39th Annual UCLA Multi-Campus Family Medicine

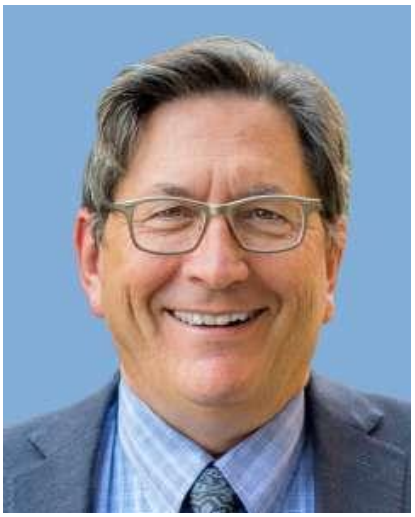
Research Day

May 10, 2023 The California Endowment, Los Angeles

Keynote Speaker

Steven Shoptaw, PhD

Leveraging Research to Shift Practice, Practitioners and Community



Sponsored by the UCLA Family Medicine Multi-Campus Research Committee

https://www.uclahealth.org/departments/family-medicine/research/research-day

Agenda

Faculty Development *(Morning Session)*

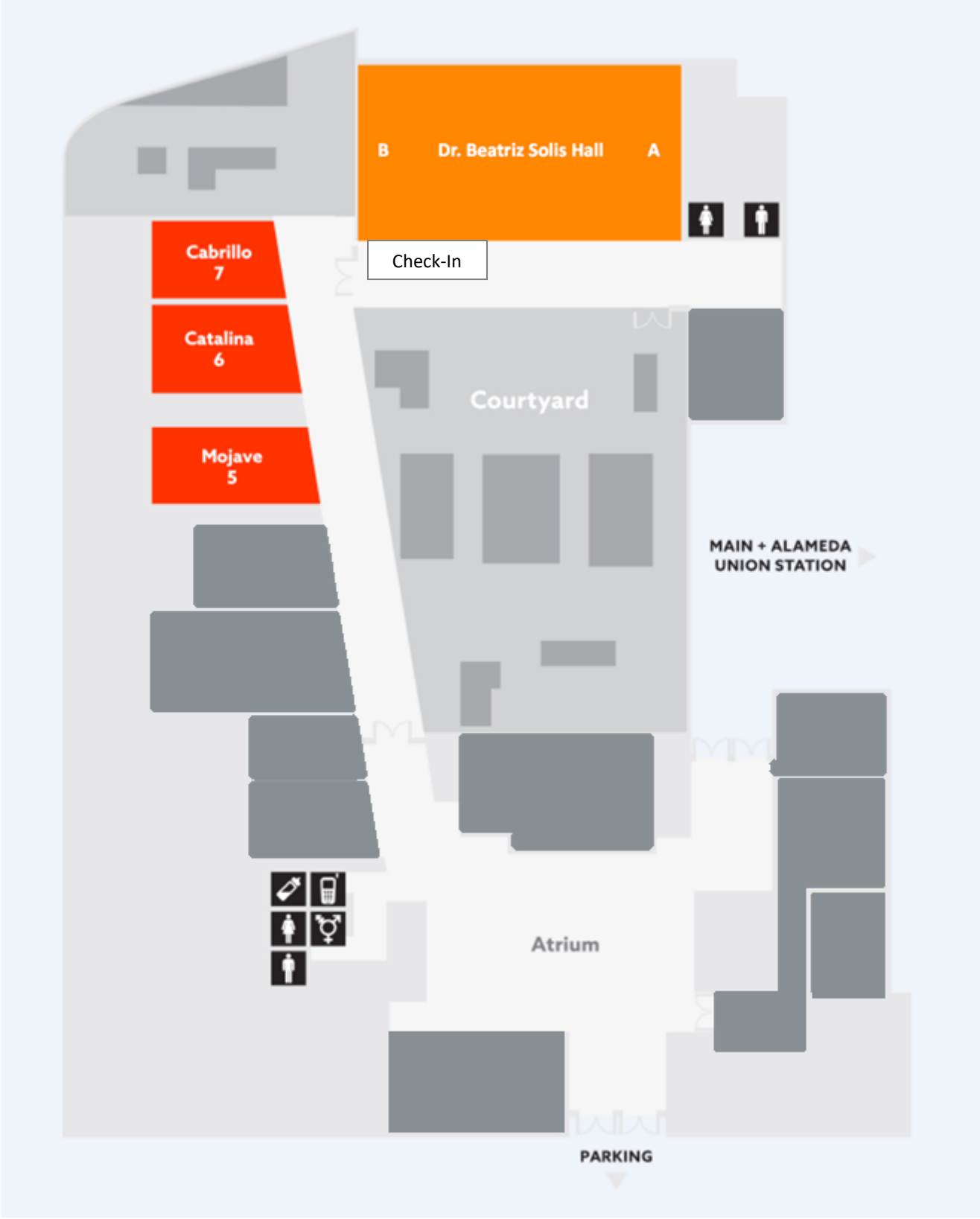
(Invitation Only)

Time	Location	Event
8:00AM – 8:30AM	Dr. Beatriz Solis Hall and Foyer	**Faculty Development Check-in, Breakfast, and Seating**
8:30AM – 11:30AM	Dr. Beatriz Solis Hall	Cross Residency Collaboration on Research or Scholarly Projects ACGME Changes and How to Make them Work Faculty Wellness

Research Day *(Afternoon Session)*

Time	Location	Event
11:30AM – 12:00PM	Dr. Beatriz Solis Hall and Foyer	**Research Day Check-in, Lunch, and Seating**
12:00PM – 12:05PM	Dr. Beatriz Solis Hall	**Introduction and Welcome** by Dr. Gerardo Moreno
12:05PM – 12:55PM	Dr. Beatriz Solis Hall	**Keynote**: Dr. Steven Shoptaw, "Leveraging Research to Shift Practice, Practitioners and Community"
12:55PM – 1:00PM	Dr. Beatriz Solis Hall	**Keynote Q&A**
1:00PM – 1:40PM	Cabrillo, Catalina, and Mojave	**Poster Session 1** At 1:10PM and 1:25PM: Abstract presenters will present 60-second oral summaries of their projects in each breakout room
1:40PM – 2:25PM	Dr. Beatriz Solis Hall	**Lectern Session 1** (Moderated by Dr. Bruno Lewin)
2:25PM – 3:05PM	Cabrillo, Catalina, and Mojave	**Poster Session 2** At 2:35PM and 2:50PM: Abstract presenters will provide 60-second oral summaries of their projects in each breakout room
3:05PM – 3:50PM	Dr. Beatriz Solis Hall	**Lectern Session 2** (Moderated by Dr. Monique George)
3:50PM – 4:00PM	Dr. Beatriz Solis Hall	**Closing Remarks** (by Dr. Parastou Farhadian) and Raffle Winners Announced

Map


B
Dr. Beatriz Solis Hall
A
Check-In
Cabrillo
7
Catalina
6
Mojave
5
Courtyard
MAIN + ALAMEDA
UNION STATION
Atrium
PARKING

About the Committee

Central to family medicine training programs is developing family physicians who will embody a number of specific virtues including: excellence in clinical medicine, patient-centered practice, and critical skills to maintain a practice consistent with evidence-based medicine. Scholarly activities, including research, foster a more active, individually-driven element in family medicine residencies. Research reflects the knowledge derived from working with primary care practice-based populations and is viewed as a key component of family medicine training, education, and practice. The UCLA Department of Family Medicine has a commitment to promoting research on important issues related to improving care provided to patients seen in family medicine and primary care settings. The UCLA Family Medicine Multi-Campus Research Committee was established over 39 years ago to help promote this commitment. Formed by the UCLA Department of Family Medicine and affiliated residency programs, the committee has held annual research forums to facilitate the exchange of scholarly activities among residency programs and highlight the creative work conducted by residents, fellows, faculty, staff, and medical students. This forum fosters the understanding that the pursuit of health demands an active engagement with one's community - a role of leadership with respect to a community of colleagues, of patients, and of the population at large.

UCLA Family Medicine Multi-Campus Research Committee Members:

Lisa Barkley, MD
Charles R. Drew University of Medicine and Science

John Cheng, MD
Harbor-UCLA Medical Center

Jesse Cheung, MD
Pomona Valley Hospital Medical Center

Parastou Farhadian, MD
Mission Community Hospital

Lillian Gelberg, MD MSPH
University of California Los Angeles

Monique George, MD
Kaiser Permanente Woodland Hills

Mandeep Ghuman, MD
Dignity Health – Northridge Medical Center

Tipu Khan, MD
Ventura County Medicine Center

Christopher Kuhlman, MD
Dignity Health – Northridge Medical Center

Bruno Lewin, MD DTMH
Kaiser Permanente Los Angeles

Verna Marquez, MD
Rio Bravo Family Medicine, Clinica Sierra Vista

Nathaniel McLaughlin, MD
Riverside County Medical Center

Aurelia Nattiv, MD
University of California Los Angeles (Sports Medicine)

Heather Schickedanz, MD
Harbor-UCLA Medical Center

Steven Shoptaw, PhD
University of California Los Angeles

Carol Stewart, MD
Rio Bravo Family Medicine, Clinica Sierra Vista

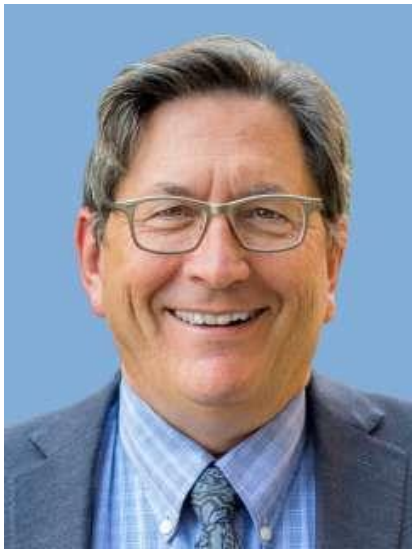
Denise Sur, MD
University of California Los Angeles

Laura W. Sheehan (Administrative Coordinator)
University of California Los Angeles

Keynote

(12:00pm – 1:00pm)

Leveraging Research to Shift Practice, Practitioners and Community



Steven Shoptaw, PhD

Dr. Steven Shoptaw is a licensed psychologist and Professor in both the Department of Family Medicine and the Department of Psychiatry and Biobehavioral Sciences at UCLA and serves as the Vice Chair for Research in the Department of Family Medicine. He is also Executive Director of the Center for Behavioral & Addiction Medicine (CBAM). For more than 25 years Dr. Shoptaw has conducted a series of clinical studies in community clinic settings, primarily on topics that involve development and testing of medical and behavioral interventions to treat substance abuse and to prevent the spread of HIV. He works with a broad spectrum of partners from university, government and community settings. In addition, he maintains a regular caseload of patients and provides training and mentorship to students and postdoctoral fellows. In his career, he has been Principal or Co-Investigator of more than 40 research projects, most funded by the National Institutes of Health. Dr. Shoptaw's experiences have shaped his agenda in the Department of Family Medicine to integrating addiction medicine into primary care settings, particularly those clinics that serve low-income patients.

POSTER SESSION 1

(1:00pm – 1:40pm)

Throughout the 40-minute Poster Session, we encourage attendees to visit all three break-out rooms to view all abstract and case report posters and ask questions of the authors. At 1:10PM and 1:25PM those presenting abstracts will provide 60-second oral summaries of their projects in each breakout room.

CABRILLO

ABSTRACTS

Relationship Between Gait Biomechanics and Injury in Adolescent Marathon Runners

Joseph Coppiano MD (1), Frances Tao MD MPH (1), Sydnie Vo MD (1), Kuan-Ting Chen (2), Nicholas J. Jackson PhD MPH (2), Nelson Boland MD (1), Summer Runestad ATC (3), Joshua Goldman MD MBA (1,3,4), Emily Miller MD (1,3,4)

(1) Division of Sports Medicine, Department of Family Medicine, University of California, Los Angeles; (2) Department of Medicine Statistics Core, David Geffen School of Medicine, University of California, Los Angeles; (3) Center for Sports Medicine, Orthopaedic Institute for Children (OIC)/UCLA

INTRODUCTION: Despite the growing popularity of adolescent distance running, little is known about biomechanical factors that increase injury risk. The aim of this study is to assess whether adolescent pre-marathon gait biomechanics can serve as predictors of running-related injury during marathon training.

METHODS: High school (HS) students participating in a marathon training group completed baseline gait analysis including drop jump Q-angle, hip drop and gait Q-angle . Injury data were collected through weekly surveys completed by subjects. A Welch's T-test was used with statistical significance determined at a $p<0.05$ to compare injured to non-injured runners.

RESULTS: 76 HS (36 male , 40 female, mean age 15.9) runners were recruited. 18.4% reported an injury. There was a statistically significant difference in the mean right-sided gait Q-angle in injured runners compared to non-injured runners (15.27 vs 12.66, p=0.01). The mean left-sided gait Q-angle trended higher in injured runners compared to non-injured runners (13.61 vs 12.76, p=0.366). There were no statistically significant differences in mean drop jump Q-angle or mean hip drop between injured and non-injured runners on either side.

CONCLUSIONS: The overall injury rate of 18.4% is similar to previously reported injury rates for adolescent marathon runners. A right-sided gait Q-angle greater than 15 degrees was associated with increased injury risk during a 28-week marathon training program. Drop jump Q-angle and hip drop angle were not associated with injury. A pre-season gait analysis may assist in assessing risk of running-related injury during a marathon training cycle.

Barriers to Enrolling Monolingual Spanish-Speaking Primary Care Patients in a Screening and Brief Intervention (SBI) to Reduce Risky Drug Use: Lessons Learned from the QUIT-Mobile Study

Leticia Cazares, MPH (1), Amanda Sirisoma (2), Cristina Batarse (1), Cristina Hernandez (1), Stephanie Sumstine, MPH (2), Melvin Rico (3), Dallas Swendeman, PhD, MPH (2), Lillian Gelberg, MD, MPH (1)

(1) Department of Family Medicine, David Geffen School of Medicine at UCLA, Los Angeles, California; (2) Department of Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine at UCLA, Los Angeles, California; (3) Charles R. Drew University of Medicine and Science

INTRODUCTION: QUIT Using Drugs Intervention Trial Mobile Study (QUIT-M) is a Screening and Brief Intervention (SBI) effectiveness-implementation to reduce moderate substance use among primary care patients of federally qualified health centers (FQHCs) in Los Angeles, the majority (80.5%) have incomes below 200% of the Federal Poverty Level (FPL) 64% are below 100% of the FPL, ~70% are Latinx and 36% uninsured. This analysis details barriers experienced in enrolling monolingual Spanish speaking patients in the study to identify efficient recruitment strategies.

METHODS: Patients with an upcoming primary care appointment are sent a mobile self-administered eligibility "pre-visit" screener with the WHO ASSIST to determine eligibility. QUIT-M consists of a PCP brief advice, telephone health coaching and weekly text message self-management support. Study assessments and materials are translated in Spanish and were reviewed to ensure cultural appropriateness.

RESULTS: Of the 9,132 patients who were sent a screener, 3096 completed it (34% completion rate) with a higher rate of non-response among Latinx patients. Of the 3,096 screened, 1,730 identified as Latinx (56%). The main reason for screening ineligible was reporting no drug use in lifetime (n=1274). Of 89 enrolled patients, 3 are monolingual Spanish speakers. Common themes identified via patient phone calls about lack of screener completion among Spanish speakers include 1) distrust and discomfort about discussing drug use; 2) patients becoming upset due to feeling insulted because they do not want to be seen as users given the stigma; 3) not knowing how to use smartphones beyond making phone calls.

CONCLUSIONS: Monolingual Spanish speaking patients are more likely to report no drug use in their lifetime, which led them to screen ineligible for the study. Distrust and discomfort with screening may be due to fear of reporting sensitive drug use or of drug-related questions being tied to medical record data and legal or social consequences. Developing a culturally sensitive screening process that includes presence of bilingual and bicultural staff that focus on destigmatizing reporting substance use.

Linguistic Barriers to Healthcare Access Among Asian and Pacific Islander Health Fair Attendees in Los Angeles

Hong-Ho Yang (1); Suraj Avinash Dhanjani (2); Shuchi Goyal (2); Kevin Zhang (2); Gilbert Gee (3); Burton Cowgill (3)

(1) David Geffen School of Medicine at UCLA; (2) UCLA; (3) Fielding School of Public Health, UCLA

INTRODUCTION: Given several policy changes and community efforts in California to address healthcare barriers, we studied whether linguistic disparities in healthcare access narrowed between 2011 and 2019 among a population of Asian and Pacific Islander American (APIA) health fair attendees in Los Angeles.

