

Vital Signs

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Multiple treatment options available to patients with epilepsy

Some two-dozen antiseizure drugs are now on the market to treat epilepsy, but it is estimated that one-third of the more than 3 million adults in the United States with the disorder continue to experience seizures despite being on medication. This is called medication-resistant epilepsy.

For patients whose epilepsy is not fully controlled by medication, treatment at a comprehensive epilepsy center, where a thorough evaluation can point the way toward

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Photo: iStock

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New community clinic opening

UCLA Health is expanding with a new orthopaedic surgery clinic in Downtown Los Angeles. This clinic joins the UCLA Health network of more than 250 primary and specialty clinics in convenient locations throughout Los Angeles, Orange, San Luis Obispo, Santa Barbara and Ventura counties.

For more information about clinics in your area, go to: uclahealth.org/locations.

Simms/Mann-UCLA Center expands to community sites



The Simms/Mann-UCLA Center for Integrative Oncology has expanded its holistic care model to 20 UCLA Health community cancer clinics throughout Southern California. The center was founded more than 25 years ago within the UCLA Jonsson Comprehensive Cancer Center. It was the first center of its kind in the nation to

establish a model of integrative and whole-person care for patients and their families touched by cancer. The Simms/Mann Center's host of psychosocial services are offered predominately free of cost to patients and their families.

For more information about the Simms/Mann-UCLA Center for Integrative Oncology, go to: simmsmanncenter.ucla.edu

Women Need Baseline Cardiac Screening

Although heart disease tends to be associated with men, more women die each year from cardiovascular disease (CVD) than men. CVD accounts for more deaths among women than cancer, lung disease and diabetes combined. Cardiac screening can help determine an individual's risk. Pritha P. Gupta, MD, PhD, a UCLA cardiologist in Beverly Hills, and Nidhi Thareja, MD, a UCLA cardiologist in downtown Los Angeles, explain the importance of cardiac screening, what it entails and how it can help women reduce their risk of CVD.

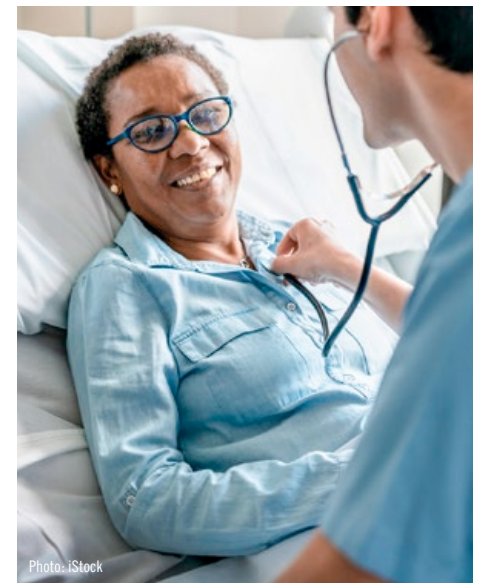
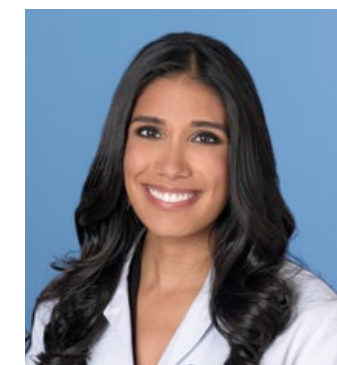


Photo: iStock

Why should women be screened for heart disease?

"Women and men should be aware of their risk factors for cardiovascular disease and work together with their primary care provider to minimize those risks," Dr. Gupta says. In addition to the risk factors that affect everyone, notes Dr. Thareja, "women have several gender-specific issues that can increase their risk of heart disease and may not be aware of them." These include irregular periods, early menopause, use of birth control pills, PCOS (polycystic ovarian syndrome) and pregnancy-related complications, such as gestational diabetes. Once a physician identifies a patient's individual risk factors — based on family history, lifestyle and lab tests — physician and patient together can target and mitigate those risk factors with medication and lifestyle modifications.



Dr. Pritha P. Gupta.
Photos: UCLA Health

What tests are involved and when should they start?

"Baseline screening starts when you see your primary care doctor for a routine physical, which will include blood pressure and cholesterol testing" Dr. Thareja says. Women at average risk should repeat blood pressure testing at least once every two years and cholesterol testing every four-to-six years. In addition to individuals with a family history of CVD or those with abnormal initial screening tests, those considered at elevated risk, including women who are overweight, age 50 and above, smokers and cancer survivors, may require more frequent or additional testing and evaluation.

What can women do to decrease their risk of developing heart disease or to lessen it if they have been diagnosed as at risk?

Lifestyle habits are key, Dr. Gupta says. "First, aim to exercise at least 30 minutes, five times a week, at moderate intensity. Second, try to have a mostly plant-based diet, meaning predominantly vegetables and whole grains." She also urges patients not to smoke or take drugs and to drink no more than one alcoholic beverage a day.



Dr. Nidhi Thareja.

What symptoms of cardiovascular disease do women experience?

"Generally, with cardiovascular disease, symptoms occur with exertion and improve with rest," Dr. Gupta says. "But women may feel chest pain at rest. They also more frequently report atypical symptoms." Women may experience fatigue, heart palpitations, rapid heartbeat, dizziness, heartburn, nausea and sweating. According to the American Heart Association, women's heart attack symptoms may also include vomiting and pain in the neck, jaw, throat, abdomen or back. "When a woman feels something unusual happening in the chest area, she should have it evaluated," Dr. Thareja says.

What else should women know about heart disease?

"Know that cardiovascular disease is one of the most common causes of death and disability for women and be aware of what risk factors you have," Dr. Thareja says. "Start the conversation early with your primary doctor, who can refer you to cardiology if you need us," Dr. Gupta says. Most importantly, say both physicians, women should be proactive about their heart health.

 To find a UCLA Health location near you, go to: maps.uclahealth.org



Women should be aware of ongoing maintenance requirements for silicone breast implants



Photo: iStock

Since silicone breast implants were invented more than 50 years ago, many consumers have lacked important information on the safety and lifelong maintenance requirements of the devices. But the need for up-to-date and accurate information is more important than ever, given ongoing concerns about health problems linked to breast implants and recent Food and Drug Administration (FDA) warnings linking implants to rare cases of cancer and systemic illness.

“There is a lot of misinformation on breast implants,” says Andrew Da Lio, chief of the UCLA Division of Plastic and Reconstructive Surgery. “Despite all the warnings and FDA recommendations, too few women are having discussions with their doctors about monitoring their implants. You simply can’t assume everything is going to be OK.”

