

# Vital Signs

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## As COVID-19 worsens chronic depression for many, targeted brain therapy offers potential for relief

Beyond the illness, hospitalizations and death from COVID-19, the pandemic has exacted a substantial toll on mental health, whether from fear related to the disease, economic anxiety or the isolation associated with public health measures such as physical distancing. “People are under enormous stress, and chronically depressed individuals who have done well with medications in the past are finding that their symptoms are more difficult to manage,” says Andrew Leuchter, MD, professor of psychiatry and biobehavioral sciences with the Semel Institute for Neuroscience and Behavior at UCLA.

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# Still #1 in California.

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**UCLA** Health

#1 in Los Angeles, #4 in the nation, *U.S. News & World Report* Best Hospitals.

## Still #1. For Los Angeles, for California, for you and your family.

You helped us do it again! UCLA Health once again earned the #1 position in both Los Angeles and California and jumped up two spots to secure the #4 national ranking in the annual assessment of hospitals by *U.S. News & World Report*. The national honor roll is a distinction reserved for only 20 hospitals among 4,500 evaluated, and UCLA Health has appeared on the list for 31 consecutive years.



What does offering the best care mean for you? Best care means pride. Best care means trust. Best care means that even amid a pandemic, you know that the top team in California has your back.

Thank you for being a part of the UCLA Health family and allowing us to take care of you.



To hear one young patient's story of his UCLA Health journey, go to: [tinyurl.com/nigel-story](https://tinyurl.com/nigel-story)

# It is time to get back to regular care with your primary care physician

Fear of COVID-19 prompted many people to postpone or skip regular appointments with their physician. In a recent Kaiser Family Foundation poll, 48 percent of American adults said that they or a family member had done just that. And 11 percent reported a condition worsening as a result. UCLA internist Robert D. Ashley, MD, and UCLA family medicine specialist Marc Morse, MD, in Santa Monica, explain the importance of primary care visits and measures in place to keep patients safe.

## Why should adults see a primary care physician regularly?

“Regular health screenings, such as mammograms, colonoscopies and Pap smears, decrease mortality. It’s not good to let them slide for long periods of time,” Dr. Ashley says. “Also, minor health issues can become serious when left untreated.”

“Chronic conditions such as diabetes, high blood pressure and congestive heart failure can get markedly worse if patients don’t get regular follow-up and lab tests,” Dr. Morse says. “That also puts patients at risk for serious complications downstream.”



Robert D. Ashley, MD



Marc Morse, MD

Photos: UCLA Health

## What about children?

“Children need to stay current on their vaccinations,” says Dr. Ashley. Most vaccines are required for children under age 2, but additional ones are administered to children at ages 4 (prior to kindergarten), 11 (before middle school) and 16. Dr. Ashley notes that pediatricians and family physicians monitor children’s growth and development. The sooner they catch and address any potential delays, the better the outcome.

For both children and adults, Dr. Morse says, primary care providers can address mental health issues “During this time of COVID, we’re seeing more anxiety, depression and sleep issues. Primary care physicians can be a first line of contact. We can also talk about the newest COVID findings and how to reduce risk. Sometimes the human interaction patients have with their doctor can be a source of comfort and reassurance.”



Photo: Getty Images

## What measures are in place to keep patients safe?

Drs. Ashley and Morse report that all physicians, staff and patients over age 2 must wear masks in UCLA hospitals and clinics. A strict protocol ensures rooms are disinfected between visits, and common areas are cleaned throughout the day. Patients are screened by phone for any concerning symptoms prior to their appointment and again at the door, where their temperature also is taken. Physicians and staff also are screened upon arrival. Patients are seen quickly so they spend minimal time in waiting rooms, which are arranged to promote physical distancing.

## What else should people know?

Patients who still are not comfortable visiting the office may opt for video or telephone appointments, which can be effective for certain issues. Both physicians urge patients to get their flu shots. The flu vaccine is recommended for everyone over the age of 6 months, and is particularly important during the COVID-19 pandemic.



To find a UCLA Health location near you, go to: [maps.uclahealth.org](https://maps.uclahealth.org)

# Returning to a new normal

The COVID-19 pandemic is not over and, in fact, it may be with us for many more months. But ongoing patient care cannot simply come to a halt. Delivering care that is safe and effective continues to be the highest priority for UCLA Health and, since June, UCLA's hospitals and ambulatory clinics have been returning to normal operations. Johnese Spisso, MPA, president of UCLA Health and CEO of the UCLA Hospital System, talks about resuming operations in the new normal.

## How has UCLA Health moved forward to restart delivering regular care to patients?

At the onset of the pandemic, we canceled or postponed thousands of non-emergency surgeries or procedures as we prepared our hospitals for a possible surge of patients with COVID-19. In normal times, our hospitals usually are at 100 percent capacity. That was brought down to about 50 percent, and our ambulatory clinics also dropped to about 50 percent. But as the months of the pandemic unfolded, people not only stopped coming for routine care, many did not come for emergency care, and many surgeries or procedures that were non-emergent months

ago are perhaps now essential. We know that COVID-19 did not cure cancer, it did not cure heart disease, it did not cure stroke, and it did not cure mental illness, and we have been concerned about these patients, as well as those in other high-risk vulnerable populations, who need our care but have been frightened to come in. As we have adjusted to a new state of normal, we are working hard to reassure them and the wider public that the necessary measures are in place for us to safely and effectively resume delivering care to them.