METHODS: We analyzed survey responses from APIA health fair participants (n=5032) in the Greater Los Angeles area between 2011-2019. Health fairs were hosted by UCLA APAMSA and APA Health CARE student groups. To assess the disparity in healthcare access between high English proficiency (HEP) participants and low English proficiency (LEP) participants, we conducted several multivariable logistic regressions with insurance rate and regular physician access as outcomes. In each model, an interaction term between English proficiency and year was treated as the primary independent variable of interest while controlling for participant baseline demographic and socioeconomic factors.

RESULTS: Health insurance access increased (aOR 1.33, 95% C.I. 1.29-1.37), and doctor access remained stable (aOR 1.00, 95% C.I. 0.97-1.03) throughout the study period; however, disparities in health insurance status widened by a factor of 1.08 (95% C.I. 1.02-1.14) per year between HEP and LEP participants. Participants with HEP were 2.02 (95% C.I. 1.68-2.45) times more likely to have a regular doctor than participants with LEP, and this disparity persisted from 2011 to 2019 (aOR 0.99, 95% C.I. 0.94-1.04).

CONCLUSIONS: While increases in healthcare access for health fair participants were seen between 2011-2019, discrepancies due to language barriers remained. Community interventions and policy changes targeting linguistic and cultural barriers to care for LEP APIAs are warranted.

Telehealth Use Among Adults with Limited English Proficiency in California

Ann M. Hernandez, MD, MPH (1,2), Gerardo Moreno, MD, MSHS (1)

(1) Department of Family Medicine at UCLA; (2) UCLA NRSA Primary Care Research Fellowship

INTRODUCTION: Telehealth is an emerging technology lauded for its potential to improve healthcare access and utilization. The use of telemedicine increased dramatically due to the public health emergency resulting from COVID-19. Prior to the pandemic, there were significant disparities in access to telehealth for patients with limited English proficiency (LEP). It is unclear whether disparities in telehealth access persisted for patients with limited English proficiency.

METHODS: We used data from the 2021 California Health Interview Survey to examine the association between limited English proficiency and telehealth use. The telehealth measure included telephone and internet. We performed bivariate comparisons across English-proficient respondents and respondents with limited English proficiency using chi-square analysis. Multivariable logistic regression was used to calculate the relative odds of telehealth use associated with English language proficiency. Our analysis controlled for age, sex, race/ethnicity, marital status, education, federal poverty level, education, insurance type, self-reported health status, and whether patients had a usual source of care.

RESULTS: This study included 24,453 adult respondents. A total of 1,268 respondents reported limited English proficiency. Bivariate analysis revealed that adults who reported LEP had lower rates of telehealth use compared to those who were English proficient (38.0% to 50%). The adjusted odds (AOR) of telehealth use were lower among adults with limited English proficiency compared to those who were English proficient (AOR 0.68, $p < 0.001$). Asian and Latino adults had lower adjusted odds of telehealth use compared to White adults (AOR 0.66, $p <0.001$; AOR 0.89, $p = 0.02$, respectively). Adults without a usual source of care also had lower adjusted odds of telehealth use (AOR 0.31, $p <0.001$).

CONCLUSIONS: The results of this study highlight that adults with limited English proficiency experience disparities in access to telehealth use even after controlling for socioeconomic factors, access to care, and self-reported health status. These findings reiterate that health systems and policymakers must consider the needs of communities with limited English proficiency as we move toward an era of healthcare delivery inclusive of digital health technologies.

CASE REPORTS

A Case of Postpartum Chest Pain: Spontaneous Coronary Artery Dissection

Harika Sandhu, DO (1), Amber Williams, DO (1), Jahandar Saleh, MD (2)

(1) Department of Family Medicine at Dignity Health Northridge Hospital Medical Center; (2) Department of Cardiology at Dignity Health Northridge Hospital Medical Center

INTRODUCTION: This report is of a 44 year old, 8-week postpartum female, with preeclampsia in pregnancy, found to have a spontaneous coronary artery dissection (SCAD). Pregnancy associated SCAD (PASCAD) comprises 5% of SCAD cases. PASCAD should be highlighted so clinicians hold an index of suspicion for this pathology as mortality is over 50% at presentation, calling for swift management. This case was unique since the SCAD continued to progress, highlighting key principles of management from expert opinion.

METHODS: Patient presented with chest pain, dyspnea, inferolateral ST depressions and elevated troponin. She was treated for acute coronary syndrome (ACS). Coronary angiogram showed a SCAD in a diagonal vessel off the LAD.

Patient was discharged with aspirin, Plavix, metoprolol, and statin. She returned one week later with chest pain and an anterolateral STEMI. ACS protocol was pursued. Coronary angiogram showed extension of the SCAD from the diagonal vessel to LAD. Medical management was pursued, with nitroglycerin drip for chest pain and serial EKGs. Acute ischemic EKG findings resolved over the next four days, so patient was again discharged with optimal medical therapy. Patient returned six weeks later with similar symptoms after having run out of medication, but EKG was unchanged from discharge. Levothyroxine for subclinical hypothyroidism was given. CTCA could not exclude persistent dissection, but ischemic symptoms resolved after resuming medications, so patient was discharged.

DISCUSSION: SCAD's etiology is not well understood, but is likely a result of patient vulnerabilities such as an arteriopathy or rarely hormonal changes like pregnancy, like this case. Literature shows that SCAD patients fare better with medical treatment as opposed to PCI, to avoid risking propagation of SCAD. This case presented a unique challenge in decision making, as this patient's SCAD progressed. Ultimately, medical therapy was still favored over PCI due to resolving ischemic signs and symptoms after medication. The family physician's role in SCAD management is to recognize that this may be a forme fruste of a vascular disease, so it is crucial to screen these patients for arteriopathy with imaging from brain to pelvis and an aortopathy panel to prevent additional vascular pathology.

Fibular Fracture – Delayed Union or Non-Union

Bernadette Pendergraph, MD (1); Joseph Chin, MD (1); Julian Navarro, ATC (2)

(1) Harbor-UCLA Department of Family Medicine; (2) Cal State University, Dominguez Hills

INTRODUCTION: Ankle injuries are common in sports and timely return to sports depends on multiple factors including early recognition, initiation of treatment, and monitored progression back to play. An athlete's understanding of their injury and buy in for time off sports is critical to assist in their healing process. This case demonstrates the challenge of an athlete trying to get back to sports leading to the diagnosis of a fibular nonunion fracture.

METHODS: 22-year-old male Division II baseball player fractured his distal right fibula after an eversion injury when backpedaling. Although he was recommended to use a long leg walking boot for 4 weeks, he was seen in the training room 4 months later for persistent pain and admitted to inconsistent use of the boot. His right ankle exam showed lateral soft tissue swelling, normal ankle motion, and tenderness at the distal third of the fibula. His anterior drawer and tibia-fibular compression tests were negative. Repeat xrays showed a mildly displaced oblique distal fibular shaft fracture. Given persistent fracture and pain, CT was obtained showing nonunion of the oblique fracture of the lateral malleolus. He was evaluated by orthopedics who recommended continued protected weight bearing and rehab. Although his x-ray showed continued fracture with minimal callus, his pain continued to improve, and he was able to tolerate up to an hour of training and playing without pain.

DISCUSSION: This is an unusual mechanism of injury as the player did not have blunt trauma to the leg. Fractures to the shaft of the fibula are generally treated nonoperatively and may weight bear as tolerated. Most patients have union within 6-8 weeks. However, due to lack of medical compliance and non-weight bearing status of the fibula, this patient had prolonged non-union. Plating and bone grafting may be considered in these cases. Isolated distal fibular fractures with less than 2mm of displacement and no deltoid or syndesmosis ligament injuries have excellent results. Mortise involvement and talus displacement may warrant reduction and surgical fixation. Asymptomatic non-unions treated conservatively may spontaneously heal years after initial injury.

A Case of Severe Status Asthmaticus Requiring Intubation, Permissive Hypercapnia, Permissive Dialysis

Lawrence Rouben, MD; Barbara Ackerman, PhD

Mission Community Hospital

INTRODUCTION: Status asthmaticus occurs when the disease progresses resulting with respiratory failure due to severe airflow obstruction. The primary challenge for a pulmonary/critical care clinician is to provide optimal pharmacological therapy with ventilation support and avoid dynamic hyperinflation. The role of mechanical ventilation is supportive and average duration is 3 days. This unique case presents an adverse pattern of respiratory failure requiring intubation for 2 weeks, proceeding to tracheostomy.

METHODS: 48-year-old female presents with asthmatic exacerbation to the emergency room (ER). She was tachycardic, hypoxic and lethargic. Her ABG showed severe respiratory acidosis with a pH of 6.970, paCO2 124.0, paO2 350.0 on 15L mask with FiO2 of 100%. Patient required intubation in the ER then transferred to the ICU on mechanical ventilation. Urine toxic screen positive for amphetamines. She received high doses of methylprednisolone, bronchodilators every 4 hours and continued to have prolonged expiratory wheezing refractory to treatment. She required permissive hypercapnia with a bicarb drip due to respiratory acidosis and severe hypercapnia. She developed acute and anuric renal failure requiring dialysis. Peak airway pressures reached 60 and chest Xray suggested left pneumothorax. After 14 days of mechanical ventilation with heavy sedation and permissive hypercapnia on a bicarb drip, she underwent tracheostomy. She was discharged to SNF once weaned to a T piece and decannulated to home.

DISCUSSION: Studies have revealed that status asthmaticus patients have a mortality rate of up to 22%. Status asthmaticus patients have many complications that impact morbidity and mortality rates, however the majority survive with careful ICU management. Patients requiring mechanical ventilation are at risk for other comorbidities including MI, renal failure, pneumonia, and sepsis. Our patient presented with a medical history of asthma and amphetamine toxicity. Her clinical course required prolonged intubation including tracheostomy/PEG placement. Her course was complicated by barotrauma, acute renal failure requiring hemodialysis, and critical care myopathy. This case illustrates how asthma exacerbations can lead to severe mortality/morbidity and emphasizes the importance of asthma maintenance.

Diagnosis and Management of West Nile Virus in an Endemic Region of Central California: A Case Series

Su M. Hlaing, M.D. (1), Arian Ashrafi (2), Saakshi Dulani (3), Nicole Nikolov (2), Kajal Patel (2), Verna Marquez, M.D. (1)

(1) Rio Bravo Family Medicine Residency Program, Bakersfield, California; (2) Ross University School of Medicine, Bridgetown, Barbados; (3) Western University of Health Sciences, Pomona, California

INTRODUCTION: West Nile Virus (WNV) is a mosquito-borne infection with presentations ranging from self-limited fever to severe neuroinvasive disease. This paper explores the diverse presentations of WNV infection encountered by a group of family medicine practitioners and elucidates the approach to managing each case. Given the variation in manifestation, this report describes the clinical features, diagnostic workup, management, and outcomes of a breakout of WNV infection in a region in Central California.

METHODS: This case series reports the clinical features, diagnostic workup, management, and outcomes of four middle-aged patients with WNV infection from June to October 2022. The patients presented with mild to severe symptoms, including lethargy, sepsis, and meningoencephalitis. The most common symptoms among them were high fever, headache, dizziness, and some form of altered mentation. The past and ongoing medical history of these patients ranged from not having any known conditions to alcohol abuse, uncontrolled diabetes, hypertension, multiple toe amputations, chronic kidney disease, cholelithiasis, and coinfection with coccidioidomycosis. Workup included imaging, serological assays, and cerebrospinal fluid analysis. Treatment consisted of glucocorticoids and supportive care. After treatment, the patients' symptoms ranged from complete resolution to ongoing neurological deficits.

DISCUSSION: For the cases of this report, initially, WNV infection was not highly ranked in the differential diagnoses due to not being endemic to the region. Because when the diagnosis was made, patients were already having improvement of symptoms with conservative measures, the diagnoses did not change the immediate plan of care for them. However, earlier diagnosis could have given a better picture of the prognosis that the patients and the medical team would be encountering and would have led to better use of diagnostic resources. This case series highlights the importance of

considering West Nile Virus as a differential diagnosis in Central California and the need to formulate a clinical approach to management to allow for early intervention and prevent long-lasting effects of the infection.

CATALINA

ABSTRACTS

Barriers to Substance Use Disorder Treatment for Asian American Pacific Islanders in California

Warren T. Yamashita, MD, MPH (1); Jessica A.S. Wang, MD, MPH (2); Yelba Castellon-Lopez, MD, MS (3)

(1) Department of Family Medicine, Psychiatry, Addiction Medicine, Stanford University, Palo Alto, California, USA; (2) Department of Family Medicine, University of California Los Angeles, Los Angeles, California, USA; (3) Department of Medicine, Cedars-Sinai

INTRODUCTION: Ethnic minorities face specific barriers related to cultural and societal influences that make accessing SUD treatment even more challenging. In the Asian American and Pacific Islander (AAPI) community, perceptions such as the "model minority myth (MMM)" place additional shame on those who experience mental health and substance use disorders and prevent them from seeking care. Our goal is to better understand the barriers and facilitators to accessing SUD services among AAPI patients with SUD with an emphasis on culturally specific barriers.

METHODS: We conducted semi-structured qualitative interviews with patients at the Asian American Drug Abuse Program, a non-profit organization with over 50 years of experience providing SUD services to the AAPI community in Los Angeles. Eligibility criteria included self-identifying as AAPI, history of at least on SUD, and at least 18 years of age. Open-ended questions included topics such as treatment barriers related to being a member of the AAPI community, and factors that contributed to seeking, maintaining, and successfully completing SUD treatment. We analyzed data using thematic analysis and standard qualitative data methodology.

RESULTS: We conducted n = 20 semi-structured interviews. We are currently in the process of analyzing study data and interviews. Preliminary results include coding for themes related to barriers to care, perceived ideas of SUD both specific and non-specific to the AAPI cultural context, and co-morbid concurrent psychiatric needs.

CONCLUSIONS: Given what we know about the disproportionate impact of SUD in the AAPI community, it is imperative SUD treatment options include culturally-informed programs to promote easier access to earlier treatment. Mental health and addiction care providers should be informed about cultural barriers that may influence access to services in the AAPI community in order to provide culturally informed care tailored to address these barriers.

Assessing and Addressing Substance Use Disorder Stigma in a Family Medicine Clinic

Clay Thibodeaux, MD; Danny Lee, MD; Jonathan Diaz, MD; Leah Miller-Lloyd, MD; Thomasina Blackwater, MD

Harbor-UCLA Medical Center

INTRODUCTION: Addiction is a treatable chronic medical condition, but significant stigma surrounding people who use drugs often prevents this vulnerable group from accessing care. Indeed, of the 19.7 million people in the U.S. with substance use disorders (SUD), only 7.7% seek treatment. Educational initiatives have demonstrated efficacy in reducing stigma among healthcare professionals. Our study aims to expand this growing research body by assessing areas of discomfort towards SUD in a primary care clinic and implementing targeted learning interventions.

METHODS: The Drugs and Drug Problems Perception Questionnaire (DDPPQ) is a 29-item validated tool used to evaluate confidence and attitudes toward providing care to people who use drugs. In February 2023, we administered this

voluntary survey to all staff (resident/attending physicians, nurses, pharmacists, administrators, etc.) at the Lomita Family Health Clinic, which serves a predominantly low-income population in Los Angeles County. The results identified gaps in knowledge and comfort surrounding SUD among staff and will inform the development of a clinic-wide stigma reduction curriculum, the effectiveness of which will be evaluated through post-intervention DDPPQ administration.

RESULTS: Preliminary results (N=38) show the following response rate by staff roles: 61% medical, 18% support services, 11% nursing, 10% other. A majority of staff views addiction as treatable (76%) and regards people who use drugs (PWUD) favorably (73-84%). Staff generally understand SUD causes (52-79%) and can recognize signs in patients (60-65%). However, in addressing the needs of PWUD, only 38% and 53% felt comfortable providing long-term counseling and applying harm reduction, respectively. 50% of staff felt successful in their work with PWUD while 37% were ambivalent. On an organizational level, most staff felt that leadership (81%), physical space (78%), and resources (66%) supported PWUD.

CONCLUSIONS: Overall, staff at the Lomita Family Health Clinic reported comfort with and appreciation for PWUD as well as a working understanding of SUD. Despite these generally positive attitudes, staff expressed more ambivalence toward the success of their work with PWUD. They felt less confident in advising, counseling, and applying harm reduction to address SUD. Based on this baseline data, we aim to create a clinic-wide educational intervention that focuses on these practical treatment strategies.

