood pressure monitoring to prevent heart problems.

When: Monday, Sept 10 / 6:30 – 8 pm

Where: Pico Branch Library, 2201 Pico Bl

RSVP: 800-516-5323

Heart Disease Update

Reena Patel, MD, UCLA cardiologist, will discuss risk factors, understanding signs and symptoms of heart disease and the newest advances in diagnosing and treating heart disease.

When: Wednesday, Sept 12 / 10 – 11:30 am

Where: Christian Life Church, 3400 Pacific Av, Long Beach

RSVP: 800-516-5323

DEMENTIA

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

Info: 310-794-0680

FEATURED EVENT

CANNABIS: MEDICAL MYTHS AND REALITIES

Jeff Chen, MD, MBA, director, UCLA Cannabis Research Initiative, will discuss medical benefits and health risks of cannabis and how to navigate around legal cannabis.

When: Tuesday, Aug 21 / 7 – 8:30 pm

Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Auditorium **RSVP:** 800-516-5323



SUPPORT GROUPS UCLA Health and its community partners offer a number of support groups, available in person and by telephone, designed to support and inform patients, families and caregivers coping with a variety of diagnoses. For more information, visit: uclahealth.org/support-groups

DIABETES**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.

When: Thursdays / 9 – 10:30 am

Where: 1245 16th St, Ste 307, Santa Monica

Info: 310-794-1299 or diabeteseducation@mednet.ucla.edu

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, July 9, July 23, Aug 6, Aug 20 & Sep 10 / 8 am – 5 pm

Where: Location may vary

Porter Ranch

When: Mondays, June 18 & Aug 13 / 8 am – 5 pm

Where: 19950 Rinaldi St, Ste 300

Thousand Oaks

When: Offered in two sessions. Class 1 covers survival skills that can be taken as a stand-alone and must be taken before the advanced class 2. Class 1: Thursdays, July 5, Aug 2, & Sept 6 / 8 am – Noon

Class 2: Thursdays, July 12, Aug 9, & Sept 13 / 8 am – Noon

Where: 100 Moody Ct, Ste 200

Toluca Lake

When: Saturdays, July 21 & Sept 15 / 8 am – 5 pm

Where: Toluca Lake Health Ctr, Education Rm, 4323 Riverside Dr

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.

Santa Monica

When: Tuesdays, July 10, Aug 7 & Sept 4 / 9 – 11 am

Where: 1245 16th St, Ste 307

Thousand Oaks

When: Tuesdays, June 19 & Aug 21 / 3 – 5 pm

Where: 100 Moody Ct, Ste 200

Info: 310-794-1299 or diabeteseducation@mednet.ucla.edu

Torrance

When: Wednesdays, July 11, Aug 8 & Sept 12 / 3 – 5 pm

Where: Redondo Beach Primary Care, 514 N Prospect Av, Ste 103

GASTROINTESTINAL PROBLEMS**Diet, Food Intolerance and Living a Healthy Lifestyle**

Michael Albertson, MD, UCLA gastroenterologist, will discuss how to live a healthy lifestyle when coping with gluten sensitivity, celiac disease, inflammation, food intolerance and other diet-restrictive issues.

When: Thursday, Sept 6 / 2 – 3:30 pm

Where: Sunrise Senior Living of Westlake Village, 3101 Townsgate

RSVP: 800-516-5323

Constipation Update

Learn about the causes and treatments of constipation.

When: Tuesday, Sept 11 / 2 – 3:30 pm

Where: Collins & Katz Family YMCA, 1466 S Westgate Av

RSVP: 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, July 12 & 26, Aug 16 & 30, Sept 13 & 27 / 2 – 4 pm

Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Conference Ctr

Info & RSVP: 888-695-4363 or kidneysmart.org

UCLA Kidney Education Enhancement Program (UKEEP): Drugs & Medicine — What You Should Know

UCLA nephrologists Anjay Rastogi, MD, PhD, Nilofar 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.

When: Sunday, Aug 12 / 1 – 4 pm

Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Conference Ctr

RSVP: 800-516-5323

MULTIPLE SCLEROSIS (MS)**REACH to Achieve Program** (Ongoing)

This weekly wellness program focuses on fitness, memory, 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

MULTIPLE SCLEROSIS (MS)

(CONTINUED)

Free From Falls

This eight-week program is designed for people with multiple sclerosis who walk with or without a cane and may be at risk for falling. Learn about risks for falls, how to reduce those risks and exercises to improve balance and mobility.

Where: Marilyn Hilton MS Achievement Ctr, 1000 Veteran Av

Info & Application: 310-481-1107

PAIN TREATMENT**Back, Hip, Arm and Leg Pain**

UCLA neuroradiologists Juan Pablo Villablanca, MD, FACR, and Reza Jahan, MD, will explore common causes of back, hip, arm and leg pain, the significance of specific symptoms and available treatment options.

