

Vital Signs

FALL 2021 | VOLUME 92

FEATURE STORIES

Maternal Care

Page 4

Women's Health

Page 6

Wellness

Page 8

Community Calendar

Page 12



Photo: iStock

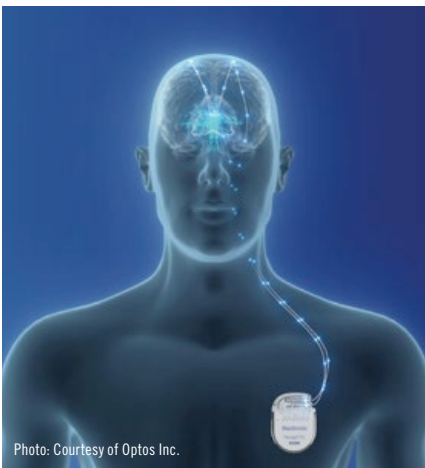


Photo: Courtesy of Optos Inc.

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. Living with even occasional seizures has a substantial impact on quality of life, both from the seizure risk and the potential for cognitive impairment and sudden

Continued on page 7



Photo: iStock

In this issue

- 2 What's new at UCLA
- 3 COVID-19 shot is safe to administer with other vaccines.
- 4 MOMS clinic assists pregnant and postpartum women with mental health conditions.
- 6 COVID-19 vaccine can affect mammogram result, but in most cases it is not of concern.
- 8 Essential oils have gone mainstream, offering proven therapeutic value.
- 10 VidaTalk app gives patients with communication challenges the ability to express their needs.
- 11 Ask the Doctors: UCLA's Drs. Eve Glazier and Elizabeth Ko answer readers' questions: Peripheral artery disease.
- 12 Community calendar: Health and wellness for the community

UCLA Health hospitals #1 in L.A. and state, #3 in U.S.



UCLA Health hospitals ranked #1 in both Los Angeles and California and #3 nationally in *U.S. News & World Report's* annual survey.

The rankings are intended to help patients make informed decisions about where to receive care for

life-threatening conditions, as well as for more common, nonurgent procedures. UCLA Health once again earned a coveted spot on the national honor roll, which names 20 hospitals providing the highest-quality care across a wide range of procedures and conditions.

For more information about UCLA Health's rankings, go to:

uclahealth.org/best-hospitals

New UCLA Health community clinics open



Photo: UCLA Health

UCLA Health is expanding with new primary and specialty care clinics in Calabasas, Marina del Rey, North Hollywood, San Luis Obispo, Santa Barbara, Santa Clarita, Torrance and West Hills. Stein Eye Center is also now open with ophthalmology services in its newest location in Calabasas. These clinics join the UCLA Health network of more than 200 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



COVID-19 shot is safe to administer with other vaccines

Respiratory diseases increase in the fall, so it's more important than ever for people who are eligible but have not yet gotten their COVID-19 vaccine to do so now. Fall is also the time to get the flu vaccine. Daniela Delgado, MD, a UCLA family medicine physician in Beverly Hills, and Jose Soza, MD, a UCLA family medicine physician in downtown Los Angeles, discuss the safety of getting the COVID-19 vaccine simultaneously with other vaccines and what other vaccines might be due.

What are the recommendations about administering the COVID-19 vaccine with other vaccines?

"The COVID-19 vaccine may be administered along with other vaccines," Dr. Delgado says. "Out of an abundance of caution, the Centers for Disease Control and Prevention (CDC) originally recommended a 14-day interval between administering the COVID-19 vaccine and any other vaccines. But once they collected enough data, the CDC affirmed the safety of coadministering vaccines." Dr. Soza adds that "certain vaccines that are associated with localized reactions, such as swelling or redness, can be given in different limbs. These include COVID-19, human papillomavirus (HPV), shingles and tetanus."

Why don't multiple vaccines overwhelm the immune system?

"There isn't a cumulative effect for the immune system, which is built to constantly react and respond to multiple triggers," Dr. Soza says.



Dr. Daniela Delgado.
Photos: UCLA Health



Dr. Jose Soza.

What vaccines might adults need?

