Addressing Alzheimer’s Disease Early is Key

Today, an estimated 5.3 million Americans have Alzheimer’s disease — the most common dementia in older people — and now experts believe damage to the brain that brings on the disease begins 10 to 20 years before the onset of dementia. With that knowledge in mind, it is now thought that addressing the disease at its earliest stages is key to staving off dementia.

“We believe that ultimately it will be easier to protect a healthy brain rather than try to repair the brain once damage sets in,” explains psychiatrist Gary Small, M.D., director of the UCLA Center on Aging.

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Best in the West and No. 5 in the Nation

U.S. News & World Report’s America’s Best Hospitals 2010-11

UCLA Health System Ranks No. 1 in Southern California in:

Cancer
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Kidney Disease
Neurology and Neurosurgery
Orthopaedics
Psychiatry
Rheumatology
Urology

96 percent of our patients say they would recommend UCLA Health System to a friend or family member.

To hear from some of our patients, go to: http://www.uclahealth.org/patientstories

To find more about our rankings, go to: http://uclahealth.org/usnews

Construction Begins on Outpatient Building in Santa Monica

Construction began in July on the 16th Street Outpatient Surgery and Oncology Building at 1223 16th Street, across from Santa Monica-UCLA Medical Center and Orthopaedic Hospital. The three-story building will house eight operating rooms for outpatient surgery, two radiation-oncology units for cancer treatment, laboratories and medical offices, as well as teaching space for training medical students. "The building will be the perfect complement to our new hospital," says Posie Carpenter, chief administrative officer at Santa Monica-UCLA Medical Center and Orthopaedic Hospital. "It will provide a patient-friendly setting to better serve our ambulatory patients while also enabling us to further our mission of medical education.”
Since the advent of transplantation, the only method to preserve a donor heart has been to place it in a cold preservation solution during transport to the recipient. But that may change with a new heart-preservation system designed to maintain the organ in a warm, beating and functioning physiologic state outside of the body.

“Human hearts were never meant to be put on ice in a cooler,” says Abbas Ardehali, M.D., surgical director of the UCLA Heart and Lung Transplant Program and principal investigator of the Organ Care System — also known as “heart in a box” — trial in the U.S., which is being conducted at UCLA and four other leading heart transplant centers across the country.

Many major transplant centers only consider using donor hearts that can be transplanted within six hours or less of recovery. Using a new organ-preservation system in which the heart is revived to a beating state, protected within a sterile chamber and continuously perfused with warm, oxygenated, nutrient-rich donor blood, the heart may potentially be kept outside of the body for longer periods of time. “If we’re able to safely transport donor hearts across longer distances, from the East Coast to West Coast for example, we may be able to increase the pool of donor hearts available to patients,” Dr. Ardehali says.

Another potential benefit of the new system, Dr. Ardehali adds, is the ability to more comprehensively assess the heart prior to implantation using imaging, functional and metabolic testing. This may lead to improved immediate and long-term heart function, reduce the risk of organ rejection and increase the number of hearts accepted for transplant.

“A lot of donor hearts are currently discarded,” says cardiologist Ann Hickey, M.D., medical director of the UCLA Heart Transplant Program. “If we have the time and the technology to get a better look at the heart prior to transplantation, we may find that we can use some of the donor hearts that would have otherwise been rejected.” In addition, Dr. Hickey says new techniques are being developed that will allow physicians to improve the function of donor hearts prior to transplantation, which may also help to increase the available donor pool.

“This is a new era in heart transplantation,” Dr. Hickey says. “Together, these technologies have the potential to significantly reduce the number of patients who die while waiting for heart transplantation and improve long-term outcomes for heart-transplant recipients.”

Results of the trial, which will specifically evaluate whether the new system extends the amount of time available to transfer the heart from donor to recipient, will be available within the next two years.
An estimated 2 percent of children and adolescents in the United States are living with bipolar disorder, formerly known as manic-depressive illness. Experts say the condition is difficult to diagnose, particularly in younger children. But there is agreement on one thing: Bipolar disorder makes it difficult for a child to function well in school or get along well with friends and family.

“Children with bipolar disorder often experience symptoms differently than adults, and they may also have more difficulty explaining how they feel,” says David J. Miklowitz, Ph.D., director of the Child and Adolescent Mood Disorders Program at UCLA, one of only a few programs in the country specializing in the diagnosis and treatment of bipolar disorder in children and teens. “To make what we call a presumptive diagnosis, we interview the child and his or her parents — looking for specific emotions, behaviors, sleep patterns and cognitive styles consistent with bipolar disorder — and then put the pieces of the puzzle together to decide if the child meets the diagnostic criteria for the illness.”

The most common symptoms of the manic side of bipolar disorder include irritable or elated mood, racing thoughts, rapid speech, grandiosity and sleep disturbance without feeling tired. These phases are often followed by periods of severe depression, hopelessness, suicidal thoughts or actions, insomnia and fatigue. Depression tends to become more common during and after puberty, particularly among girls. Children with mood disorders are also at greater risk for co-occurring problems, such as anxiety disorders, attention-deficit disorder, disruptive-behavior disorders, substance abuse and attempts at self-harm and suicide.

“Rather than only talking to the child, it’s very important to get family members involved in the process of providing information to make the diagnosis and later to manage the disorder,” Dr. Miklowitz says. “We usually start with medications, such as mood stabilizers, anti-psychotics or drugs to manage attention-deficit disorder or improve sleep, but our research shows that combining medications with therapies that involve the family is usually the most effective regimen for staving off future episodes.”