The FDA has issued new guidance to help women and their doctors better understand and monitor implants to safeguard women’s health.

Breast implants can be used to replace breast tissue after surgery related to breast cancer or to increase the size or shape of breasts. Implants can be filled with saline or silicone gel, while the shell of the implant is made of silicone. Roughly 400,000 women in the United States undergo breast-implant surgery each year, with most choosing silicone gel-filled implants.

The FDA placed a moratorium on silicone-filled implants for cosmetic purposes in 1992 due to insufficient long-term safety data to address concerns that silicone materials, particularly from ruptured implants, may trigger health problems. That moratorium was lifted in 2006. However, the FDA continues to receive reports from patients who believe the implants have caused systemic illness, such as joint pain, chronic fatigue and brain fog.

Silicone implants are also associated with reports of two serious diseases: breast implant-associated anaplastic large cell lymphoma (BIA-ALCL), a type of non-Hodgkin’s lymphoma, and squamous cell carcinoma (BIA-SCC). Cases of BIA-ALCL and BIA-SCC are relatively rare, but they do occur, says Michael DeLong, MD, assistant professor-in-residence of plastic surgery, who sits on the FDA’s Advisory Committee for General and Plastic Surgery Devices.

In 2020, the FDA issued new labeling guidelines for breast implants that included a black box warning — the agency’s highest warning — and mandated that physicians use an “informed-decision checklist” to

The FDA has issued new guidance to help women and their doctors better understand and monitor implants to safeguard women’s health.

counsel their patients about potential risks linked to implants. More research is needed on all the potential risks linked to implants, Dr. DeLong says. “They are technically a Class-3 device, the FDA’s highest category of risk,” he says. “Part of that is because of the unknowns surrounding silicone implants. Long-term safety is difficult to study due to the numerous factors involved.”

Dr. DeLong is conducting research on a test that can measure silicone metabolites in patient blood and urine samples, a development that would simplify implant-safety monitoring. He is also studying patients with implants to gain a better understanding of the possible mechanisms and genetic influences of implant-related illness. “We’re trying to determine what are the implications of an implant rupture,” he says. “Does it increase the chemicals, the trace silicones, circulating in the bloodstream?”

The most common problems with implants, he notes, are rupture and capsular contracture, in which the tissue surrounding the implant hardens, causing pain and visible changes in the breast.

Some patients may not realize that breast implants are not lifelong devices, Dr. Da Lio notes. “Eventually, they will fail and need to be replaced,” he says.

Younger women considering silicone implants for breast augmentation should carefully weigh the pros and cons of surgery, he suggests. “It’s one of the operations you know has a built-in revision rate. You’re going to have a few revisions over your lifetime.”

The new, mandatory informed-decision checklist should improve patients’ understanding of the risks and maintenance issues, Dr. DeLong says. Consumers should follow the updated guidance, including:

- Monitor your breast implants for as long as you have them.
- Talk to your physician about any abnormal changes in your breasts or implants. Telehealth consults are available.
- Obtain your “medical-device card” that bears specific details about your implants.

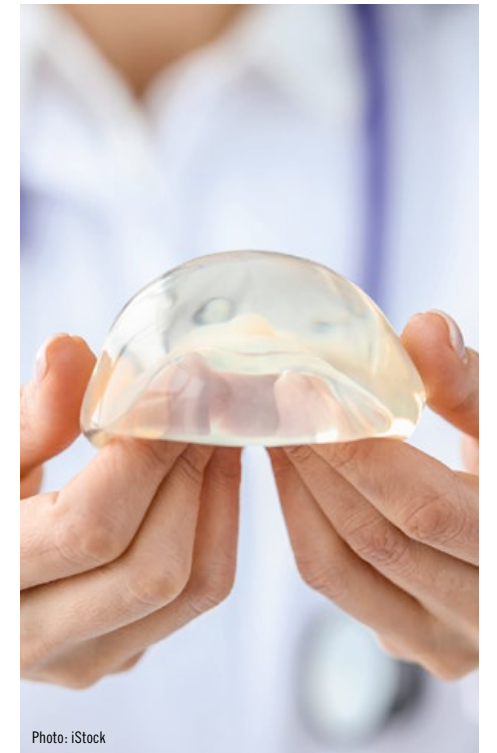


Photo: iStock

The new FDA recommendations include revised monitoring protocols to make it easier on women. Previously, an MRI scan was recommended every other year to identify implant rupture or leakage. The new guidelines recommend ultrasound — which is quicker and costs less — or MRI imaging five-to-six years after implant insertion and every two-to-three years afterward, Dr. DeLong says. Insurance will cover monitoring for women who have implants due to breast cancer surgery or prophylactic mastectomy but may not cover breast-implant-related care for women who have implants for cosmetic purposes.



For more information about plastic and reconstructive surgery at UCLA, go to: uclahealth.org/medical-services/surgery/plastic-surgery



How great a concern is long COVID in kids?

Although less common than in adults, children can experience long COVID-19, too, leading to difficulties with thinking, concentrating, playing sports or participating in their usual activities. “It is important for parents to be aware this is a real syndrome in children, and they should be on the lookout for it if their child has COVID,” says Annabelle de St. Maurice, MD, MPH, associate professor of pediatrics and infectious diseases.

Researchers are still studying the risk factors for long COVID in children, but Dr. de St. Maurice notes that those who have been hospitalized or had more severe cases appear to be at greater risk. “Getting their child vaccinated is one of the best ways to protect against severe COVID and COVID infection,” she says.

“Fortunately, the vaccines are available for the youngest children now.”

Long COVID, which is defined as symptoms that last more than four weeks after infection, can persist for weeks, months or years. Symptoms can also come and go. Children may experience prolonged fatigue, brain fog, headaches, shortness of breath, rapid heart rate or pain in the muscles or joints, Dr. de St. Maurice says. “We know infection itself triggers some of these symptoms, such as fatigue or shortness of breath, but if it lasts four weeks or more, that’s sufficient for concern,” she says, adding that parents should then consult their child’s pediatrician.

Long COVID in children can result in more absences from school or a need for special education services. The American Academy of

Pediatrics says that children dealing with post-COVID symptoms should not be penalized for symptoms that affect learning or completion of assignments. For instance, the group notes that brain fog may result in inattentiveness, slower reading or processing and the need for more repetition.

Parents should talk to teachers about any additional support children with long COVID may need, Dr. de St. Maurice says. “If they’re having difficulty concentrating, parents should alert teachers to provide special modifications to their schedules or homework assignments. If the child has problems with exercise, that would be something to advise their physical education teachers and anyone who might be monitoring recess about,” she says.