Dr. Delgado notes that adults need a tetanus, diphtheria and pertussis (Tdap) or tetanus and diphtheria (Td) booster vaccine every 10 years. Young adults may need a human papillomavirus (HPV) vaccine if they didn't receive one during their teen years. Upon reaching age 50, adults should get a shingles vaccine, which is administered in two separate doses. Pneumonia shots start at age 65 or earlier for those with certain health conditions. "COVID-19 and shingles vaccines may cause fatigue, low-grade fever and muscle aches in some individuals," Dr. Delgado says.

What about vaccines for adolescents and children?

At press time, the COVID-19 vaccine is authorized for adolescents ages 12 to 17. "They may also need a meningococcal vaccine and potentially a Tdap or Td booster," Dr. Delgado says. "They may also get the HPV vaccine in that time frame if they have not completed the series previously."

What about the flu vaccine?

"The flu is highly transmissible," Dr. Soza says. "In addition to making people feel miserable, the flu can be fatal. According to the CDC, the flu kills an average of 36,000 people each year."



Photo: iStock

He emphasizes the importance of getting the flu vaccine in September or October, before flu season reaches full force, and reiterates the safety of getting a flu shot at the same time as a COVID-19 vaccine.

What else is important to know about vaccines?

Drs. Delgado and Soza note that people with allergies, including allergies to medications or who have reacted to other vaccines in the past, can most often safely receive the COVID-19 vaccine, but they should speak with their physician. "It is very important for everyone to get their COVID-19 vaccine, as well as their regular preventive vaccines," Dr. Delgado says. "Now is the time to get a physical and get current on any needed vaccines." Adds Dr. Soza, "Patients who are hesitant about having multiple vaccines at once, or who have any other concerns about vaccination, should always feel comfortable reaching out to their physician. We want them to feel confident about their decisions."



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

MOMS clinic assists pregnant and postpartum women with mental health conditions

When California enacted a law requiring that every pregnant woman receive mental health screening, UCLA Health professionals asked themselves what more they could do to ensure patients with concerning mental health symptoms receive the help they need. The result is the Maternal Outpatient Mental Health Services (MOMS) Clinic, which launched shortly after implementation of the state's Maternal Mental Health Screening Law in 2019 and is helping to connect pregnant and postpartum patients with depression, anxiety, post-traumatic stress and other mental health conditions to high-quality care and support. It is a need that has significantly increased during the COVID-19



Illustration: Maitreyee Kalaskar

pandemic, says Misty C. Richards, MD, medical director of perinatal psychiatry at UCLA and cofounder of the clinic.

Dr. Richards reports that she has seen a 30% increase in postpartum depression cases since the pandemic started — on average, about 15 women per week — and she has particular concern for low-income women of color who, because of insufficient or no insurance, historically have been short changed by the health care system.

Depression is one of the most common disorders during pregnancy and the postpartum period, with rates ranging from 12% to 20%, according to the Centers for Disease Control and Prevention. “We are so grateful for the state-mandated screening, but we knew we would need more providers once women screened positive,” Dr. Richards says. “That’s why the MOMS Clinic came to fruition. We swiftly identify, treat and support women who are suffering from perinatal mental illness and bridge them to more permanent mental health care in the community.”

Postpartum and peripartum mental health disorders have been long overlooked, says Rashmi Rao, MD, obstetric medical director of mental health and cofounder of the MOMS Clinic. “Too many women are falling through the cracks. We do a pretty good job of treating gestational diabetes and hypertension in pregnancy, but mental health disorders represent a higher percentage of those conditions that we routinely treat,” she says. “We are now at least having the conversation about maternal mental health,

“Too many women are falling through the cracks. We do a pretty good job of treating gestational diabetes and hypertension in pregnancy, but mental health disorders represent a higher percentage of those conditions that we routinely treat.”

but the resources are so limited to help these women.”

The MOMS Clinic represents a new paradigm for addressing maternal mental health. The clinic is based on a collaborative-care model that integrates psychiatric services within the UCLA Department of Obstetrics and Gynecology. Pregnant or postpartum women who screen positive for a maternal mental health disorder are referred to the MOMS Clinic by their UCLA OB-GYN providers and receive a full psychiatric assessment by an experienced reproductive psychiatrist. Once established in the clinic, patients often begin treatment with psychotropic medications and short-term therapy until a seamless transition can be made to a trusted provider in the community for ongoing mental health care, Dr. Richards says.

“The MOMS Clinic assesses, confirms and refers to resources in the community or at UCLA,” she adds. “It’s like a psychiatric urgent care for women with perinatal mental health disorders, such as major depressive disorder with peripartum onset or postpartum psychosis. When you are six weeks postpartum and in crisis, you need help fast.