Psychotherapy includes family intervention to teach children and parents how to recognize early warning signs of relapse, identify important stress factors that play a role in recurrences, communicate better as a family and solve family problems. According to Dr. Miklowitz, compared with those who receive medication alone, children who receive both medication and family therapy recover from episodes more quickly, feel well more often, experience less severe depression symptoms and report more life satisfaction. He emphasizes that early intervention is important and that parents should seek a diagnosis from qualified professionals as soon as they suspect their child has bipolar disorder or some other mood disorder.

“As with any illness, bipolar disorder can get worse over time,” Dr. Miklowitz explains. “The earlier we can get kids on an effective treatment regimen, the better the long-term outcome will be.”

For more information about the Child and Adolescent Mood Disorders Clinic, go to: www.semel.ucla.edu/champ
Bipolar Disorder: The Big Picture

Bipolar disorder is among the world’s oldest recognized psychiatric conditions. And while more is known today than in the past about treating bipolar disorder, it is still often mischaracterized and misunderstood.

“Recent diagnostic trends in psychiatry and psychology, as well as reports in the news media, have tended to trivialize this illness,” says David J. Miklowitz, Ph.D., director of the Child and Adolescent Mood Disorders Program in the UCLA Semel Institute for Neuroscience and Human Behavior. It has been used to explain less serious mood and adjustment problems of children and teens, and to label adults who exhibit milder forms of manic and/or depressed behavior than would be seen in true bipolar disorder. “And the association of bipolar disorder with artistic creativity, while welcome for de-stigmatizing the illness, makes it sound as if anyone with the disorder has Tchaikovsky inside them waiting to come out,” Dr. Miklowitz says.

The realities are much different. People with bipolar disorder spend close to half their lives in debilitating states of depression that make it hard to work or maintain relationships or parenting roles. And while many people with the disorder do have artistic or literary talents, they are too depressed or too medicated to take full advantage of their talents.

Fortunately, today there are mood-stabilizing medications that, while not easy to take, reduce symptoms, even out the highs and lows, and keep people out of the hospital. There are also specific forms of therapy that address the needs of the bipolar person. The combination of medications and therapy decreases the time it takes for sufferers to recover from their episodes and reduces the risk of recurrence. Even more important, says Dr. Miklowitz, today’s treatments “may increase quality of life, which is usually the most important goal for the person with the disorder and his or her family.”
High-Dose-Rate Brachytherapy

Gets Patients Back to Normal Living More Quickly

Nearly half of all cancer patients receive radiation therapy to treat their cancer or relieve symptoms. Radiation therapy kills cancer cells by destroying their DNA, but it may also affect normal cells and adjacent organs in the process. The goal of brachytherapy, or internal radiation therapy, is to precisely target the radiation exposure to the tumor where it is needed and avoid surrounding healthy tissues by placing radioactive sources directly on or inside cancer tissues.

“By treating the tumor from the inside out, we can rapidly deliver higher doses of radiation to the tumor, with relatively few side effects,” explains UCLA radiation oncologist and chief of the Division of Brachytherapy D. Jeffrey Demanes, M.D., a pioneer of high-dose-rate (HDR) brachytherapy. HDR brachytherapy has been used successfully to treat prostate, breast, head and neck, gynecologic, gastrointestinal, skin, soft-tissue sarcomas and many other types of cancer. “In some cases it is used as the only treatment, and in other cases this precision radiation therapy is combined with surgery, external-beam radiation therapy or chemotherapy, depending upon the type and extent of the cancer and needs of the individual patient,” Dr. Demanes says.

HDR brachytherapy uses a computerized robotic-delivery device to temporarily insert a tiny radiation source into a tumor. It is performed by inserting thin, straw-like applicators about the size of an intravenous line in or near the treatment site. Once the applicator has been optimally positioned, the physicians and highly trained physics team work with a treatment-planning computer program to create a virtual image of the implant and surrounding anatomy so they can customize a precise, patient-specific dose distribution. Electronic instructions for positioning the miniature radioactive source are then sent to a robotic “afterloader,” which is operated by a specially trained radiation therapist to deliver the radiation source.

In addition to being highly effective, HDR brachytherapy is a relatively painless procedure with a fast recovery. Unlike older forms of brachytherapy, which leave radioactive seeds in or near the cancer site for an extended period of time while the patient is hospitalized, HDR brachytherapy can often be done on an outpatient basis in a specially designed treatment booth. The HDR applicators and radioactive material are completely removed so there is no residual radiation or radioactivity after treatment. The entire HDR treatment process is typically completed in one to two weeks.

“HDR brachytherapy tends to have an excellent risk-benefit ratio,” Dr. Demanes says. “In addition to being highly effective, it’s a relatively painless procedure, with fast recovery and the acute side effects tend to be of short duration. It allows patients to get back to their normal lives more quickly than other kinds of radiation therapy.”

When used as a primary treatment, HDR brachytherapy is designed to preserve the structure and function of the involved organs. It can also extend the effectiveness of cancer surgery by killing cancer cells at the surgical margins, and it can be used where other forms of radiation have been previously applied and are no longer considered advisable.

For more information about radiation oncology and brachytherapy, go to: http://www.radonc.ucla.edu

To watch a video about HDR brachytherapy, go to: http://streaming.uclahealth.org/brachytherapy
“Our strategy is to find biomarkers based on brain imaging, protein analysis and other biological measures to help us predict who is at greatest risk for developing Alzheimer’s disease and then treat them early,” Dr. Small says.

Alzheimer’s disease is initially diagnosed when people experience cognitive impairment, such as changes in memory or language ability. A clinical diagnosis of Alzheimer’s disease is supported with biological tests, but, says Joshua Grill, Ph.D., director of the Katherine and Benjamin Kagan Treatment Development Program in the Easton Center for Alzheimer’s Disease Research at UCLA, it would be ideal to address Alzheimer’s disease before it reaches the stage where patients develop dementia.