While long COVID appears less common in children than adults, it’s also difficult to determine the number of children affected. For instance, children, especially younger ones, may have difficulty describing their symptoms, Dr. de St. Maurice says. That could also explain why research has suggested that older children

and teens are more likely to have post-infection symptoms than younger kids.

Additionally, Dr. de St. Maurice says there’s commonality between some mental health symptoms that have been brought on by the isolation of the pandemic and symptoms associated with long COVID. “We know that people who have depression may be more tired and might have less energy than individuals without depression,” she says. “There’s some overlap in the symptoms.”

Children may experience prolonged fatigue, brain fog, headaches, shortness of breath, rapid heart rate or pain in the muscles or joints, Dr. de St. Maurice says.

Vaccination to both prevent infection and reduce severity of illness is available to children 6 months of age and older and is the best measure for protecting against post-COVID syndrome, Dr. de St. Maurice says.

Even if a child has already had COVID, it’s important to still get vaccinated for optimal protection, she says. Masking also provides another layer of protection. “Getting vaccinated after having natural infection boosts your immune response and provides future protection,” she says.

Families should also make sure their children get their boosters when eligible, she says. Parents should balance between meeting their child’s social needs and taking precautions. That could mean planning more activities outdoor or testing before large gatherings. “Children are social beings and they’re learning how to interact with each other,” Dr. de St. Maurice says. “I think it’s important to weigh the risks and benefits and doing as much as you can to make it as safe as possible, realizing children can’t exist in a bubble.”



For ongoing and updated information about COVID-19, go to: uclahealth.org/conditions-we-treat/coronavirus

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Multiple treatment options available to patients with epilepsy

a growing array of effective therapies, is the best option, says John Stern, MD, codirector of the UCLA Seizure Disorder Center.

Determining the best course of treatment for each patient starts with a thorough evaluation to pinpoint the diagnosis — a process that generally involves some combination of MRI, PET, EEG and, most importantly, the workup and history-taking of subspecialized clinicians. Dr. Stern points out that in as many as one-third of the patients, such an evaluation may reveal that a patient’s seizures aren’t epileptic, but rather the result of another condition that mimics epilepsy and calls for a treatment other than antiseizure drugs. For patients with epilepsy, a subspecialist with intimate knowledge of the many medications and their side effect profiles can successfully guide the patient to the ideal medical regimen.

For patients found to have medication-resistant epilepsy, “the gold standard in terms of giving people with epilepsy a chance for total seizure freedom, with minimal or no side effects, is surgical removal of the portion of the brain that is causing the seizures,” says neurosurgeon Ausaf Bari, MD, PhD. However, while more patients are surgical candidates than in the past, the majority still are not, in many cases because their seizures originate from areas of the brain that serve critical functions, Dr. Bari says.

For these patients, the UCLA Seizure Disorders Center offers three modalities of neurostimulation, which can reduce seizure risk in a manner that is both less invasive and reversible. Neurostimulation aims to abort the abnormal brain rhythms responsible for the seizures through a device that sends electrical impulses to the brain. In deep-brain stimulation, which has been used effectively for patients with movement disorders such as Parkinson’s disease

for two decades, the neurosurgeon places electrodes on either side of the brain and an implanted battery-operated device sends continuous electrical signals to the area that is believed to propagate the seizures. Another procedure, responsive neurostimulation, uses a device that learns how to read brain signals to detect seizures, then stimulates the brain to abort the activity before it becomes a full-blown seizure.

For patients who want to avoid any type of brain procedure, vagus nerve stimulation places an electrode around the nerve in the neck that goes to the brain and indirectly stimulates the brain through a pacemaker-like device implanted in the chest that monitors heart rates as a proxy for seizure activity. “One neurostimulation modality doesn’t exclude using another,” Dr. Bari says. “And it is a modifiable treatment — if it’s not effective or isn’t well tolerated, we can turn the device off and nothing has changed.”

Dr. Stern and center codirector Dawn Eliashiv, MD, stress that patients referred to the UCLA Seizure Disorders Center see a multidisciplinary team of subspecialists who collaborate with the referring physician to develop and implement a treatment plan individualized to the patient’s needs. “We are relentless in going the extra mile for our patients,” Dr. Eliashiv says. “With so many treatment options, it’s important not to give up.”



For more information about epilepsy treatment and the UCLA Seizure Disorders Center, go to: uclahealth.org/medical-services/neurology/epilepsy

Over-the-counter hearing aids expand access for consumers, but they are not for everyone

The U.S. Food and Drug Administration (FDA) has made hearing aids available over-the-counter, making the devices more affordable and giving Americans a broader range of choices. “The fact that over-the-counter (OTC) hearing aids can expand access for those who have hearing loss is a good thing,” says Narine Oganyan, director of audiology and speech pathology at UCLA Health. “We encourage people to pay attention to their hearing health.”

According to the National Institute on Deafness and Other Communication Disorders, about 28.8 million American adults could benefit from using hearing aids, yet only about one-fifth of those who could benefit actually seek them, according to the FDA.

But easy access to OTC hearing aids does not mean everyone with hearing loss should immediately run to a local pharmacy or electronics store to pick up a pair. OTC hearing aids are intended for adults 18 and older with mild-to-moderate hearing loss and are available without the need for a doctor’s visit.

“Over-the-counter hearing aids are appropriate for certain patients and are not appropriate for others,” Oganyan says. “We want to make sure that patients and consumers make informed decisions.”

Contraindications for OTC devices include:

- Children younger than 18.
- People with moderately severe to profound hearing loss.
- People with sudden hearing loss.
- People who have fluid or blood coming from ear(s).
- People with hearing loss or tinnitus in one ear.
- People experiencing severe dizziness.
- People with abnormal ear anatomy.

Traditionally, hearing aids are fitted and prescribed by a hearing specialist, such as an audiologist or a licensed hearing-aid dispenser. An individual who suspects that they have hearing loss, or has been told by loved ones that they appear to have difficulty hearing, should undergo a hearing test to determine if a hearing aid is recommended, says Gina Gracia, AuD, audiology manager at UCLA Health. Based on the individual’s test results, lifestyle, hearing needs and budget, the specialist will recommend an appropriate hearing aid, which would then be programmed specifically for the patient’s hearing deficiencies.

“A benefit of over-the-counter hearing aids is that they can provide an option for those who might otherwise disregard or postpone addressing their hearing problems.”

The cost for prescription hearing aids, which are appropriate for people with significant hearing loss, can be steep, ranging from \$650 to more than \$3,000 per ear, which is among the reasons many people who could benefit do not seek them. For people with mild-to-moderate hearing loss, OTC hearing aids are available at lower price points and with differing levels of customization. Some will come with “presets” a user can choose from to help the device best fit their needs. Others

will include a smartphone app to administer a hearing test that helps customize the hearing aids based on test results.