The clinic is expanding its services to include an experienced social worker who will help to connect patients to reproductive therapists, psychiatrists and other resources in the community for ongoing care.

The goal of the MOMS Clinic is to reduce barriers preventing adequate mental health treatment and to optimize the quality of care so that mothers, babies and families can thrive, Dr. Rao says. Studies show that pregnant women with untreated mental health disorders can experience worse pregnancy outcomes. Similarly, anxiety, depression or psychosis following birth can interfere with parent-child bonding. Patients are able to access quality mental health care from the clinic within one month of referral by their UCLA OB-GYN — as opposed to four-to-six months to access care in a community setting — optimizing their ability to bond with their child. Women continue to receive treatment from the clinic until they are able to begin with a community provider.

Maternal mental health disorders can be treated, and antidepressants, such as Zoloft, can be safely and effectively administered to pregnant women, balancing the needs of the mother with concerns for fetal health,

Dr. Richards says. She says 30% to 60% of maternal mental health patients experience a 50% reduction in symptoms after about two months of treatment.

“It can be challenging to find help for pregnant women with mental health disorders,” Dr. Rao says, adding that some psychiatrists are reluctant to see pregnant patients due to the possible side effects of psychotropic medication

“The goal of the MOMS Clinic is to reduce barriers preventing adequate mental health treatment and to optimize the quality of care so that mothers, babies and families can thrive.”

use during pregnancy. “Having someone who understands what medications can be used is so important. It’s a very nuanced situation.”

The MOMS Clinic also prioritizes assessing the patient’s social and family support structure — another critical component of care. While more resources are needed in the community to help care for maternal mental health patients, the MOMS clinic fills a significant gap. “The collaborative care model makes this a unique program,” Dr. Richards says. “I can think of only six hospitals in the country that are trying to do what we’re doing.”



For more information about the MOMS Clinic, go to: uclahealth.org/obgyn/moms-clinic

COVID-19 vaccine can affect mammogram result, but in most cases it is not of concern



Photo: iStock

This past January, breast-imaging radiologists at UCLA began noticing an unusual pattern in routine screening mammograms: abnormally enlarged lymph nodes in the armpit, a potential sign of cancer. But, in most cases, these enlarged nodes were not suspicious for cancer. When the radiologists called patients to gather additional information, they discovered that many of the women had recently received a COVID-19 vaccine in the corresponding arm that led to the swelling, what is known as axillary lymphadenopathy.

“The most important thing to know is that this is a normal response, showing that your immune system is doing what it is supposed to be doing to protect you against COVID,” says UCLA radiologist Melissa Joines, MD.

Indeed, other vaccines, including those for shingles, pneumonia, tetanus and even the flu, can cause similar immunogenic reactions seen

on breast imaging. Not all women will have axillary lymphadenopathy after a vaccine, and many may not notice the swelling that can be seen on imaging.

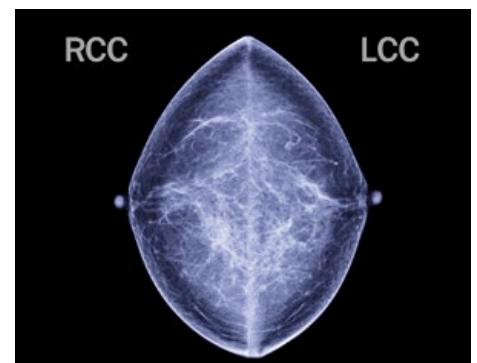
Radiologists realized two things were drastically different and contributing to the increase. “Because of the rapid mass vaccination of our population, we were seeing more cases. And the COVID-19 vaccines seem to initiate a stronger immune reaction than some of the other vaccines,” Dr. Joines explains.

Clinicians across the country picked up the same pattern, and the national Society for Breast Imaging’s Patient Care and Delivery Committee issued new guidelines that addressed the temporary lymph node enlargements and “false positives” in mammograms after COVID-19 vaccines. With regard to scheduling, it recommended:

“If possible, and when it does not unduly delay care, consider scheduling screening exams prior to the first dose of a COVID-19 vaccination or four-to-six weeks following the second dose of a COVID-19 vaccination.”

