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NINR DIRECTOR VISITS — Dr. Patricia Grady (center), director of the National Institute of Nursing Research, visited the UCLA School of Nursing May 8, presenting a lecture entitled “NINR’s Support for Nursing Research: Setting Directions for the Future” to an audience consisting of students, faculty, and staff. Pictured with Grady are faculty members Janet Mentes (left) and Betty Chang. Prior to the presentation, faculty had the opportunity to informally present their research to Grady. The previous evening, a dinner was held at the home of Dean Marie Cowan to honor Grady. Faculty and students attended.
GETTING TO THE HEART OF THE MATTER

From the laboratory to the bedside to the recovery process, the school’s renowned cadre of cardiovascular research faculty is bringing a nursing perspective to key questions surrounding our nation’s leading killer.
Cardiovascular disease is the leading cause of death, as well as a major cause of illness and disability, among both men and women in the United States. Nationwide, an estimated 13 million people have symptomatic coronary heart disease. In addition to the enormous human toll, annual direct and indirect costs of heart disease in this country amount to more than $100 billion.

Given the pervasiveness of cardiovascular disease in American society, research in this area is critical — both to find new and better ways to prevent, detect and treat the problem, and to improve the quality of life for afflicted patients and their families. The UCLA School of Nursing’s cardiovascular research program is renowned throughout the world as one of the best of its kind, with faculty conducting federally funded investigations that span the full range of inquiries, from basic science to psychosocial research.

What does it mean to conduct cardiovascular research in the context of a school of nursing? Along with the standard questions related to survival, nurses also tend to emphasize aspects of quality of life. And in addition to pharmacologic interventions, nurses are more likely to look at alternative strategies, such as biofeedback and relaxation to control heart failure, cognitive behavioral therapy for depression after coronary bypass graft surgery, or exercise to improve heart failure outcomes.

Nurse cardiovascular researchers are more apt than others to think “outside the box.” While many researchers will concentrate solely on the particular organ they’re studying, nurses also look at other parts of the body that could have an impact on that organ. Examples at our school include the research of Dr. Mary Woo focusing on brain function as a causative agent for sudden cardiac death and disease progression in individuals with heart failure.

The cardiovascular researchers on the UCLA School of Nursing faculty rarely go it alone — indeed, one of the strengths of the program is its multidisciplinary nature. The school’s faculty collaborate with researchers from medicine and neuroscience, from physiology and engineering, from social work and immunology, to name a few. Being part of a great campus and medical center is a huge benefit to our research.

This issue of UCLA School of Nursing News showcases the school’s cardiovascular research program, whose investigations are making headway in the fight against this leading threat to our nation’s health.

Marie J. Cowan, R.N., Ph.D., FAAN
Pioneer of Nurse Practitioner Movement Delivers First Bonnie Bullough Lecture

The Bonnie Bullough Lecture Series kicked off with its first event January 24. Dr. Loretta Ford, a pioneer of the nurse practitioner movement, addressed an audience of more than 200 students, faculty, alumni and friends of the UCLA School of Nursing on this special occasion.

This lectureship was made possible by Dr. Vern Bullough in memory of his late wife, Bonnie Bullough. With a gift of $25,000, Dr. Bullough chose to establish an endowed lectureship fund that will provide sufficient income to make a lecture possible every other year, with each highlighting an outstanding nurse.

For information pertaining to this or other endowed gift opportunities to the school, please contact Director of Development Sharon La Pointe at 310/206-3662, or by e-mail: lapointe@support.ucla.edu.

U.S. Surgeon General David Satcher Honored at School of Nursing Luncheon

U.S. Surgeon General David Satcher was honored by the School of Nursing at a luncheon held on campus in April. The luncheon was attended by faculty, students, and staff of the school.

Surgeon General Satcher learned about some of the school’s research, as several members of the faculty gave talks. Drs. Betty Chang, Linda Sarna and Deborah Koniak-Griffin presented their research in the areas of gerontology, lung cancer, and vulnerable populations, respectively.

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Recent studies point to a significant relationship between psychosocial factors, such as depression and lack of social support, and illness and death among patients with coronary artery disease. These studies suggest that providing support and/or treating depression in these patients may enhance their recovery. “To the extent that psychosocial intervention can be shown to impact favorably on patients’ survival and quality of life, the depression associated with heart disease can be reduced,” says Dr. Marie J. Cowan, the school’s dean. But studies to examine the impact of psychosocial interventions have been either too small or otherwise flawed. That will change with results of the Enhancing Recovery in Coronary Heart Disease (ENRICHD) Patients Study, a multi-center clinical trial on which Cowan is a co-investigator.