“We aim to be able to diagnose and treat the disease before it affects the way people live their lives,” says Dr. Grill. Diagnosis is important because reversible causes of dementia, such as vitamin B deficiency or abnormalities in thyroid function, can be treated. There are currently no drugs for Alzheimer’s disease that change the course of the underlying disease once it begins — only medications that help patients deal with symptoms. But researchers hope that by catching the problem early, they can give themselves the best shot at slowing the disease with investigational medications in clinical trials.

“People who are concerned about something like memory loss should seek the help of a qualified physician as soon as possible so that he or she can help identify what’s really going on,” Dr. Grill says. “While some people are genetically predisposed to Alzheimer’s disease, it’s not certain that they will develop the disease, and they may be able to take steps now to reduce their risk for developing Alzheimer’s disease later in life.”

Dr. Small adds that “a healthy lifestyle is brain protective. If people really understood this and adopted even one healthy behavior as a result — something as simple as taking a brisk 20-minute walk four times a week, or eating fresh fruits and vegetables every day — it’s estimated that we would see a million fewer cases of Alzheimer’s in five years.”

Gene-Therapy Technology May Be Important to Fighting Alzheimer’s Disease

A new clinical trial at UCLA is testing gene-transfer technology as a treatment for Alzheimer’s disease. In the study, DNA-producing nerve growth factor (NGF) is injected directly into the nucleus basalis, a cluster of nerve cells in the brain known to be susceptible early in Alzheimer’s disease. The study represents an important advancement in Alzheimer’s disease research.

“NGF is vital to the development of the brain and central nervous system when we’re born because it tells nerve cells to stay alive,” explains Joshua Grill, Ph.D., director of the Katherine and Benjamin Kagan Treatment Development Program in the Easton Center for Alzheimer’s Disease Research at UCLA. “We’ve been trying to find a way to get NGF into older brains to prevent neurons from dying.”

Researchers are investigating whether they can essentially “trick” neurons into making NGF as a way to keep them alive and functioning normally in patients with Alzheimer’s disease. To test this theory, the experimental gene-transfer drug is being surgically injected into the brains of patients in the treatment group. This study represents the first time gene-therapy technology is being used in Alzheimer’s disease clinical research.

“We’re pursuing many different types of therapies that have different targets in the brain, trying to find a way to slow, stop or reverse this disease,” Dr. Grill says. “We want to find something that works as fast as possible.”
In June, the California Department of Public Health declared an epidemic of pertussis, also known as whooping cough, amid indications that the state was experiencing its worst outbreak of the illness in 50 years. Through the end of July, approximately 1,500 children had been diagnosed and at least seven infants had died from pertussis, an illness caused by the *Bordetella pertussis* bacterium that infects the respiratory system. The number of cases more than quadrupled what had been reported in California at the same point last year. UCLA pediatric infectious-disease specialist James Cherry, M.D., explains what is contributing to the epidemic, and discusses the need for more vigilance in detecting pertussis cases and increasing the vaccination rate for adolescents and adults — especially those in close contact with newborns.

**Why is California experiencing such an upswing in pertussis cases?**

Pertussis was once extremely common — approximately 200,000 cases a year were reported in the United States in the 1940s, and it was a major cause of childhood illness and death, particularly among infants. A vaccine began to be widely used in the late 1940s, and since then the number of cases each year has been much lower. But we still experience up-cycles every two-to-five years, and the reason is a buildup of susceptible individuals: unvaccinated or partially vaccinated children. That’s what’s happening in California now.

**Why are infants particularly vulnerable?**

For one thing, infants can’t get their first vaccination until they are at least 6 weeks old, and they do not have adequate protection until about 7 months of age after they have received three doses of vaccine. But beyond that, pertussis in the first three months of life tends to be particularly severe. Because it often starts as a mild illness with little or no fever, it’s easy for parents to have a false sense of security. Too often, physicians don’t recognize pertussis until it has progressed, by which time it escalates rapidly, almost always requiring hospitalization for babies. and sometimes proving fatal.

**How is it most commonly transmitted to infants?**

It’s usually from contact in the household with a family member — most often the mother —
who has a cough illness that has not been recognized as pertussis. This is why it's so important that physicians do a better job of recognizing and treating pertussis, and that all appropriate people are vaccinated — particularly those who have contact with young babies.

What are the symptoms of pertussis?
Pertussis doesn't typically involve a fever. The illness starts somewhat mildly and then frequently becomes a paroxysmal cough, in which you cough all of the air out and take a breath — the whoop of whooping cough. In adolescents and adults, it is always worse at night. And unlike bronchitis or other coughing illnesses, the cough isn’t productive. Adults will sometimes also have fainting spells and although they aren’t likely to die from it, the illness can be severe, including causing broken ribs in some persons.

Who should be vaccinated?
Children receive the DTaP (diphtheria, tetanus and pertussis) vaccine as part of their routine immunizations. But since 2005, we have also had a booster shot (Tdap) for adolescents and adults with a special vaccine prepared for older persons. This is important because even if you have had the vaccinations in childhood, immunity wanes after about five years. The big push now is to get more people to use these adolescent and adult Tdap booster vaccines — in particular, women who are pregnant or have just given birth, along with the infant’s father, siblings and grandparents. This is known as a cocoon strategy and can prevent a good deal of early infant pertussis. Hospitals such as Ronald Reagan UCLA Medical Center, Mattel Children’s Hospital UCLA and Santa Monica-UCLA Medical Center and Orthopaedic Hospital have programs to provide routine vaccinations for postpartum women, and children born at these hospitals are much more likely to get pertussis as a result. Unfortunately, although the Centers for Disease Control and Prevention recommends the booster for adolescents at age 11 or 12, as of 2008 only 44 percent of California adolescents were getting it.