UCLA breast surgeon Deanna J. Attai, MD, emphasizes those recommendations apply for women undergoing routine screening mammograms once a year or every other year if they are not high risk and no problems are suspected. “This does not apply to women undergoing diagnostic imaging when an actual problem exists — when they feel a lump, are experiencing pain, have nipple discharge or other symptoms,” Dr. Attai says. “Those women should schedule their diagnostic mammograms as soon as possible, regardless of the timing of the COVID-19 vaccine.”

Additionally, because routine cancer screenings, including mammograms, plummeted during the pandemic, UCLA physicians recommend that women overdue for routine mammograms schedule them as soon as they are able. “It’s important to stress that getting a screening mammogram ensures that breast cancer can be detected as early as possible,” says UCLA radiologist Hannah Milch, MD. And if you already have one scheduled, UCLA’s radiologists recommend keeping the appointment, as it may be difficult to reschedule



Continued from cover

later as radiology departments see an uptick in screenings.

The doctors stress that the same is also true for the COVID-19 vaccine, and they advise that no one should reschedule their COVID-19 vaccine appointments, and that completing the vaccine regimen as soon as possible is critical.

Over the past months, radiologists have become more skilled in recognizing the possibility of vaccine-induced swelling. Breast-imaging technologists now document a patient's vaccination dates, as well as in which arm it was given. If the technologist doesn't ask for the information, the doctors encourage patients to offer the information and ask that it be added to their chart. If the patient received the two-shot Pfizer or Moderna vaccine, it is important to note whether or not it has been one or two doses. This is key information that will be considered by the radiologists when reading

“It's important to stress that getting a screening mammogram ensures that breast cancer can be detected as early as possible.”

the mammograms, Dr. Milch says. Another tip: If there is a history of breast cancer, the radiologists recommend receiving the vaccine in the opposite arm or, if possible, in the gluteal region to avoid any potential issues.

“As the months have gone by, we have become more familiar with this issue,” Dr. Joines adds. “And having a prominent lymph node in and of itself without a clinically or mammographically suspicious breast mass is a rare manifestation of breast cancer.”

Additionally, the doctors stress that there is no correlation between the COVID-19 vaccine and breast cancer. “When this first started to hit the medical and the lay press, some of the headlines implied that there was a link between the vaccines and breast cancer,” Dr. Attai says. “An enlargement of the lymph nodes in imaging can sometimes be a concerning finding, but there appears to be no link between the vaccine and breast cancer. Both the COVID-19 vaccine and mammograms save lives.”



For more information about mammography at UCLA, go to: in.uclahealth.org/c-mammography

Multiple treatment options available to patients with epilepsy

death from epilepsy, says John Stern, MD, codirector of the UCLA Seizure Disorder Center. Many patients also experience debilitating medication side effects, as well as comorbidities, such as depression and suicidality.

Dr. Stern and center codirector Dawn Eliashiv, MD, recommend that any patient who isn't seizure-free after one or two medication treatments be referred to a specialized center of excellence, such as UCLA. But studies have found that many patients with uncontrolled epilepsy haven't seen appropriate specialists. Among the reasons, Dr. Eliashiv notes, is the misconception that specialized centers are only for patients who need surgery. “Many patients fear surgery, and that has served as a barrier for physicians in referring to a comprehensive epilepsy center for evaluation, even though we offer much more than that,” Dr. Eliashiv says.

Often, major interventions aren't required to improve a patient's condition. “Sometimes a new medication is all a person needs,” Dr. Stern says. “But we find that many patients worry about experiencing side effects from the change, so they become stuck in their current, inadequate regimen.”

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 important, the workup and history-taking of subspecialized clinicians. Dr. Stern points out that in as many as one-third of 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 effects can successfully guide the patient to the ideal medical regimen.

For patients found to have medication-resistant epilepsy, the best hope for stopping the disabling seizures is to surgically remove the portion of the brain that is causing them. “Resective surgery is the gold standard in terms of giving people with epilepsy a chance for total seizure freedom, with minimal or no side effects,”

says neurosurgeon Ausaf Bari, MD, PhD. But Dr. Bari explains that, 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.

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. In deep-brain stimulation (DBS), which has been used effectively for patients with movement disorders such as Parkinson's disease for two decades, the neurosurgeon makes dime-size openings in the skull to place electrodes on either side of the brain that receive continuous electrical signals from a battery-operated device implanted under the collarbone to disrupt abnormal brain rhythms responsible for the seizures. Another procedure, responsive neurostimulation (RNS), 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. In each case, if the modality proves to not be effective or well tolerated, it can be switched off.