Embedded specialty clinics in FPC: an experience at KPWH with Dermatology, Minor Surgeries/Procedures, Gynecology and Sports Medicine

Kathleen Dor, MD and Monique George, MD

Kaiser Permanente Woodland Hills Family Medicine Residency

INTRODUCTION: Over several years we developed specialty clinics within Family Medicine to improve resident education, patient continuity and access within specialty departments. Our specialty departments are very enthusiastic about primary care managing more complex conditions and performing more procedures. We took advantage of this to develop a business model to create several specialty clinics within Family Medicine.

METHODS: Over 12 years we created 5 separate specialty clinics within the Family Medicine department: Dermatology, procedures (sebaceous cyst/lipoma removal, joint/soft tissue injections, ingrown toenail removal, IUD placement, Nexplanon placement and removal, and endometrial biopsy), circumcision clinic, gynecology clinic and sports medicine clinic. The patients are all scheduled with residents and are supervised by Family Medicine faculty (sports, circumcision, procedure clinic) or specialty faculty (dermatology, gynecology clinic). We accept referrals from all departments in the medical center. Most of our referrals come from Family Medicine, Internal Medicine, Urgent Care and Pediatrics.

RESULTS: Our specialty clinics have a good utilization rate. For example, our sports medicine clinic had an 81% utilization rate with a 4% referral rate to orthopedics. Our residents see a variety of pathology, for example in dermatology, 54% of the presentations are for a skin lesion and 46% are for a rash. A biopsy was performed on 73 % of patients and 6% of patients required a follow up in the FM dermatology clinic. Most of the visits in the FM dermatology clinic were for benign reasons: SK (12%), AK (6%), atopic dermatitis (3%), acne (2%), BCC (5%), alopecia areata (2%), lichen simplex chronicus (2%). All of our specialty clinics continued to see in person visits during the COVID-19 pandemic.

CONCLUSIONS: Studies have shown that a physician's familiarity with a diagnosis reduces their chance of referring patients to specialty care. By providing residents with longitudinal specialty care exposure throughout their residency and full spectrum family medicine practice in their clinic, we believe they will become more confident managing common complaints independently and place less referrals to specialty departments when practicing in their own clinic.

Regular Physician Access and Obesity Status among Underserved Asian and Pacific Islander American Health Fair Attendees in Los Angeles

Hong-Ho Yang (1); Suraj A. Dhanjani (2); Won Jong Chwa (2); Christine Wells (2); Jeffrey Do Huynh (2); Linh Nhat-Doan Vo (2); Heather Noel-Chien Chou (2); Burton Cowgill (3)

(1) David Geffen School of Medicine at UCLA; (2) UCLA; (3) Fielding School of Public Health

INTRODUCTION: Prior literature has suggested that regular check-ups and preventative care are not traditional cultural norms in the Asian American community, and many would refrain from seeking care unless their health conditions required medical attention. With data from health screenings conducted in Asian American ethnic enclaves in Los Angeles over the past decade, we assess the relationship between regular physician access and obesity status among an underserved Asian American community.

METHODS: We analyzed objectively measured percent body fat (%BF) and survey responses from participants screened between 2011 and 2019. We performed a multivariable multinomial logistic regression model with obesity category as the outcome variable and regular physician access as the primary independent variable of interest, while controlling for insurance status and a wide range of important demographic and socioeconomic factors.

RESULTS: A total of 4102 participants were included in analysis. The study population primarily consisted of Chinese, Korean, Thai, low-income, and middle-aged individuals with limited English proficiency. More than two-thirds of all participants had a %BF in the overweight or obese range. Analysis revealed that regular physician status was independently associated with poorer obesity status (aOR 95% C.I.=1.03-1.58), even after controlling for insurance status, age, sex, ethnicity, income, education level, employment status, and English proficiency.

CONCLUSIONS: The highlighted association may suggest that those with poorer obesity status were more inclined to visit physicians regularly. Hence, regular care was likely not utilized as a means of preventative care and was sought when necessitated by already deteriorating health condition. Interventions with emphasis on cultural competency, language services, and health education are needed to initiate sustainable promotion in preventative care utilization among this understudied community.

CASE REPORTS

Presentation and Management of Concomitant West Nile Encephalitis and Acute Alcohol Withdrawal

Nicole Nikolov, BS, Cheyenne McKee, BS, Sacha Scott, BS, Eric Zamora, MD, Amardeep Chetha, MD, Gagan Kooner, MD, and Hector Arreaza, MD

Rio Bravo Family Medicine Residency Program

INTRODUCTION: West Nile Virus (WNV) is a vector-borne disease that is typically spread through infected mosquitoes. Most people infected with WNV are asymptomatic, while about 20 percent develop acute fever characteristic of West Nile Fever. In less than one percent of cases, infection with WNV can present as neuroinvasive disease, a rare but severe manifestation. This case report describes a unique case of West Nile Encephalitis (WNE) confounded by acute alcohol withdrawal and delirium tremens.

METHODS: A 56-year-old male field worker with a past medical history of uncontrolled diabetes, hypertension, chronic kidney disease, hyperlipidemia, and alcohol use presented to the emergency department with multiple episodes of vomiting, fever, and intractable hiccups. The patient was admitted for symptoms consistent with systemic inflammatory response syndrome. Blood and urine cultures were negative, and brain CT and MRI were unremarkable. Following these results, the patient continued to deteriorate and presented with new onset altered mental status (AMS), including confusion, lethargy, generalized weakness, slurred speech, headache, tremors, and hallucinations. The etiology of the patient's AMS was unclear at the time but was thought to be related to acute alcohol withdrawal or encephalitis due to an

infectious process. Further investigations revealed concomitant WNE and delirium tremens. The patient was discharged after fourteen days following resolution of his neurological symptoms.

DISCUSSION: The goal of this report is to raise awareness of the diagnosis and management of an atypical presentation of WNE in the setting of acute alcohol withdrawal. WNE and acute alcohol withdrawal present with many overlapping clinical features and radiographic findings, making it difficult to identify the two disease processes when they present simultaneously. A high suspicion for WNV disease, particularly in immunocompromised patients or those with comorbid conditions in endemic regions, is needed for prompt and accurate diagnosis. This case highlights the importance of thorough history-taking and of considering less common etiologies, such as West Nile Virus, in the differential diagnosis.

Are You Okay? No, I'm Tight…

Neel Kotrappa, MD (1); Yatna Patel, MD (2); Nikita Gettu, DO (3)

(1) Harbor-UCLA/Team to Win Sports Medicine Fellowship; (2) Harbor UCLA, Department of Family Medicine; (3) Eisenhower Health Family Medicine Residency Program

INTRODUCTION: Brachial or cervical cord neuropraxia (CCN) typically presents as upper extremity post-traumatic neurologic symptoms. Dysesthesia, paresthesia and weakness can occur following axial loading while the neck is in flexion or extension, and resolve within a few minutes. Cervical stenosis, however, can predispose athletes to recurrent episodes. Given the lack of official guidelines for return to play in recurrent neuropraxia or cervical stenosis, this decision must be individualized to the patient.

METHODS: A 17-year-old wide received presented to clinic give weeks after direct trauma to the head and neck during a game. He experienced weakness and paresthesia in both upper extremities extending to the mid-forearm, with complete symptom resolution over the next few minutes. Initial XR and CT imaging was negative. During the previous season, he also an episode with similar symptoms, however involving both upper and lower extremities.
In our clinic, he had normal musculoskeletal and neurologic exams of the neck, shoulder and upper extremities. MRI demonstrated congenital short pedicles and C3-7 central canal stenosis, increased T2 signal at C2-4, suggesting myelopathy. After evaluation by two neurosurgeons, he was cleared from a surgical standpoint. The patient and family demonstrated appreciation of the increased risk of recurrent symptoms and catastrophic spinal cord injury. With this understanding, he was given medical clearance for contact sports without restriction.

DISCUSSION: Although improved protective equipment and updated tackling rules have resulted in an overall reduction in catastrophic spinal cord injuries, CCN is estimated to occur at least once in 50-65% of collegiate football athletes. The spinal canal-to-vertebral body ratio, or Torg ratio, can assess severity of spinal stenosis and predict recurrence of CCN (53% in cervical stenosis). A Torg ratio < 0.8 indicates significant cervical stenosis and increased risk of neurologic injury, but is not predictive of catastrophic injury.
Recent survey-based consensus statements have outlined general guidelines for return to play (RTP) in patients with normal imaging. Due to medicolegal implications, patients with cervical stenosis continue to challenge RTP management at all levels of athletics.

Metastatic Hepatocellular Carcinoma as a Cause of Shoulder Pain

Nahid Molaie, MD; Olisemeka Okafor, DO; Bernadette Pendergraph, MD

Harbor-UCLA

INTRODUCTION: Hepatocellular carcinoma (HCC) is the most common type of primary liver cancer. The highest occurrence rate is in individuals with chronic liver disease leading to cirrhosis, especially from chronic hepatitis B or C, significant chronic alcohol use, and nonalcoholic fatty liver disease. HCC commonly metastasizes to the lungs, lymph nodes, adrenal gland, and bones. The best outcomes occur with early recognition.

METHODS: 75-year-old right hand dominant male with history of diabetes, hypertension, hyperlipidemia, and chronic kidney disease presented with atraumatic right shoulder pain. X-rays revealed osteoarthritis of the acromioclavicular joint. He was treated with topical diclofenac and osteopathic manipulation. Because his pain progressed over the next 2 months with thenar and deltoid atrophy, MRI of the shoulder and cervical spine were ordered. Results demonstrated degenerative disc disease, partial supraspinatus tear, and partially visualized right chest wall mass with axillary lymphadenopathy. Follow up CT revealed a large upper lobe mass 8 cm x 5 cm that crossed the chest wall into the scapula, large liver mass, satellite nodules to the liver, left adrenal gland, L5 vertebral body, and left rib, and bulky right axillary and retroperitoneal lymphadenopathy. An ultrasound guided core liver biopsy showed moderately differentiated hepatocellular carcinoma, clear cell type.

DISCUSSION: Careful chart review is necessary in challenging cases where patients may underrepresent their symptoms. Our gentleman did not complain about his constitutional symptoms of decreased appetite and 18 kg weight loss and his initial evaluation focused on his shoulder pain. It was not until the MRI of the shoulder visualized an eroding mass into the scapula that he was diagnosed with metastatic disease. Although he had risk factors for fatty liver disease, hepatocellular carcinoma was a surprising diagnosis. Because of his significant comorbidities of chronic kidney disease, advanced age, and stage IV cancer, he was not a candidate for many chemotherapeutic agents and was ultimately initiated on palliative chemotherapy.

Anti-NMDA receptor encephalitis secondary to bilateral ovarian teratomas

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RUHS/UCR Family Medicine Residency

INTRODUCTION: Anti-NMDA receptor encephalitis is a form of autoimmune encephalitis occurring in approximately 1 in every 1.5 million people every year. Anti-NMDA receptor encephalitis presents with a variety of psychiatric, behavioral, and neurologic symptoms. Herein, we report a unique case of a 16-year-old female presenting with new onset seizures, dysautonomia, and auditory hallucinations determined to have anti-NMDA receptor encephalitis secondary to bilateral ovarian teratomas.

METHODS: A 16-year-old female, previously healthy, presented with new onset seizure and abnormal behavior, including dysautonomia and auditory hallucinations. Initial labs and CT head were unremarkable. An underlying psychiatric cause was ruled out. Lumbar puncture was performed and was negative for bacterial or viral encephalitis/meningitis including HSV, however, showed the presence of NMDA-R antibodies. MRI brain showed hyperintensity and diffusion restriction of bilateral cingulate gyrus and insula. EEG showed 10-16 generalized seizures every hour. The patient was started on corticosteroids. CT abdomen and pelvis was performed to evaluate a paraneoplastic cause and showed bilateral ovarian masses and a laparoscopic bilateral ovarian cystectomy was performed. Pathology showed bilateral ovarian teratomas with mature brain parenchyma present in the right. Following the procedure, the patient's symptoms gradually improved, and they were discharged home with follow up with pediatric neurology.

DISCUSSION: Although a rare disease, it is important to consider anti-NMDA receptor encephalitis as a potential cause of new onset psychiatric, neurological, and behavioral changes in a young adult female. If suspected, further workup should be performed to identify the underlying cause, likely HSV infection or tumor. Appropriate management of underlying causes will lead to complete resolution of symptoms.

"I Cannot Walk In Heels" - Isolated Left Foot Weakness In An Otherwise Healthy Female

Faisal Merchant, DO

Kaiser Permanente Los Angeles Medical Center

INTRODUCTION: 43-year-old female with no significant past medical history who presents with left foot weakness. Patient reports symptoms started 10 years prior with weight gain associated with pregnancy. States first noticed symptoms when she was unable to walk in high heels. She states she is currently walking with a limp due to weakness in her left foot and feeling off-balance. She endorses pain in her left calf if she walks greater than 1 hour.

METHODS: Left gastrocnemius atrophy. No tenderness to palpation over fibular head, medial or lateral gastrocnemius. No tenderness to palpation over lateral malleolus/medial malleolus/base of 5th MT, navicular, Achilles tendon. No tenderness to palpation over ATFL, CFL, PTFL, deltoid ligaments. Full AROM and PROM. Ankle dorsiflexion 4+/5, ankle plantar flexion 4/5, Ankle eversion 4/5, ankle inversion 4+/5. Knee and hip flexion and extension 5/5 bilaterally. Sensation intact to light touch over lower extremities bilaterally, symmetric. DP pulse 2+ symmetric. Thompson negative. Unable to perform single leg heel raise. Poor balance on single leg squat. SLR negative. Seated slump negative. Gait unsteady. MRI Lumbar spine, no contrast: Lobulated CSF intensity spinal arachnoid cyst measuring 10 x 3.4 x 16 cm is located in the dorsal region of the lower thoracic spine causing anterior displacement of the thecal sac and the distal thoracic cord. No compression fracture, epidural, or paraspinal mass.

DISCUSSION: Spinal arachnoid cysts are rare and poorly understood spinal lesions. Adult spinal arachnoid cysts are mostly asymptomatic and discovered incidentally. In most cases, no underlying cause is established however they can develop from arachnoid adhesions following trauma and inflammatory or infectious causes. If adhesions are present, they can form a 1-way valve entrapping circulating CSF leading to the formation of the arachnoid cyst and displacement of the spinal cord seen on MRI or CT myelography. Management is typically conservative including serial imaging however symptomatic cysts can be treated with surgical excision, fenestration, marsupialization, shunting or combination of techniques.

MOJAVE

ABSTRACTS

Urgent Care Didactics Can Increase Resident Readiness for Urgent Care

Odalmy Molina-Rivera, MD

Department of Family Medicine at Kaiser Permanente Woodland Hills

INTRODUCTION: There are a variety of clinical scenarios that are more commonly seen in an urgent care setting versus a primary care setting. The aim of this project was to both assess residents' knowledge base on clinical scenarios more commonly and uncommonly encountered in an urgent care setting as well as to assess their confidence levels in managing those conditions.

METHODS: Three separate lecture series were created centered on challenging presentations based on common clinical conditions and uncommon clinical conditions seen in the urgent care. A pre-survey and post-survey was administered to residents assessing comfort level in managing animal bites, impaled wounds/foreign bodies, acute ENT concerns, ingrown toenail removal, incision/drainage of abscesses and paronychia management. Residents were also asked knowledge based questions in the management of uncommon presentations. A paired t-test was used to determine whether there was statistical significance in pre-survey and post survey results.

RESULTS: A total of 13 residents completed a pre-test and post-test survey. There was a statistically significant improvement in exam scores and with comfort level scores in management of impaled wounds, management of animal bites, paronychia management, incision and drainage of abscesses, ingrown toenail and ring removal but not with acute ENT concerns as a whole class. When the data was analyzed per residency year, however, there was statistical significance in comfort level ratings for first year residents in managing acute ENT concerns only. Exam scores were statistically significant for first year and third year residents but not in the second year class.

CONCLUSIONS: Didactics such as the urgent care series can be beneficial in uncovering knowledge gaps and strengthening comfort levels prior to starting new rotations as evidenced by statistically significant results. The absence of hands-on simulations for the procedures covered was identified as one of the limitations of the study. Despite this limitation, the residents overall found it helpful to have dedicated learning time to cover clinical scenarios that are not commonly seen in primary care settings.