When to vaccinate
Six weeks old, but infants are not adequately protected until the initial series of three shots is complete. In addition, the series of shots that most children receive wears off by the time they finish middle school.

Who else should be vaccinated?
New mothers and family members who have close contact with infants should receive the Tdap booster vaccine. The California Department of Public Health also recommends that the adolescent-adult Tdap booster vaccine be given to:
• Anyone 7 years and older who is not fully immunized, including those who are older than 64.
• Women of childbearing age, before, during or immediately after pregnancy.
• Other people who have contact with pregnant women or infants.

Where to receive the vaccine
The Tdap booster vaccine is being provided at birthing hospitals, including Ronald Reagan UCLA Medical Center, Mattel Children’s Hospital UCLA and Santa Monica-UCLA Medical Center and Orthopaedic Hospital, community health centers, Native American health centers and local health departments.

Source: California Department of Public Health
Caution Urged for Women Undergoing Postmenopausal Hormone Therapy

At one time, experts encouraged postmenopausal women to take hormone therapy (HT) not only because it reduced such symptoms as hot flashes and vaginal dryness but also because researchers believed estrogen lowered women’s risk for developing some diseases. But numerous studies published less than a decade ago contested that approach, demonstrating that HT actually increases women’s risk for developing conditions such as cardiovascular disease and breast cancer. Now experts say there is no one-size-fits-all recommendation for the use of HT in postmenopausal women.

“It’s a scenario that’s very confusing to women,” says Gail Greendale, M.D., research director of the Iris Cantor-UCLA Women’s Health Center. “After we discovered the potential risks, many women and physicians became afraid to even think about HT. But some women may be suffering unnecessarily because in some cases, appropriate, short-term, targeted use of HT in symptomatic woman can be beneficial and relatively safe.”

Some women with less severe symptoms may opt to forego treatment, while others may respond well to alternatives to HT. These include medications typically used for depression but which have been proven effective in reducing hot flashes when used at lower doses. Vaginal moisturizers, creams or pills may also provide relief for some women. But the most effective treatment, Dr. Greendale says, remains systemic HT, which includes estrogen or estrogen in combination with progesterone. Both, however, have potentially serious side effects.

“There is some controversy about how we use these medications,” explains Sara Hurvitz, M.D., a breast oncologist at UCLA. “With regard to risk for breast cancer, using estrogen alone is considered safer than using estrogen in combination with progesterone. But if you use estrogen alone in a woman who still has her uterus, her risk for uterine cancer rises.”

Balancing the risks and benefits of HT represents a major challenge for healthy postmenopausal, and even peri-menopausal, women. But these challenges are even greater for some women facing breast cancer, according to Dr. Hurvitz. “The tumor is hungry for estrogen in women who have estrogen and/or progesterone receptors expressed in their breast cancer,” she says. “We want to interrupt the feeding process in order to stop the growth of cancer cells. Therefore, the use of anti-estrogen therapies, or hormone-modulation therapy, is almost always recommended in patients with breast cancer whose tumors express hormone receptors.”

Drs. Hurvitz and Greendale agree that a tailored approach, in consultation with a woman’s physician, is necessary when considering therapies. “The essential approach to HT is that it should be reserved for symptomatic women and used in the lowest dose and for the shortest period of time to effectively control symptoms,” Dr. Greendale says. “That is the most conservative and safest way to use the hormone,” Dr. Hurvitz adds.
In a major step toward establishing a new surgical frontier, UCLA Health System has created the first hand transplantation center on the West Coast — and only the fourth program of its kind in the United States.

The first successful hand transplant was performed in France in 1998, with the United States following the next year. Worldwide, approximately 50 patients have had the procedure, nine of them (including two double-hand transplant recipients) in the United States.

Life-saving solid-organ transplants have become increasingly common at major medical centers such as UCLA. But hand transplantation represents a new direction for the field — a so-called composite tissue transplant (bones, tendons, arteries, nerves) — to enhance quality of life. And to accomplish it requires a delicate balance.

“The hand is an amazing tool. It has the power to swing a sledgehammer, yet at the same time it has the precision to play a concert piano,” says Kodi Azari, M.D., associate professor in the UCLA Department of Orthopaedic Surgery and the Division of Plastic and Reconstructive Surgery and surgical director of the UCLA Hand Transplantation Program. “The precision is based on the balance between tendons on the back of the hand and the palm of the hand. These have to be absolutely perfectly balanced, and one of the critical elements in transplant surgery is reestablishing that balance.”

Dr. Azari, one of the lead surgeons on five of the successful hand transplants in the United States — including the first double-hand transplant and the first arm transplant — explains that when patients are born without hands or lose a hand as a child, they are more easily able to adapt to the circumstances. But it is far more difficult for adults.

“Many patients who have lost one or both hands find that prosthetic devices are not enough to help them get back the life they had enjoyed previously because they lack the sense of touch of a human hand,” Dr. Azari says. “In these cases, hand transplantation can offer a unique opportunity to regain dynamic function and the feel of a real human hand.”

Both the preparation for the surgery and the procedure itself are complex, and require a large team. The UCLA Hand Transplantation Program involves a partnership between UCLA’s transplantation services and hand surgery, plastic and reconstructive surgery, orthopaedic surgery, psychiatry, pathology, anesthesia, internal medicine, radiology, neurology, ethics and rehabilitation services.