Dr. Stern and Dr. Eliashiv 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 medical and surgical treatment options for epilepsy and seizure disorders at UCLA, go to: uclahealth.org/neurosurgery/adult-epilepsy and uclahealth.org/neurology/seizure-disorder-center



Photo: iStock

Essential oils have gone mainstream, offering proven therapeutic value

For many people, the fragrant scent of essential oils derived from flowers, trees or spices are a soothing balm to calm nerves and promote relaxation and wellbeing. A growing body of research now attests to the therapeutic value of these plant-derived elixirs. “Essential oils have made their way into mainstream practice,” says Elizabeth Ko, MD, medical director of the UCLA Health Integrative Medicine Collaborative.

“And it begs the question of the larger practice of integrative medicine, which blends conventional medicine with these nonpharmacologic, evidence-based practices, like essential oils, massage, yoga and acupuncture.”

What are essential oils?

Dr. Ko: “Essential oils are volatile liquid substances extracted from plants, usually

flowers, herbs or trees. The liquid is extracted through steam distillation or by machine, and during that process, the fragrance is released, hence the word ‘aromatic.’ These oils are highly concentrated. For example, it takes about 220 pounds of lavender flowers to make one pound of essential oil. Essential oils are quickly absorbed by smell receptors that are linked to the limbic system, which controls heart rate,

blood pressure, breathing and stress. Every plant has a different chemical makeup that affects its smell absorption and its effect.”

How are essential oils used?

Dr. Ko: “These potent plant oils can be inhaled directly — taking a whiff from the bottle or from a cotton ball or tissue drizzled with a couple of drops — or indirectly, through a diffuser that spreads atomized fragrance through the air. Diluted essential oils may also be used topically by adding a few drops to a carrier oil, such as a vegetable or nut oil, as is often done for aromatherapy massage. While essential oils are not regulated by the U.S. Food and Drug Administration, they are generally recognized as safe when used as recommended. Aromatherapy has a relatively low toxicity profile when administered by inhalation or dilute topical application. It is important to note that we do not ingest essential oils.”

What is the role of essential oils in the hospital setting?

Dr. Ko: “Units throughout our hospitals have sets of three essential oils — lavender, lemon and peppermint — that medical personnel can offer to patients. Members of our integrative therapy team provide patients with relaxation services that include aromatherapy with essential oils, guided meditation and breath work, gentle in-bed movement and Reiki,

a light touch stress-reduction technique. Aromatherapy, which has been offered at UCLA Health for many years, may be the most accessible of the available relaxation modalities. Lavender oil appears to be the most popular in the hospital. Patients associate lavender with relaxation, and that’s why they tend to pick it more often. Lemon is more uplifting, while peppermint is invigorating.

How do essential oils affect people?

Dr. Ko: “The smell of lavender is familiar and calming to many, and it’s also the most-studied essential oil. Lavender interacts with the neurotransmitter GABA to help quiet the mind and the nervous system. Studies show that lavender oil can improve sleep quality and increase time spent in deep, slow-wave sleep. Another study suggests lavender may work as effectively as anti-anxiety medicines, such as Xanax or Ativan. I encourage my patients who have anxiety disorder or panic disorder to carry a vial of essential oil close at hand. When the temptation hits to pop a pill, I ask them to pause and take a deep breath with a touch of lavender oil. If it’s effective, then great. If they do need something more afterward, at least they tried a lower-risk, lower-cost intervention. Aromatherapy with bergamot essential oil, a type of citrus, also has been shown to ease feelings of anxiety and stress. Lemon oil, which smells like ripe fruit, has been found to boost mood.

“I encourage my patients who have anxiety disorder or panic disorder to carry a vial of essential oil close at hand. When the temptation hits to pop a pill, I ask them to pause and take a deep breath with a touch of lavender oil.”

Peppermint oil, which has an eye-opening, bright scent, appears to increase memory and alertness.

What are some other popular oils?

Dr. Ko: “Cinnamon, chamomile, tea tree and eucalyptus, which one study found effective in reducing pain and inflammation. When shopping for essential oils, I recommend that people look for formulations that are 100% pure. Beware of ultra-low prices, as pure oils generally cost at least \$10 for a half-ounce bottle.