Determination of Average Pediatric ACEs and Related Life Events (PEARLS) Score Among Pediatric Patients at Dignity Health-Northridge Family Practice

Dina Al-Rabadi, DO; Dr. Colleen Warnesky, Psy.D.; Pamela Davis, MD

Dignity Health-Northridge Medical Center

INTRODUCTION: Adverse Childhood Events are traumatic events experienced before the age of 18 and have been linked to chronic health and mental conditions. The Pediatric ACEs and Related Life-events Screener is a validated tool for identifying patients at high risk for adverse health outcomes but is not yet implemented as standard of care at Northridge Family Practice for annual pediatric physical exams. This study aims to determine the average PEARLS score among pediatric patients at Northridge Family Practice and provide community resources to those at risk.

METHODS: The study will run from 10/01/2022 to 04/01/2023 and will enroll eligible participants aged 0-17 years old during their annual physical exam. Patients aged 18 or above will be excluded. Parents/guardians will complete a PEARLS questionnaire in a private room, and physicians will review it during the visit to identify patients with a score of 3 or higher. These patients will receive community resource handouts and a follow-up visit will be scheduled within two months. The questionnaires will be collected, and relevant data (age, sex, score) will be entered into a password-protected Excel sheet. The study will calculate the average PEARLS score and percentage of patients with each score.

RESULTS: During the period of 10/01/2022-04/01/2023, a total of 162 PEARLS questionnaires were administered to pediatric patients aged 0-17 years old as part of their annual wellness exams. The results show that the average PEARLS score was 1. Additionally, the breakdown of scores was as follows: 41.98% of patients scored 0, 45.68% scored 1, 6.17% scored 2, 1.23% scored 3, and 4.94% scored 4 or higher.

CONCLUSIONS: The PEARLS questionnaire is a validated and valuable tool to identify high-risk pediatric patients. During the study period, 5% of pediatric patients screened had a high-risk score. Northridge Family Practice primarily serves a low-income population. Previous studies on ACEs have shown that this patient demographic has a higher incidence of ACEs. Early intervention was possible by providing community counseling resources and follow-up with primary care physicians to educate families on ACEs.

Medium Rare Burnout: Family Medicine Residents At Stake

Ereni Katsaggelos, MD MS; Frances Tao, MD MPH; Anita Wong, MD

UCLA Family Medicine Residency Program

INTRODUCTION: Physician, and particularly resident, burnout has long been a problem and has been exacerbated by the COVID-19 pandemic. The Maslach Burnout Inventory-Human Services Survey (MBI-HSS) is a 21-item validated tool used to measure burnout among healthcare workers. The MBI-HSS is divided into 3 constructs: emotional exhaustion, depersonalization, and personal achievement. We hypothesized that residents who did not feel well supported by their program, did not have a strong social network, and did not exercise regularly would have higher burn out.

METHODS: We created a modified version of the MBI-HSS using 9 available items (3 questions for each burnout construct) and pairing the questions with a 5-point Likert scale. Family Medicine (FM) residents at UCLA completed demographic and burnout surveys. Total burnout scores were calculated. We conducted descriptive and statistical analyses

(T-tests, Pearson's correlation, ANOVA) of survey results as applicable, setting Î±= 0.05 as our level of significance. For statistically significant results on ANOVA tests, we completed Pairwise post hoc testing using the Bonferroni correction.

RESULTS: 30 out of 36 UCLA FM residents participated (11 PGY1, 10 PGY2, 9 PGY3). Average burnout scores were 22.73 (PGY1) vs 25.80 (PGY2) vs 26.44 (PGY3). Pearson's correlations were weak between residency burnout scores vs perceived faculty support, co-resident support, social network, and exercise levels. There were no statistical differences in burnout scores between males vs females, white vs non-white vs non-white residents, U.S. vs international medical graduates, PGY1 vs PGY2 vs PGY3 groups, or those who recently completed an inpatient vs outpatient rotation. There was a statistical difference in burnout scores between white PGY1s and white PGY3s with white PGY3s having higher burnout scores.

CONCLUSIONS: Overall residents had moderate burnout levels (maximum burnout score of 45, minimum burnout score of 9). There was not a strong correlation between burnout score and faculty support, co-resident support, social network, or exercise levels. The one statistical difference we found was burnout between white PGY1 residents and white PGY3 residents, with white PGY3 residents being more burnt out. One limitation was our small sample size. We'd like to expand our research to other residency programs.

UCLA Family Medicine Residency Program, Inaugural Intern Bootcamp: A QI Project

Banuelos Mota, Andrea, MD, MPH*, Clemens, Christal, MD*, Gomez, Kathy, MD*, Thomas, Alexandria, MD, MS*, Sur, Denise MD*

Department of Family Medicine, University of California, Los Angeles; *All listed authors contributed equally

INTRODUCTION: Transitioning from a medical student to a doctor is difficult. In Family Medicine, we are posed with the challenge of training in various specialties while learning how to manage a busy continuity clinic. In addition, residents learn to navigate multiple healthcare systems and their respective electronic medical records. These challenges create a steep learning curve for interns, which inspired the 2024 intern class to create the UCLA Family Medicine Residency Intern Boot Camp to help transition incoming interns from medical school to residency.

METHODS: The curriculum was created with the goal of sharing high-yield information for incoming interns. Importantly, the boot camp also created space for class bonding before starting residency. The 3-day curriculum included overviews of rotations and continuity clinics, how to use each electronic medical record, procedure training, tours of the hospitals/clinics, reviewing common clinic pathologies, and introductions to the other residents and faculty. The class of 2025 was the first group to participate in the bootcamp. Interns were administered a pre- and post- survey, using Google Forms and sent via email, to assess the efficacy and areas of improvement of the bootcamp.

RESULTS: Twelve interns participated in the boot camp, and we obtained a 100% response rate for both the pre and post surveys. In the pre-survey, 41.7% of respondents stated that they strongly disagreed with the statement "I have a general plan/understanding for my pre-rounding". Whereas in the post survey, 0% of respondents stated that they strongly disagreed. In the pre-survey when asked if they felt well prepared to start intern year, 0% of respondents stated that they agreed or strongly agreed. Whereas, in the post survey, 38% of respondents stated that they agreed or strongly agreed. The post survey showed that 85% of interns agreed or strongly agreed that they felt well connected to their class.

CONCLUSIONS: Overall, the bootcamp met its goals of connecting the incoming intern class and preparing them for their residency rotations. Many expressed their gratitude for being prepared for the expectations of each rotation and creating a bond with their fellow residents. Moving forward, the bootcamp leaders will modify the curriculum based on their experiences and survey results. The goal is for the bootcamp to evolve with each class to better cater to the incoming intern class's needs.

CASE REPORTS

Gartner Duct Cyst in Pregnancy Posing as Inevitable Abortion: A Case Report.

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UCLA-Rio Bravo Family Medicine Residency Program, Bakersfield California

INTRODUCTION: Gartner duct cysts are remnants of the mesonephric that form as a result of the dilatation of an imperfectly obliterated mesonephric duct. They are typically benign, small with an average diameter of 2 cm, asymptomatic and rarely seen in adulthood. When present in pregnancy, the main stay of treatment is surgery for large and symptomatic cysts. We describe the case of a 35-year-old G4P3 who presented at our clinic with a Gartner duct cyst masquerading as inevitable abortion at 8 weeks gestation.

METHODS: Our patient was a 35-year-old G4P3 Hispanic lady who presented at our clinic for hospital discharge follow up after been diagnosed with inevitable abortion at 8 weeks gestation. Patient had presented to the ER of another facility complaining of intermittent mild sensation of pressure in her vagina. Pregnancy test was positive and following evaluation, she was diagnosed with inevitable abortion. However, upon presentation at our clinic, vaginal examination revealed a large purple mass in the vagina. Cervix was closed and patient had no signs of active bleeding. A transvaginal US was done which confirmed a viable intrauterine pregnancy at 8 weeks, and the presence of a mass in the posterior vagina. Patient was referred to MFM for specialist evaluation and she was determined to have a Gartner duct cyst originating from the vaginal vault posterior to the cervix. It was agreed that the most appropriate course of treatment was expectant management.

DISCUSSION: Gartner duct cysts have been reported in studies to mimic vaginal prolapses/cystoceles. While cases in these studies presented in third trimester, our patient presented at 8 weeks, masquerading as an inevitable abortion. Evaluation with a vaginal exam and transvaginal ultrasound confirmed a Gartner duct cyst. Surgical excision remains the mainstay of treatment for symptomatic and large cysts. The decision to manage our patient expectantly was made as patient's symptoms were not unrelenting with cyst shrinkage as pregnancy advanced. Salete et al in a 2016 case series report say this can be a safe option for asymptomatic patients. We recommend that Gartner duct cyst be considered as a differential in patients presenting in early first trimester with symptoms suggestive of inevitable abortion.

Recurrent Cardiac Syncope: Don't Miss the Echocardiogram Findings!

Nadeem Albadawi, D.O.; Jesse Cheung, M.D.; Jose Ramos, M.D.; Maria Christina Tolentino, D.O.

Pomona Valley Hospital Medical Center Family Medicine Residency Program

INTRODUCTION: Restrictive cardiomyopathy is a broad classification of heart disease characterized by severe diastolic dysfunction, increased ventricular wall thickness and ejection fraction. Etiologies include infiltrative/inflammatory etiologies (amyloidosis, hemochromatosis, eosinophilic infiltration, sarcoidosis), treatment related cardiotoxicity, and genetic diseases. We present a 63-year-old male with orthostatic hypotension refractory to fluid resuscitation, midodrine, and fludrocortisone.

METHODS: A 63-year-old male presented with progressively worsening shortness of breath and dizziness, diagnosed with heart failure one month prior by echocardiogram. The patient reported multiple episodes of syncope with fatigue and dizziness upon standing. He was found to have persistent orthostatic hypotension that continued despite fluid boluses, midodrine, and fludrocortisone. A repeat echocardiogram showed infiltrative cardiomyopathy. Cardiology recommended a multidisciplinary approach with endocrinology, nephrology, pulmonology, rheumatology, hematology-oncology. Renal biopsy confirmed Amyloid Light Chain (AL) Amyloidosis. Patient was planned for induction treatment followed by consolidation with aggressive chemotherapy regimen and bone marrow transplant at tertiary care center, with the goal of possible heart transplant as heart failure was worsening. Unfortunately, the patient expired from complications of the disease process before treatment could significantly alter his course.

DISCUSSION: AL Amyloidosis is systemic disorder that can present with proteinuria, edema, hepatosplenomegaly, unexplained heart failure, and carpal tunnel syndrome. Diagnosis requires presence of amyloid-related systemic syndrome, demonstration of amyloid fibrils in affected organs (kidney, liver, abdominal fat pad, bone marrow), evidence of light chains in urine/serum, and of monoclonal plasma cell proliferative disorder. Treatment addresses cardiac and multisystem involvement. Loop diuretics with aldosterone antagonists are the mainstay of treatment for cardiac amyloidosis. Many patients are not suitable for heart transplant due to multi-system involvement. Systemic treatment involves administration of chemotherapy and/or autologous stem cell transplantation.

The Mad King or the Myxedema Madness?

Jan Giang L. Nguyen, MD; Heidi Pang, DO

Mission Community Hospital, Department of Family Medicine

INTRODUCTION: Myxedema coma is a rare medical emergency with a high mortality rate of 30 to 50% [1,2,3,4]. However, hypothyroidism affects almost 5% of Americans older than 12-years-old [5]. Our case is a patient who frequented the emergency department (ED) with chronic medical problems; he had prior admissions for substance abuse, assaultive behavior, and acute psychosis that masked his severe hypothyroidism leading to myxedema crisis. TSH is simple and cost-effective for early detection and treatment.

METHODS: 54-year-old male with history of substance abuse, schizophrenia, and homelessness presented to ED after being found obtunded at fire station seeking shelter. In the ED, he was found to be hypothermic and hemodynamically stable. On exam, he had erythema and induration over the suprapubic area and right lower extremity; Glasgow Coma Scale of 10 with incoherent speech and flat affect. Laboratory findings: leukocytosis with bandemia, elevated liver enzymes, hyponatremia, and hypochloremia. Toxicology positive for methamphetamines. He was admitted for suprapubic and right leg cellulitis superimposed with right leg deep vein thrombosis and acute toxic metabolic encephalopathy. He continued to have labile blood pressures with bouts of bradycardia, persistent hyponatremia, and developed thrombocytosis. He remained lethargic despite treatment. TSH was ordered and myxedema coma suspected given TSH of 259 and he was transferred to the ICU for IV T4 therapy. On day 2 of T4, his mentation improved.

DISCUSSION: On arrival, the patient's life-threatening concerns were sepsis, hypothermia, and encephalopathy. When the lethargy and associated persistent hyponatremia did not resolve with fluid resuscitation or salt tablets, nephrology was consulted and TSH ordered. In the acute inpatient setting, evaluating the patient for life-threatening treatment versus addressing all possible underlying cause is paramount. It is often difficult to divert from anchoring bias in patients with frequent emergency room visits and multiple comorbidities. In our case, diagnosis of myxedema crisis was missed due to the history of substance abuse disorder, schizophrenia, and difficulty in obtaining history. This case stressed the importance of TSH as basic workup when evaluating for acute encephalopathy.

LECTERN SESSION 1

(1:40 – 2:25pm)

An analysis of the relationship between mental and medical health: correlation of required pharmacologic agents in diabetic patients with mood disorders

David Chen, DO and Cindy Yang, MD

Dignity Health - Northridge Medical Center

INTRODUCTION: Diabetes and depression are prevalent conditions that increase the risk for cardiovascular disease. Overall, the odds of mood disorders are double in patients with diabetes compared to those without. Hemoglobin A1c values are elevated in patients with depression compared to those without mood disorders. While it is established that the coexistence of mood disorders can worsen the disease severity of diabetes, it is unclear if mood disorders complicate glycemic control, requiring more pharmaceutical agents to control hyperglycemia.

METHODS: We conducted a chart review of patients diagnosed with diabetes in the last two years. Patients were excluded if they were determined to have uncontrolled diabetes. Patients diagnosed with any mood disorder or those who had a documented PHQ-9 or GAD-7 questionnaire were included in the mood disorder cohort. Medications were reviewed and patients were assigned 1 point for each diabetes medication, proportionally scaled to percent of max dosage. These were added to create a composite score representing the total pharmaceutical agents thought to be required to achieve consistent control of hyperglycemia in each particular patient, with higher scores corresponding to greater medication usage.

RESULTS: A total of 188 patients met criteria for inclusion based on diagnosis of diabetes and A1c suggestive of satisfactory control of hyperglycemia. 64 (34%) were selected for inclusion in the cohort with mood disorder. On average, those without symptoms of mood disorders had a composite medication score of 1.051, 95% CI [0.876, 1.226] while those with symptoms had a score of 1.217, 95% CI [0.975, 1.457]. Compared to the cohort of patients with controlled diabetes without symptoms of a mood disorder, the cohort of patients with controlled diabetes with symptoms of a mood disorder did not have significantly higher utilization of pharmaceutical agents ($p=0.14$).

CONCLUSIONS: Patients with symptoms of mood disorders do not appear to require more intensive medical therapy in order to reach hemoglobin A1c levels for adequate control. While mood disorders can influence stressors that can affect the body's regulation of blood sugar, this does not appear to impact pharmacological requirements to control hyperglycemia. There is no evidence to suggest that more aggressive pharmacotherapy is required if patients present with symptoms of a mood disorder.

Family Medicine Resident and Faculty Knowledge, Attitudes, and Practices Regarding the Vaccine Adverse Event Reporting System (VAERS): Cross-Sectional Survey

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(1) Department of Family Medicine, David Geffen School of Medicine at UCLA; (2) Department of Family Medicine at Kaiser Permanente Los Angeles; (3) Department of Research and Evaluation, Southern California Kaiser Permanente

INTRODUCTION: Vaccine Adverse Event Reporting System (VAERS) reporting is mandatory for select adverse events following vaccination and encouraged for all significant events. Studies have shown that serious adverse events are

underreported, yet information is lacking on family medicine trainee and residency faculty knowledge of and practices regarding reporting requirements.

