

Vital Signs

WINTER 2024 | VOLUME 101

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Image: iStock

Advance
Healthcare Directive

An advance directive provides guidance when patients are unable to voice their own medical desires

For older adults or people with a chronic illness, taking the time to prepare an advance directive will ensure that their medical wishes are followed if one day they can no longer speak for themselves. Advance directives also are a good tool for adults of any age to prompt them to think about and express their health care goals, says Neil Wenger, MD, director of the UCLA Health Advance Care Planning Program.

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Image: UCLA Health

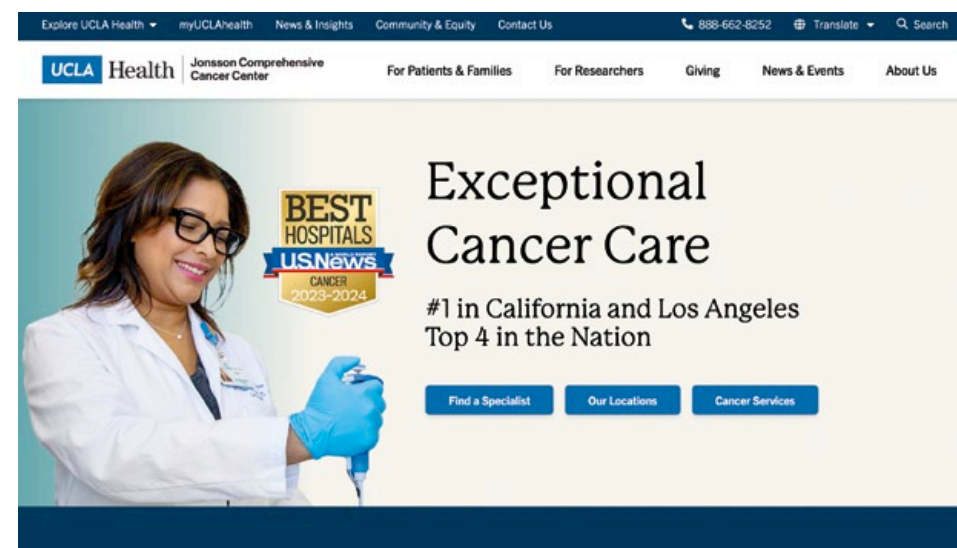


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New UCLA Health Jonsson Comprehensive Center web presence



To provide patients one-stop access to the latest information about cancer clinical care, clinical trials and research, UCLA Health has launched an improved web presence for the UCLA Health Jonsson Comprehensive Cancer Center. The new website serves as a central platform to link cancer content under one umbrella and connect patients, caregivers and the research community to information and resources on advanced treatments, technology, research, education and training, community activities and leading-edge cancer services at UCLA Health.



For information about cancer care at UCLA Health, go to: uclahealth.org/cancer or scan the QR code.



Clinical trials

UCLA Health conducts research for a wide range of medical disorders and offers patients the opportunity to participate in clinical trials and research. Connect with us to see if you're a good fit for a clinical trial and gain access to the latest treatments while contributing to a healthier society.



To learn more about clinical trials at UCLA Health, go to: uclahealth.org/clinical-trials or scan the QR code.

Take on a new healthy habit this year

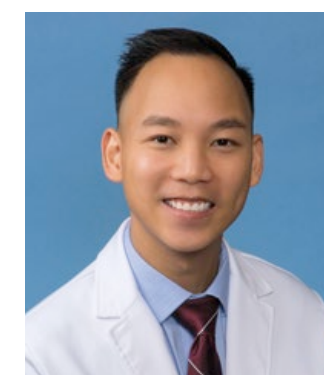
It's natural to make resolutions as the new year begins. Choosing a resolution to boost one's health can lead to a big payoff. Ryan M. Pham, MD, a UCLA health internal medicine physician in Santa Monica, discusses healthy lifestyle habits that can have a significant impact, as well as strategies for successfully taking on new behaviors.

If a patient planned to adopt one new health habit this year, what would you recommend?

"I'd encourage them to increase their exercise in any form," Dr. Pham says. "That could mean walking 30 minutes daily at moderate intensity or doing short bursts of exercise throughout the day." He notes that one can also boost movement in small ways, such as parking further from work or taking stairs instead of the elevator. "Exercise helps heart and brain health, as well as sleep and digestion," says Dr. Pham. "It addresses many aspects of health."

What other habits or behaviors would be good to adopt?

"When it comes to diet, aim to decrease the amount of carbohydrates consumed," Dr. Pham says. "Eat nutrient-rich foods, including fruit, vegetables, whole grains and lean proteins like chicken or fish." The Academy of Nutrition and Dietetics recommends that women aim to consume about 25 grams of fiber daily and men about 38 grams. "Patients should tell



Dr. Ryan M. Pham.
Photo: UCLA Health

their doctor if they are experiencing fatigue, low energy or difficulty concentrating, as those are often caused by poor or inadequate sleep. Aim to get eight hours of sleep as it plays a vital role in overall health and longevity," Dr. Pham says. He also recommends getting an annual checkup that includes a physical exam and blood work, as well as age-appropriate cancer screenings. Other healthy habits include keeping current on flu and COVID shots and other recommended vaccines.