We have been doing a lot of outreach and education. As part of that effort, we joined

with other health systems in Greater Los Angeles to launch a campaign with the message that “life may be on pause but your health isn’t” to encourage people not to forego seeking necessary care for non-COVID-related illnesses or injuries.

## What are some of the measures that have been put in place?

This restart requires a delicate balance, maintaining vigilance for any spikes in COVID-19 cases while ramping up routine patient care. We have implemented universal-masking requirements — everyone entering the hospital must wear a mask — as



Johnese Spisso.



Photos: Ann Johansson



Photo: Getty Images

well as temperature and symptom screening for everyone, including visitors and staff, and enhanced infection-control standards. And we are testing everyone who is admitted to the hospital or comes for an outpatient procedure. Our clinical laboratory has been amazing. Our increased testing capacity — as of early July we had tested some 43,000 patients — along with these other steps helps to ensure that we can provide a safe environment for our patients, visitors and staff.

In addition to the care we deliver in the hospital and clinics, the use of telehealth and virtual visits has grown significantly over the past months. This allows UCLA Health to serve patients and the community while minimizing opportunities for exposure and decreasing the likelihood of disease transmission. This increasingly is becoming an important channel for delivering care.

**You mentioned steps such as reducing the patient census at the start of the pandemic. How does a health system like UCLA prepare for something like this?**

The COVID-19 pandemic has been an unprecedented situation for health care

providers, but this is not the first time we have faced an epidemic. We have been challenged in the past by outbreaks of such diseases as measles, tuberculosis, SARS and MERS. Even if no patient with these illnesses sets foot in our hospitals or clinics, we prepare for and learn from each of these events, increasing our understanding of what we need to do to prepare. The knowledge that we gained from those past experiences helped to guide our response to the current pandemic. Now we are reviewing the lessons we have learned over these past months and considering our strategies going forward as we transition back to our core mission of delivering high-quality health care.

**During the pandemic, restrictions were placed on visitor access to patients in the hospital. What are the guidelines now for visitors?**

We know how important our patients' families and friends are in the healing process and though we worked to find other ways for patients to stay connected, such as virtual visits, restricting visitors during the pandemic was a terrible burden. Now, with our universal masking policy and temperature- and symptom-screening

protocol in place for everyone who enters our hospitals and clinics, we are very happy that we have been able to safely remove some of those restrictions on visitation. Of course, everyone must continue to be vigilant about physical distancing and hand washing when entering and exiting the building, but our current guidelines have expanded the opportunities for patients to receive visitors.



**For ongoing information and updates and to access the interactive “Chatbot” to address questions about COVID-19, find a doctor or make an appointment, go to:**  
[uclahealth.org/coronavirus](https://uclahealth.org/coronavirus)



**To read more about telehealth at UCLA, go to:**  
[uclahealth.org/vitalsigns/telehealth-s-time-has-come](https://uclahealth.org/vitalsigns/telehealth-s-time-has-come)  
or  
[uclahealth.org/telehealth](https://uclahealth.org/telehealth)  
or  
[uclahealth.org/video-visits](https://uclahealth.org/video-visits)



**For information about visitation and visitor guidelines, go to:**  
[uclahealth.org/covid-19-visitor-restrictions](https://uclahealth.org/covid-19-visitor-restrictions)

# Seek emergency care

## for a heart attack or stroke, COVID-19 concerns or not

When in doubt, patients should come in and be checked out rather than try to manage symptoms at home or wait for an appointment with their doctor. “There’s no time to waste when dealing with a heart attack or stroke.”

Photo: Getty Images



Since the novel coronavirus pandemic took hold in the U.S. in March, people have opted to stay home — sometimes even when they need emergency medical attention. Citing data from the Centers for Disease Control and Prevention, “one out of every five people having either a heart attack or a stroke have not come to the emergency department for care,” says Ravi Dave, MD, director of interventional cardiology at UCLA. “Considering that someone in the U.S. has a heart attack every 40 seconds, this is a huge number.”

The obvious problem with waiting, Dr. Dave says, is that the clock starts as soon as the first symptoms appear. The faster a person gets treatment, the greater the chance of not dying or experiencing permanent heart muscle damage that could lead to congestive heart failure or sudden cardiac death, or in the case of stroke, lifelong paralysis.

Doctors across the U.S. are reporting that patients are now showing up sometimes as late as a week after their heart attack or stroke, Dr. Dave says. At that point, there is little physicians can do to reduce damage. “Any treatment in the first 90 minutes can be potentially lifesaving,” Dr. Dave says, adding that if a patient opts to stay home and monitor the symptoms, “they risk a poor outcome.”

As concerns about COVID-19 continue, physicians and leaders from national medical organizations are urging anyone experiencing symptoms of a heart attack

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## As COVID-19 worsens chronic depression for many, targeted brain therapy offers potential for relief

or stroke to call 911 or immediately go to the emergency department.