It’s unlikely that audiologists will be allowed to adjust over-the-counter hearing aids, Gracia says, so it’s important for consumers to understand what modifications are available in the model they choose, what kind of tech support exists and return-policy details.

The accessibility and lower cost of OTC hearing aids may encourage more people to address their hearing loss, Oganyan says. “A benefit of over-the-counter hearing aids is that they can provide an option for those who might otherwise disregard or postpone addressing their hearing problems. Now they have the option of walking into a store, purchasing a pair and discovering that they are getting some benefit from using these over-the-counter devices,” she says.

That initial success could lead them into an audiology or prescription hearing aid-dispensing clinic for more customized help. “This may be a pathway for consumers to actually do something about a hearing problem that they may have been ignoring for years,” Oganyan says.


 For more information about UCLA Health audiology services, go to: uclahealth.org/medical-services/audiology



Photo: iStock

Comprehensive care following a stroke is vital to fullest possible recovery



Emergency treatment for stroke is essential to save lives and preserve function, but follow-up care is vital to ensure the fullest possible recovery. “Stroke patients need to be seen over time after the acute event,” says David Liebeskind, MD, director of the UCLA Stroke Center. At UCLA, “we develop ongoing partnerships with community physicians to provide expertise and ensure that their patients receive the long-term follow-up that will optimize outcomes.”

The UCLA Stroke Center provides comprehensive diagnostic and therapeutic care for simple and complex vascular disorders through multidisciplinary teams that work closely with patients and their referring physicians. “We offer the expertise not just of individuals, but of our center as a whole,” says UCLA neurosurgeon Geoffrey Colby, MD, PhD. “A good part of the success of the procedures we perform comes from the care that’s provided before and after, through the immediate recovery period and beyond.”

In many cases, it pays not to wait for an acute event. For example, when a patient is found to have a condition known as intracranial atherosclerotic disease (ICAD) — narrowing of the large vessels of the arteries leading to the brain, putting them at risk for stroke — early referral to an expert center is important, in part because the best course of therapy isn’t always clear.

The center’s neurosurgeons treat patients with complex vascular lesions, often using revascularization to avert ischemia and then following patients at all stages of the disease. One example of this approach is for Moyamoya disease, a rare, progressive cerebrovascular condition that is one of the primary causes of stroke in children and young adults. “These are usually young people, and often children, who are seemingly healthy; then they suffer a stroke and are at high risk for strokes in the future,” says neurosurgeon Anthony Wang, MD, who specializes in cerebrovascular, pediatric and complex cranial-base surgeries. “Our goal is to

Although stroke is the third-leading cause of death among women in the United States, Dr. Sharma notes that the symptoms can be subtle and are more likely to be missed or minimized by women than men.

correct the chronic lack of oxygenation to the brain and prevent that damage from occurring for the rest of that individual’s life.”

The UCLA Stroke Center stands apart with its expertise in treatment of children. “It can be challenging to recognize the signs of stroke in children, as the overall incidence is low and the clinical signs can be nonspecific, particularly in infants,” says neurologist Latisha Sharma, MD. Once the acute care is completed, access to a team with a multifaceted approach to outpatient treatment of the child plays an essential role in his or her recovery, Dr. Sharma says.

Although stroke is the third-leading cause of death among women in the United States, Dr. Sharma notes that the symptoms can be subtle and are more likely to be missed or minimized by women than men. “We need to do more to educate women to call 911 and not delay seeking treatment, especially if there is a sudden neurological change,” she says. Women may be at higher stroke risk in the antenatal and postpartum period from conditions such as preeclampsia. “Preeclampsia is considered a sex-specific risk factor for future stroke but is often under-recognized and many women are unaware of their risk later in life,” Dr. Sharma adds.



For more information about the UCLA Stroke Center, go to: uclahealth.org/stroke

Embrace the Darkness for a Better Night’s Sleep

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

DEAR DOCTORS: I need it to be completely dark to sleep well. I’ve got blackout curtains, I use an analog clock, and I even duct taped the digital lights on the smoke alarm. I just read that light at night is bad for your health. Is that true? I want my husband to know I’m not overreacting about this.

DEAR READER: Most of us live in a world saturated with artificial light. Even those in more rural areas, who have the luxury of dark(er) night skies, scramble their circadian clocks once the sun sets. Electric lights and

all manner of digital screens derail the body’s precisely calibrated daily rhythms of light and dark. As we’ve discussed here before, research has tied these ongoing disruptions to an array of adverse health effects. This includes the obvious, such as poor sleep and insomnia, and the unexpected, including inflammation, obesity and an increased risk of cardiovascular problems and metabolic disorders. Now, the findings of a new study have linked consistent exposure to light while sleeping to high blood pressure, weight gain and type 2 diabetes in older adults.

The study, which was conducted by researchers at Northwestern University, looked at health data collected from 552 adults. They ranged in age from 63 to 84 years of age. Each participant was screened for pre-existing cardiovascular conditions and had their activity levels, as well as their levels of nighttime light exposure, measured for a week. The study found that the participants who were exposed to more light during sleep were twice as likely to have type 2 diabetes as those who slept in a darker environment. They were also nearly twice as likely to have high blood pressure and to be obese. Interestingly — and

this backs up your vigilance with the duct tape — the sources of light ranged from light bulbs and bedroom TV sets to the seemingly minor spill from digital devices. When the researchers analyzed their data, they found that fewer than half of the study participants managed to eke out five hours of complete darkness per day, even during time set aside for sleep.

While these types of studies can uncover patterns, they can’t say why those patterns occur. As the researchers pointed out, nighttime lighting may have contributed to the health issues that were uncovered, or the health issues themselves may have led to the need for extra light. Still, new research now shows that circadian clocks and their corresponding cycles are programmed into our bodies at a cellular level. We think it makes sense to give ourselves the closest approximation possible of the daily rhythms of light and dark that our bodies are attuned to. If you must have a nightlight, keep it dim and close to the floor. Choose amber or even red bulbs, which are less stimulating for the brain. When you can’t control outdoor light pollution, use blackout curtains or a good eye shade. The blue light from digital devices is particularly disruptive. Ban screens from the bedroom and, if possible, avoid looking at them at least an hour before bed.