METHODS: A cross-sectional survey of Family Medicine residency faculty and resident physicians from 9 Southern California residency programs was conducted at the UCLA Multicampus Research Forum in May 2022. The residency programs surveyed include UCLA, UCLA-Harbor, Charles Drew, Dignity Health Northridge, Kaiser Permanente Los Angeles, Kaiser Permanente Woodland Hills, Pomona Valley, UC Riverside, Ventura, and Rio Bravo. Outcomes included awareness of VAERS, training in VAERS, reporting practices for witnessed serious adverse events, and a knowledge check of events that are mandatory to report.

RESULTS: 45 faculty and 63 residents completed the survey. 91% of faculty and 73% of residents had heard of VAERS, yet only 13% of faculty and 26% of residents received training. Of those who knew of VAERS and seen a serious adverse event, 71% of faculty and 46% of residents had filed a report. In the knowledge check, over 90% correctly identified multisystem inflammatory syndrome and anaphylaxis as requiring mandatory reporting. However, 96% incorrectly noted that any serious adverse event after vaccination requires mandatory reporting. Most respondents also incorrectly stated vasovagal syncope (70%) and shoulder injury after vaccine administration (64%) does not require mandatory reporting.

CONCLUSIONS: Despite overall high awareness of VAERS, few faculty and resident physicians have received training on filing VAERS reports and documentation of adverse events is sub-optimal. Also, there are knowledge gaps for vaccine adverse reaction reporting requirements. Training family medicine faculty and residents on mandatory VAERS reporting requirements could increase reporting of adverse events, which is vital to studying vaccine safety and building public trust in safe vaccine administration.

Perspectives of Clinical Staff on the Impact of Social Prescribing in a Community-Based Family Medicine Teaching Clinic

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Department of Family Medicine at Harbor UCLA

INTRODUCTION: Social Prescribing is a referral to community sevices to combat social isolation and loneliness and thereby improve mental health. Studies have demonstrated the benefits of Social Prescribing to mitigate the negative impact of social determinants of health. This project aims to 1) assess staff's understanding and opinion about Social Prescribing, 2) educate staff about its' importance, and 3) identify resources and tools to longitudinally implement this in Lomita Family Medicine Clinic, which predominantly serves patients who are low income.

METHODS: Lomita clinic staff, including attending/ resident physicians, mid-level providers, nursing staff, clerical staff and clinical work staff, will be asked to participate in a pre-survey to assess their knowledge, skills, and attitudes about Social Prescribing. Research team will make a presentation about the definition and the importance of Social Prescribing during an all-team weekly clinic operation meeting. A post-survey will be conducted after presentation. Pre and post-survey data will be quantitatively and qualitatively analyzed to assess for potential changes to staff's understanding and perspectives about Social Prescribing.

RESULTS: We hypothesize that there will be both quantitative and qualitative changes in Lomita clinical staff's familiarity, knowledge about, and potential implications of Social Prescribing to patients' holistic health. We hypothesize that clinical staff will have an improved understanding of the importance of social factors, such as isolation and loneliness, as a determinant factor of patients' overall wellbeing.

CONCLUSIONS: Educating the Lomita staff about Social Prescribing will enhance staff's awareness of the importance of Social Prescribing with the goal to develop a comprehensive Social Prescribing screening and referral workflow and compile a relevant and accessible list of local age-specific resources to combat social isolation and loneliness. The

intended outcome of this work is to improve the quality of care provided to vulnerable elderly patients experiencing social isolation and loneliness.

Shorter procedure time of ultrasound guided intrauterine device insertion compared to the traditional method

Na Young Sung, MD, Sally Wonderly, MD, Verna Marquez, MD

Rio Bravo Family Medicine Residency Program-A UCLA-Affiliated Family Medicine Residency Program

INTRODUCTION: The fear of pain during intrauterine device (IUD) insertion is one of the reasons patients are reluctant to choose IUD as contraceptives. Several attempts to reduce the pain have been tried including ultrasound (US) guided IUD insertion. An uncomfortable and painful pelvic exam and uterine sound can be placed by measuring uterine size and shape with transabdominal US. We aim to investigate if US-guided IUD insertion can decrease the time and pain compared to traditional IUD insertion with pelvic exam and uterine sound at family practice clinic.

METHODS: This prospective study was approved by Clinica Sierra Vista IRB. A total of 50 IUD insertion cases at Clinica Sierra Vista East Nile Community Health Center were enrolled. Patients were randomly selected for US-guided or traditional IUD insertion. US-guided group had IUD insertion under transabdominal ultrasound guidance without uterine sound and traditional group had procedure after uterine sound without US. 3 cases were excluded: one case was done by a resident who had no experience and a dilator was used in two cases. The procedure time of IUD insertion was measured. The pain was assessed after the procedure by 11-point numerical rating scale: 0 is no pain and 10 is worst imaginable pain.

RESULTS: A total of 47 patients were analyzed: 25 patients in the US-guided IUD insertion group and 22 patients in the traditional IUD insertion group. There were no differences in age, obstetrics history, and BMI between the groups. In the US-guided group, 40.0% (10/25) had a history of IUD, and 36.4% (8/22) in the traditional group (P=0.065). The procedure time of IUD insertion with US-guide was significantly shorter than traditional IUD insertion (364.73 ± 176.13 vs 291.44 ± 4.27, P=0.033). However, the pain scale was not different between the groups (US-guided and traditional, 4.58 ± 3.01 vs 3.73 ± 2.69, respectively, P=0.161). The procedure time was not correlated with pain (r=-0.086, P=0.572).

CONCLUSIONS: Our study showed that transabdominal US guidance during IUD insertion can decrease the time of the procedure. However, the pain related to the procedure is the same as traditional IUD insertion.

POSTER SESSION 2

(2:25 – 3:05pm)

Throughout the 40-minute Poster Session, we encourage attendees to visit all three break-out rooms to view all abstract and case report posters and ask questions of the authors. At 2:35PM and 2:50PM those presenting abstracts will provide 60-second oral summaries of their projects in each breakout room.

CABRILLO

ABSTRACTS

East and Southeast Asian American Clinical Trial Participation: A Systematic Review of Barriers and Facilitators

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INTRODUCTION: Clinical trials are critical for improving healthcare. Yet racial and ethnic minority populations, particularly Asians, are under-represented in clinical trials conducted in the United States. Therefore, there is a need to better understand barriers and facilitators of clinical trial participation of Asian patients living in the United States. This study seeks to elucidate characteristics and attitudes of East and Southeast Asian Americans associated with clinical trial participation.

METHODS: Two independent reviewers conducted a systematic review of literature in PubMed, Web of Science, and CINAHL between 1990 and March 1, 2023, searching for terms related to: "clinical trial" AND (“participation” OR “enrollment”) AND ("Asian" OR "Cambodian" OR "Chinese" OR "Filipino" OR "Hmong" OR "Japanese" OR "Korean" OR "Lao" OR "Thai " OR "Vietnamese"). We included original studies using either quantitative or qualitative research methods and studies involving people from East and Southeast Asia. We excluded studies conducted outside of the USA.

RESULTS: Of 653 articles screened, 12 met inclusion criteria. Studies included 9 qualitative, 1 survey, and 2 mixed-methods studies. The most commonly reported barriers to clinical trial participation include language barriers, lack of time, and mistrust in the government and healthcare providers. Some participants misunderstood the role of clinical trials and feared experimentation. Commonly reported motivators/facilitators of participation included potential benefit to the community and future generations, recommendations by trusted individuals, clear communication by their physicians and research personnel, and recruitment by someone who spoke their language or was from their culture.

CONCLUSIONS: This systematic review of the literature found that East and Southeast Asian individuals in the United States have barriers to clinical trial participation that can be potentially mitigated through recruitment by people who speak the same language or have the same culture. Researchers can promote clinical trial participation through greater attention to the characteristics of clinical trial recruiters and clear communication of the clinical trial process and safety risks posed to participants.

A Cross-Sectional Study on Perceptions Regarding COVID19 Vaccination Among Pregnant Patients

Zhang, Ruixuan Jenny., Lev, Diana A

Dignity Health Northridge Family Medicine Residency

INTRODUCTION: Pregnant women infected with SARS-CoV-2 infection are more likely to develop complications of pregnancy, severe illnesses, require hospitalization, and death. Despite increasing evidence that vaccination remains the primary method of preventing severe COVID19 illness and efforts to increase access to vaccines, vaccination rates among pregnant patients remain low. The goal of this study is to elucidate sociocultural barriers that contribute to COVID19 vaccination hesitancy during pregnancy. In doing so, healthcare providers may be more successful

METHODS: Eligible participants will be pregnant patients (menarche - 45 years age) regardless of their gestational age, recruited by clinic medical assistants, LVNs to voluntarily complete an anonymous survey. An informed consent will be attached. This will be a cross-sectional study, for which survey data will be analyzed using a Chi Square Test to correlate sociocultural determinants of patients' perceptions of COVID19 vaccination during pregnancy. For the power of study to be 0.8, and statistical significance level (alpha) of 0.05, I need to obtain at least 174 completed surveys.

RESULTS: Pending final data collection

CONCLUSIONS: I hypothesize patients of lower socioeconomic status, lower education level, and those who seek non-medical media outlets regarding COVID19 vaccinations are less likely to choose to be immunized against COVID19 during their pregnancy. Additionally, patients who receive physician-led conversations regarding COVID19 vaccines during their prenatal care are more likely to receive COVID19 immunization during their pregnancy. Pending final data collection.

Medical Education Outcomes for the PRIME-LA Program for Underserved Communities

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(1) Department of Family Medicine at UCLA; (2) UCLA NRSA Primary Care Research Fellowship; (3) UCLA Addiction Medicine; (4) PRIME-LA at UCLA David Geffen School of Medicine

INTRODUCTION: The Program in Medical Education in Leadership and Advocacy at UCLA (PRIME-LA) prepares physicians to be leaders and advocates in clinical care, research, or policy for underresourced and marginalized communities. The PRIME-LA program graduates medical students with an MD, a master's degree in public health, public policy, or business administration and skills that prepare future physicians for California communities. The objective of this study was to examine medical education outcomes for PRIME-LA graduates compared to non-PRIME-LA graduates.

METHODS: The Association of American Medical Colleges administers a Graduation Questionnaire (GQ) annually to medical students graduating from accredited US medical schools. We conducted a secondary data analysis of GQ responses from PRIME-LA graduates and non-PRIME-LA graduates at UCLA between 2018 to 2022. Data were deidentified and merged prior to analysis. Differences in frequencies between students' intention to practice in underserved areas and to care for underserved populations were assessed using Fisher's Exact test. Differences in frequencies between students' participation in mentorship, health education, and activities related to health disparities were assessed using chi-square analysis.

RESULTS: Our study included a total of 72 PRIME-LA graduates and 144 non-PRIME-LA graduates. A higher proportion of PRIME-LA graduates reported an intention to practice in underserved areas compared to non-PRIME-LA graduates (90.0% vs. 59%, $p < 0.001$). Intentions to care for underserved populations were also higher among PRIME-LA graduates compared to non-PRIME-LA graduates (95.8% vs. 74%, $p < 0.001$). A greater proportion of PRIME-LA graduates participated in mentorship activities compared to their non-PRIME-LA counterparts (83.6% vs. 56.9%, $p < 0.001$) and in experiences related to health disparities (94.5% vs. 84%, $p = 0.027$). The most common specialty of PRIME-LA graduates is family medicine

CONCLUSIONS: Mission-based medical education programs are essential to addressing the physician workforce needs of underserved and marginalized communities in California. The PRIME programs prepare students with additional skills

and training to address the clinical, policy, and research needs of California communities. The University of California Office of the President has newly invested in funding for PRIME programs at all UC medical campuses.

CASE REPORTS

When recurrent headaches get more complicated: Reversible vasoconstriction syndrome

Erika Cristina Monterroza, MD

Harbor UCLA

INTRODUCTION: Reversible cerebral vasoconstriction (RCVS) is a clinical and radiologic syndrome that occurs when there is dysregulation in cerebral tone, causing thunderclap headache and associated nausea, vomiting, photophobia and focal neurological deficits. The key feature of RCVS, the segmental arterial vasoconstriction typically seen on Head/Brain MRA or CTA, may be absent early in the course of the disease requiring that clinicians involved must have a high index of suspicion.

METHODS: 41-year-old woman who initially presented to the emergency department with 3 months of severe headache, nausea, dizziness and photophobia. Of note, the patient has a history of depression and was on an SSRI (Sertraline) and hypertension with severe pressures at time of presentation. MRI brain w/out contrast demonstrated ventriculomegaly secondary to supratentorial hydrocephalus. She then had an endoscopic third ventriculostomy performed and was discharged home two days later. patient proceeded to have 8 -10 separate Emergency Department visits (half of which resulted in hospital admissions) over the course of 10 months with the same presentation despite trialing multiple anti-migraine/anti emesis treatments. She would present similarly with 2-7 days of intractable nausea and vomiting, PO intolerance with severe migraine with associated dizziness and photophobia. In between which patient would be asymptomatic, with her symptoms lasting 2-5 days after which they would self resolve.

DISCUSSION: Although the treatment for this syndrome primarily is supportive it is important to have high clinical suspicion for the condition in order to avoid unnecessary treatments and diagnostic studies that may cause harm. For example, treatment with glucocorticoids may often exacerbate symptoms and lead to worse prognosis in patients with this syndrome. In this case, the patient's MRA did not demonstrate signs of vasoconstriction. However, it did demonstrate ischemic disease and angiopathy which may be consistent with this condition. As this condition may be more common than is demonstrated in the literature, it should always be considered when a patient experiences severe thunderclap or migraine like headaches that persist for several days associated with other neurological symptoms.

Case Report: Buprenorphine Initiation for Chronic Pain in Primary Care

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Addiction Medicine, Department of Family Medicine at UCLA

INTRODUCTION: Buprenorphine provides a safer alternative for treating chronic pain conditions given its unique pharmacological profile as a partial mu agonist. It offers adequate analgesia without significant risk of respiratory depression and it has low abuse potential. However, some clinicians remain intimidated about starting the medication for patients receiving opioids. In this case report, we highlight the process of buprenorphine induction, expected clinical course and follow- up in primary care.

METHODS: This is a 58-year-old female with chronic radicular back pain after a motor vehicle accident. She had previous back surgeries that initially were helpful but the effects faded over time. At the time of presentation to the Addiction Medicine clinic, she was receiving 30mg of Oxycodone daily with a Fentanyl 37 mcg/hr patch which she had started tapering from 100 mcg/hr months prior. Yet, she found that her pain control was inadequate. She also had a desire to decrease her opioid burden, however she had difficulty finding another pain management doctor to prescribe fentanyl

patches. Thus using a simplified protocol we transitioned her from her current regimen of full mu opioids to buprenorphine using the micro-induction framework over the course of 3 days. She tolerated the process without evidence of precipitated withdrawal. When she returned to the clinic, she was able to first wean off the Fentanyl patches and eventually off the Oxycodone during the induction.

DISCUSSION: This case highlights the ease of transitioning patients on full mu agonists to buprenorphine in a primary care setting. It also shows that buprenorphine can be a safer alternative in treating chronic pain. The advantages of the buprenorphine initiation protocol in this case are that providers can start it right away, patients do not need to wait for moderate withdrawal symptoms, and patients can take their previous pain medicines until they are on an adequate dose of buprenorphine. We hope that this will break down some barriers for clinicians and patients to start using this life saving medicine more often.

Persistent Groin Pain not to be Missed

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INTRODUCTION: Adolescent sports participation has numerous benefits. Thus, with an impetus for participation the increase in sports-related injuries is foreseeable. In growing athletes, we must consider a special category of injuries. This case depicts an athletic 13-year-old with a delayed presentation of a Sprinter's fracture. The astute clinician must be cognizant of the injuries of adult counterparts and understand the effects of the growing musculoskeletal system on growth plates, apophyses, and joints.

METHODS: 13-year-old healthy male presents with 6 weeks of groin pain. He plays soccer year-round and runs cross country. During a soccer match, the patient reports a pulling sensation after taking a shot with his left foot. Suddenly, he experienced sharp pain and a lump along the anterior thigh. Subsequently, he was able to weight-bear and continued to play albeit with persistent pain. Acutely, was seen in the community and referred for care. Vitals, Skin, Neurovascular: normal. Hip: Flexion 110 degrees, Strength: 4+/5 pain limited. Tenderness to palpation: AIIS, distal to the Sartorius origin, and lateral to public symphysis, FABER tender at AIIS, Stinchfield normal. XR at Injury Reported normal. MRI Pelvis no contrast (at 6 weeks)-Subacute trabecular fracture of the left anterior inferior iliac spine. XR (at 10 weeks)-Irregular contour of left anterior inferior iliac spine consistent with healing avulsion fracture. XR (at 16 weeks)-Healing left anterior inferior iliac spine avulsion fracture

DISCUSSION: This case unveils one of six types of pelvic apophyseal avulsion fractures. Avulsion fractures of the pelvic apophyses are rare and due to the stress of a fierce contraction. Approximately 3-5% of all sports injuries occur at the groin region. These injuries most often occur in adolescents aged 14-17 with predilection for males in kicking sports. These may be misdiagnosed for soft tissue injuries. Thus, a precise clinical history and exam is key. Imaging modalities are often needed for confirmation and should be available to correlate. Clinically stable patients are treated non-operatively with rest, NSAIDS, and physical therapy. Activity is progressed until cleared for competition. Guidance is provided regarding complications such as overuse injuries and femoroacetabular impingement.