The symptoms of a stroke include face drooping, arm weakness, slurred speech and sudden numbness, confusion or trouble walking or seeing. The most common heart attack symptom is chest pain or discomfort. Other symptoms include jaw pain, arm numbness, nausea and shortness of breath, although women's symptoms can be a bit less clear.

When in doubt, patients should come in and be checked out rather than try to manage symptoms at home or wait for an appointment with their doctor. "There's no time to waste when dealing with a heart attack or stroke," Dr. Dave says.

For people who worry that they're over-inflating concerns and would rather take a wait-and-see approach, Dr. Dave notes that 80 percent of people who come into the emergency department with symptoms of a stroke actually are having a stroke. While that percentage is much lower for heart attacks, it cannot be ruled out without a physical exam and evaluation. "There's no way to know what's going on unless you come in," he says.

The emergency departments of medical centers like UCLA have enhanced their infection-prevention protocols to ensure a safe environment. All patients coming to UCLA, as well as visitors and staff members, are prescreened before they enter the hospital. This includes a temperature check and symptom monitoring. Patients who present with heart attack or stroke symptoms are brought into a separate area to receive treatment.

"The risks of ignoring a heart attack or stroke are much worse than any risk of being exposed to the coronavirus disease when seeking care," Dr. Dave says.



For ongoing information and updates about COVID-19, go to: [uclahealth.org/coronavirus](https://uclahealth.org/coronavirus)

This has led to increased interest in neuromodulation — noninvasive procedural treatments such as transcranial magnetic stimulation (TMS) that have been shown to be effective for individuals with chronic depression, as well as for people with obsessive compulsive disorder, tinnitus (a constant ringing or buzzing in the ears) and chronic pain conditions such as fibromyalgia and neuropathic pain. "These are all brain diseases that cause a great deal of suffering and are difficult to treat," explains Katharine Marder, MD, director of the UCLA Neuromodulation Clinic in the Semel Institute, which has locations in Westwood and Pasadena. "The basic principle behind neuromodulation is to alter the neuroplasticity of the brain. The treatments we are offering are very safe and have a higher success rate because, unlike medication, they work by rewiring the brain's neural circuits." The work of the clinic complements neuromodulation programs in neurosurgery, anesthesia and other departments.

The UCLA Semel Institute has established a Neuromodulation Division, under Dr. Leuchter's leadership, to study and make neuromodulation approaches more broadly available to patients who have not benefited from traditional treatments for neuropsychiatric illnesses. UCLA's first community-based TMS clinic opened in Pasadena.

TMS, which delivers targeted electromagnetic pulses to the brain, is especially effective for depressed individuals who haven't seen sufficient relief from medication and psychotherapy. "For patients who have failed to benefit from two medications, there is only about a 12 percent chance they're going to respond to the third or fourth, but there is a 60 percent chance they will experience significant improvement in their symptoms

from TMS," notes Jonathan Lee, MD, MSc, medical director of the Pasadena clinic.

While TMS is extremely safe, it does require a time commitment; the treatment course generally is five sessions a week for six weeks. However, Dr. Lee notes, each individual treatment session can take less than 10 minutes, depending on the approach. TMS is covered by all major insurance carriers and Medicare.

Although TMS generally is the first-line treatment option for the clinic's patients, other noninvasive neuromodulatory therapies also are available. These include trigeminal nerve stimulation (which was invented at UCLA, originally for treatment of drug-resistant epilepsy) and transcutaneous electrical nerve stimulation, treatments that can be used for depression and chronic pain, respectively, that can be self-administered at home; light therapy, which also involves a small device and can be used to treat depression at home; and ketamine, an anesthesia drug that has recently shown promise for treatment-resistant depression and offered in oral doses for patients who don't benefit from TMS. While many of these low-cost alternative treatments are not widely offered, the clinic makes them available as a service to the community.

"Psychiatry started with psychotherapy and psychoanalysis and moved from there to medication," Dr. Leuchter says. But for a large number of patients, those approaches were not sufficient. "These brain-stimulation procedures represent the third wave of innovation, and they're offering new hope to many patients."



To learn more about neuromodulation therapy at UCLA, go to: [neuromodulation.ucla.edu](https://neuromodulation.ucla.edu)

# From my heart to yours: Letters from the chemo chair



Illustration: Uma

The first day of chemotherapy treatment can ignite feelings of anxiety, sadness and loneliness, and under usual conditions, patients with cancer are encouraged to bring a friend or family member with them to help them through the ordeal. But the COVID-19 pandemic has altered that framework, necessitating safety measures in outpatient cancer-treatment clinics that preclude patients from having loved ones physically with them while they are receiving chemotherapy.

To address the isolation of patients going through treatment alone under the physical distancing guidelines, the Simms/Mann UCLA Center for Integrative Oncology has spearheaded a project in which cancer survivors write anonymous letters of hope, wisdom, comfort and encouragement to new patients. “Even if they aren’t physically there, your friends, your family, your loved ones are with you through this, sending love, sending prayers, sending healing energy your way,” one survivor wrote. “And I want you to know that, in my way, I am

with you too, as are many others who have been through this before you.”