The procedure requires as many as 10 specialized surgeons collaborating for eight to 12 hours to fix the bones and repair the arteries, veins, nerves and tendons, as well as to repair the skin. This type of multiple-tissue transplant presents immunological challenges, Dr. Azari notes. As with solid-organ transplants, patients who undergo a limb transplant must take immunosuppressive medications to prevent rejection of the graft.

The other challenge is a functional one. “You don’t see your liver or your kidney, but you see and use your hand every day,” Dr. Azari says. “With other transplants, we don’t have to worry about return of nerve function, but we do with this one. Patients need to go through an intensive rehabilitation regimen to restore function to the transplanted hand.”

In addition to helping civilian patients, the program will serve military personnel who have been injured in Iraq and Afghanistan — acting as a complement to UCLA’s Operation Mend program, which offers facial and reconstructive surgery to wounded soldiers.

“UCLA has been a leader in transplantation for the past quarter-century, and this is a natural extension of that leadership,” Dr. Azari says. “We are excited to bring this program to UCLA.”

For more information about the UCLA Hand Transplantation Program and to watch a video with Dr. Azari, go to: http://www.handtransplant.ucla.edu
Community Health Programs

UCLA Health System offers community programs and events to help our neighbors lead healthier lives through wellness education and the prevention of illness and injury.

Aging / Senior Care

Legal and Financial Aspects of Death and Dying
THURSDAY, NOVEMBER 11 / 6:30 to 8:30 pm
Explore end-of-life matters and the practicalities of death and dying. This seminar will focus on how to plan financially for the future and will provide information about financial support and when legal help is needed.
WHERE: HUSE & Healthy Aging, Third Floor, 1527 4th Street, Santa Monica
TO RSVP: (800) 516-5323

Fall Prevention
TUESDAY, NOVEMBER 16 / 2.30 to 4:00 pm
Learn about risk factors that cause falls and how to prevent them.
WHERE: Sunrise Assisted Living of Santa Monica, 1312 15th Street, Santa Monica
TO RSVP: (800) 516-5323

Allergies

Food Allergies: The Basics
WEDNESDAY, DECEMBER 8 / Noon to 1:30 pm
Melinda Braskett, M.D., UCLA allergist, will provide an introduction to the manifestations of food allergies and how to diagnose and treat them. An overview of the immune mechanisms that cause food allergies will be discussed.
WHERE: Fireside Room, First United Methodist Church, 1008 11th Street, Santa Monica
TO RSVP: (800) 516-5323

Alzheimer’s Disease

Alzheimer’s Disease Update
THURSDAY, NOVEMBER 18 / 1:30 to 3:00 pm
John Ringman, M.D., M.S., assistant director, Mary S. Easton Center for Alzheimer’s Disease Research, will discuss the current research on Alzheimer’s disease, including advances in treatment and diagnosis.
WHERE: Belmont Village, 10475 Wilshire Blvd., West Los Angeles
TO RSVP: (800) 516-5323

Cancer

Lung Cancer 2010: Advances in Treatment
TUESDAY, OCTOBER 12 / 7:00 to 9:00 pm
Fairouz Kabbinavar, M.D., UCLA professor, will discuss the treatment of lung cancer using more targeted approaches available in clinical practice as well as research trials.
WHERE: Ronald Reagan UCLA Medical Center, Tamkin Auditorium, Room B130
INFO: (310) 794-6644

The Art of Brachytherapy Radiation
TUESDAY, NOVEMBER 9 / 6:00 to 7:30 pm
Jeffrey Demanes, M.D., UCLA radiation oncologist, will discuss how precision radiation therapy through brachytherapy fights cancer.
WHERE: The Wellness Community, West Los Angeles, 2716 Ocean Park Blvd., Suite 1040, Santa Monica
TO RSVP: (800) 516-5323

Advanced Prostate Cancer Treatment
TUESDAY, NOVEMBER 9 / 7:00 to 9:00 pm
Matthew Rettig, M.D., associate professor of medicine and urology, medical director of the Prostate Cancer Program at the UCLA Institute of Urologic Oncology, will present an overview and update on the most promising new therapies for advanced prostate cancer.
WHERE: Ronald Reagan UCLA Medical Center, Tamkin Auditorium, Room B130
INFO: (310) 794-6644

Dementia

Does My Parent Have Dementia?
FRIDAY, NOVEMBER 19 / 11:00 am to 12:30 pm
Find out what dementia is, the subtle to not-so-subtle signs of dementia, the components to proper geriatric assessment and what family caregivers can do to help.
WHERE: Circle of Care Leeza’s Place, 5000 Van Nuys Blvd., Suite 110, Sherman Oaks
TO RSVP: (800) 516-5323

Depression

Stimulate Your Brain
TUESDAY, NOVEMBER 9 / 2:00 to 3:30 pm
Ian Cook, M.D., UCLA psychiatrist, will talk about how Transcranial Magnetic Stimulation (TMS) is used to treat depression by stimulating specific parts of the brain with magnetic fields.
WHERE: Westside Family YMCA, 11311 La Grange Avenue, West Los Angeles
TO RSVP: (800) 516-5323

FIND MORE ONLINE
www.uclahealth.org/calendar
Curing the Holiday Blues  
**WEDNESDAY, DECEMBER 1 / Noon to 1:30 pm**  
Andrew Leuchter, M.D., UCLA psychiatrist, will talk about holiday blues, practical strategies for coping with them and how to tell when they've turned into clinical, major depression.  
WHERE: Martin Luther King, Jr. Auditorium, Santa Monica Public Library, 601 Santa Monica Blvd., Santa Monica  
TO RSVP: (800) 516-5323