What harmful habits would you like your patients to avoid or discontinue?

Dr. Pham recommends avoiding processed foods and alcohol as much as possible. Alcohol consumption increased during the pandemic and has not yet decreased to pre-pandemic levels. The American Heart Association's Dietary Guidelines for Americans call for no more than one drink per day for women and two for men.

What strategies can help people successfully make and keep their new habits?

"Set small goals and take one step at a time," says Dr. Pham. "If you're overeating, it's easier to cut back on the amount of food rather than changing your entire diet. For example, have one piece of toast in the morning instead of two. Or instead of planning to run a marathon, commit to jogging once per week. Once you get into that habit, it builds momentum and you can increase the length and frequency of your jogging. Small goals can add up to achieving larger ones." Dr. Pham notes that quantifying and logging progress toward goals helps with habit formation. That could mean tracking steps with a pedometer or app,



making calendar reminders to get screenings and vaccines, or committing to go to bed half an hour earlier to get more sleep. The American Psychological Association recommends making only one change at a time as well as enlisting a friend or support group to provide support and accountability.

To find a UCLA Health location near you, go to: maps.uclahealth.org or scan the QR code.



New minimally invasive gynecologic procedures offer patients more options, greater benefits



Photo: iStock

UCLA's expanding menu of minimally invasive gynecologic surgeries (MIGS) provides a host of benefits for patients: lower risk of complications, less scarring and shorter recovery times. Along with excellent outcomes, there's another big benefit: options.

Among those options are two relatively new procedures first introduced to Southern California at UCLA: vaginal natural orifice transluminal endoscopic surgery (vNOTES) and transcervical radio-frequency ablation for fibroids, known as Sonata.

"The first time I saw vNOTES, my mind was blown," says Sukrant Mehta, MD, assistant clinical professor of OB-GYN. "I thought, 'Making use of a natural orifice is pure genius.' We make an incision high in the apex of the vagina where the patient will never see it, and it's not very painful."

Through that incision, surgeons inflate the abdomen and pelvis and insert small portals where a camera and surgical instruments go through. "It's a new approach using FDA-approved instrumentation specifically for vaginal laparoscopic surgery," explains Ram Parvataneni, MD, co-director of UCLA Health's Fibroid Treatment Program. "Cases including hysterectomies, ovarian surgeries, cyst removal, and fallopian tube surgeries have gone very well. We're extremely happy with the outcomes." And because there are no visible incisions, healing is faster than with traditional laparoscopy.

"New technologies and different techniques provide options attuned to patients' preferences. Staying on top of new options, and educating patients about them, is one of the most important ways we provide optimal care."

While vNOTES involves a small incision, Sonata is performed without any skin incision. "That's an incredibly important distinction," Dr. Parvataneni says.

An ultrasound probe is inserted through the cervix and into the uterine cavity, allowing the surgeon to identify borders of fibroids inside the uterus, Dr. Mehta explains. "We then use an array of needles to treat the fibroid. The fibroid



Photo: iStock

tissue is heated to 105-degrees C, higher than the boiling point of water, causing the fibroid cells to be destroyed, without affecting the surrounding normal uterine tissue."

Over time, the tissue gets softer and shrinks. "This has a huge impact on how fibroids affect patients, which can include heavy menstrual bleeding, pelvic pain, pelvic pressure, urinary symptoms, constipation and more," Dr. Mehta says.

Kathryn Goldrath, MD, assistant clinical professor of OB-GYN, stresses how important advances in fibroid treatment are. "It's estimated about 70% of premenopausal women are diagnosed with fibroids at some point. For Black women, that risk can be upwards of 80%," she says. "It's an important statistic. I have a lot of patients who come to me, and the first thing they say is, 'I have fibroids, but don't take out my uterus.'"

Historically, certain populations, including African Americans, have felt distrust toward the medical community because of the many health injustices historically inflicted upon them. So, new technologies and different techniques, such as incision-free Sonata, provide options attuned to patients' preferences, Dr. Goldrath says. "Staying on top of new options, and educating patients about them, is one of the most important ways we provide optimal care," she says.

Dr. Parvataneni points out that both vNOTES and Sonata are covered by most health insurance plans, including government payers, helping to ensure access to care. "We want to take care of everyone," he stresses, "and this provides opportunities for all patients to receive the best care."

vNOTES and Sonata are part of the full menu of MIGS procedures available at UCLA Health, and they will, over time, assume greater roles in the treatment of women requiring gynecologic surgery. "This," says Dr. Goldrath, "is the future of gynecologic surgery."



For more information about minimally invasive gynecologic surgery, go to:

uclahealth.org/medical-services/obgyn/minimally-invasive-gyn-surgery
or scan the QR code.