They also offer tips based on their experience: “Bring with you some of the comforts of home — a favorite quilt, cozy socks (you know, those fluffy ones?), snacks you enjoy, something to read, or music to listen to,” another survivor wrote. “Cry if you need to, but laugh when you can,” wrote another. Each survivor also offers a song that served as a source of inspiration for him or her. The letters have been compiled into a booklet that is presented to patients — along with a link to a playlist of the inspirational songs (The Beatles’ “Here Comes the Sun,” “Bridge Over Troubled Water” by Simon & Garfunkle and “You Will be Found” from the musical *Dear Evan Hansen*, among them) that can be accessed through the center’s website — on their first day of chemotherapy at UCLA Health’s 16 hematology/oncology outpatient clinics throughout Southern California.

“From the Chemo Chair: From My Heart to Your Heart” was the brainchild of Sydney Siegel, MSW, a Simms/Mann psycho-oncology MSW fellow. “As clinicians who work with patients and family members undergoing cancer treatment, we have spent a great deal of time in the infusion space and are very familiar with how scary and overwhelming those first appointments are — and how much having the presence of loved ones make it tolerable,” says Kauser Ahmed, PhD, director of the Simms/Mann Center.

“Starting cancer treatment can be frightening for patients,” says John A. Glaspy, MD, MPH, Simms/Mann Family Foundation Chair in Integrative Oncology and director of

the clinical research unit at the UCLA Jonsson Comprehensive Cancer Center. “Bringing a family member or friend to the visit helps to allay fears and promote peace of mind, but COVID-19 has taken that away from us. This project is a way for prior patients to extend a hand to incoming patients — a chance for these new patients to hear from someone who knows what it takes to get through it and who can offer reassurance and show that there is a light at the end of the tunnel,” Dr. Glaspy says. “Humans are social animals, and most of us deal better with anxiety and fear in small groups than we do alone.”

“From the Chemo Chair” epitomizes the mission of the Simms/Mann Center, a multidisciplinary, integrative center providing whole-person care that addresses the physical, psychological and spiritual needs of cancer patients and their families. “We view patients not just as a diagnosis or set of symptoms, but as complex beings,” Dr. Ahmed says. “We try to help them tap into their own sense of resilience and meaning, and to understand that support is not a sign of weakness but a way to empower them as they go through this journey.”



**For more information about the From the Chemo Chair project and to listen to the playlist, go to:**  
[simmsmanncenter.ucla.edu/letter-writing-project](https://simmsmanncenter.ucla.edu/letter-writing-project)



**For more information about the Simms/Mann UCLA Center for Integrative Oncology, go to:**  
[simmsmanncenter.ucla.edu](https://simmsmanncenter.ucla.edu)





Photo: iStock

# Many kidney-failure patients are candidates for home dialysis

The COVID-19 pandemic has greatly complicated the lives of people who require kidney dialysis. Contracting the virus could worsen their overall health and lead to complications. Dialysis patients who do develop the infection must receive dialysis at special centers established for COVID-19 patients.

The pandemic serves as a reminder of the advantages of receiving dialysis at home, says Dr. Anjay Rastogi, MD, PhD, a UCLA nephrologist and expert on home dialysis. In addition to reducing the risk of COVID-19 exposure, he adds, home dialysis offers other benefits and is gaining favor across the country.

“In-center dialysis is the traditional way most patients are treated,” he says. “But the push now is to get patients on home dialysis.”

Kidney dialysis is required when the kidneys are no longer functioning properly. Dialysis filters the blood to remove waste products. Ideally, Dr. Rastogi says, patients with kidney failure should undergo kidney transplantation.

But with long wait times — often five years or more — before a patient can receive a suitable donated organ, dialysis saves lives and serves as a bridge to transplantation.

About 468,000 Americans receive kidney dialysis, with only about 10 percent taking advantage of home dialysis. At UCLA, about one-third of dialysis patients choose home dialysis; in Dr. Rastogi’s practice, the number is 50-to-60 percent.

There are two main types of home dialysis, including home hemodialysis, which is like in-center dialysis but performed at home, and peritoneal dialysis. In peritoneal dialysis, a catheter is inserted into a small abdominal opening and connects to a machine to

conduct the exchange of fluids.

Home dialysis has a number of advantages over in-center dialysis, Dr. Rastogi says. “Most dialysis patients typically have to go to a center three or four times a week, with each treatment taking three-to-four hours to complete. Home dialysis gives patients more flexibility and control. They can pursue work or school, and it’s easier to travel,” he says.

Moreover, studies show that kidney function is better maintained with proper home dialysis. “Patients also feel better,” Dr. Rastogi says. “When you do in-center dialysis three times a week, there are ups and downs, periods of fatigue and not feeling well.”

Home dialysis requires training that typically lasts two or three weeks. UCLA offers both a New Inpatient Dialysis Start (NIDS) program to help educate new dialysis patients on their options, as well as a Transitional Care Unit to assist patients in home dialysis training and education. “Patients need to be trained properly. The nephrology team has to feel comfortable that the patient can dialyze at home, and the patient needs to feel comfortable that he or she can dialyze at home. It is all about safety,” Dr. Rastogi says.