ASK THE DOCTORS



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



Illustration: Maitreyee Kalaskar



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

Community Health Programs

FEBRUARY / MARCH / APRIL 2023 COMMUNITY CALENDAR EVENTS

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

CARE PLANNING

Advance Care Planning

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

When: Wednesdays, Feb. 15, Mar. 15 and Apr. 19, 6 – 7:30 pm

Where: Teleconference session

Register: ACP@mednet.ucla.edu

COGNITIVE HEALTH

Memory Training Course (monthly)

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

Where: Teleconference session

Schedule & cost: longevity@mednet.ucla.edu

Senior Scholars

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

When: Spring quarter begins Mar. 29; applications Feb. 6 to Mar. 2

Where: Online and on UCLA campus

Info & cost: semel.ucla.edu/longevity/senior-scholars-program-longevity-center or srscholars@mednet.ucla.edu or 310-794-0679

Brain Boot Camp (monthly)

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

Where: Teleconference session

Schedule & cost: longevity@mednet.ucla.edu

Sharper Mind Series (monthly)

This series focuses on the formula for living better and longer, including physical activity, nutrition, stress, sleep and cognitive training.

Where: Teleconference session

Schedule & cost: longevity@mednet.ucla.edu

HEALTH EMERGENCIES

Save-a-Life Workshop

Learn how to save a life! Recognize the signs and symptoms of common emergencies like choking, heart attack, stroke and allergic reactions.

Lifesaving skills like hands-only CPR, stopping severe bleeding and calling 9-1-1 — what to know, say and do — will all be covered.

When: Tuesday, Apr. 18, noon – 1 pm

Where: Teleconference session

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

KIDNEY DISEASE

Kidney Health Q and A

Dr. Ira Kurtz, Distinguished Professor and Chief of the Division of Nephrology at UCLA, hosts a monthly Q & A session on all aspects of kidney disease.

Dr. Kurtz will answer questions on the various causes of acute and chronic kidney disease and medications that injure the kidneys among other kidney-related topics, including treatment options.

When: Thursdays, Feb. 23, Mar. 30 and Apr. 27, 7 – 7:45 pm

Where: Teleconference session

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

Chat with Dr. Anjay Rastogi and CORE Kidney Team

Professor and Clinical Chief of Nephrology and Director of the CORE Kidney Program, Anjay Rastogi, MD, PhD, and Circle of CORE, a patient advocacy and support group, will discuss a wide variety of topics related to kidney disease and high blood pressure, including prevention, diagnosis, management, nutrition, exercise, mental health, dialysis, transplantation and kidney-friendly life choices. Other health care providers, including dietitians and psychologists, will join the session.

The sessions are interactive, with an opportunity to ask questions during the event. You can also send in your questions in advance to COREKidney@mednet.ucla.edu.

When: Wednesday, Mar. 1, 5 – 6 pm and Saturday, Apr. 1, 5 – 6 pm

Where: Teleconference session

RSVP: tinyurl.com/rastogi-chat

9th Annual Global UCLA CORE Kidney Health Conference

Annual patient conference to discuss all recent advances and state of care at UCLA Health. Presented by Anjay Rastogi, MD, PhD, and the CORE Kidney Team.

When: Thursday, Mar. 9, 5 – 7 pm

RSVP: COREKidney@mednet.ucla.edu

Kidney Health Walk

Join us for this two-mile walk along the beach in Santa Monica to support UCLA's CORE Kidney Program and to promote kidney disease awareness and healthy living. Presented by Dr. Anjay Rastogi and the CORE Kidney Health Program.

When: Sunday, Mar. 12, 9 am – noon

Where: Dorothy Green Park at Ocean Park Blvd. & Bernard Way

Info & RSVP: COREKidney@mednet.ucla.edu

LANGUAGE DEVELOPMENT

Let's Talk About Communication

Nicole Schussel, MS, CCC-SLP, UCLA speech-language pathologist, will discuss speech and language development for children, as well as strategies for improving communication abilities at home. Intended for parents and caregivers of children from birth through 4 years of age.

When: Thursday, Mar. 23, 7 – 9 pm

Where: Teleconference session

RSVP: nschussel@mednet.ucla.edu to receive Zoom link

MOVEMENT DISORDERS

How to Shake the Shakes

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

When: Saturday, Apr. 15, 9 am – noon

Where: Teleconference session

RSVP: ucla.tremor@gmail.com

MULTIPLE SCLEROSIS

REACH to Achieve Program (ongoing)

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

Where: Marilyn Hilton MS Achievement Center

Info & application: 310-267-4071

CogniFitness

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

When: Saturdays in February, noon – 2 pm

Where: Teleconference sessions

Info & application: 310-267-4071

Living Well

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

When: Starting in March

Where: Marilyn Hilton MS Achievement Center and teleconference sessions

Info & application: 310-267-4071

PODIATRY

Ankle Arthritis and Ankle Replacement

Bob Baravarian, DPM, will discuss the latest advances in treating foot and ankle arthritis, including injection joint lubrication, arthroscopic cleanup, joint-preservation surgery, fusion surgery and ankle replacement surgery.

When: Tuesday, Feb. 21, 5:45 – 6:45 pm

Where: Teleconference session

RSVP: 310-828-0011 to receive Zoom invitation

Heel and Ankle Pain

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

When: Tuesday, Mar. 21, 5:45 – 6:45 pm

Where: Teleconference session

RSVP: 310-828-0011 to receive Zoom invitation

Bunions and Bunion Surgery

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

When: Tuesday, Apr. 18, 5:45 – 6:45 pm

Where: Teleconference session

RSVP: 310-828-0011 to receive Zoom invitation

STRESS REDUCTION

Mindfulness Classes and Events (ongoing)

UCLA Mindful Awareness Research Center offers classes, workshops and events for the public to learn mindfulness techniques and practices to reduce stress and promote well-being. Free Monday and Thursday 12:30 pm meditations.

Where: Teleconference sessions

Info: uclahealth.org/marc



Blood &
Platelet Center

UCLA patients need blood donations

The need for blood and plasma during the COVID-19 pandemic remains acute. Blood donation is a way for healthy people to make a significant contribution during this difficult time. The UCLA Blood & Platelet Center follows the precautions recommended by the American Association of Blood Banks to keep donors and staff safe. For more information and to schedule an appointment to donate, go to: uclahealth.org/gotblood



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COVID-19 Clinical Trials

UCLA conducts research for a wide range of medical disorders and offers patients opportunities to participate in research and clinical trials. At right is a description of just one of our many active clinical trials dedicated to the research and treatment of COVID-19, followed by a list of some of the other clinical studies at UCLA Health that are actively recruiting participants.