A place to put sleep problems to rest



Patients with sleep disorders can sometimes search for years before receiving a correct diagnosis or effective treatment. “There’s a significant shortage of sleep medicine physicians nationwide, and access to a competent, knowledgeable clinician can be challenging,” notes Ravi Aysola, MD, chief of sleep medicine in UCLA’s Division of Pulmonary, Critical Care and Sleep Medicine and director of the UCLA Sleep Center.

UCLA Health offers options for such patients that are not available at many other centers. With its state-of-the-art sleep lab and more than 20 board-qualified sleep medicine physicians, UCLA Health’s practice is among the largest in the country. Its practitioners represent a broad range of specialties, including neurology, psychiatry, pulmonology, otolaryngology and oral-maxillofacial surgery. They also include faculty members whose focus is primarily on research, providing a conduit to clinical trials and cutting-edge therapies for patients with more esoteric or poorly understood disorders.

The UCLA Sleep Center’s mission “is to educate and empower our patients, and to provide the highest level of care.”

In addition, the sleep center is aligned with the UCLA Insomnia Clinic in the Department of Psychiatry and Biobehavioral Sciences, which focuses on nonpharmacologic methods to manage chronic insomnia. First-line cognitive behavioral therapy for insomnia and mindfulness-based therapy for insomnia are the treatment strategies employed to help patients manage chronic insomnia, which often overlaps with and aggravates other sleep disorders. “The UCLA Insomnia Clinic is a critical part of the UCLA Sleep Medicine team and enables us to comprehensively address our patients’ sleep disorders,” Dr. Aysola says.

Sleep medicine is a complex specialty, involving both adult and pediatric patients, and covering more than 80 disorders, from parasomnias (conditions characterized by disruptive behaviors during sleep) to ailments involving excessive wakefulness, excessive sleepiness, abnormal timing of the sleep-wake cycle or problems with breathing during sleep. These disorders may

occur in the absence of clear underlying causes, or they may arise from other diseases.


For example, “In my practice, I take care of a lot of patients with muscular dystrophies,” Dr. Aysola says. “Treating their sleep-disordered breathing poses different challenges from those of more common forms of sleep apnea.”

For patients with a parasomnia, differential diagnosis is often crucial — for example, determining whether an individual’s nocturnal flailing results from abnormal muscle activity during rapid eye movement sleep (as in a condition called rapid eye movement sleep behavior disorder, or RBD), from an autonomic response to apneic episodes, from seizures or from some other cause.

“It can be a gray area,” Dr. Aysola says. “I’ve had patients who flailed in their sleep and broke a window or broke a piece of glass around the bed. They’d say, ‘I had this dream, and I was fighting, and then all of a sudden, my partner said I threw my arm at them or accidentally broke something.’” It sounds like it could be RBD, Dr. Aysola says, but then a sleep study reveals that episodes of apnea are actually triggering their actions.

That is why “it’s crucial to stay current with the latest basic and clinical science, as well as evolving diagnostic criteria and therapeutic modalities,” Dr. Aysola says. “Our clinicians are all engaged in ongoing education, and we attend national professional meetings year-round to keep up with developments in our respective fields.”

The UCLA Sleep Center’s mission, he adds, “is to educate and empower our patients, and to provide the highest level of care by practicing evidence-based medicine and engaging in continuous quality improvement. We are fortunate to have an exceptional group of physicians who excel at the bedside practice of medicine, as well as at education, research and developing new therapies,” Dr. Aysola says. “Medicine truly is a team sport, and the strength of our center is our team.”

 For more information about the UCLA Sleep Center, go to: uclahealth.org/medical-services/sleep-disorders or scan the QR code.



Continued from cover

An advance directive provides guidance when patients are unable to voice their own medical desires

UCLA Health has developed its own form to guide people in determining what they value for quality of life. People completing the form can also specify what type of medical intervention they would want in an emergency or at end-of-life, but what makes the UCLA advance directive special is that it focuses on goals and future health states. Additionally, the advance directive form allows people to appoint a health care agent — a family member or trusted friend, for example — who is legally authorized to make medical decisions for them, if necessary.

“The UCLA advance directive is a pretty special document that we developed with patients and doctors in mind,” Dr. Wenger says. “It is important so that people’s goals for medical care are clear and get carried out even if they can’t tell the doctors what they want. It also covers who they would want to make decisions for them if they can’t make them themselves.”

The UCLA Health advance directive is oriented toward goals and preferences rather than treatments. “The first thing it asks of the patient is to tell us about their goals and values. Tell us about health states that they don’t want medical care to keep them in and the things they’re hoping medical care will achieve for them,” Dr. Wenger says. “The form also asks about religion and spirituality, and if that’s important to you. After that, we know a lot about you, and we’re going to use this information to help make decisions throughout the course of your care.”


In addition to providing guidance to the physician, an advance directive gives family members the direction that they need. “We find that good conversations around completing an advance directive help a family member make better decisions and be much more comfortable with the process,” Dr. Wenger says. “There are data showing that under difficult

circumstances when people die, families do far, far better if there’s been advance care planning.”