She is also the principal investigator of the MDNP study, comparing the effectiveness of care management by a hospitalist MD/acute-care nurse practitioner multidisciplinary care management team vs. the conventional approach to care delivery for acutely ill general medicine inpatients. The study, funded by the Agency for Healthcare Research and Quality, examines organizational and patient outcomes at admission, hospital discharge, one month post-discharge, and six months post-discharge.

“We want to look at patient satisfaction and health-related quality of life, as well as length of stay, cost, readmission rate, and resource utilization,” Cowan explains. “We suspect that, compared to conventional care, the multidisciplinary care management team will deliver care resulting in improved patient satisfaction and health-related quality of life, as well as lower costs.”

Can exercise help people with heart failure? This crucial question for a very sick patient population is controversial. Some health care providers strongly recommend it; others advise against physical activity, even counseling rest.

The UCLA School of Nursing received funding from the American Heart Association to conduct the first study of the impact of a home exercise program for heart failure patients. The four-year study, which harnesses the expertise of more than two dozen researchers from the schools of nursing, public health, medicine and other parts of campus, is headed by Dr. Kathleen Dracup, adjunct professor in the UCLA School of Nursing and dean of the UC San Francisco School of Nursing.

The study is measuring the impact of a year-long aerobic and resistive exercise program in more than 200 heart failure patients, randomized to either an intervention or control group. In addition to focusing on the program’s impact on survival, urgent transplantation and re-hospitalization, the researchers are examining how it affects immune status, autonomic function, and quality of life.

“We’re addressing a controversial and very important question,” Dracup says. “At the end of this study, we hope to be able to tell clinicians conclusively whether exercise is helpful or harmful for these patients.”
**Mary Woo:**
**Predictors of Sudden Cardiac Death**

Dr. Mary Woo’s research has focused on investigations into autonomic-cardiac interactions in relation to sudden death risk, particularly in advanced heart failure patients. Her primary research methodology is heart rate variability.

In her studies of heart rate variability as an independent predictor of sudden cardiac death risk in advanced heart failure patients, Woo has used traditional techniques as well as developing a new method of heart rate variability assessment methodology. This analytical tool, known as Poincaré plots, is a heart rate variability technique that has been shown to be an independent predictor of sudden death risk in advanced heart failure patients.

In her current research, funded by the National Institute of Nursing Research of the National Institutes of Health, Woo has continued to examine predictors of sudden death risk as well as the influences of sleep and hemodynamics on heart rate variability and mortality in heart failure. She is examining the relationship among sleep, heart rate variability, and brain activity using sleep studies. In addition, Woo is using functional magnetic resonance imaging to map central nervous system response to autonomic challenge in heart failure patients.

**Anna Gawlinski:**
**Using Research to Improve Patient Care**

Dr. Anna Gawlinski’s research focus mirrors her clinical practice, which includes patients with advanced heart failure, acute myocardial infarctions (MI), and coronary artery syndromes. “I am committed to the systematic assessment of research-based practice,” she says.

Working collaboratively with UCLA’s Acute MI Quality Improvement Team, she has facilitated research-based practices in the care of the cardiovascular patient. Over the past two decades, UCLA’s acute MI team has developed a program that ensures that each patient receives “best practice” care. For example, UCLA’s program is one of the leading users of secondary prevention strategies for acute MI patients. Gawlinski notes that nationally, secondary prevention therapies are under-utilized in coronary artery disease patients, despite evidence that such strategies reduce mortality and morbidity in this high-risk patient population. To increase utilization, her group developed and implemented a treatment protocol that focuses on initiating secondary treatment therapies prior to hospital discharge. “Our vision of facilitating research-based practice taps the best of nursing’s potential for patient care and outcomes,” Gawlinski says.

Her other clinical research program focuses on hemodynamic and oxygenation derangements in advanced heart failure patients. Gawlinski has assisted nurses in more accurately monitoring and intervening to maximize oxygenation and hemodynamic indices. Currently, she is studying the use of the continuous cardiac output measurement in this high-risk heart failure patient population.
How effective is lifestyle modification, particularly exercise, for the quality of life and functional capacity of patients with heart failure? That has been an interest of Dr. Roberta Oka’s. She examined the effects of a three-month home-based combination resistance and endurance exercise training program in patients with heart failure. “The results from this trial suggested that home-based exercise in this patient population is safe, and that, while physiological effects are minimal, patients report improvements in quality of life, particularly with respect to symptoms,” Oka says.

Currently, she is examining the physiological mechanisms in the periphery that contribute to improved functional capacity, especially blood flow to the skeletal muscle. Oka is particularly interested in the clinical implications of a potent vasodilator, nitric oxide — the subject of the 1999 Nobel Prize captured by UCLA’s Dr. Louis Ignarro. She is conducting a study, funded by the National Institute of Nursing Research, to examine the effects of the dietary supplement L-arginine, a precursor to nitric oxide, on endothelial function, blood flow and functional capacity in patients with peripheral arterial disease.