Diabetes Self-Management Program  
**TUESDAYS, OCTOBER 12 THROUGH NOVEMBER 9 / 10:00 am to Noon**  
This five-week, ADA-certified program, designed for people with Type 2 diabetes, will cover topics including the basics and beyond, controlling blood sugar, diet and exercise, medications, staying healthy with diabetes and managing blood sugar patterns. Physician referral, pre-registration and fees required.  
WHERE: 1821 Wilshire Blvd., Suite 200, Santa Monica  
TO RSVP: (800) 825-7922

Diabetic Diet  
**WEDNESDAY, NOVEMBER 10 / 7:00 to 8:00 pm**  
Pamela Lee, R.D., UCLA registered dietitian, will focus on how to control your diabetes, what to eat and when, meal planning, how to manage your weight and how to prevent blood sugar from becoming too high or too low.  
WHERE: Santa Monica-UCLA Medical Center and Orthopaedic Hospital, 1225 15th Street, Room 723  
TO RSVP: (800) 516-5323

Fibroids  
**THURSDAY, OCTOBER 21 / 2:00 to 3:30 pm**  
Steven Raman, M.D., UCLA diagnostic radiologist, will discuss the latest treatments for fibroids.  
WHERE: Westside Family YMCA, 11311 La Grange Avenue, West Los Angeles  
TO RSVP: (800) 516-5323

Hair Restoration  
**New Advances in Hair Restoration**  
**WEDNESDAY, NOVEMBER 10 / 7:00 to 8:00 pm**  
Jeffrey Rawnsley, M.D., UCLA head and neck surgeon, will present a live demonstration of the latest techniques to re-create a natural hairline.  
WHERE: 200 UCLA Medical Plaza, Suite 550  
TO RSVP: (310) 570-0244

HIV  
**Women’s Clinic for HIV**  
**SATURDAY, NOVEMBER 13 / 10:00 am to 2:00 pm**  
The UCLA Clinical AIDS Research and Education (CARE) Center will be holding a Women’s Clinic for women living with HIV. Parking is free and refreshments will be available.  
INFO: (310) 557-2273

Insomnia  
**Get a Good Night’s Sleep**  
**WEDNESDAY, NOVEMBER 17 / 2:00 to 3:30 pm**  
Irene Kim, L.Ac, OM.D., will examine insomnia from a Traditional Chinese medicine perspective and focus on what you can do for yourself, including self-massage techniques, to get better sleep and more energy.  
WHERE: Belmont Village, 10475 Wilshire Blvd., West Los Angeles  
TO RSVP: (800) 516-5323

Pain Management  
**The Aging Spine**  
**TUESDAY, DECEMBER 7 / 7:00 to 8:30 pm**  
UCLA orthopaedic surgeon Nick Shamie, M.D., will discuss new treatment options for back and neck pain.  
WHERE: Fireside Room, First United Methodist Church, 1008 11th Street, Santa Monica  
TO RSVP: (800) 516-5323

Peripheral Neuropathy  
**Peripheral Neuropathy**  
**TUESDAY, NOVEMBER 9 / 5:45 to 6:45 pm**  
Bob Baravarian, D.P.M., will discuss peripheral neuropathy and treatment options for the foot and leg. Common causes of neuropathy, including injury, diabetes and chemotherapy, will be discussed.  
WHERE: 2121 Wilshire Blvd., Suite 101, Santa Monica  
TO RSVP: (310) 828-0011

Podiatry  
**Heel and Ankle Pain**  
**TUESDAY, OCTOBER 12 / 5:45 to 6:45 pm**  
Gary Briskin, D.P.M., will discuss the common causes of ankle and heel pain, including plantar fasciitis, arthritis, tendinitis and tendon tears.  
WHERE: 2121 Wilshire Blvd., Suite 101, Santa Monica  
TO RSVP: (310) 828-0011

**FEATURED EVENT**  
**Dribble for the Cure**  
**SUNDAY, NOVEMBER 7 / 8:30 am to Noon**  
UCLA Bruin Basketball presents the “Third Annual Dribble for the Cure,” a fundraiser benefiting pediatric cancer research at Mattel Children’s Hospital UCLA and the Pediatric Cancer Research Foundation. UCLA basketball coaches and players will lead participants through a dribble-tour of the campus. There will be games, music, prizes and activities for a day of family celebration and fun!  
WHERE: UCLA Campus  
INFO: www.dribbleforthecure.com or call (800) 354-7273

Diabetes  
**Diabetic Diet**  
**THURSDAY, OCTOBER 21**

Diabetic Diet  
**WEDNESDAY, NOVEMBER 10 / 7:00 to 8:00 pm**  
Irene Kim, L.Ac, OM.D., will examine insomnia from a Traditional Chinese medicine perspective and focus on what you can do for yourself, including self-massage techniques, to get better sleep and more energy.  
WHERE: Belmont Village, 10475 Wilshire Blvd., West Los Angeles  
TO RSVP: (800) 516-5323

HIV  
**Women’s Clinic for HIV**  
**SATURDAY, NOVEMBER 13 / 10:00 am to 2:00 pm**  
The UCLA Clinical AIDS Research and Education (CARE) Center will be holding a Women’s Clinic for women living with HIV. Parking is free and refreshments will be available.  
INFO: (310) 557-2273

Insomnia  
**Get a Good Night’s Sleep**  
**WEDNESDAY, NOVEMBER 17 / 2:00 to 3:30 pm**  
Irene Kim, L.Ac, OM.D., will examine insomnia from a Traditional Chinese medicine perspective and focus on what you can do for yourself, including self-massage techniques, to get better sleep and more energy.  
WHERE: Belmont Village, 10475 Wilshire Blvd., West Los Angeles  
TO RSVP: (800) 516-5323