COVID-19 Outcome Prediction Algorithm


Severe acute respiratory syndrome coronavirus 2-mediated coronavirus disease (COVID-19) is an evolutionarily unprecedented natural experiment that causes major changes to the host immune system. We propose to develop a test that accurately predicts short- and long-term (within one year) outcomes in hospitalized COVID-19 patients broadly reflecting U.S. demographics who are at increased risk of adverse outcomes from COVID-19 using both clinical and molecular data. We will enroll patients from a hospitalized civilian population in one of the country's largest metropolitan areas and a representative National Veteran's population.



Photo: iStock

More open and actively recruiting clinical studies at UCLA Health:

- EPIC-Peds: A study to learn about the study medicine called PF-07321332 (Nirmatrelvir)/Ritonavir in patients under 18 years of age with COVID-19 who are not hospitalized but are at risk for severe disease
- The effect of the COVID-19 pandemic on glaucoma care
- Accelerating COVID-19 therapeutic interventions and vaccines 4 ACUTE
- COVID-19 questionnaire in UCLA rheumatoid arthritis patients
- Role of children in transmission of COVID-19 to immunocompromised patients
- Observational cohort of hospitalized patients with COVID-19 at UCLA
- COVID-19 booster vaccine in autoimmune disease non-responders
- An observational study evaluating viral shedding and development of immune responses in mother-infant pairs affected by COVID-19
- COVID-19 surveillance in health care workers and patients: observational studies from the influenza vaccine effectiveness in the critically ill (IVY) network
- COVID-19 critical care consortium incorporating the extracorporeal membrane oxygenation for 2019 novel coronavirus acute respiratory disease (ECMOCARD)
- COVID evaluation of risk for emergency departments (COVERED) project
- Study to evaluate the safety, tolerability, pharmacokinetics and efficacy of Remdesivir (GS-5734™) in participants from birth to < 18 years of age with coronavirus disease 2019 (COVID-19)
- Mechanical interventions for persistent hypoxemia in patients receiving VV ECMO for COVID-19: a multicenter retrospective study

 For more information, including a full list of active COVID-19 clinical trials at UCLA Health, please visit uclahealth.org/clinical-trials and search for COVID-19.



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Vital Signs

WINTER 2023 | VOL. 97

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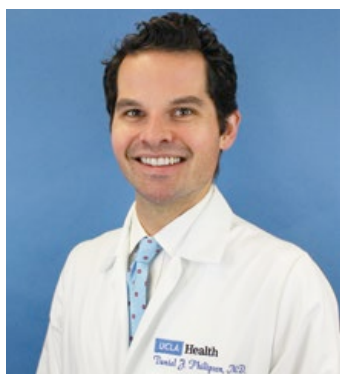
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Women Need Baseline Cardiac Screening

Although heart disease tends to be associated with men, more women die each year from cardiovascular disease (CVD) than men. CVD accounts for more deaths among women than cancer, lung disease and diabetes combined. Cardiac screening can help determine an individual's risk. Daniel J. Philipson, MD, a UCLA cardiologist in Torrance, explains the importance of cardiac screening, what it entails and how it can help women reduce their risk of CVD.

Why should women be screened for heart disease?

In addition to the risk factors that affect everyone, women have gender-specific issues that can increase their risk of heart disease and they may not be aware of them. These include irregular periods, early menopause, use of birth control pills, PCOS (polycystic ovarian syndrome) and complications, such as high blood pressure or diabetes, that develop during pregnancy. "Heart disease tends to be under-recognized in women, and women tend to have worse outcomes than men because of that," Dr. Philipson says. "Women and their physicians need to have their antenna up when it comes to identifying heart disease." The goal is to identify each woman's individual risk factors — based on family history, lifestyle, lab tests and a physical exam — so that women and their physicians together can target and mitigate risk factors with lifestyle modifications and medication.



Dr. Daniel J. Philipson.
Photo: UCLA Health

What tests are involved and when should they start?

"Keeping up with your primary care provider is where screening begins," Dr. Philipson says. "Your physician should screen your blood pressure, blood sugar and cholesterol levels and use those results, along with family history and current health, to determine the frequency of further testing." In addition to individuals with a family history of CVD or those with abnormal initial screening tests, those considered at elevated risk, including women who are overweight, age 50 and above, smokers and cancer survivors, may require more frequent or additional testing and evaluation.

What can women do to decrease their risk of developing heart disease or to lessen it if they have been diagnosed as at risk?

"Modifiable risk factors such as high blood pressure, cholesterol and diet need to be controlled as best as possible to avoid or delay developing problems," says Dr. Philipson. "A healthy diet and regular physical activity can help lower risk. In both cases, people need to choose strategies that are sustainable. For diet, that means reducing intake of sugar and saturated fats, but not necessarily cutting them out entirely. Moderation is key. For exercise, find something you enjoy, whether that's walking on the beach, riding on a stationary bike or swimming."

What symptoms of cardiovascular disease do women experience?

Chest discomfort that occurs with exertion and improves with rest is the most common symptom

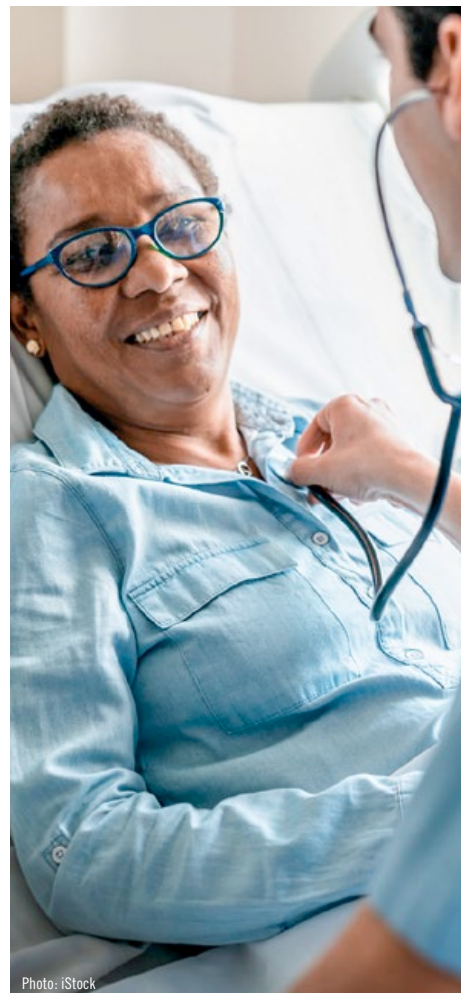


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for both women and men, Dr. Philipson says. However, women may feel pain in the upper abdomen, sensations of indigestion or discomfort in the neck, jaw or shoulders. They may experience shortness of breath, nausea, vomiting, sweating or feel fatigued, lightheaded or dizzy. "As one of my mentors said, any sensation a woman has from her nose to her naval could be a manifestation of heart attack and should be checked out."