In every case, it is essential that the person who is designated as the patient’s health care agent also have a conversation with the patient about what they wrote down. “It’s often hard to predict what someone would want,” Dr. Wenger says. “Would it be acceptable for someone to end up in a health state where they’re not able to take care of themselves? Many people would say absolutely, and others would say not on my life.”

It is important to keep in mind that while an advance directive is a durable power of attorney for health care, a legal document, it doesn’t require a lawyer and it shouldn’t cost anything unless one wishes to have it notarized.

“End-of-life is a common time for there to be high emotion,” Dr. Wenger notes. “Sometimes family members don’t agree and have different perspectives on what should happen with a patient. That is far less likely to occur if you have an advance directive. It’s the doctor’s responsibility to follow the patient’s wishes, even over the wishes of a family member.”

 For more information about the UCLA Advance Care Planning Program, links to download forms and events such as virtual community sessions to learn more about advance care planning, go to: uclahealth.org/programs/advance-care-planning or scan the QR code.



What parents need to know when preparing for teen's health exam



Photo: iStock

Most parents expect teens to slowly pull away and keep some details of their lives private, but it may come as a shock that after age 12, parents and guardians can also be shut out of some of their child's health care — and it's not necessarily a bad thing.

California has laws about confidentiality and minor consent that allow youths age 12 and older to make some health decisions independently, without the consent of a parent or guardian.

"Part of becoming older is [an adolescent] developing their own self-care and health-related skills," says UCLA Health medicine-pediatrics physician Susan Duan, MD. "Your health care provider will encourage your child to get more involved with their care."

As children grow into adolescence, many things begin to change physically and socially — changes that often affect a teen's relationships with parents and peers, Dr. Duan notes. Annual exams for tweens and teens reflect those changes. Screenings, education and wellness discussions may begin to focus more on:

- Alcohol and drug use
- Contraception
- Gender identity
- Menstruation
- Mental health
- Puberty
- Sex and dating
- Sexually transmitted diseases

While parents may assume they will be involved in their child's health affairs until they turn 18 and officially reach adulthood, California has laws that allow teens, beginning at age 12, to advocate for some of their own health care. "California's laws protect the health status of preteens and teens," says UCLA Health medicine-pediatrics physician Janet Ma, MD. "Minor patients can seek some health care for certain delicate matters on their own, without the consent of a parent or guardian."

Physicians typically ask to speak privately to patients age 12 or older. That way, they can talk about confidential health topics that most teens don't want to share in front of their parents. The information discussed in those confidential conversations is only shared if the teen says it's okay or if someone is in danger.

"As health concerns shift for teens, we want to build their independence and help them feel comfortable and confident speaking to a physician on their own," Dr. Duan adds.

"As health concerns shift for teens, we want to build their independence and help them feel comfortable and confident speaking to a physician on their own."

While parents may be uncomfortable with the idea of their children having access to confidential medical services, Drs. Duan and Ma respond that not being able to do so may cause many teens to avoid getting necessary care out of fear that their parents or other people may find out.

"The confidentiality laws exist to protect your teen," Dr. Ma explains. "It lets them know

they can seek the care they need confidentially and helps them build trust with their health care provider. They see that we are looking out for their best interests."

There are, however, instances when a child's confidentiality may be broken. "Safety is always our first concern," Dr. Ma says. "Privacy rules may be broken if information suggests that the safety of the patient or other people is in jeopardy."

Physicians are mandatory reporters and required by law to report:

- Physical or sexual abuse
- Thoughts or plans to hurt themselves or someone else
- Sexual intercourse with someone 14 or older (if the patient is younger than 14)
- Sexual intercourse with someone 21 or older (if the patient is younger than 16)

"Our goal is to involve the parents, especially if we have a concern about unsafe behavior," Dr. Duan says. "But we want to do that in a way that makes the teen feel safe and supported."

Drs. Duan and Ma encourage parents to talk to their teens before an appointment so they have time to prepare. "Let them know that the doctor will speak to them one-on-one," Dr. Ma says. "Encourage your child to take that opportunity to ask questions about their health or feelings. Assure them that whatever they discuss with the physician is private and that you are okay with that."

"They may have questions about the services they can access on their own," Dr. Duan adds. "It also opens the line of communication between you and your teen."

The physicians also want parents to keep in mind that their teen will eventually transition to adult care, and their role as a parent or guardian is to pave the way for that transition. "As much

as we counsel in the clinic, the real work is done at home," Dr. Duan says. "If parents don't allow their teens to practice self-care skills, it can be jarring when they go off to college or out on their own."



For more information about adolescent and young adult care at UCLA Health, go to: uclahealth.org/medical-services/general-pediatrics/clinical-services/adolescent-young-adult-medicine or scan the QR code.



Photo: iStock

Pharmacists can be an essential bridge between patients and their doctors



It used to be that doctors communicated with pharmacists only through nearly illegible notes on a page ripped from a prescription pad. These days, however, their communication is broader and deeper, with the pharmacist increasingly recognized as a physician's partner and patient advocate, says Ghada Ashkar, PharmD, associate chief of ambulatory pharmacy for UCLA Health.