The Treatment and Prevention of Nonfatal Dog Bites and Maulings of Rough-Sleeping Homeless People in California: One Patient's Perilous Journey

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(1) Rio Bravo Family Medicine Residency: a UCLA-Affiliated Training Program, (2) California State University - Bakersfield, (3) Clinica Sierra Vista, (4) Western University of Health Sciences

INTRODUCTION: This case report reviews the journey of a 42-year-old unsheltered homeless man with near-fatal dog bites on his upper and lower extremities. He was brought to the ED after a bystander called EMS and was found to be hypotensive and hypothermic. Plastic surgery performed multiple surgeries, but given the severity of his injuries, he was recommended for transfer to HLOC. Given his unstable living situation, the patient left AMA and our Street Medicine team assumed care of his surgical wounds.

METHODS: A 42 year old male presented to our Street Medicine Outreach team with multiple severe wounds after a dog attack 2 weeks earlier. Patient had left the hospital days earlier due to concerns that his dog would be put down as he had been hospitalized and away from his dog, that he would rather "be sick and die" than lose his dog. The patient reports he was walking along some train tracks -without his dog- when he was attacked by two dogs. He reported he was able to use his bicycle tire to protect his neck, chest and abdomen. Therefore, he sustained the majority of his wounds to his upper and lower extremities. After discharging AMA, our team took over care of his severe wounds on a weekly basis in the Kern Riverbed. We used the supplies we had available on our truck to clean his wounds and treated him with antibiotics twice over the course of 8 weeks for concerns of infection. We educated him on proper wound care and provided him with supplies to change his dressings daily.

DISCUSSION: In 2021, our Street Medicine team saw 14 patients over 29 encounters for dog bites and in 2022, we saw 24 patients over 30 encounters for dog bites. No previous research has focused on the treatment and prevention of dog bites among the rough-sleeping homeless population despite the significant risk stray dogs present to them. Our interventions stand to enhance the quality of life and care among rough-sleeping homeless populations at risk of dangerous sequelae from dog bites. This case report demonstrate the need to reduce the incidence of dog attacks as well as how to treat minor to severe dog bites among the rough-sleeping homeless population. More research is needed on ways teams can impact and improve the lives of unsheltered homeless populations who are at-risk for dog attacks.

CATALINA

ABSTRACTS

A Novel Curriculum for LGBTQ+ Health Care in Family Medicine Residency Training

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INTRODUCTION: LGBTQ+ patients have historically been marginalized within the field of medicine and face significant health disparities including increased rates of substance use, mental health disorders, infectious diseases such as HIV and other STIs, and decreased access to preventive health care. Many patients cite a major barrier is limited availability of providers who are medically and culturally competent in LGBTQ+ care. By improving training of Family Medicine providers, we can provide these patients access to routine, effective, and compassionate care.

METHODS: A pre-survey was submitted asking UCLA Family Medicine residents what their current exposure to LGBTQ+ health care in residency thus far and how prepared they feel providing LGBTQ+ health care. When this pre-survey was initiated, the UCLA Family Medicine residency had no formal curriculum on LGBTQ+ health care. We then implemented an intervention in the form of a clinical rotation at the UCLA Gender health clinic as well as pioneering UCLA's Family Medicine's LGBTQ+ Health Track. The track includes a longitudinal clinic experience, monthly didactics, and elective rotations. We then submitted a post-survey asking residents their level of preparedness related to providing LGBTQ+ health care.

RESULTS: 22/36 residents responded to the pre-survey asking about interest, exposure, and preparedness in LGBTQ+ health care. A year later after implementation of the LGBTQ+ curriculum, a post-survey was submitted with 26/36 residents responding. When asked how interested residents are in getting more training in LGBTQ+ health, the average

score increased from 3.8 in the pre-survey to 4.4 in the post-survey. When asked how much exposure residents had to LGBTQ+ health, the average score increased from 1.4 in the pre-survey to 2.3 in the post-survey. When asked how prepared residents feel in caring for LGBTQ+ patients, the average score increased from 1.2 in the pre-survey to 2.8 in the post-survey.

CONCLUSIONS: By introducing a LGBTQ+ health curriculum, our analysis shows an increase in interest, exposure, and preparedness in residents in LGBTQ+ health care. LGBTQ+ medicine is a rapidly evolving field and it is important for Family Medicine residencies to grow and adapt with it. Residency programs would benefit from a comprehensive curriculum to better prepare residents to care for a diverse patient population.

Concordance Between Mail-Based Self-collected Urine Drug Screenings (UDS) and Self-reports Among Primary Care Patients in Federally Qualified Health Centers

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INTRODUCTION: The Affordable Care Act has helped increase access to behavioral health in Federally Qualified Health Care Centers (FQHCs) by providing more funding and encouraging its integration with primary care. COVID-19 accelerated remote patient screenings via telehealth, mobile-web, and mail-based biomarkers. This analysis aims to assess concordance between mail-based self-collected urine drug screenings (UDS) and self-reports among adult FQHC primary care patients in Los Angeles County.

METHODS: Customized UDS with blinded purpose were mailed to enrolled patients who screened positive (score 4-26) for risky drug use on the WHO Alcohol, Smoking, and Substance Involvement Screening Test. The screening instrument was delivered via mobile-web app for a substance use disorder prevention intervention trial. Patients were instructed that urine results wouldn't be included in medical records and only used to compare to questionnaire responses. Patients texted photos of UDS to research staff. We assess UDS completion rates, compare UDS results to self-reports for drug use under-reporting, and associated factors. Descriptive statistics and Pearson chi-square tests were used for analysis.

RESULTS: Of 98 eligible patients to date, 78 (80%) provided a UDS result with 94% of test strips being readable. Sixty-one (78%) tested positive for at least one drug. Comparing self-reports to urinalysis, the rates of correct self-reporting vs underreporting were: cannabis 48 (62%) vs 1 (1%); tobacco 18 (23%) vs 5 (6%); methamphetamine 5 (6%) vs 1 (1%); amphetamine 1 (1%) vs 10 (13%), and morphine 2 (3%) vs 4 (5%). Overall, 22 patients (28%) under-reported at least one substance and 56 (72%) reported their substance use correctly. In analysis, under-reporting was associated with female gender, incarceration history, and homelessness (OR 2.2, 1.9, 2.5 respectively; $P < 0.05$).

CONCLUSIONS: Mail-based self-collected UDS with digital results is feasible among FQHC patients who self-report moderate risk drug use. Under-reporting of drug use was low and varied by substance. Patients with prior life experiences involving drug use screening such as incarceration or housing services may be more reluctant to participate and need additional support. Further research is needed to understand these findings and why it may be impacted by gender, history of incarceration and homelessness.

Augmentation of Harbor Family Medicine Residency Pediatric Curriculum through Games

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INTRODUCTION: With the expansion of Affordable Care Act, increasing number of young adults are seeking routine care from their primary doctors1. However, data found a 5% annual decrease of younger children receiving care from Family Medicine (FM) physicians2. Harbor-UCLA FM Residency Program is in a unique position given children with Medicaid are more likely to received care from a FM physician2 . The goal of this project is to increase residents' comfort and confidence in taking care of the pediatric population in an outpatient setting.

METHODS: The intervention is a 2-hour Pediatrics Bootcamp in Jeopardy format to cover various topics and engage the audience in a different modality of learning. To assess the effectiveness of the Pediatrics Bootcamp, surveys were given where participants score their comfort level and answer some knowledge-based questions. For this specific project, we chose to target common conditions and pediatric anticipatory guidance as often those topics are not taught in medical school or residency training to a great extent in favor of more pathology-based lectures. However, the common conditions and anticipatory guidance comprises the bulk of questions and concern that pose great challenges to new parents.

RESULTS: From the 15 responses received, the 13-question pre and post survey responses demonstrate a significant increase (paired t-test, P-value < 0.001) in comfort level with giving anticipatory guidance (categories: sleep, diet, oral/dental health, toilet training, food introduction/allergy) to parents and diagnosing/treating rash, constipation, etc. in infants and children. As for the knowledge questions, 2 out of 3 questions show significant increase in accuracy (paired t-test, P-value < 0.001). The surveys also reveal that people are more familiar with the tools that may be needed to conduct a well child visit after the session. Overall, participants also find the Jeopardy format more engaging.

CONCLUSIONS: Many of us went into FM for its broad scope of practice that allows ones to care from the cradle to the grave. As a result, it is crucial for FM residents to receive adequate training in taking care of the pediatric population so those skill can be honed and utilized as we continue to deliver pediatric care in underserved regions. This project aims to increase interest and augments the Harbor UCLA FM Residency pediatric curriculum through the introduction of pediatric topics in a game format.

Exploring the Effectiveness of Video Consultations in Primary Healthcare: International Survey & Analysis

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INTRODUCTION: The aim of this study was to evaluate current perceptions of video consultations and explore the advantages and disadvantages faced by PCCs and patients, as a result of the introduction of VCs in primary health care.

METHODS: Design: This study employed a mixed-methods approach including: 1) quantitative cross-sectional surveys to explore patient and primary care providers experience/perceptions of video consultations; and 2) qualitative semi-structured interviews with primary care providers and patients. Setting: Surveys were distributed online via Google Forms and interviews were conducted virtually via Skype and MS Teams. Participants: PCCs and patients were recruited from across South Africa, Denmark, Norway, Canada, and USA. PCCs included primary care physicians, nurses, and/or care coordinators. All participants were required to be fluent in English to allow for comprehension of the survey/interview questionS.

RESULTS: The cross-sectional survey was completed by 69 patients and 70 PCCs, with five semi-structured interviews completed. There was an overall generally positive response to video consultations among both population groups across South Africa, Denmark, Norway, Canada, and USA. There was relatively high patient and physician satisfaction with VCs. The main advantages of VCs were the time and cost efficiency, ease of access, and convenience of completing consultations from home/work environments. The main disadvantages of VCs for patients were the compromised physician-patient relationship due to lack of eye contact and face-to-face interaction, as well as the lack of continuity of care.

CONCLUSIONS: Despite the different VC platforms across the countries of interest, similar benefits and limitations continued to arise. Overall, there is great potential for continued use of VCs and further research to further integrate these systems into primary, secondary, and even tertiary care.

Safety of Tizanidine and Baclofen in Older Adults (STaBOA): A Retrospective Cohort Study

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INTRODUCTION: The AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults contains a strong recommendation to avoid skeletal muscle relaxants (SMRs). However, two SMRs, tizanidine and baclofen, are not currently included. Clinicians may therefore consider tizanidine or baclofen a safer SMR option for older adult patients; however, evidence for this conclusion is lacking. We investigated injury outcomes of tizanidine and baclofen as compared to cyclobenzaprine, a frequently prescribed SMR that is included in the the Beers Criteria®.

METHODS: This study is a retrospective cohort study conducted at Kaiser Permanente Southern California (KPSC) with participants ranging from age 65 to 99 who were identified as KPSC members who were prescribed a SMR between January 1, 2008, to December 31, 2018. Adverse medication outcomes were defined as injuries identified in the electronic medical record using the ICD 9 and ICD 10 codes for the following: fracture, fall leading to fracture, and brain or dislocation injury. Injuries related to motor vehicle accidents (MVA) were excluded; findings were adjusted for numerous demographic and clinical covariates. Secondary analyses investigated the injury-free probability based on injury type.

RESULTS: From a population of 87,896 patients, we identified 118,426 episodes of SMR-associated injury outcomes were identified. When compared against cyclobenzaprine, baclofen demonstrated an 60.3% greater risk ((adjusted Hazard Ratio [aHR] 1.603, 95% Confidence Interval [CI]I 1.435 - 1.791); while tizanidine carried a 26.2% greater higher risk (aHR 1.262, 95% CI 1.043 - 1.528) for composite injury outcomes. Both baclofen and tizanidine demonstrated lower injury-free probabilities over time when compared against cyclobenzaprine. Of the injury events, approximately half were associated with current drug use, of which a majority compromised short-term use only.

CONCLUSIONS: Older adult patients who were prescribed tizanidine and baclofen were found to have a statistically significant increased risk of injury when compared against cyclobenzaprine, currently identified on the Beers Criteria® as a potentially inappropriate medication of concern for use in older adult patients. These findings support the inclusion of tizanidine and baclofen in the Beers Criteria® along with other SMRs.

CASE REPORTS

A Novel Method of Chest Wall Reconstruction Succeeding Pediatric Heart Transplantation Donor-Recipient Size Mismatch: 23 Year Follow-Up

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INTRODUCTION: While pediatric heart transplantation has become much more common, it often presents unique problems. An undersized donor will fail to pump blood effectively, and a heart that is oversized may not fit within the thoracic cavity. When the donor organ proves too large for the recipient, actions may be taken to alter the chest wall. We

present the case of a 23-month-old female who underwent orthotopic heart transplantation with chest wall reconstruction in the form of a modified thoracoplasty.

METHODS: The patient presented at 21 months of age with dilated cardiomyopathy, previously on ECMO, which necessitated an orthotopic heart transplant. An oversized heart was used, and the sternum could not be completely closed without putting excessive pressure on the heart and surrounding blood vessels. A thoracoplasty was performed to remove the costal cartilages, from ribs two through seven, allowing the skin and central sternum to be advanced medially, to be closed over the heart. The patient's main complications post operatively included difficulty in weaning her off of sedation and ventilator, chronic hypertension, and thrombocytopenia. The patient was discharged two months following the thoracoplasty operation. Postoperative follow-up 23 years later revealed that the patient is healthy and happy. She has no complaints of discomfort, but presents with some scarring of the epidermis on her medial chest. There is a negative history of signs of rejection.

DISCUSSION: Oversized donor hearts can require prolonged open sternotomy and delayed sternal closure. In some cases, elective sternal excision or avoidance of sternal closure altogether may be carried out to prevent cardiac compression. There is an increased risk of mediastinitis with delayed sternal closure, but this risk is weighed with the possibility of tamponade and compression of vascular conduits. Hemodynamic instability is a concern, especially due to the small thoracic cavity. Unfortunately, additional steps such as a flap may increase the risk of infection or wound dehiscence. This is especially important in transplant patients who are already on immunosuppressant therapy or ECMO. Thus, the use of thoracoplasty was a simple means of increased elasticity and the allowance for wound closure.

Nivolumab-Induced Colitis and Pancreatitis in a Patient with Non-Small Cell Lung Cancer

Liliana Diaz Bustamante, MD; Heidi Pang, DO; Divya Manivannan, MD

Mission Community Hospital, Department of Family Medicine

INTRODUCTION: Immune checkpoint inhibitors (ICPi) such as Nivolumab block checkpoint proteins to increase the destruction of cancer cells. However, it has a proinflammatory effect due to the inhibition of Regulatory T-cells. As a result, ICPi therapy has a wide range of adverse effects known as immune-related adverse events (irAEs). They include rash, colitis, and hepatitis, with acute pancreatitis being the rarest. This case report presents a patient with both colitis and pancreatitis from ICPi.

METHODS: This is a 70-year-old female with recently diagnosed lung squamous cell carcinoma on Gemcitabine, Cisplatin, and Nivolumab. She presented to the Emergency Department with four days of watery diarrhea and crampy abdominal pain in the right lower quadrant. She was afebrile with HR 99bpm and BP 75/50mmHg with response to fluids. The patient received Nivolumab one day before the onset of symptoms. CRP: 4.4. CT abdomen was unremarkable, and it was deemed the possible cause of diarrhea was ICPi colitis. The patient was started on Solu-Medrol and IV fluids. Abdominal pain improved slightly without resolution of diarrhea concerning refractory colitis. The abdominal pain worsened on day 4. New findings significant for lipase: 1279, amylase: 503. Repeat CT abdomen showed stranding noted about the pancreas and mild wall thickening of the duodenum. The patient was placed on bowel rest and tolerated oral intake after a few days. She was transferred for Infliximab infusion for persistent diarrhea.