What else should women know about heart disease?

"Statins remain the best medications we have to help people live longer by reducing risk of heart attack and stroke," Dr. Philipson says. "They are extremely effective, and people at risk who take them tend to live longer than those who don't."



To find a UCLA Health location near you, go to: maps.uclahealth.org

Women Need Baseline Cardiac Screening

Although heart disease tends to be associated with men, more women die each year from cardiovascular disease (CVD) than men. CVD accounts for more deaths among women than cancer, lung disease and diabetes combined. Cardiac screening can help determine an individual's risk. Sahar Sohrabian, MD, a UCLA cardiologist in Encino, explains the importance of cardiac screening, what it entails and how it can help women reduce their risk of CVD.

Why should women be screened for heart disease?

"It's important for women to know their risk factors and what they can do to optimize their health care," Dr. Sohrabian says. "They might not realize their cholesterol levels are problematic or the importance of family history. We want to do as much preventative care as possible to avoid more serious issues in the future." In addition to the risk factors that affect everyone, women have gender-specific issues that can increase their risk of heart disease. These include irregular periods, early menopause, use of birth control pills, PCOS (polycystic ovarian syndrome) and pregnancy-related complications, such as gestational diabetes. Autoimmune disease, which is more prevalent among women, also increases risk.



Dr. Sahar Sohrabian.
Photo: UCLA Health

What tests are involved and when should they start?

Women should have blood pressure and cholesterol levels tested during their annual physicals. Women at average risk should repeat blood pressure testing at least once every two years and cholesterol testing every four-to-six years. In addition to individuals with a family history of CVD or those with abnormal initial screening tests, those considered at elevated risk, including women who are overweight, age 50 and above, smokers and cancer survivors, may require more frequent or additional testing and evaluation.

What can women do to decrease their risk of developing heart disease or to lessen it if they have been diagnosed as at risk?

"Lifestyle modifications can sometimes preclude the need for medication," Dr. Sohrabian says. A healthy diet — one that is low in salt and saturated fat, high in vegetables and whole grains — and regular exercise of moderate intensity for at least 150 minutes per week benefit everyone. "Depending on how the patient does with lifestyle modifications, as well as how many risk factors they have, we may initiate medication to lower blood pressure or cholesterol."

What symptoms of cardiovascular disease do women experience?

Chest discomfort is the most common symptom for both women and men. "However, women often have more nonspecific symptoms, such

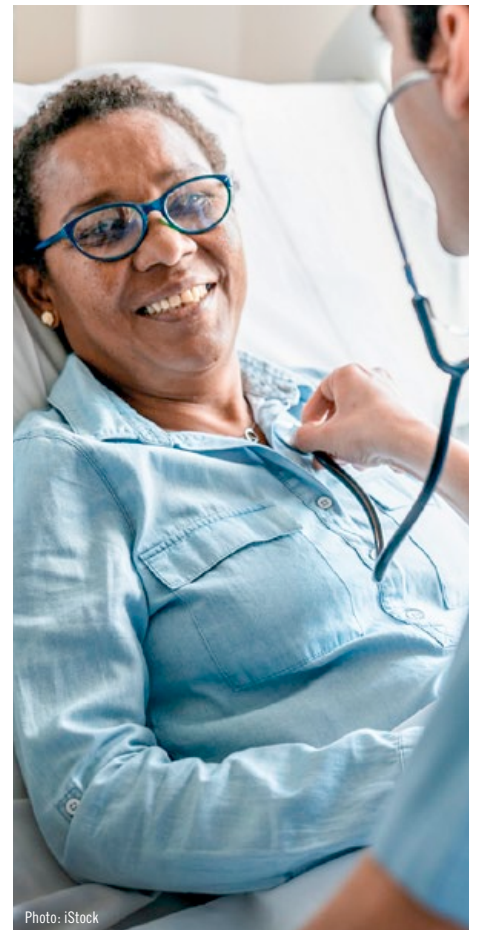


Photo: iStock

as acid reflux, nausea, dizziness and fatigue," Dr. Sohrabian says. According to the American Heart Association, women's heart attack symptoms may also include vomiting as well as pain in the neck, jaw, throat, abdomen or back. "It's important to be in tune with your body, so if something is abnormal for you, you get it checked out."

What else should women know about heart disease?

"The earlier people are seen and we can catch issues, the earlier we can intervene and the better outcomes we can have," Dr. Sohrabian says. "The practice of cardiology has become very advanced in recent years, and we're really capable of controlling risk and preventing the need for aggressive intervention when patients come to us promptly."



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Women Need Baseline Cardiac Screening

Although heart disease tends to be associated with men, more women die each year from cardiovascular disease (CVD) than men. CVD accounts for more deaths among women than cancer, lung disease and diabetes combined. Cardiac screening can help determine an individual's risk. Megan Y. Kamath, MD, a UCLA cardiologist in Valencia, explains the importance of cardiac screening, what it entails and how it can help women reduce their risk of CVD.

Why should women be screened for heart disease?

In addition to the risk factors that affect everyone, women have gender-specific issues that can increase their risk of heart disease and may not be aware of them. These include irregular periods, early menopause, use of birth control pills, PCOS (polycystic ovarian syndrome) and high blood pressure or diabetes that develops during pregnancy. Autoimmune disease, which is more prevalent among women, also increases risk. “We have to think about screening from the time when people are young to identify risk factors that might persist into older age,” Dr. Kamath says. She notes that once a physician identifies a patient's individual risk factors — based on family history, lifestyle, lab tests and a physical exam — physician and patient together can target and mitigate those risk factors with lifestyle modifications and medication.



Dr. Megan Y. Kamath.
Photo: UCLA Health

What tests are involved and when should they start?

Women should have blood pressure and cholesterol levels tested during their annual physicals. Women at average risk should repeat blood pressure testing at least once every two years and cholesterol testing every four-to-six years. In addition to individuals with a family history of CVD or those with abnormal initial screening tests, those considered at elevated risk, including women who are overweight, age 50 and above, smokers and cancer survivors, may require more frequent or additional testing and evaluation.

What can women do to decrease their risk of developing heart disease or to lessen it if they have been diagnosed as at risk?

“Keeping up with your primary care and cardiovascular providers is a great first step as they can check blood pressure, cholesterol and blood sugar levels and prescribe pharmacologic therapy if needed,” Dr. Kamath says. “Lifestyle modifications are key. For diet, that means focusing on a more plant-based diet, such as the Mediterranean or DASH [Dietary Approaches to Stop Hypertension] diets. For physical activity, try to get at least 30 minutes of moderate-intensity exercise at least five times a week, if not every day.”