About one-in-three patients who try home dialysis will, for a variety of reasons, revert to in-center dialysis within a year, Dr. Rastogi says. But proper up-front training and long-term patient support can dramatically improve long-term success, he says.



Photo: Science Source

 To learn more about dialysis programs at UCLA, go to: [uclahealth.org/CORE-Kidney](https://uclahealth.org/CORE-Kidney)

## ASK THE DOCTORS

# The ills of loneliness in the age of COVID

“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.



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



Photo: Getty Images

**Dear Doctors:** I live alone, and the quarantine has been hard. I've heard people say that being lonely is really bad for your health, and now I believe them. What problems can it cause? Also, I'm going to start seeing friends and family again. What can we do to stay safe?

**Dear Reader:** While it's easy to understand the link between loneliness and depression, anxiety and other psychological ills, the connection to physical effects on the human body can seem like a bit of a stretch. However, ongoing research has shown that loneliness, as well as the social isolation we have all been asked to practice for several months now, does, indeed, take

a physical toll. Individuals who experience chronic loneliness have been found to be more vulnerable to a number of diseases and conditions than are people who enjoy strong emotional connections. These include an increased risk of developing heart disease, metastatic cancers and having a stroke. Older adults who are socially isolated are also more likely to become cognitively impaired or to develop dementia, including Alzheimer's disease. Researchers have even tied loneliness to an increased risk of premature death. Adults in mid-life who are chronically lonely are 25 percent more likely to die prematurely. Older adults, whose social connections have shrunk due to factors such as retirement, have double the risk of premature death as those who are socially connected.

You're not alone in being determined to rekindle your social contacts. We've all seen an increase in the number of people returning to a semblance of normal life. The challenge is that each and every contact with someone outside of your quarantine circle becomes a calculated risk. This is due to the highly transmissible nature of the novel coronavirus and the existence of asymptomatic carriers, who can unknowingly pass the virus along. Still, several months into the pandemic, the medical community has gained a clearer understanding of mitigation measures.

As a result, the focus has begun to shift from strict quarantine behavior to risk management and mitigation.

Before we go any further, we have to repeat that any contact with people outside your quarantine circle puts you at risk of infection. The best way to lessen that risk is to stick to small gatherings that are held only outside — never indoors. And it's crucial to maintain the physical distancing guidelines we are all now familiar with. That means tables or chairs or picnic blankets spaced at least six feet apart. No handshakes or hugging, no matter how tempting it may be. Everything about the gathering should be BYO — bring your own. That includes food, drink, condiments, disposable plates, cups and utensils, and a large garbage bin for safe disposal. Wear masks except while eating or drinking. No sharing of food or drink or condiments. If things get lax and you become uncomfortable, make a polite excuse and leave. This is all a far cry from the way we visited with each other in the pre-COVID-19 world, but the potential consequences of skipping or relaxing even one of these steps are too grave.



To Ask the Doctors, email:  
[askthedoctors@mednet.ucla.edu](mailto:askthedoctors@mednet.ucla.edu)

# Community Health Programs

## OCTOBER/NOVEMBER/DECEMBER 2020 COMMUNITY CALENDAR EVENTS

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

### ARTHRITIS

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#### Knee Arthritis Update

Does your knee hurt when you stand up or use stairs? Knee pain is one of the leading causes of physical limitation. Noel Wu, DPT, UCLA physical therapist, will focus on what osteoarthritis is and how physical therapy treatments and exercises can reduce pain and increase mobility.

**When:** Thursday, Nov 5 / 2 – 3:30 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar) or 800-516-5323

### BRAIN HEALTH / MENTAL HEALTH

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#### Dementia (ongoing)

Memory Care is a weekly, 90-minute program for memory-challenged, middle-aged people and their loved ones. It teaches memory techniques and strategies and offers support to people with memory challenges and their caregivers.

**When:** Please email [longevity@mednet.ucla.edu](mailto:longevity@mednet.ucla.edu) for dates and times

**Where:** Teleconference session

#### COVID-19 and Sleep

The COVID-19 pandemic has upset our usual routines and challenged our coping skills. Our sleep has been affected because of loss of daytime structure, increased stress and information overload. Sam A. Kashani, MD, UCLA sleep medicine specialist, will explore the importance of sleep and how to optimize the quality of sleep during the COVID-19 pandemic.

**When:** Thursday, Oct 22 / noon – 1:30 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar) or 800-516-5323

#### Grief and Loss

Grief can accompany the loss of someone special, changes in medical conditions and transitions in our lives. This seminar presents physical, psychological and spiritual reactions to grief and techniques for coping. An overview of complicated grief and depression is also presented.

**When:** Thursday, Nov 12 / 1:30 – 2:30 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar) or 800-516-5323

### CANCER

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#### Be Moved Virtual Event

Be Moved in support of breast cancer awareness. This virtual event is open to athletes of all abilities and participants will have the full month of October to complete their chosen distance: 1 mile, 5K, 10K, half marathon and marathon (or even complete all five distances!). A portion of every registration supports the Simms/Mann – UCLA Center for Integrative Oncology.