"The value of the pharmacist as a health care professional is being recognized more and more," Dr. Ashkar says. "It's always been really valued in the inpatient acute care setting because they work side by side with the provider. But now, specifically on the ambulatory side, in the community, pharmacists are very accessible to the patient, enhancing their access to care through collaborating with the providers."

The work pharmacists do to support patients ranges from explaining how to take medications to finding lower-cost options to looking for red flags and potential drug interactions.

While clinical pharmacists in the inpatient hospital setting may not dispense medications directly to patients, they are available to provide services such as patient education, disease management and assistance with financial programs. In fact, patients leaving

the hospital with multiple prescriptions often are met at their bedside by a UCLA Health pharmacist who demystifies the new protocol, a simple step that can help prevent readmissions, Dr. Ashkar says.

"The value of the pharmacist as a health care professional is being recognized more and more."

Pharmacists also are tasked with ensuring that a patient's prescription is appropriate for their condition, doesn't interact with other medications they are taking and doesn't raise any red flags. It's on the pharmacist to notice if a patient is getting prescriptions from multiple physicians, particularly if different providers are prescribing the same medications.

"Pharmacists are the last defense for the patient," Dr. Ashkar notes. "If a prescription was prescribed wrong, the pharmacist is the last person who's going to check the prescription before the patient starts taking it."

Pharmacists not only help physicians by educating patients about drugs and serving as a second pair of eyes on prescriptions, they are increasingly helping to lighten doctors' loads by approving refills and even writing prescriptions for certain medications, such as contraceptives and smoking-cessation drugs, Dr. Ashkar says. "It's helping to alleviate provider burnout, because physicians already have a lot on their plates. Pharmacists are now being recognized as a health care professional that's really trusted, and they can take on some of the clinical work that the provider doesn't have to do so they can focus on the patient," Dr. Ashkar adds.



To learn more about UCLA Health pharmaceutical services, go to: uclahealth.org/medical-services/pharmaceutical-service or scan the QR code.



What's the Truth about Memory and Other Supplements?

"Ask the Doctors" is a nationally syndicated column written by Eve Glazier, MD, president of the UCLA Health Faculty Practice Group, and Elizabeth Ko, MD, medical director of the UCLA Health Integrative Medicine Collaborative.

ASK THE DOCTORS



Drs. Elizabeth Ko and Eve Glazier.
Photo: Juliane Backman

DEAR DOCTORS: What is your opinion of the brain and memory supplements that we see advertised on TV? I'm also curious about other supplements, like the ones that are advertised to help with vision and also for joint health. Do any really help?

DEAR READER: Consumers are inundated with ads for a wide array of supplements that manufacturers claim can slow some of the effects of aging. And small wonder, these products are big business. The worldwide market for memory supplements alone, which in 2023 hit \$9.9 billion — yes, that's billion with a "b" — is expected to more than triple in the coming decade. Other popular

supplements include those to improve joint health and safeguard vision.

Let's begin with the so-called brain supplements, which ads suggest can improve memory, concentration and focus. Their ingredients typically include chemical compounds that have been shown to have anti-inflammatory, antioxidant and anticoagulant properties. Read the labels and you'll see lion's mane mushroom, ginseng, ginkgo biloba, lutein, turmeric, B vitamins, vitamin E and omega-3 fatty acids in various forms, combinations and concentrations. Some products get a bit more exotic, including one based on a protein found in jellyfish. A few small studies have found a

tenuous connection between some of these ingredients and benefits to memory. However, the results of larger scale and more rigorous research into whether memory supplements are helpful continue to be inconclusive.

Studies into the efficacy of joint supplements, which typically include glucosamine and chondroitin, have also had conflicting results. Based on the research thus far, it's not possible to say if they are effective. When it comes to certain supplements for eyesight, however, there is better news. Two major clinical trials, known as AREDS and AREDS2, have shown that a specific combination of

vitamins and minerals can slow the progression of age-related macular degeneration. However, these supplements do not prevent someone from developing the disease. These supplements bear the AREDS name. (AREDS is short for Age-Related Eye Disease Studies.)

When working with our own patients, we don't actively discourage them from taking a supplement. After all, the placebo effect can also be quite powerful. But we do make clear that a supplement is exactly that, an add-on to a healthy lifestyle. It is not meant to replace the measures we know are proven to stall aging and promote memory. Those are (and we're sure this is news to no one) regular physical activity, optimal nutrition, adequate sleep and robust social connections. Cognitive exercises, successfully managing blood pressure and blood sugar levels and limiting cardiovascular risk factors are also known to reduce dementia risk.

Some supplements can cause side effects, such as stomach upset, headache or nausea. Others can interact with medications. For instance, St. John's wort can speed the breakdown of heart medications, antidepressants and birth control pills, which renders them less effective. Vitamin K can interfere with the effects of warfarin, a blood thinner used to prevent blood clots. When someone wants to start taking a supplement, it is always wise to first check in with his or her doctor.