When: Monday, July 23 / 6:30 – 8 pm

Where: Belmont Village, 10475 Wilshire Bl

RSVP: 800-516-5323

Back, Hip, Arm and Leg Pain

UCLA neuroradiologists Juan Pablo Villablanca, MD, FACR, and Satoshi Tateshima, MD, will explore common causes of back, hip, arm and leg pain, the significance of specific symptoms and available treatment options.

When: Thursday, Sept 20 / 6:30 – 8 pm

Where: Collins & Katz Family YMCA, 1466 S Westgate Av

RSVP: 800-516-5323

PLASTIC SURGERY**Breast Augmentation**

Jaco Festekjian, MD, UCLA plastic surgeon, will discuss the contemporary approaches to breast augmentation and the different styles of implants that are available.

When: Thursday, July 19 / 6 – 7:30 pm

Where: 200 UCLA Medical Plaza, Ste 206

RSVP: plasticsurgery@mednet.ucla.edu

Non-surgical Facial Rejuvenation for an Active Lifestyle

Andrew Vardanian, MD, UCLA plastic surgeon, will discuss the latest non-surgical treatments (Botox, fillers, lasers, etc.) that can be used to reduce the visible signs of aging.

When: Thursday, July 26 / 6 – 7:30 pm

Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Auditorium, Rm G340

RSVP: plasticsurgery@mednet.ucla.edu

PLASTIC SURGERY (CONTINUED)

Facial Rejuvenation

Jason Roostaeian, MD, UCLA plastic surgeon, will discuss the latest treatments for facial rejuvenation, including both surgical (facelift, brow lift) and non-surgical (Botox, fillers, etc.) treatments.

When: Thursday, Aug 16 / 6 – 7:30 pm

Where: 200 UCLA Medical Plaza, Ste 206

RSVP: plasticsurgery@mednet.ucla.edu

Facial Rejuvenation and the Natural Looking Facelift

Andrew Da Lio, MD, chief, UCLA Plastic Surgery, will discuss contemporary approaches to facelifts and brow lifts with an eye toward achieving a natural, more youthful appearance.

When: Thursday, Aug 30 / 6 – 7:30 pm

Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Auditorium Rm G340

RSVP: plasticsurgery@mednet.ucla.edu

Liposuction and Body Contouring

Andrew Vardanian, MD, UCLA plastic surgeon, will discuss the latest approaches to body contouring and liposuction, including lunchtime liposuction.

When: Thursday, Sept 13 / 6 – 7:30 pm

Where: 200 UCLA Medical Plaza, Ste 206

RSVP: plasticsurgery@mednet.ucla.edu

PROSTATE HYPERPLASIA

Prostate Update

Adam Plotnik, MD, UCLA interventional radiologist, will discuss prostate artery embolization, the benefits of the nonsurgical procedure compared with traditional surgery, and explore who is a potential candidate.

When: Wednesday, Aug 29 / 6:30 – 8 pm

Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Conference Rm 3

RSVP: 800-516-5323

WELLNESS

Walk With a Doc

Join UCLA Health physicians for a healthy stroll.

Woodland Hills

When: Saturdays, July 7, Aug 4 & Sept 1 / 8 – 9 am

Where: UCLA Health, The Village at Westfield Topanga, 6344 Topanga Canyon Bl, Ste 2040

Westlake Village

When: Saturdays, July 21, Aug 18 & Sept 15 / 7:30 – 8:30 am

Where: Triunfo Community Park, 950 Aranmoor Av (meet by the kids' play structure)

Century City

When: Saturday, July 21, Aug 18 & Sept 15 / 7:30 – 8:30 am

Where: UCLA Health, Westfield Century City, 10250 Santa Monica Bl, Ste 2440

Info: uclahealth.org/walkwithadoc

Bike Safety for All Ages

Representatives from Sustainable Streets will focus on the basics and best practices for cyclists riding in the public right-of-way and what equipment is needed, rules of the road, common scenarios that most cyclists face, route planning and local resources.

When: Wednesday, Aug 1 / 6 – 7:30 pm

Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Conference Rm 3

RSVP: 800-516-5323

Cognitive Behavioral Therapy

Emanuel Maidenberg, PhD, UCLA psychologist, will discuss how cognitive behavioral therapy affects healthy living habits and overall well-being.

When: Thursday, Sept 6 / 6 – 7:30 pm

Where: Belmont Village, 10475 Wilshire Bl

RSVP: 800-516-5323

Living a Brain Healthy Lifestyle

A representative from the Mary S. Easton Center for Alzheimer's Disease Research at UCLA will discuss the latest research on how to keep your brain healthy as you age and what we know about ways to reduce your risk of developing dementia.

When: Thursday, Sept 20 / Noon – 1:30 pm

Where: Santa Monica Family YMCA, 1332 6th St

RSVP: 800-516-5323

WELLNESS (CONTINUED)

Sleep Health

Aldo Ilarde, MD, UCLA internist, will provide tips to improve sleep quality and separate fact from fiction when it comes to obtaining a good night's sleep.