DISCUSSION: This case is atypical due to the rapid onset of symptoms that are refractory to steroids and the involvement of two organ systems. Our patient had grade 4 colitis, with grade 3-4 colitis incidence being 1-2%.
After a few days, the patient also presented with pancreatitis, a rare complication from Nivolumab (0.94%). The association between pancreatitis and colitis secondary to ICPi is even more uncommon.
The onset of pancreatitis symptoms typically starts within four months. In our case, the patient presented with symptoms within ten days. Although rare, it is crucial to suspect pancreatitis in a patient with ICPi colitis with abdominal pain to minimize morbidity and mortality.

Abnormal Brain MRI of a Newborn exposed to Covid-19 Infection in the First Trimester

Annie Jia, D.O., Diana Lev, M.D.

Dignity Health Northridge Family Medicine

INTRODUCTION: There is an emerging concern of maternal Covid-19 infections affecting newborn neurodevelopment. One study of 7772 infants has shown that 6% of infants exposed to Covid-19 during pregnancy were diagnosed with neurodevelopmental disorders in their first year, compared to 3% of babies who were not exposed antenatally. Our patient is a newborn male who was exposed to Covid-19 during the 1st trimester, incidentally found to have brain imaging abnormalities due to workup of neonatal thrombocytopenia.

METHODS: A newborn male was delivered via NSVD at 39 weeks to a 31 year old G3P2 mother. Pregnancy complicated by maternal ITP and mild Covid-19 infection at 18 weeks. Prenatal labs were unremarkable and delivery was uneventful. Apgars 8/9. Mother and baby blood types O+. DAT-. Patient was noted at birth to have a petechial rash on the face, chest, and groin. CBC was abnormal for low platelets of 16. Patient was given platelet transfusion and IVIG. Cranial ultrasound showed bilateral complex cystic and echogenic subependymal collections. Brain MRI without contrast showed moderate enlargement of lateral ventricles, thinning of the corpus callosum, small bilateral subependymal cysts at the caudothalamic groove, punctate foci of dephasing artifact within left occipital and parietal periventricular white matter, likely the sequela of previous hemorrhage in early gestation. Platelets increased to 76 on day 13, and the patient had a normal neuro exam. He was discharged home with close followup.

DISCUSSION: While maternal Covid-19 infection has been correlated to complications such as preterm delivery, less is known about how it may affect the fetal brain. It is possible that an inflammatory state caused by Covid infection during the prenatal period can affect the fetus. There are a few studies, with very small sample size, that show abnormal brain MRIs in newborns who tested positive for Covid at time of delivery. The clinical picture in our case is also complicated by maternal ITP, although it was well controlled. It is unclear if the patient's imaging findings correlate with long-term development. This case as well as other similar reports highlight the importance of recommending pregnant patients to take preventative measures against Covid-19, such as staying up to date on vaccinations.

Atraumatic Hip Pain in High School Football Player

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Kaiser Permanente Los Angeles Medical Center

INTRODUCTION: 16 year old male running back presented with right hip pain which began 2 weeks after starting conditioning for football. Denied any injuries, but reported right lateral hip pain with pushing off and pivoting. Pain worsened after activity, had one episode of nighttime pain, and worsening pain after sneezing, during which he felt a pop and nearly fell to the ground due to the pain. Afterwards, he had pain with ambulation, though this started to improve 2 months later at the time of his evaluation.

METHODS: Physical Examination: RIGHT HIP No swelling, gross deformity, or TTP. Full ROM in Hip. Muscle strength: 5/5 in right hip flexion, hip abduction and hip adduction. Negative FABER, FADIR, Log Roll, Stinchfield and SLR. Positive Ober. Able to complete double leg squat and double leg jump squat without pain. Good strength with single leg squat. Poor balance on R leg.

DISCUSSION: Unicameral Bone Cysts (UBC) are benign fluid-filled bone lesions that are most commonly found in children and adolescents. Though typically asymptomatic, UBCs can become symptomatic as the lesion enlarges over time, resulting in thinning of the bone which can lead to a pathologic fracture. X-ray is the modality of choice to diagnose and monitor UBCs, however advanced imaging such as CT, MRI and Cystography are helpful to aid diagnosis and management. Management is variable and can include intralesional steroid injections, decompression, curettage, bone grafting, and combined techniques. Two therapeutic aspirations and steroid injections of the right iliac UBC were

performed 7 weeks apart. Serial x-rays were completed, revealing sclerosis of the cyst as the patient's symptoms improved.

MOJAVE

ABSTRACTS

Resident Wellness Self Efficacy

Christopher Galliosborn, MD; Colleen Warnesky, Psy-D

Dignity Health - Northridge Family Medicine Residency

INTRODUCTION: ACGME Program Requirements state that it is the responsibility of residency programs to address resident well-being via policies and programs that encourage optimal resident well-being. However the effectiveness of interventions taken to address well-being or residents sense of optimal wellness is not regularly evaluated. The objective of this study was to evaluate Northridge family medicine resident's self-efficacy in obtaining optimal wellness, before and after an interactive educational workshop on physician burnout.

METHODS: Residents attended a "Resident Wellness Self Efficacy" workshop that provided education on common causes of physician burnout, how to recognize burnout, as well as provided resources and time to construct personal burnout prevention strategies, operating both on a personal and organizational level. Pre and post workshop surveys, totaling 15 questions, were conducted using yes/no, 5-point Likert, and free answer choices. The pre and post-intervention surveys evaluating residents' sense of wellness and confidence in managing burnout were analyzed to assess for change in the participants' confidence on promoting personal wellness and implementing strategies to address burnout.

RESULTS: Thirteen residents, including those from all three classes, participated in the study. On a scale from never to always, 70% of residents selected "sometimes" for how often on average they felt they achieved optimal wellness in their life. Before the workshop, more residents (93%) had a vision for what optimal wellness looked like in their lives after residency than during residency (71%), post intervention responses increased to 100% and 86% respectively. Residents on average slightly agreed with feeling capable of implementing their burnout prevention strategy. Time constraints were considered the biggest barrier to managing burnout.

CONCLUSIONS: Psychological, emotional, and physical well-being is critical in the development of the competent, caring, and resilient physicians, however based on this study the majority of family medicine residents surveyed felt they only sometimes achieved optimal wellness in their lives. This study shows that with practical training involving formation of personal burnout prevention strategies and education on burnout, resident sense of self efficacy in achieving optimal wellness can increase.

Developing a Protocol for Substance Use Screening and Referral to Treatment for FQHC Primary Care Patients with high-risk substance use

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INTRODUCTION: Federally Qualified Health Centers (FQHCs) provide opportunities to screen patients and order timely referrals to substance use disorder (SUD) treatment. Yet, little is known about the referral to treatment (RT) process, and

no standardized protocol has been accepted across FQHCs. The QUIT-Mobile study is a NIDA-funded RCT that screens adults with upcoming primary care visits for moderate to high-risk substance use. We propose a protocol to standardize the RT process for primary care patients identified as high risk for developing severe SUD.

METHODS: Meetings with stakeholders from two FQHCs systems in Los Angeles, CA to adapt and implement a Screening Brief Intervention and Referral to Treatment protocol (SBIRT). An RT protocol was developed in collaboration with clinic partners for participants that scored 27 or higher on the WHO Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) for any substance, excluding tobacco. Screening results are shared directly with the behavioral health team, who then conduct further evaluation for serious SUD and linking patients to appropriate and available treatment. A brief questionnaire is completed by the behavioral team to track if patients were assessed and connected to treatment.

RESULTS: To date, 1638 participants (69% racial/ethnic minorities) have been screened. Of those, 3.7% (n=61) were identified as having high-risk substance use (ASSIST >27). Average age was 42 years old. Patients reported a high-risk level of substance use on the following substances: alcohol (n=29), cannabis (n=14), sedatives (n=9), methamphetamine (n=10), prescription opioids (n=4), cocaine (n=3), prescription stimulants (n=1), hallucinogens (n=1). 14.8% reported currently using more than one substance. None of the participants had received substance use treatment in the past three months before the screening. Results were shared with the clinics according to the established protocols.

CONCLUSIONS: The results and pilot RT protocol can support the integration of screening for SUD with behavioral health programs to address SUD among patients at FQHCs. Next steps include continue to screen patients, monitor health records to investigate if patients connected to SUD services, if treatment initiated and barriers. Qualitative semi-structured interviews with patients, providers, and clinic stakeholders will be conducted to assess barriers and facilitators to implement a standardized RT protocol.

Patient Knowledge on Prescribed Medications

Sahar Askarinam, MD & Kathy Cairo, MD

Dignity Health Northridge Family Medicine Residency

INTRODUCTION: In 2013, nearly seventy percent of patients in the United States were taking prescription medications, according to the Mayo Clinic. Many patients, however, are unable to name the prescription medications that they routinely take. Research has demonstrated a significant gap in patients' knowledge of their own medications. In "Lack of Patient Knowledge Regarding Hospital Medications" by E. Cumbler et al., 96% of patients in the study omitted one or more of their hospital medications, with an average of 6.8% omitted medications.

METHODS: We aimed to determine the percentage of our clinic patients at DHMG Northridge Family Practice in Northridge, California who can accurately list their medications and the percentage who want to become more involved in their healthcare by learning more about their medications. Patients aged 40+ who presented to the clinic from 02/2022 through 02/2023 for an acute office visit were offered a questionnaire that asked yes/no questions regarding their knowledge of their prescribed medications and provided them with space to hand write the names, dosages and indications for their prescribed medications.

RESULTS: Fifty-three patients aged forty and older consented to participate in the study. Of the 53 patients, the average age of the patients was 65. Of the 53 patients, only a quarter correctly identified all their medications. In fact, on average, 54% of the medications' names were correctly reported. However, only 47.9% of the medications had correct indications listed and only 38.6% of the dosages were reported accurately. Despite these low numbers, unfortunately, only a third of the patients wanted more information about their medications, thus demonstrating a lack of interest in becoming more involved in their own health.

CONCLUSIONS: Our findings are consistent with a 2016 study that noted 37% of patients admitted for heart failure knew the names of their medications. This can lead to errors in medication reconciliation when patients transfer between physicians. Future efforts can work to increase patient involvement in their care. Our exam rooms are equipped with monitors that can be used to play medication education videos while patients wait for their physicians as a way of improving patient involvement and care.

The impact of mirrored screen electronic health records on patient satisfaction

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Dignity Health Family Medicine Residency Program at Northridge

INTRODUCTION: Providers have been encouraged to adopt electronic health record (EHR) systems to improve patient-centered care despite a shared concern by both patients and physicians that it may impede communication and relationships. Few studies have examined the impact of mirrored-screen EHRs on patient engagement and non-verbal communication. This study aimed to assess patient satisfaction with use of EHRs during ambulatory visits when mirrored onto a wall-mounted screen.

METHODS: Patients who were 18 years or older were recruited upon arrival to their routine visit at DHMG Northridge Family Medicine Clinic from May 2022 - July 2022. Patients were assigned to the mirrored or non-mirrored (control) group if the visit date was on an even or odd day, respectively. All visits involved laptops used by the physicians. Patients in the mirrored group also had access to EHRs mirrored onto a wall-mounted second screen. Both groups completed a 7 question 5-point Likert scale survey that measured patient satisfaction. An additional survey regarding feedback and recommendations was completed by the mirrored group. Data was analyzed by descriptive analysis and independent t-tests.

RESULTS: A total of 70 patients, 35 patients per group, participated in this study. T-test analysis showed a significant improvement in patient satisfaction with the mirrored group, specifically two components of patient satisfaction: (1) use of EHR was helpful to the patient ($p = 0.03$) and (2) EHR helped the patient understand what occurred during their visit ($p = 0.02$). Descriptive analysis revealed that 37% of patients in the mirrored group did not find the mirrored screen easy to view and easy to read. Patients who were able to easily see the screen were more associated with finding the EHR as helpful ($p < 0.01$).

CONCLUSIONS: Results from the current study suggest that usage of EHRs mirrored onto a wall-mounted screen reduces physical dividers between patients and physicians, thereby allowing EHRs to be viewed as an educational tool rather than a barrier. Indeed, integration of EHRs in the ambulatory setting is complex. However, addressing display accessibility for patients may redirect the focus on its potential for improving patient satisfaction, and ultimately patient-centered care.

CASE REPORTS

A Rare Case of TMP-SMX induced DRESS and Clinical TSS in a Pediatric Patient

Cecilia Covenas, MD (1), Hyoshim Yang, MS (2), Verna Marquez, MD (3)

(1) Rio Bravo Family Medicine Residency Program; (2) Ross University School of Medicine at Kern Medical; (3) Rio Bravo Family Medicine Program

INTRODUCTION: Drug rash with eosinophilia and systemic symptoms (DRESS) is a potentially life-threatening adverse drug reaction. It is most common in adults but may occur in children. Fewer cases of overlap DRESS syndrome and clinical TSS were reported. Here we present a case of a 14-year-old girl with symptoms and signs that initially presented as clinical TSS with later overlapping of DRESS syndrome.

METHODS: A 14-year-old female presented to the emergency department with 1-week history of generalized pruritic hyperpigmented rash, fever and eye/facial swelling after a 26-day course of Bactiver (Trimethoprim/Sulfamethoxazole). Vitals were remarkable for fever (102.4F), hypotension, tachycardia, and tachypnea. Serology showed elevated WBC, liver enzymes and CRP. She received methylprednisolone without improvement and was transferred to a higher level of care. At that time, physical examination revealed strawberry tongue with perioral impetigo. Meropenem, Vancomycin and Clindamycin were started. She was transferred to PICU due to hypotensive shock. Laboratory showed transaminitis and leukocytosis with eosinophilia. Antibiotics were discontinued and IV Solumedrol was started. Vital signs improved and antibiotics were restarted. Later, abdominal desquamative rash was noted on physical examination. Patient was discharged on tapering steroids and antibiotics.

DISCUSSION: Data about DRESS due to TMP-SMX in children is scarce with the majority from case reports. Moreover, studies about overlapping DRESS and TSS in children do not exist. In our case, patient had a definite DRESS diagnosis based on RegiSCAR score. However, during hospital course she developed sudden onset of shock-like symptoms with hypotension and evolving mucosal features with strawberry tongue and impetigo placing clinical TSS high in the differential. Patient was managed with corticoids and antibiotics with complete resolution of symptoms. It is rare but possible that DRESS and clinical TSS coexist in a pediatric patient. Discontinuation of offending agent, initiation of steroids and antibiotics makes a difference in outcome.

Exertional Rhabdomyolysis: a rare consequence to common activities

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(1) Department of Family Medicine at Dignity Health Northridge; (2) CSUN Klotz Union Student Health Center

INTRODUCTION: A 20 yo male college student presented to the student clinic with bilateral arm soreness after moderate exercise at the gym. This is a very common situation that occurs every day, after appropriate work up, our patient was diagnosed with a rare and at times life threating diagnosis of Exertional Rhabdomyolysis (ER). ER is characterized as a breakdown and necrosis of skeletal muscle after engaging in physical activity that can lead to kidney injury, compartment syndrome and even death.

METHODS: A 20 yo male college student presented to the student clinic with bilateral arm soreness after exercising. The patient reported having his first weight training session, that included 15 min of arm exercises. He denies any injuries, but stated the next morning his arms were “extremely sore” which persisted into the next day when he presented to the clinic. Vitals were within normal range and exam showed tender biceps and triceps, but no bruising, tightness, spasms or paresthesia. It was determined most likely to be a diagnosis of Delayed Onset Muscle Soreness (DOMS), but appropriate labs were ordered. His lab panel results were: CK 6633, AST 107, ALT 99, Cr 0.95. Patient was encouraged to hydrate with oral fluids and repeat lab panel showed: CK 9282, AST 122, ALT 114 and Cr 0.79. Clinically patient’s symptoms fully resolved on day 5 with normal exam and improved labs: CK 716, AST 38, ALT 86 and Cr 0.81. At no point did patient develop bloody/brown urine.

DISCUSSION: ER is a rare complication to physical exertion and can present similarly to DOMS making it easy to miss. For diagnosis, a general cut-off of 3-5x the upper limit of CK is often used. ER can vary with CK levels peaking from days to weeks. For this reason, it is important to follow patients closely. Early complications include hyperkalemia, hypocalcemia, elevated liver enzymes, cardiac arrhythmias/arrest, while late complications include AKI and DIC. The mainstay of treatment is hydration, monitoring and avoiding further injury. There is no quality evidence to guide return to sport. This case provides a successful outpatient treatment with oral hydration, lab follow up every 2-3 days and a recommendation to avoid vigorous training for 2 weeks followed by gradual return to sport.