Illustration: Maitreyee Kalaskar



To Ask the Doctors, e-mail: askthedoctors@mednet.ucla.edu

Community Health Programs

FEBRUARY / MARCH / APRIL 2024 COMMUNITY CALENDAR EVENTS

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

CARE PLANNING

Advance Care Planning

Advance care planning is a gift you give your loved ones who might otherwise struggle to make choices about your care in the event you are unable to. This session provides an introduction to care planning.

When: Wednesdays, Feb. 21, Mar. 27, Apr. 17 and May 8, 6 – 7:30 pm

Where: Teleconference sessions
Register: ACP@mednet.ucla.edu

DIABETES

Integrative Medicine for Diabetes Distress

Dr. Rashmi Mullur and dietitian Lara Al-Dandachi will discuss the impact of stress on blood sugar control, the use of mind-body practices to improve blood sugar regulation and information on supplements often used for diabetes.

When: Second Tuesday of each month, 10 am – noon

Where: Teleconference sessions
RSVP: diabeteseducation@mednet.ucla.edu or 310-828-1050

Living with Type 2 Diabetes (monthly)

These ADA-certified self-care classes will help you gain important skills, knowledge and confidence to successfully manage your diabetes. Sessions will cover risk reduction, nutrition, medications and being active.

When: Thursdays through July 25, 10:30 am – noon

Where: Teleconference sessions
Info & scheduling: diabeteseducation@mednet.ucla.edu

HEALTH EMERGENCIES

Save-a-Life Workshop

Learn how to save a life! Learn the signs and symptoms of common emergencies like choking, heart attack, stroke and allergic reactions. Lifesaving skills like hands-only CPR, stopping severe bleeding and calling 9-1-1 — what to know, say and do — will all be covered.

When: Tuesday, April 9, noon – 1 pm

Where: Teleconference session
RSVP: cpc.mednet.ucla.edu/save-a-life

KIDNEY DISEASE

Chat with Dr. Anjay Rastogi and CORE Kidney Team

Professor and Clinical Chief of Nephrology and Director of CORE Kidney Program, Anjay Rastogi, MD, PhD, and Circle of CORE, a patient advocacy and support group, will discuss a wide variety of topics related to kidney health, including prevention, diagnosis, management, nutrition, exercise, mental health, dialysis, transplantation and kidney-friendly life choices. Other health care providers, including dietitians and psychologists, will join the session. The sessions are interactive, with an opportunity to ask questions during the event. You can also send in your questions in advance to COREKidney@mednet.ucla.edu.

When: Thursday, Feb. 1; Friday, Mar. 1; Monday, Apr. 1; and Wednesday, May 1, 5 – 6 pm

Where: Teleconference session
RSVP: tinyurl.com/rastogi-chat

Kidney Health Q and A

Dr. Ira Kurtz, Distinguished Professor and Chief of the Division of Nephrology at UCLA, hosts a monthly Q & A session on all aspects of kidney disease. Dr. Kurtz will answer questions on the various causes of acute and chronic kidney disease and medications that injure the kidneys among other kidney-related topics, including treatment options.

When: Thursdays, Feb. 15, Mar. 21 and Apr. 18, 5:00 – 5:45 pm

Where: Teleconference session
RSVP: 310-463-3618 or lblum@mednet.ucla.edu

MOVEMENT DISORDERS

How to Shake the Shakes

UCLA movement disorders specialists will discuss treatment options to cope with tremors, including medications, surgery (deep-brain stimulation) and noninvasive therapies. Lecture followed by Q & A.

When: Saturday, May 4, 9 am – noon

Where: Teleconference session
RSVP: ucla.tremor@gmail.com

MULTIPLE SCLEROSIS

REACH to Achieve Program (ongoing)

This weekly wellness program focuses on fitness, memory, emotional well-being, recreation, nutrition and health education for individuals living with multiple sclerosis.

Where: Marilyn Hilton MS Achievement Center
Info & application: 310-267-4071

CogniFitness

A four-week program for those with MS who are experiencing mild cognitive problems. Learn strategies to improve concentration, memory, organization, problem-solving and critical-thinking skills.

When: Saturdays in March, 10 am – noon

Where: Teleconference sessions
Info & application: 310-267-4071

Living Well

This 12-week program helps those newly diagnosed with MS better understand the disease and develop fitness and lifestyle practices to manage symptoms and enhance well-being.

When: Starting in March

Where: Marilyn Hilton MS Achievement Center and teleconference sessions

Info & application: 310-267-4071

PODIATRY

Bunions and Bunions Surgery

Bob Baravarian, DPM, will discuss bunions and the latest surgical and nonsurgical treatments.

When: Tuesday, Feb. 20, 5:45 – 6:45 pm

Where: Teleconference session
RSVP: 310-828-0011 to receive Zoom invitation

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.

When: Tuesday, Mar. 19, 5:45 – 6:45 pm

Where: Teleconference session
RSVP: 310-828-0011 to receive Zoom invitation

Heel and Ankle Pain

Gary Briskin, DPM, will discuss common causes of heel and ankle pain, as well as surgical and nonsurgical therapies.