How long does it last?

Dr. Ko: “Effects from essential-oil aromatherapy tend to be short-lived. It’s not on the order of hours; probably more on the order of minutes. Still, a half-ounce bottle will likely last months, even with frequent use, since only a drop or two is needed to produce perceptible fragrance. With the variety, general safety and increasingly documented efficacy of essential oils, I suggest that those who are curious take an experimental approach to see what smells they like and what feelings are elicited. It can be a nice way to explore.”



Dr. Elizabeth Ko.
Photo: UCLA Health



For more information about the UCLA Health Integrative Medicine Collaborative, go to: uclahealth.org/integrative-medicine

VidaTalk app gives patients with communication challenges the ability to express their needs

Patients who have been placed on ventilators to aid breathing are unable to speak. Some other inpatients are nonverbal for different reasons, or there might be language barriers to expressing their basic needs. Now, an iPad application available to UCLA Health patients, called VidaTalk, may allow patients with significant communication challenges to easily express basic needs or even complex ideas to medical personnel and loved ones, “giving these patients some degree of autonomy,” says Andrew Erman, director of speech pathology.

Erman says the app is “highly intuitive” and can be used in multiple languages. “Sometimes a patient just wants to ask for

something, but they don’t speak English. Our hope is that with this app, nurses can swiftly find out what a patient needs, without the time required to reach an online interpreter for something small,” he says. The app is to express basic needs and does not replace interpreter services, he notes.

Application of the technology has been coordinated by audiology and speech pathology, nursing, information services, respiratory therapy and rehabilitation services. The iPad-based app is available to patients on all units.

VidaTalk offers more than 100 simple phrases to allow patients to express needs, feelings, pain level and location. The app

“Our hope is that with this app nurses can swiftly find out what a patient needs, without the time required to reach an online interpreter for something small.”

has a keyboard on which patients may type messages, and all patient inputs are spoken aloud by the app. The app also allows patients to communicate by drawing.

Rebecca Lahti, speech pathology supervisor, used the application with a head and neck cancer patient who had a tracheostomy tube placed after surgery and was unable to talk. “The patient had pain in different parts of her body and was unable to express where the pain was located or the pain level at each site,” Lahti says. Using an image of the human body on VidaTalk, the patient was able to use the app to tell her caregivers where and how much pain she was experiencing.

“She had never seen the app before, but she used it instantly to quickly and effectively tell us about her significant pain,” Lahti says. “The patient then used the typing function to ask her nurse questions about care she was going to receive. Because of this app, the patient became an active partner in her own care.”

Narine Oganyan, administrative manager for audiology and speech pathology, is particularly grateful that patients had access to VidaTalk during the COVID-19 pandemic when “people have been less able to receive support from their loved ones.”

She adds, “We want to spread awareness of this app so that all UCLA Health care providers know it exists and feel empowered to use it.”



Photo: UCLA Health

Rebecca Lahti (left), speech pathology supervisor, and Narine Oganyan, administrative manager for audiology and speech pathology, demonstrate the VidaTalk app.



For more information about UCLA Health patient access services and assistance, go to:
uclahealth.org/patient-services

ASK THE DOCTORS

Peripheral artery disease is a serious concern that needs to be addressed

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



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



Illustration: Maitreyee Kalaskar

DEAR DOCTORS: I walk about two miles to my job when the weather is good. Lately, I get cramps in my left calf and right thigh, but they go away if I rest. We’ve got a wellness program at work, and the nurse says it sounds like peripheral artery disease. What is that? Can it be cured?

DEAR READER: Peripheral arterial disease, or PAD, occurs when a narrowing of the arteries impedes the flow of oxygenated blood from the heart to the limbs. It’s a common circulatory problem that affects more than 8 million people over the age of 40 in the United States. Although

PAD can arise in the arms, it’s seen most often in the legs. The arterial narrowing is the result of an accumulation of plaque within the artery walls. Plaque is a fatty, sticky substance made up of cholesterol, calcium, cellular waste products and the byproducts of inflammation. It hardens over time, and the build-up narrows the arteries. This is a condition known as atherosclerosis, and it is the most common cause of PAD.