Pain Management  
**The Aging Spine**  
**TUESDAY, DECEMBER 7 / 7:00 to 8:30 pm**  
UCLA orthopaedic surgeon Nick Shamie, M.D., will discuss new treatment options for back and neck pain.  
WHERE: Fireside Room, First United Methodist Church, 1008 11th Street, Santa Monica  
TO RSVP: (800) 516-5323

Peripheral Neuropathy  
**Peripheral Neuropathy**  
**TUESDAY, NOVEMBER 9 / 5:45 to 6:45 pm**  
Bob Baravarian, D.P.M., will discuss peripheral neuropathy and treatment options for the foot and leg. Common causes of neuropathy, including injury, diabetes and chemotherapy, will be discussed.  
WHERE: 2121 Wilshire Blvd., Suite 101, Santa Monica  
TO RSVP: (310) 828-0011

Podiatry  
**Heel and Ankle Pain**  
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WHERE: UCLA Campus  
INFO: www.dribbleforthecure.com or call (800) 354-7273
OCTOBER / NOVEMBER / DECEMBER 2010 COMMUNITY HEALTH PROGRAMS

Bunion and Bunion Surgery
TUESDAY, DECEMBER 14 / 5:45 to 6:45 pm
Gary Briskin, D.P.M., will discuss bunions and the latest surgical and non-surgical treatments for this common condition.
WHERE: 2121 Wilshire Blvd., Suite 101, Santa Monica
TO RSVP: (310) 828-0011

Polycystic Syndrome

Polycystic Ovarian Syndrome
WEDNESDAY, DECEMBER 8 / 7:00 to 8:00 pm
Susan Davis, M.D., UCLA endocrinologist, will discuss symptoms, diagnosis and treatments for women with polycystic syndrome.
WHERE: Santa Monica-UCLA Medical Center and Orthopaedic Hospital, 1225 15th Street, Room 723
TO RSVP: (800) 516-5323

Vascular Disease

Peripheral Vascular Disease
FRIDAY, OCTOBER 29 / 10:00 to 11:30 am
Christopher Loh, M.D., UCLA interventional radiologist, will review the evaluation and treatment of peripheral arterial leg circulation symptoms and treatment options.
WHERE: Sunrise Assisted Living of Playa Vista, 5555 Playa Vista Drive, Playa Vista
TO RSVP: (800) 516-5323

Vision Care

Advanced Laser Vision Correction
THURSDAY, OCTOBER 21 / 6:30 to 7:30 pm – Kristina Kurbanyan, M.D.
THURSDAY, NOVEMBER 18 / 6:30 to 7:30 pm – Matthew Swanic, M.D.
UCLA ophthalmologists will discuss Expanded Custom LASIK and other new technologies to improve nearsightedness, farsightedness, presbyopia and astigmatism.
WHERE: RPB Auditorium, Jules Stein Eye Institute
TO RSVP: (310) 825-2737 or www.uclaser.com

Research and Trials

UCLA CONDUCTS RESEARCH for a wide range of medical disorders.
For more information about opportunities to participate in research and clinical trials regarding dental screening, irritable bowel syndrome, knee arthritis, obsessive compulsive disorder, senior depression and social anxiety disorder, please refer to our website.

Weight Loss

Weight Loss Surgery
ONGOING / CALL FOR DATES AND TIMES
Is weight-loss surgery right for you? Learn about the types of surgery available as well as outcomes and complications. Attendance is mandatory prior to being seen in the clinic.
INFO: www.bariatrics.ucla.edu or call (310) 825-7163

Wellness

Third Annual Aging and Technology Conference
FRIDAY, OCTOBER 29 / 8:00 am to 5:00 pm
UCLA’s Center on Aging will bring together academic, industry and scientific leaders to discuss how the latest technologies in the medical, consumer and lifestyle fields will help older adults live better, longer lives. Highlights include memory training, health monitoring through sensors, remote checkups, robotics, imaging, back pain management and nutrition.
WHERE: Skirball Cultural Center, 2701 N. Sepulveda Blvd., Los Angeles
INFO: (310) 794-0676 or www.aging.ucla.edu

“Freedom From Smoking” Program
TUESDAYS, NOVEMBER 9 / 4:00 to 6:00 pm
UCLA offers an eight-week smoking-cessation program to help employees, family members and people in the community finally kick the habit. Cost: $150.
WHERE: 200 UCLA Medical Plaza, Suite 206
INFO: (310) 825-0014 or lharning@mednet.ucla.edu

Health Maintenance

TUESDAY, DECEMBER 21 / 2:30 to 4:00 pm
Learn strategies to maintain your health and well being, including health screenings and other preventive measures to retain independence as we age.
WHERE: Sunrise Assisted Living of Santa Monica, 1312 15th Street, Santa Monica
TO RSVP: (800) 516-5323

Understanding Bereavement
THURSDAY, NOVEMBER 18 / 6:30 to 8:30 pm
This seminar will focus on how to transform end-of-life experiences, cope with the death of a family member, understand and manage the emotional process of grieving and find continued support.
WHERE: WISE & Healthy Aging, Third Floor, 1527 4th Street, Santa Monica
TO RSVP: (800) 516-5323

Vitamin D Deficiency
FRIDAY, DECEMBER 17 / 1:30 to 3:00 pm
John S. Adams, M.D., UCLA endocrinologist, will discuss why so many people are Vitamin D deficient and how to diagnosis and effectively treat this condition.
WHERE: Santa Monica-UCLA Medical Center and Orthopaedic Hospital, 1225 15th Street, Cafeteria Conference Room B
TO RSVP: (800) 516-5323