When: Tuesday, Apr. 16, 5:45 – 6:45 pm

Where: Teleconference session
RSVP: 310-828-0011 to receive Zoom invitation

WEIGHT MANAGEMENT

Healthy Weight Management Webinar Series

The UCLA Center for Human Nutrition's physicians and dietitians present a series of eight webinars covering both the science behind weight control and practical strategies you can apply to your own healthy weight management. Topics include how your genetic makeup can influence nutrition planning and an explanation of popular weight-loss diets.

When: Eight sessions to be scheduled; see contact info below for details

Where: Teleconference sessions

Cost: \$80

Info: weight@mednet.ucla.edu or 310-825-8173

World Kidney Day

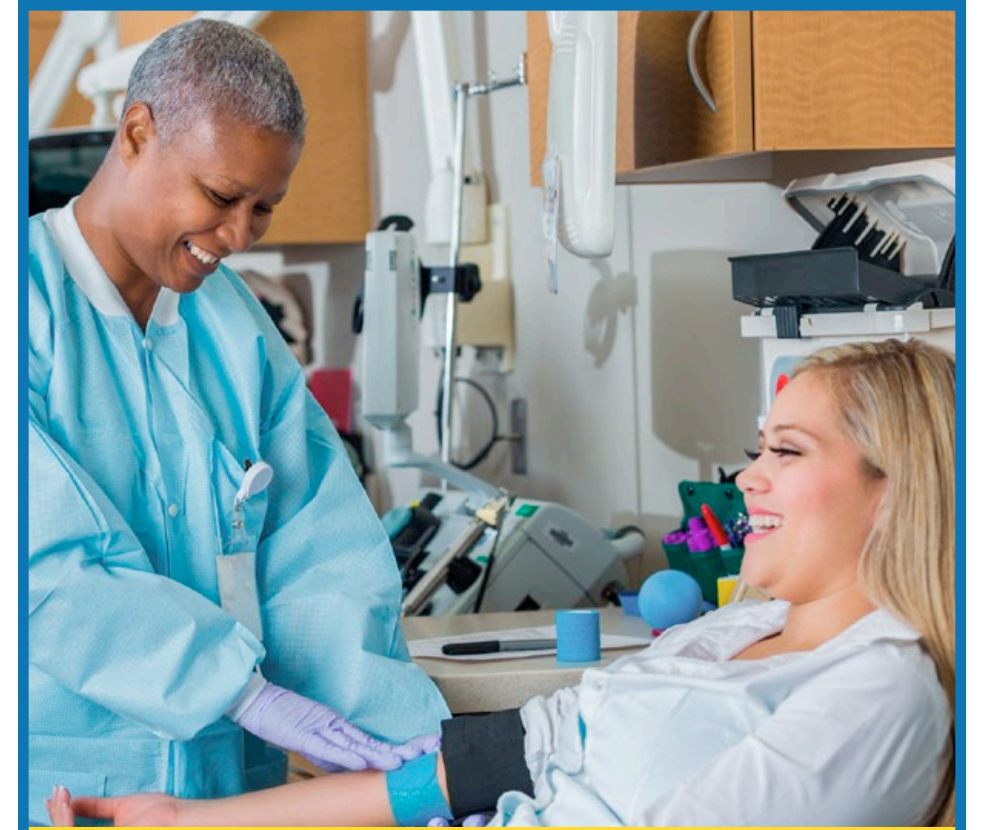
UCLA Health will observe World Kidney Day 2024 with presentations by Anjay Rastogi, MD, PhD, the CORE Kidney Team and special guests on recent advances in kidney health and kidney care at UCLA Health. The program will be interactive with an opportunity to ask questions during the event. You can also send in your questions in advance to COREKidney@mednet.ucla.edu.

When: Thursday, Mar. 14, 5 – 6 pm

Where: Teleconference session

RSVP: tinyurl.com/2024WorldKidneyDay

Info: 310-794-5023, COREKidney@mednet.ucla.edu, uclahealth.org/programs/CORE-Kidney



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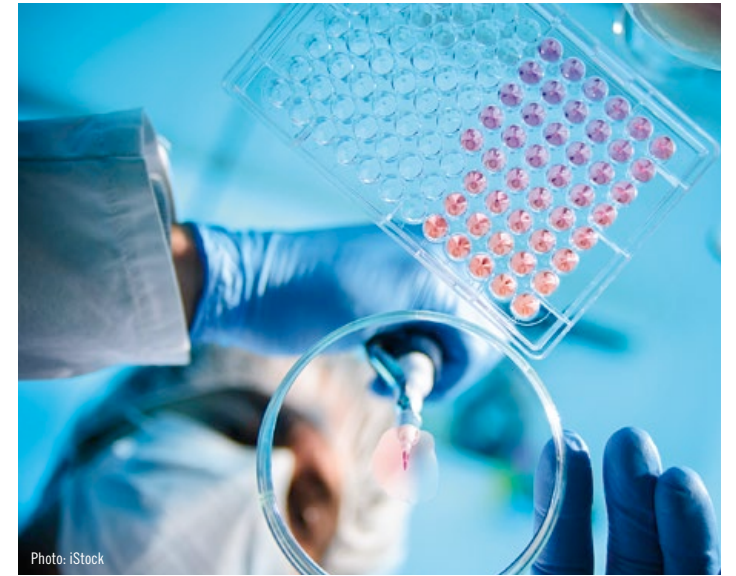
To learn more or to book an appointment, please visit uclahealth.org