**When:** October 2020

**Where:** Virtual event — complete your own course

**Info:** [aravaiparunning.com/be-moved](https://aravaiparunning.com/be-moved) or [info@aravaiparunning.com](mailto:info@aravaiparunning.com)

#### Breast Cancer Update

Parvin Peddi, MD, UCLA oncologist, will review breast cancer fundamentals and focus on the modern era of personalized breast cancer treatment.

**When:** Friday, Oct 16 / noon – 1:30 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar) or 800-516-5323

#### Head and Neck Cancer Update

Deborah Wong, MD, PhD, UCLA oncologist, will discuss different head and neck cancers, diagnosis, individualized treatment options and current research.

**When:** Thursday, Dec 3 / 2:30 – 4 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar) or 800-516-5323

### CARE PLANNING

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#### 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:** Wednesdays, Oct 14, Nov 11 and Dec 9 / 6 – 8 pm; Thursday, Dec 3 / 3 – 4:30 pm

**Info & Registration:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar)

### DIABETES

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#### Diabetes Update

Laura Sue, MD, UCLA endocrinologist, will discuss type 2 diabetes, complications and lifestyle and medication management for diabetes. She will also address how family caregivers can assist diabetes patients who have cognitive impairment.

**When:** Tuesday, Oct 27 / 1:30 – 2:30 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar) or 800-516-5323

### GENDER HEALTH

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#### Gender Health and Hormone Therapy

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

**When:** Saturday, Nov 7 / 1 – 2:30 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar) or 800-516-5323

### KIDNEY DISEASE

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#### Kidney Disease: What You Should Know

Anjay Rastogi, MD, PhD, professor of medicine and clinical chief of nephrology, will discuss what you should know about kidney disease.

**When:** Wednesdays, Oct 14 and Dec 9 / 5 – 7 pm

**Where:** Teleconference session

**RSVP:** 800-516-5323 to receive the Zoom invitation

#### ADPKD: What You Should Know

ADPKD — autosomal dominant polycystic kidney disease — is an inherited disorder in which clusters of cysts develop primarily within the kidneys, eventually affecting their function. Anjay Rastogi, MD, PhD, professor of medicine and clinical chief of nephrology, will discuss the condition and its care.

**When:** Tuesday, Nov 17 / 5 – 7 pm

**Where:** Teleconference session

**RSVP:** 800-516-5323 to receive the Zoom invitation

## FEATURED EVENT

**PROTECT YOURSELF FROM FLU AND COVID-19**

COVID-19 has disrupted much of our year, and no one knows what the upcoming flu season will bring. Jacob Gold, MD, UCLA internist, will discuss general prevention strategies and outpatient management of flu and COVID-19. Learn what you need to do to protect yourself during this year's flu season.

**When:** Friday, Oct 30 / 10 – 11:30 am

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar) or 800-516-5323

**MOVEMENT DISORDERS****How to Shake the Shakes**

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

**When:** Saturday, Nov 7 / 9 am – noon

**Where:** Teleconference session

**RSVP:** [ucla.tremor@gmail.com](mailto:ucla.tremor@gmail.com)

**MULTIPLE SCLEROSIS****REACH to Achieve Program** (ongoing)

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

**Where:** Marilyn Hilton MS Achievement Center

**Info & application:** 310-267-4071

**Free From Falls**

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

**When:** Saturday mornings

**Where:** Marilyn Hilton MS Achievement Center

**Info & application:** 310-267-4071

**Beyond Diagnosis: Moving Forward with MS**

Those newly diagnosed with MS are invited to join experts from the MS Achievement Center and the National MS Society in a conversation about the disease and wellness practices to help you live your best life with MS.

**Where:** Marilyn Hilton MS Achievement Center

**Info & application:** 310-267-4071

**NUTRITION AND WEIGHT LOSS****When Diet and Exercise Are Not Enough: New Alternatives to Surgery for Weight Loss**

Adarsh Thaker, MD, UCLA interventional endoscopist, will review weight loss options, including newer, minimally invasive endoscopic treatments that do not require surgery, such as endoscopic sleeve gastroplasty (ESG) and intragastric balloons. He will also discuss procedures for people who have regained weight after gastric bypass surgery.

**When:** Monday, Oct 19 / 6 – 7:30 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar) or 800-516-5323

**Nutrition for Immune Support During the COVID-19 Pandemic**

Nutrition is a cornerstone of health, affecting many disease conditions such as cancer, diabetes, autoimmune disorders, dementia and heart disease, as well as overall quality of life. Zhaoping Li, MD, PhD, UCLA internist and chief of clinical nutrition, will explore nutrition for immune support during the COVID-19 pandemic.

**When:** Friday, Oct 23 / 1:30 – 3 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar) or 800-516-5323

**Nutrition and Liver Disease**

Natalie Manitiuis, MPH, RDN, UCLA digestive diseases dietitian, will discuss the role of diet and lifestyle in the management of liver disease, including tips on diets to improve your liver health.