Double-header: A case of HSV-1 and -2 encephalitis in a patient on Cellcept

Phillip C. Feliciano, MD, Barbara Ackerman, Ph. D.

Mission Community Hospital

INTRODUCTION: Herpes simplex-1 (HSV-1) is the most common cause of fatal meningoencephalitis. HSV-2 is less common, and accounts for only 10% of herpes encephalitis. Herpes encephalitis causes cerebral infarctions most commonly seen in the temporal lobe. Cerebral damage is thought to be mediated by both direct viral damage, and indirect immune-mediated damage. Here we present a patient who suffered from co-infection of HSV-1 and -2 encephalitis.

METHODS: A 56-year-old male on Cellcept for a history of neuromyelitis was found collapsed by his roommate. On arrival the patient was obtunded, febrile, hypoxic, and hypotensive. Physical exam revealed maggots in his nose. The patient was intubated due to obtundation. MRI Brain demonstrated acute infarct of the right parietal lobe. Empiric antibiotic therapy was initiated for presumed sepsis. He was admitted to the medical ICU.
A lumbar puncture was performed; the findings were consistent with viral encephalitis and Acyclovir was added to his treatment regimen. CSF was sent for analysis and returned positive for co-infection with HSV-1 and -2. The patient's hemodynamics, renal function and oxygen requirement gradually worsened, and no improvement in neurological status was noted. Ultimately Palliative Care was consulted, the family was notified, and care was withdrawn. Autopsy was not performed per request of the family.

DISCUSSION: Our case study is unique because of the patient's immunosuppressed status, the location of his infarct, and his co-infection with both HSV-1 and -2. Viral encephalitis, if treated promptly, is not a universally fatal condition. However, this co-infection likely contributed significantly to his mortality. He also had multiple exacerbating factors including: immunosuppression, delay in presentation, and unfortunately, a delay in treatment. Although studies have shown immunosuppressed patients with encephalitis tend to have less brain inflammation on autopsy, they often paradoxically suffer more brain damage. Finally, the location of his infarct was unique. Strokes associated with HSV encephalitis typically occur in the temporal lobe, however our patient's infarction was in the parietal lobe.

When the punching bag hits back: Kienbock's disease

Jason Lee, DO, Shane Rayos Del Sol, MD, Uziel Sauceda, MD

RUHS/UCR Family Medicine Residency

INTRODUCTION: Kienbock's disease or osteonecrosis of the lunate, is a rare disease affecting an estimated 7 per 100,000 individuals. It commonly presents with wrist pain, swelling, decreased range of motion, and weakness. It is determined to be caused by a combination of factors including anatomical variation, vascular compromise, and trauma. Herein, we report the case of an 18-year-old male whose participation in boxing likely contributed to the development of Kienbock's disease in his left wrist.

METHODS: An 18-year-old male presented with left wrist pain for over a year, which he describes as a dull localized ache over the dorsal aspect of the wrist. Pain worsened with any movement, and physical exam was remarkable for significantly limited flexion, extension, radioulnar deviation, pronation, and supination. The patient denied any acute injury but reported that he noticed that the pain started after he began boxing training. X-ray of the left wrist showed osteonecrosis of the lunate and a negative ulnar variance consistent with Kienbock's disease. Diagnosis was confirmed with an MRI, which showed pathologic changes of the lunate with early subchondral collapse. Patient was referred to orthopedic surgery and underwent a left distal radius shaft shortening osteotomy and place in a left volar splint. At follow up appointments, the patient reported feeling well without any concerns. Repeat x-rays showed ulnar neutrality with no evidence of subchondral lucency.

DISCUSSION: Although a rare disease, Kienbock's disease should be considered in adult men with insidious onset wrist pain, especially those who have repetitive impact to the wrist. Failure to diagnose and treat Kienbock's disease can result in collapse of the lunate bone leading to arthritis, wrist instability, and loss of function.

Central Retinal Vein Occlusion: initial presentation of atypical Multiple Myeloma

Lara Windisch, MD; Julia De Vito MD; Christine Navarro, MD

Kaiser Permanente Los Angeles Medical Center, Family Medicine Residency Program

INTRODUCTION: Differentiating Multiple Myeloma from Waldenstroms Macroglobulinemia: Multiple myeloma IgM and Waldenstroms macroglobulinemia are both clonal proliferation marked by the presence of IgM Spike on serum electrophoresis. It is important to distinguish between the 2 as treatment and prognosis are vastly different. Our patient presented central retinal vein hemorrhage and anemia. FISH demonstrated t(11:14) and negative for MYD88 mutation confirming IgM Multiple myeloma.

METHODS: The patient is a 64 yo male who presented to Urgent Care following 5 days of blurred vision. He was noted to have retinal hemorrhages and referred for urgent ophthalmology evaluation. The patient was diagnosed in Eye clinic with extensive bilateral retinal hemorrhages and was referred to the Emergency Room for evaluation. ROS: positive for epistaxis and fatigue. His WBC was 4.4, hgb was 6.8 with MCV 104 and platelets of 134. INR was 1.4. Chem 7 was unremarkable. Imaging of liver and MRV brain were normal. SPEP showed M spike of 7.57 g/dl, kappa 319 mg/L, with IgM total 10,783 mg/dL. The patient was noted to have multiple lucencies in the pelvis and sacrum on imaging. Bone marrow biopsy showed a hypercellular marrow and >90% plasma cells. Plasmapheresis was initiated for hyperviscosity syndrome. The patient was diagnosed with IgM Multiple Myeloma, was started on Velcade and decadron. His vision improved and he was discharged to follow up in Oncology Clinic.

DISCUSSION: Multiple myeloma is a plasma cell neoplasm characterized by clonal cell expansion resulting in monoclonal globulins. The classical present with the CRAB criteria of hypercalcemia, renal disease, anemia and bone pain. Majority of myelomas are IgGs then IGA. IgM myelomas are less than 1% of cases. These are typically difficult to distinguish from Waldernstrom's macroglobulinemia as this entity also produce the IgM spike The main difference between these clinical entities is the presence of the MYD88 mutation which is positive in Waldenstrom but negative in IgM myeloma. Prognostically, IgM Multiple Myeloma has a worse prognosis. Our patient was with plasmapheresis for the hyperviscosity syndrome, zometa for bone lesions and acylovir prophylasix along with velcade and steroids.

LECTERN SESSION 2

(3:05 – 3:50pm)

Potentially Inappropriate Medication Use Among Underserved Older Latino Adults

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INTRODUCTION: Previous studies note alarming patterns of medication use, polypharmacy and potentially inappropriate medication (PIM) usage among multimorbid minority older adults, but PIM use among underserved Latino older adults is largely unknown. The main objective of this study is to examine the prevalence of PIM use among underserved community dwelling Latino older adults, examine the complexity of polypharmacy in this community and identify associations between PIM and multimorbidity, polypharmacy, and access to medical care in this population.

METHODS: This community-based cross-sectional study included 126 community dwelling Latinos aged 65 years and older recruited from several senior centers and housing units serving predominantly Latino clients in underserved areas of South Los Angeles Service Planning Area (SPA) 6. The updated 2019 AGS Beers Criteria was used to identify participants using PIMs. Multinomial logistic regression was used to examine the independent association of PIM on several independent variables including demographic characteristics, multimorbidity, number of prescription medications used, level of pain, and sleep difficulty. In addition, we present five cases to offer further insight into PIM use among our sample.

RESULTS: One of three participants used at least one PIM, and 46% took drugs to be used with caution (UWC). Polypharmacy (≥5 medications) was noted in 55% of our sample. The most common PIMs were PPIs (33%), followed by drug-drug interactions (17%), and NSAIDs (10%). Among PIMs identified, the most cited potential adverse effect identifying the medication as a PIM was falls, with moderate correlation between PIM use and history of recent fall ($r = 0.22$, $p < 0.05$). When controlling for demographics, multinomial logit regression analysis found that increased PIM use was associated with polypharmacy, multimorbidity, lack of access to primary care, financial strain, and poor self-rated health.

CONCLUSIONS: Qualitative and quantitative analyses showed recurrent themes of missed identification of PIM use in our participants. Financial strain, lack of access to primary care, polypharmacy and multi-morbidity are inter-connected. Improving access to health care and continuity of care among older Latino adults with multimorbidity can mitigate polypharmacy and PIM use, and so efforts to increase healthcare access and continuity of care are vital for improved health equity for populations like ours.

A Mixed-Methods Study Evaluating Community Engagement Among Parent Ambassadors in MiVacunaLA (MVLA): A Community-Partnered Intervention

Pinting Chen, MD MS (1), Milagros Becerra Ramirez, MD (1), Ann Marie Hernandez, MD (1), Renato Escobar (1), Yelba Castellon-Lopez, MD MSHPM (1) (2)

(1) Department of Family Medicine at UCLA; (2) Department of Medicine, Cedars-Sinai Medical Center, Cancer Research Center for Health Equity, Samuel Oschin Comprehensive Cancer Institute, Los Angeles, California, USA

INTRODUCTION: Although COVID-19 vaccination has the potential to mitigate health disparities exacerbated by the pandemic, vaccination uptake among Latinx children remains limited. MVLA is a community-partnered intervention developed to empower Latino parents to make informed decisions about COVID-19 vaccines. Investigators partnered with parent ambassadors (PAs) as community health workers to improve outreach. The purpose of this study is to measure engagement among PAs and provide qualitative feedback on improving engagement strategies among Latinx parents.

METHODS: We utilized a mixed-methods approach using the validated condensed Research Engagement Survey Tool (REST) and qualitative data to measure engagement and report outcomes. We invited 13 parent ambassadors to complete a demographic survey and the 9 item REST that aligned with seven engagement principles. For each item, responses were assigned one of five levels of engagement (outreach & education, consultation, cooperation, collaboration, and partnership) corresponding to the lowest score of 1 to the highest score of 5, respectively. We conducted 30-45 minute focus groups in-person and via Zoom. Participants received a gift card for their involvement.

RESULTS: A total of 13 PAs completed the survey. All participants identified as female with a mean age of 41 yrs (SD 6 yrs). Preliminary analysis of the REST survey revealed a high degree of satisfaction with the engagement process. The mean score for quality measures was 4.5 out of 5, indicating an overall score between "very good" and "excellent." For the quantity measures, the mean score was 4.4 out of 5, indicating an overall score between "often" and "always." We conducted two focus groups (n=12 participants). Themes included: 1) a call for improved engagement of fathers as decision makers, 2) the important role of partnering with culturally aligned and accessible trusted sources of information.

CONCLUSIONS: There was a high degree of satisfaction with the community engagement process. Many parent ambassadors reported a sense of building a collaborative partnership of mutual trust throughout the process. Including input from the community using live sessions created a sense of trust. Providing training to parent ambassadors using reputable sources of information as well as involving male participants were likely to have the best impact when engaging with the community to improve participation.

Low energy availability prevalence in male and female collegiate distance runners: A multisite analysis

Altelisha Taylor, MD (1) Michael Fredericson M.D (2), Michelle Barrack Ph.D (3), Kristin Sainai Ph.D (4), Ellie Diamond (2), Megan Roche (4), Emily Kraus M.D. (2), Taylor Lewis (5), Jenny Wang (5), Aurelia Nattiv M.D (1)

(1) Division of Sports Medicine within the Department of Family Medicine and Orthopedic Surgery at UCLA; (2) Department of Orthopedic Surgery at Stanford University; (3) Division of Nutrition and Dietetics within the Department of Family and Consumer Science

INTRODUCTION: Many distance runners don't consume enough calories to meet their metabolic demands. Low energy intake can cause nutritional deficiencies, hormone imbalances, and poor bone health. This is one of the only studies to examine the prevalence of low energy availability in collegiate distance runners.

METHODS: Data were from the baseline measurement of a study on distance runners from five NCAA Division I institutions in the Pac-12. We calculated energy availability from a web-based 61-item survey evaluating runners' age, height, weight, exercise habits, and food intake over the prior 4 weeks. Exercise energy expenditure was based on metabolic equivalents from the ACSM Compendium of Physical Activity.

RESULTS: Female cross-country athletes (n= 59), mean age 20.2 years and male cross-country athletes (n= 11) mean age 20.9 years reported running 42.3 (SD: 14.9) and 74.8 (SD: 8.3) miles weekly. Females consumed an average of 2,739 (SD: 784) kcal/day and males reported an average intake of 3,201 (1160) kcal/day. Eight (13.6%) female runners met criteria for clinical low energy availability (<30 kcal/kgFFM/day) and 19 (32.2%) met criteria for subclinical low energy availability (30 to 45 kcal/kgFFM/day). In men, 2 (18.2%) exhibited clinical low energy availability (<15 kcal/kgFFM/day) and 4 (36.4%) met criteria for subclinical low energy availability (15 kcal/kgFFM/day to 30 kcal/kgFFM/day).

CONCLUSIONS: The rate of low energy availability is high among the female and male collegiate distance runners in this study. Overall, 46% (27/59) of women and 55% (6/11) of men had clinical or subclinical low energy availability, suggesting that many collegiate distance runners are not consuming enough calories to meet the metabolic demands of their sport. This study underscores the need for nutritional interventions in collegiate distance runners.

Stroke or Transient Ischemic Attack (TIA) Incidence Within 30 Days of Detection of Elevated Diastolic Blood Pressure

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INTRODUCTION: Nearly 50% of adults in the United States have hypertension, of which 20% have isolated diastolic hypertension (IDH).The clinical significance of IDH remains unclear regarding short-term health outcomes. This project aims to isolate the effects of diastolic pressure on stroke/transient ischemic attack (TIA). If elevated DBP correlates with increased incidence of stroke or TIA in a 30-day window, prompt treatment of elevated DBP might help prevent adverse outcomes.

METHODS: This is a retrospective cohort study that analyzes data from EMR at Kaiser Permanente Southern California. Individuals were identified based on clinic BP readings from January 1, 2007, through September 30, 2022. Patient records were tracked for 30 days after the index date to identify stroke/TIA.. The control group consisted of patients who had at least one BP reading of ≤120/60-80mmHg at a single clinic visit. This group was compared to patients who had at least 2 increased DBP readings of ≥90mmHg with a SBP of <140mmHg. The primary outcome of the study was to analyze the incidence of stroke/TIA within 30 days of the index date. Logistic regression analysis will be used.

RESULTS: A total of 1,599,534 patients were identified. Exclusion criteria included diagnosis of cardiovascular disease and active prescription for an antihypertensive medication. A total of 918,997 patients were included in the study with 878,315 in the non-elevated DBP (control) group and 40,682 in the elevated DBP group. The elevated DBP group was further broken down based on degree of elevation of DBP and range of SBP. Overall, elevated diastolic blood pressure increases risk for stroke/TIA with an adjusted odds ratio of 1.19 (p-value 0.0119). Risk also increases with age, diagnosis of hypertension, diagnosis of diabetes, and diagnosis of obstructive sleep apnea (OSA).

CONCLUSIONS: An association exists between isolated increased DBP and increased risk of stroke/TIA within 30 days. One clinical application of this study is addressing increased DBP with similar concerns to increased SBP. Some strengths of the study include large comprehensive EMR database and external validity to the Southern California population. Limitations include the data being dependent on BP readings only and guideline changes for blood pressure management over time.

Notes and Acknowledgements

- Please stay for the entirety of the event. **We will be raffling gift cards for three lucky attendees at the very end of Research Day**. You must be present to win, so please stay until the end!

- In an effort to be more environmentally-conscious, this printed version of the program is abridged to only list the titles, authors, and affiliations of the lecterns and posters. For the full program, including full abstracts and case reports of all our lecterns and posters, please visit our website at https://www.uclahealth.org/departments/family-medicine/research/research-day. We encourage attendees to recycle this program if they do not intend to keep it.

- If you have any **questions, comments, or concerns**, please contact Laura Sheehan, the Multi-Campus Research Committee coordinator, at LSheehan@mednet.ucla.edu or 310-825-8298.

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- Lastly, the Committee is thankful to **Laura W. Sheehan**. Laura's keyboard doesn't have a backspace button, because she never makes mistakes; she doesn't ever call the wrong number, the person just answers the wrong phone; when she looks directly into the sun, the sun has to squint. It is also worth noting that she was responsible for writing this Acknowledgements section.

Thank you for joining us, we hope to see you again next year!