What symptoms of cardiovascular disease do women experience?

Chest discomfort is the most common symptom for both women and men. However, Dr. Kamath says, “Women tend to have more atypical symptoms for cardiovascular disease. Instead

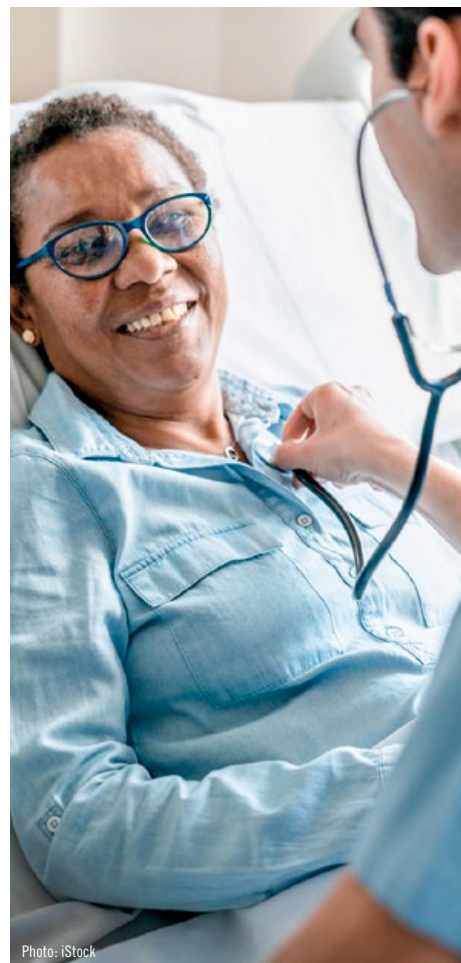


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of the traditional crushing chest pain, they may have pain or discomfort in the upper abdomen, sensations of indigestion or discomfort in the neck, jaw or shoulder. They may experience shortness of breath, nausea, vomiting, sweating, or feel fatigued, lightheaded or dizzy.” While these symptoms may have other causes, “If your gut tells you something feels off, get it checked out,” she says.

What else should women know about heart disease?

“We have very collaborative relationships at UCLA and work together with our colleagues in other specialties to make sure patients receive comprehensive care,” Dr. Kamath says. “Patients can leverage the resources of UCLA Health and take advantage of the world-class care available here.”



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Women Need Baseline Cardiac Screening

Although heart disease tends to be associated with men, more women die annually from cardiovascular disease (CVD) than men. CVD accounts for more deaths among women than cancer, lung disease and diabetes combined. Cardiac screening can help determine an individual's risk. Megha Agarwal, MD, a UCLA cardiologist in Thousand Oaks, explains the importance of cardiac screening, what it entails and how it can help women reduce their risk of CVD.

Why should women be screened for heart disease?

In addition to the risk factors that affect everyone, says Dr. Agarwal, “women have several gender-specific issues that can increase their risk of heart disease, and they may not be aware of them. These include irregular periods, early menopause, use of birth control pills, PCOS (polycystic ovarian syndrome) and pregnancy-related complications. Autoimmune disease also increases risk. Although men can also have autoimmune diseases, they are more prevalent among women.” Dr. Agarwal explains that once a physician identifies a patient's individual risk factors — based on family history, lifestyle and lab tests — physician and patient together can target and mitigate those risk factors with lifestyle modifications and medication.



Dr. Megha Agarwal.
Photo: UCLA Health

What tests are involved and when should they start?

Women should have blood pressure and cholesterol levels tested during their annual physicals. Women at average risk should repeat blood pressure testing at least once every two years and cholesterol testing every four-to-six years. In addition to individuals with a family history of CVD or those with abnormal initial screening tests, those considered at elevated risk, including women who are overweight, age 50 and above, smokers and cancer survivors, may require more frequent or additional testing and evaluation.

What can women do to decrease their risk of developing heart disease or to lessen it if they have been diagnosed as at risk?

“We have many tools to help,” Dr. Agarwal says. A healthy diet — one that is low in salt and saturated fat, high in vegetables and whole grains — and regular exercise of moderate intensity for at least 150 minutes per week benefit everyone. Dr. Agarwal may refer a patient to UCLA's clinical nutrition clinic, medical weight management or smoking cessation programs. “I may work with the patient's rheumatologist to treat autoimmune conditions or with her gynecologist to help better regulate her hormones. When appropriate, we can also use medications to help lower blood pressure, cholesterol and blood sugar.”

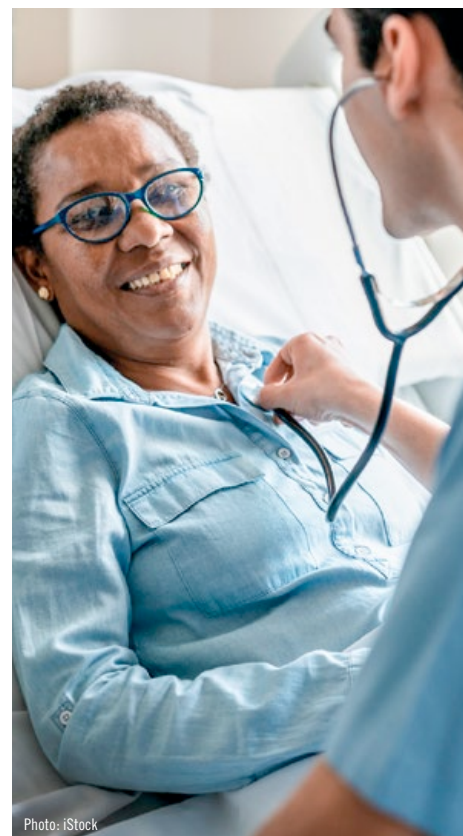


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What symptoms of cardiovascular disease do women experience?

Chest discomfort is the most common symptom for both women and men. While men tend to feel it as pain, women may experience more of a feeling of pressure. “Chest discomfort or windedness on exertion or even light activity is an indicator,” Dr. Agarwal says. Women more frequently report fatigue, heart palpitations, rapid heartbeat, dizziness, heartburn, nausea or sudden sweating. According to the American Heart Association, women's heart attack symptoms may also include vomiting and pain in the neck, jaw, throat, abdomen or back.

What else should women know about heart disease?

“Our hormones are very cardioprotective,” Dr. Agarwal says. “When we go through menopause or have irregular periods and fluctuating hormonal levels, we begin to lose that protection.” Women tend to present with cardiovascular disease an average of 10 years later than men, but they can experience it at any age.



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