**When:** Wednesday, Oct 28 / 1:30 – 3 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar) or 800-516-5323

**PODIATRY****Bunions and Bunion Surgery**

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

**When:** Tuesday, Oct 2 / 5:45 – 6:45 pm

**Where:** Teleconference session

**RSVP:** 310-828-0011 to receive the 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, Nov 1 / 5:45 – 6:45 pm

**Where:** Teleconference session

**RSVP:** 310-828-0011 to receive the 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, Dec 15 / 5:45 – 6:45 pm

**Where:** Teleconference session

**RSVP:** 310-828-0011 to receive the Zoom invitation

**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 flu shot, Tech Help for U and health insurance information. Go to [uclahealth.org/50plus](https://uclahealth.org/50plus) to become a member or call 800-516-5323. Subscribe to our *Focus: 50 Plus* e-newsletter by emailing [fiftyplus@mednet.ucla.edu](mailto:fiftyplus@mednet.ucla.edu).

To socially distance and stay safer at home, all of our health talks through the end of the year will be held virtually. Go to [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar) to see a full listing of available programs. To learn how to use Zoom to participate in teleconference sessions through UCLA Health, contact our office at 800-516-5323 and we'll send printed instructions.

## FEATURED EVENT

**5+** FLU PREVENTION BEGINS WITH U

Protect yourself during this year's flu season. Flu shots are available free to members of UCLA Health 50 Plus at any CVS MinuteClinic inside select CVS/Pharmacy and Target locations. Standard and high-dose vaccines are available to those 65 or older. You must present a voucher to receive your free flu shot.

**To obtain your voucher:** Join the 50 Plus program at [uclahealth.org/50plus](https://uclahealth.org/50plus) or 800-516-5323

**5+** Stay Active and Independent for Life (SAIL)

Join the SAIL fitness and education program for healthy seniors led by UCLA physical therapy staff. First-time participants must receive a physical therapy screening before participating.

**When:** Mondays and Thursdays / 10 – 11 am

**Where:** Teleconference session

**RSVP:** 424-259-7140 or visit UCLA Rehabilitation, 1131 Wilshire Blvd, Ste 200, between 8 am and 5 pm for a screening.

**Cost:** \$20 per month (unlimited participation).

**5+** Brain Boosters (monthly)

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

**When:** Please email [longevity@mednet.ucla.edu](mailto:longevity@mednet.ucla.edu) for date and time

**Where:** Teleconference session

**5+** Brain Boot Camp (monthly)

This interactive educational program provides participants with lifestyle strategies and tools to keep their brains vital and healthy.

**When:** please email [longevity@mednet.ucla.edu](mailto:longevity@mednet.ucla.edu) for date and time

**Where:** Teleconference session

**5+** Memory Training Course (monthly)

Memory Training is an innovative, four-session program designed for people with mild memory concerns (not dementia). Participants will develop good memory habits and techniques to improve their memory.

**When:** Please email [longevity@mednet.ucla.edu](mailto:longevity@mednet.ucla.edu) for date and time

**Where:** Teleconference session

**5+** Senior Scholars

The UCLA Longevity Center invites adults age 50 or older to audit undergraduate courses taught by UCLA's distinguished professors.

**When:** Winter 2021 classes begin Jan 4. applications Nov 2 through Dec 4

**Info & Cost:** [semel.ucla.edu/longevity](https://semel.ucla.edu/longevity) or [srscholars@mednet.ucla.edu](mailto:srscholars@mednet.ucla.edu) or 310-794-0679

**5+** The Importance of Vaccinations for Good Health

Learn about the benefits of vaccines in preventing diseases, what vaccines people over age 50 should have to maintain good health and well-being, and flu and COVID-19 vaccines.

**When:** Tuesday, Oct 20 / 1:30 – 3 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar) or 800-516-5323

**5+** Tech Help for U

UCLA undergraduate students offer free workshops on using computers and smartphones.

**When:** Saturdays, Oct 24, Nov 21 and Dec 5 / 9 am: staying in touch / 10 am: laptop/desktop questions / 11 am: smartphone questions

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar) or 800-516-5323

**5+** Spinal Stenosis Update

Elizabeth Lord, MD, UCLA orthopaedic surgeon and spine specialist, will discuss stenosis in the cervical, thoracic and lumbar spine. She will address the different types of stenosis and surgical and nonsurgical treatments available.

**When:** Thursday, Oct 29 / 2 – 3:30 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar) or 800-516-5323

## FEATURED EVENT

**5+** MAKING SENSE OF YOUR MEDICARE OPTIONS

Learn about your Medicare options with UCLA Health: what choices you have, how to maximize your benefits and how to fill the gaps. Get answers to your Medicare questions as well.

**When:** Saturday, Oct 3 / 10 am – noon

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar) or 800-516-5323

## 5+ Using Mindfulness to Navigate Through Chronic Pain and Physical Activity

Mindfulness refers to our ability to pay attention to the present moment's experience and be willing to accept what is. Much like stress management, we can use this practice to address pain and discomfort. Helen Setyan, DPT, UCLA physical therapist, will explore how to use the power of paying attention to create more comfort with physical activity.