CLINICAL TRIALS

Clinical Trials

UCLA conducts research for a wide range of medical disorders. In addition to expanding scientific knowledge, developing new diagnostic techniques and introducing new treatment options, these trials can give qualified patients access to therapies that are not yet available to the general public. Below are just a few of the trials actively recruiting study participants. For more information on these trials and a more complete list of UCLA clinical trials, please visit uclahealth.org/clinical-trials.



Nutrition for Precision Health

The goal of this investigational study is to develop algorithms that predict human response to foods. Nutrition can help prevent and fight conditions such as high blood pressure, diabetes and stroke. However, we all live in different environments, we come from different cultures, and each of us is starting from a different place with our health. Additionally, everyone breaks down food differently. For these reasons, nutrition is not one-size-fits-all. Join the Nutrition for Precision Health research study to help researchers learn how our genes, cultural backgrounds and environments affect our bodies' responses to food.

Low-dose Buprenorphine as a Modulator of Social Motivation in Schizophrenia

Low social motivation is a significant symptom of schizophrenia and is a major cause of disability and suffering for many patients struggling with the illness. Despite the enormous burden on patients, there are no medications that effectively treat impaired social motivation. Buprenorphine is a unique opioid medication that has a compound action that gives it the potential to improve social motivation both by boosting approach motivation and by reducing avoidance motivation. The effects of low doses of buprenorphine have previously been studied in healthy volunteers; however, no previous studies have investigated the effects of buprenorphine on social motivation in this population. Here the effects of a low dose of buprenorphine (0.15mg) on social motivation in patients with schizophrenia (N=40) will be assessed.

Mindfulness in Post Acute Sequelae of SARS-CoV-2 Infection (PASC) Dysautonomia

The current pilot study will recruit participants experiencing new, returning or ongoing symptoms related to COVID-19 illness for at least four weeks after being first infected with SARS-CoV-2. All participants will attend a virtual six-week course entitled Mindful Awareness Practices (MAPs) created, hosted and led by expert facilitators from the Mindful Awareness Research Center (MARC) at UCLA. This intervention will consist of a mix of lecture, practice, group feedback and discussion regarding mindfulness. The research team will collect self-reported measures of mental health symptoms, physical health symptoms and demographic information before and after participants attend MAPs. Objective health measures will also be collected by the research team, including an active stand test, a six-minute walk and a blood sample.

Targeted Therapy Directed by Genetic Testing in Treating Pediatric Patients With Relapsed or Refractory Advanced Solid Tumors, Non-Hodgkin Lymphomas or Histiocytic Disorders


This Pediatric MATCH screening and multi-sub-study phase II trial studies how well treatment that is directed by genetic testing works in pediatric patients with solid tumors, non-Hodgkin lymphomas or histiocytic disorders that have progressed following at least one line of standard systemic therapy and/or for which no standard treatment exists that has been shown to prolong survival. Genetic tests look at the unique genetic material (genes) of patients' tumor cells. Patients with genetic changes or abnormalities (mutations) may benefit more from treatment that targets their tumor's particular genetic mutation, and may help doctors plan better treatment for patients with solid tumors or non-Hodgkin lymphomas.

Study to Assess Change in Disease Activity and Adverse Events of Ab Externo Approach for Glaucoma Gel Stent (XEN45) Implantation in Participants Aged 45 Years or Older With Open-Angle Glaucoma

This study will assess how safe and effective a glaucoma gel stent is when implanted using the ab externo approach. Adverse events and intraocular pressure will be assessed. XEN45 is an approved device for the treatment of glaucoma implanted using the ab interno approach (inside the eye). This study investigates XEN45 implanted using the ab externo approach (outside the eye). Approximately 65 participants aged 45 years or older with open-angle glaucoma will be enrolled in this study at approximately 22 sites in the United States. All participants will receive XEN45 implanted using the ab externo approach and will be followed for 12 months. Participants will attend regular visits during the study at a hospital or clinic. The safety and effect of the gel stent will be checked by medical assessments and eye examinations.

Doxycycline for Emphysema in People Living With HIV (The DEPTH Trial)

The purpose of this study is to determine if doxycycline will reduce progression of emphysema in people living with HIV. The secondary objectives are to examine the effects of doxycycline on change in quantity of emphysema, six-minute walk distance, patient reported outcomes, ratio of forced expiratory volume in one second and forced vital capacity. Secondary objectives will also describe the safety and tolerability of doxycycline and determine if doxycycline is associated with development of antibiotic-resistant bacterial infections.

 For more information, including a full list of active clinical trials at UCLA Health, please visit: uclahealth.org/clinical-trials



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