As many as 60% of patients experience symptoms of depression following coronary artery bypass surgery. But, notes Dr. Lynn Doering: “Despite the frequency with which depressive symptoms occur after bypass surgery, it hasn’t been clear whether these symptoms affect patients’ continued recovery after they leave the hospital.”

In a preliminary study that Doering presented at the American Heart Association’s scientific sessions last fall, her research team found that patients who had depressive symptoms at the time of hospital discharge were more likely to have infections and wound problems six months later than patients who had no depressive symptoms when they left the hospital. When other factors were taken into account, such as age, diabetes, and pre-operative mortality risk, only the presence of depressive symptoms was an independent predictor of infectious complications at the six-month mark.

Doering’s group is following up this preliminary work in a study, funded by the National Institute of Mental Health, that examines immunology and depression. Doering has been receiving training in a specific form of psychotherapy for depression, cognitive behavioral therapy. In order to characterize depression in women in a more thorough way than has been done to date, Doering plans to measure depression before and after bypass surgery using a diagnostic interview. Patients will be followed for six months to determine how the presence of major depression affects their physical and psychosocial recovery and their quality of life. In addition, the study will look at the relationship between the presence of depression and immune function. Lastly, Doering’s team will conduct a pilot study to determine whether cognitive therapy relieves depression in this sample.

“Bypass surgery is one of the most common procedures performed in the United States,” Doering explains. “It accounts for a large portion of health care resources. Women are particularly vulnerable, in that they are older, more likely to live alone, and are known to have higher mortality and morbidity after bypass surgery. Cognitive therapy has not been tested in this population, yet is very likely to be useful in this setting. It is a present-oriented, problem-focused approach and is very compatible with the therapeutic approach that nurses use.”
For many years, the focus in studies involving women with congenital heart disease was almost entirely on their survival. With advances in the care of these women, it's important also to address broader issues affecting the health of this population, including pregnancy and gynecologic health. Mary Canobbio, lecturer in the UCLA School of Nursing and clinical researcher at the Ahmanson Adult Congenital Heart Disease Center, is studying the outcomes of pregnancies in women surgically repaired for complex congenital heart disease (CCHD), such as transposition of the great arteries and tricuspid atresia. In addition, she has been examining the effects of cardiac transplantation and congenital heart disease on menstrual function.

As a result of Canobbio's studies in CCHD, a national pregnancy registry has been established. “The purpose of this registry is not only to report outcomes, but also to develop guidelines for clinicians to better advise their patients on the safety of becoming pregnant,” Canobbio explains. The database compiled in this registry for selected defects is the largest in the country.

Faculty aren’t the only ones conducting cardiovascular research at the UCLA School of Nursing. Doctoral students and a postdoctoral fellow, attracted by the school’s renowned cardiovascular research faculty, are involved in investigations of their own.

Ph.D. student Dorothy Tullman’s research interest is in the elderly, particularly those of lower socioeconomic status. She is working on a study examining an intervention to reduce delay in going to the hospital by patients experiencing symptoms of a heart attack. “As an ICU nurse, I have often seen the unfortunate results of those who delay too long in seeking medical help for MI symptoms,” Tullman says. She is currently collecting data in Kern County, a medically underserved area in California’s San Joaquin Valley. If the study shows that the intervention is effective, Tullman plans to follow her dissertation work with a similar study in a low-income, Hispanic population.

Jo-Ann Eastwood, now in her third year in the Ph.D. program, is examining health-related quality of life and its impact on recovery in women after coronary artery bypass surgery and coronary angioplasty. Her research also looks at the impact of uncertainty. “For anyone diagnosed with a disease, not knowing what the future holds is the biggest source of stress,” she notes. “That can have a physiological impact as well as a psychological one.” Eastwood, who has 25 years of experience in critical care nursing, is motivated by the fact that so little research has been done on cardiovascular disease in women. “Up until 10 years ago, females were typically excluded from clinical studies, and the results from studies of men were postulated to women for the purposes of diagnosis and treatment,” she notes. “Meanwhile, it came to light that women’s outcomes were much worse than men’s. We now know that cardiovascular disease runs a very different course in women.” Eastwood also hopes to shed light on the pros and cons of the two surgical treatments (coronary artery bypass and angioplasty) for women.

Dr. Lorraine Evangelista, a postdoctoral fellow at the school, was prompted to get her doctoral degree by her conviction that biobehavioral and psychosocial factors weren’t being addressed well enough by clinical trials. She is currently studying predictors of quality of life and compliance in women after cardiac transplantation. She is also pursuing funding for a study of the impact of social support on quality of life, both for pre-transplant patients and their caregivers. “We’ve found that social support is a strong predictor of quality of life before the transplant,” Evangelista says. “And we thought it was important to include the family, since by helping the significant others, we’re also helping the patient.”