**When:** Thursday, Nov 5 / 10:30 am – noon

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar) or 800-516-5323

## 5+ Urinary Incontinence

Learn about the different causes of urinary incontinence and how to treat them.

**When:** Tuesday, Nov 10 / 1:30 – 3 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar) or 800-516-5323

## 5+ Cannabis and Aging

Cannabis products are increasingly popular treatments for a range of medical symptoms. Ziva Cooper, PhD, research director, UCLA Cannabis Research Initiative, will discuss cannabis and evidence for its potential therapeutic effects and the risks associated with its use.

**When:** Tuesday, Nov 17 / noon – 1:30 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar) or 800-516-5323

## 5+ Constipation Update

Learn about the different causes of constipation and how to prevent and treat it.

**When:** Tuesday, Dec 8 / 1:30 – 3 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar) or 800-516-5323

# COVID-19 Clinical Trials

UCLA conducts research for a wide range of medical disorders and offers patients opportunities to participate in research and clinical trials. Below are some of our active clinical trials dedicated to the research and treatment of COVID-19.

## COVID-19 Convalescent Plasma as Prevention and Treatment for Children With Underlying Medical Conditions

This study will provide access to investigational anti-SARS-CoV-2 human convalescent plasma for pediatric patients with underlying medical conditions (cardiovascular disease, lung disease, immunosuppression) who are either infected with SARS-CoV-2 or who have had a high-risk exposure. Study participants will be transfused once with compatible convalescent plasma obtained from an individual who has recovered from documented infection with SARS-CoV-2. Safety information and pharmacokinetic data will be collected.

## Adaptive Platform Treatment Trial for Outpatients with COVID-19 (Adapt Out COVID) — ACTIV-2/A5401

New agents are becoming available that may be useful for the treatment of non-hospitalized persons with COVID-19. ACTIV-2 is an NIH-sponsored phase II/III randomized, blinded, controlled adaptive platform trial to assess various investigational agents that have shown substantial promise as anti-SARS-CoV-2 therapeutics in pre-clinical and phase I testing. The study is designed to allow both phase II and phase III evaluation of promising investigational agents against placebo in a single trial.

## Study of Mavrilimumab (KPL-301) in Participants Hospitalized With Severe Corona Virus Disease 2019 (COVID-19) Pneumonia and Hyper-inflammation

Interventional, randomized, double-blind, placebo-controlled study encompassing two development phases (Phase 2 and Phase 3).

## Characterizing SARS-CoV-2-specific Immunity in Individuals Who Have Recovered from COVID-19

The purpose of this study is to learn more about infection with and recovery from the SARS-CoV-2 virus. The information gained from the study will be used to help develop better tests for SARS-CoV-2 infection and COVID-19 disease and may help in developing future vaccines and treatments by allowing researchers to determine the difference between the body's immune response to natural SARS-CoV-2 infection and immunization with a SARS-CoV-2 vaccine.

## Immunophenotyping Assessment in a COVID-19 Cohort

This surveillance study will collect detailed clinical, laboratory and radiographic data in coordination with biologic sampling of blood and respiratory secretions and viral shedding in nasal secretions in order to identify immunophenotypic and genomic features of COVID-19-related susceptibility and/or progression. Results obtained from this study could assist in generating hypotheses for effective host-directed therapeutic interventions, help to prioritize proposals for such interventions and/or optimize timing for administration of host-response directed therapeutics.

## Convalescent Plasma to Limit SARS-CoV-2 Associated Complications

This study aims assess the efficacy and safety of human coronavirus immune plasma (HCIP) to reduce the risk of hospitalization or death, the duration of symptoms and duration of nasopharyngeal or oropharyngeal viral shedding.

**To learn more about all of our clinical trials, visit [uclahealth.org/clinical-trials](https://uclahealth.org/clinical-trials). Explore our active research studies by drilling down to specific categories, such as treatments for hospitalized COVID-positive patients, treatments for nonhospitalized patients, studies for health care workers and first responders, among others.**

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U.S. News & World Report's Best Hospital Survey ranks UCLA #1 in California and #4 in the nation.

David Geffen School of Medicine at UCLA ranks #6 in Research and #11 in Primary Care nationwide.

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In our ever-changing world, it can be hard to know where to begin when you feel like giving back. Maybe you or a loved one had a care experience that deeply affected your life. Maybe your nurse made you feel safe and cared for during a challenging time. Whatever your story, UCLA Health Personal Fundraising gives you the tools to create a crowdfunding campaign and raise money through the power of your personal network. Whether it's your birthday, a meaningful milestone or just because — use your voice to inspire others and amplify your impact. Every dollar you raise will help enhance the patient experience, fund groundbreaking medical research, train the next generation of doctors and bring innovative services to our community. All contributions are tax deductible.

## Get started in just a few minutes:

[uclahealth.org/giving/P2P](http://uclahealth.org/giving/P2P)

## For more information, contact:

UCLA Health Sciences Annual Giving  
[HSDAnnualGiving@support.ucla.edu](mailto:HSDAnnualGiving@support.ucla.edu)  
310-206-6484



Photo: Getty Images

# Vital Signs

FALL 2020 | VOL. 88

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