Flu Shot Clinic
TUESDAY, OCTOBER 26 / 4:00 to 7:00 pm
Anyone 18 years and older who is not allergic to eggs or suffering from a cold, fever or flu is eligible for a flu shot (combination vaccine). Free for UCLA Healthcare 50-Plus members presenting membership card and $20 for nonmembers.
WHERE: Multipurpose Room, second floor, Santa Monica Public Library, 601 Santa Monica Blvd., Santa Monica
INFO: (800) 516-5323

FIND MORE ONLINE
www.uclahealth.org/calendar
Diabetes Update  
THURSDAY, OCTOBER 14 / Noon to 1:30 pm  
Archana Bindra, M.D., UCLA endocrinologist, will discuss complications and medical treatments for Type 2 diabetes.  
WHERE: Santa Monica Family YMCA, 1332 6th Street, Santa Monica  
TO RSVP: (800) 516-5323

Osteoporosis Update  
TUESDAY, OCTOBER 19 / 2:30 to 4:00 pm  
Learn about ways to reduce your risk of getting osteoporosis and the latest treatments.  
WHERE: Sunrise Assisted Living of Santa Monica, 1312 15th Street, Santa Monica  
TO RSVP: (800) 516-5323

Memory Training Course  
WEDNESDAYS, OCTOBER 27 THROUGH NOVEMBER 17 / 10:00 am to Noon  
Learn practical memory-enhancing techniques based on research by UCLA psychiatrist and memory expert Gary Small, M.D. For people with age-related memory concerns and not for those with any form of dementia. Cost: $50 for four-week course.  
WHERE: UCLA campus  
INFO: (310) 794-0676

Overactive Bladder  
TUESDAY, NOVEMBER 2 / 11:30 am to 1:00 pm  
Overactive bladder is a common condition that increases in prevalence with aging. Ja-Hong Kim, M.D., UCLA urologist, will discuss the symptoms, pathophysiology and latest treatment options.  
WHERE: Santa Monica Family YMCA, 1332 6th Street, Santa Monica  
TO RSVP: (800) 516-5323

End-of-Life Decisions  
THURSDAY, NOVEMBER 4 / 6:30 to 8:30 pm  
James Davis, M.D., UCLA geriatrician, and Jeannie Meyer, R.N., UCLA clinical nurse specialist for palliative care, will present tips on how to begin conversations with family members about end-of-life decisions and advance planning.  
WHERE: WISE & Healthy Aging, Third Floor, 1527 4th Street, Santa Monica  
TO RSVP: (800) 516-5323

Refractive Surgery Updates  
MONDAY, NOVEMBER 15 / 11:00 am to 12:30 pm  
D. Rex Hamilton, M.D., UCLA ophthalmologist, will discuss refractive surgery beyond LASIK and how to treat cataracts earlier to restore excellent distance, intermediate and near vision without glasses.  
WHERE: Westwood Horizons, 947 Tiverton Avenue, Los Angeles  
TO RSVP: (800) 516-5323

Menopause  
TUESDAY, NOVEMBER 16 / 7:00 to 8:30 pm  
Lisa Nicholas, M.D., UCLA gynecologist, will provide an overview of the physiologic changes that occur in association with menopause — what women can anticipate, how they can manage this transition, how to stay healthy and maintain optimal health and some of the challenges that women face in making life-style decisions at this time.  
WHERE: Fireside Room, First United Methodist Church, 1008 11th Street, Santa Monica  
TO RSVP: (800) 516-5323

Understanding Medicare  
THURSDAY, DECEMBER 2 / 3:00 to 5:00 pm  
Learn what Medicare does and does not cover, and how to fill in the gaps.  
WHERE: Senior Recreation Center, 1450 Ocean Avenue, Santa Monica  
TO RSVP: (800) 516-5323

Dental Implants  
FRIDAY, DECEMBER 3 / 10:00 to 11:30 am  
Sue Spackman, D.D.S., UCLA faculty dentist, will discuss the types and uses of current implants, pros and cons of usage, indications in the aging population and costs/insurance issues.  
WHERE: Belmont Village, 10475 Wilshire Blvd., West Los Angeles  
TO RSVP: (800) 516-5323

My Legs Hurt – Why?  
THURSDAY, DECEMBER 9 / Noon to 1:30 pm  
Cheryl Hoffman, M.D., UCLA interventional radiologist, will discuss the latest news on treatment options for varicose veins, deep vein thrombosis, peripheral artery disease and radiating nerve pain from your back.  
WHERE: WISE & Healthy Aging, First Floor, 1527 4th Street, Santa Monica  
TO RSVP: (800) 516-5323

“These programs are a terrific community addition. Many thanks. The 50-Plus seminars are a wonderful resource for learning about conditions and meeting new doctors. Thank you for the opportunity to participate.”  
— J.C., Santa Monica
Send Hope for the Holidays

The holidays may still be a few months away, but it’s not too early to purchase cards from Mattel Children’s Hospital UCLA. Nine new cards designed by young patients, a holiday Barbie card and one from celebrated wildlife photographer Howard Ruby send a message of hope and healing. Proceeds from the sale of the cards help support special programs for hospitalized children and their families, as well as help sustain crucial medical research.

Order online at:
www.uclahealth.org/holidaycards

Volunteer to Make a Difference

UCLA Health System seeks frontline volunteers to staff the information desks, ambassador programs and surgical waiting areas. The mission of our world-class volunteer program is to enhance the patient experience and support our team of dedicated medical staff at our hospitals in Westwood and Santa Monica.

Volunteers must possess good customer-service skills, enjoy helping others and be able to represent the UCLA community. Some areas require basic computer skills. The commitment is just one four-hour shift per week. Mornings and afternoons are available. Early risers (7 a.m.) are also needed for our greeter program.

For more information, call (310) 267-8180, or go to:
www.uclahealth.org/volunteer