When: Tuesday, Sept 25 / 6:30 – 8 pm

Where: Camarillo Health Care District, 3639 E Las Posas Rd

RSVP: 800-516-5323

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 Boot Camp (Ongoing)

This intensive course teaches healthy lifestyle tips to enhance memory ability for people with age-related memory concerns.

Where: UCLA Longevity Ctr, 10945 Le Conte Av, Ste 3119

Info: 310-794-6314 or

mmoreno@mednet.ucla.edu



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

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 other special events. Call 800-516-5323 or go to uclahealth.org/50plus to sign up.

UCLA Health 50 Plus is launching an e-newsletter that will include information on health topics, a doctor-written column on specific health issues, a calendar highlighting upcoming community events and more.

It begins with U: What topics would you like to see in the newsletter? To provide suggestions or subscribe, email fiftyplus@mednet.ucla.edu

50+ FEATURED EVENT

EARLY MEMORY LOSS FORUM

This interactive conference, sponsored by Alzheimer's Greater Los Angeles and the Mary S. Easton Center for Alzheimer's Disease Research at UCLA, offers support, guidance and education to those diagnosed with mild cognitive impairment, early Alzheimer's or related dementia, experiencing early memory loss, and their care partners or family members.

When: Saturday, Sept 29 / 9 am – 3 pm

Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Conference Ctr

Info: 844-435-7259

Cost: \$20 for general admission, \$100 for professionals

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 at 1131 Wilshire Blvd, 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: Fall quarter session begins Sept 27.

Registration closes Aug 24.

Where: Locations vary on UCLA campus

Info: 310-794-0679

www.semel.ucla.edu/longevity/srscholars or srscholars@mednet.ucla.edu

Cost: \$150 per course

50+ Brain Booster

Brain Boosters will provide information on healthy aging research and exercises to enhance overall cognitive function. Limited seating available.

When: Sessions are 90 minutes

Where: UCLA Westwood campus

Info & Cost: 310-794-0680 or sgoldfarb@mednet.ucla.edu

50+ Stroke Education and Support Group

This group welcomes people who have had new strokes and those who have had strokes in the past. It provides hope, encouragement and education to stroke survivors, family members and caregivers.

When: Wednesdays, July 18, Aug 15 & Sept 19 / 3 – 4 pm

Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Conference Rm 4

Info: 424-259-8390

50+ Shortness of Breath in Older Adults

Boris Arbit, MD, UCLA cardiologist, will discuss shortness of breath in older adults, and focus on changes in heart physiology with age and what can be done to reverse these processes.

When: Wednesday, July 25 / 10:30 am – Noon

Where: Belmont Village, 15451 Ventura Bl, Sherman Oaks

RSVP: 800-516-5323

50+ Maintaining Mobility for Seniors

Anuradha Seshadri, MD, UCLA internist, will cover the importance of a balanced diet, exercise and mindset and how exercising, correct physical posture and breathing techniques can help mobility during all stages of life.

When: Wednesday, Aug 8 / 2 – 3:30 pm

Where: Belmont Village, 10475 Wilshire Bl

RSVP: 800-516- 5323

50+ Fall Prevention

Amy Wang, MD, UCLA internist, will discuss common risk factors for falls, mobility assessment and prevention methods to stay safe and steady as you age.

When: Thursday, Aug 9 / 10 – 11:30 am

Where: Torrance-South Bay Family YMCA, 2900 W Sepulveda

RSVP: 800-516-5323

50+ Osteoporosis: Prevention and Treatment

Sarah Kim, MD, UCLA endocrinologist, will discuss how to optimize bone health to prevent osteoporosis and fractures and what can be done once osteoporosis is diagnosed.

When: Thursday, Aug 16 / Noon – 1:30 pm

Where: Santa Monica Family YMCA, 1332 6th St

RSVP: 800-516-5323

50+ Fall Prevention

Esau Baqi, DPT, UCLA physical therapist, will discuss how internal and external risk factors can influence falls and how to prevent them.

When: Thursday, Sept 20 / 10 – 11:30 am

Where: Santa Monica Family YMCA, 1332 6th St

RSVP: 800-516-5323

50+ Advance Health Care Planning

Learn how to communicate your health care wishes to your family and friends, appoint someone as your surrogate decision maker and review health care decision-making documents.

When: Thursday, Sept 27 / 1:30 – 3 pm

Where: WISE & Healthy Aging, 1527 4th St, Santa Monica

RSVP: 800-516-5323



WEBINARS ON DEMAND If you missed one of our UCLA MDChat Webinars, visit our Webinars on Demand library to view programs led by UCLA physicians. For more information, visit: uclahealth.org/uclamdchat

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U.S. News & World Report's
Best Hospital Survey ranks
UCLA No. 1 in Los Angeles
and No. 7 in the nation.

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



Vital Signs

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