Many people with PAD have no symptoms. About one-fourth experience muscle cramps, typically in the calves, thighs or hips. The cramping occurs during exercise, because the arteries that serve the leg muscles have become too narrow to keep up with the demand for oxygen-rich blood. The pain often recedes after a few moments of rest as the need for oxygen declines. Additional symptoms of peripheral artery disease can include leg pain that persists even at rest, numbness, slow-healing cuts or wounds in the feet or toes and a decrease in body temperature of the affected extremities. Risk factors for the condition include high blood pressure, smoking, type 2 diabetes, high cholesterol and being age 65 or older.

Diagnosis includes a medical history, a physical exam and detailed information about your symptoms. The doctor will assess the pulse in the affected limbs and compare blood pressure in your lower leg to blood pressure in your arm. It’s possible a scan to visualize the arteries will

be needed. Treatment focuses on stopping the progression of the disease, and also managing or reducing existing symptoms. The biggest risk factor for atherosclerosis, and thus for PAD, is smoking. For smokers, it’s essential that you stop. As we’ve discussed here before, quitting can be hard. Please enlist the help of a health care provider. They can help smokers to craft a plan, offer guidance on appropriate cessation products and strategies, and also offer ongoing support.

Regular exercise is essential, as well. This may take the form of something known as supervised exercise therapy. These targeted exercises, done under the guidance of a specialist, have been shown to help reduce symptoms and improve quality of life. A diet and medications to address high cholesterol and high blood pressure are often part of treatment for PAD. If these treatments aren’t helpful, surgical repair of blocked vessels, known as angioplasty, may be needed. Since the symptoms that you have described match those of PAD, and the condition increases the risk of heart attack and stroke, we think it’s important for you to be seen by your health care provider.



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

Community Health Programs

OCTOBER / NOVEMBER / DECEMBER 2021 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.

INTEGRATIVE MEDICINE

Virtual Yoga Therapy

Yoga therapy blends gentle physical postures with breathing techniques and meditation. Practice from your home, office or outdoors; no mat needed.

When: Tuesdays and Thursdays / noon — 12:30 pm

Where: Teleconference session

Register: tinyurl.com/virtual-yoga-therapy

Integrative Medicine Wellbeing Webinars

Join experts from the UCLA Health Integrative Medicine Collaborative as they present each month on intriguing topics, such as diet and immunity, resilience, cannabis and health and East-West approaches to pain management. Visit our website for up-to-date topic information: <http://www.uclahealth.org/integrative-medicine>

When: Wednesdays, Oct. 13 and Nov. 10 / noon – 1 pm

Where: Teleconference session

Register: tinyurl.com/wellbeing-webinars

Integrative Medicine Conference

Join experts from UCLA Health for our inaugural conference on integrative health — *An Integrated U: Healing from Bench to Bedside*. The conference will feature a full day of lectures on topics including Alzheimer's disease, East-West medicine, the gut microbiome and the brain, mindfulness, cannabis and personalized nutrition. There will also be many fascinating exhibits to explore.

When: Friday, Nov. 5 / 8 am — 4 pm

Where: UCLA Luskin Conference Center

Register: uclahealth.org/integrative-medicine

KIDNEY DISEASE

Monthly Chat with Dr. Rastogi and UCLA CORE Kidney Health Team

UCLA CORE Kidney Health Program presents our "Monthly Chat with Dr. Rastogi and UCLA CORE Kidney Team of Experts" that will take place the first day of every month. A wide variety of topics related to kidney disease and high blood pressure, including but not limited to, prevention, diagnosis, management, dialysis, transplantation and kidney health life choices will be discussed. In addition to our usual experts, we will also be joined by our Circle of CORE

patient advocates and support group. This will be an interactive session with an opportunity to ask questions during the event. You can also send your questions, prior to the event, via e-mail. You can e-mail us at COREKidney@mednet.ucla.edu.

When: Friday, Oct. 1 / 5 – 6 pm
Monday, Nov. 1 / 5 – 6 pm
Wednesday, Dec. 1 / 5 – 6 pm

Where: Teleconference session

RSVP: tinyurl.com/rastogi-chat

Kidney Health Q and A

Dr. Ira Kurtz, MD, FRCP, FASN, Distinguished Professor and Chief of the Division of Nephrology at UCLA, hosts a monthly Q and 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, Nov. 18 and Dec. 16 / 7 – 7:45 pm

Where: Teleconference session

RSVP: lblum@mednet.ucla.edu

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, Dec. 11 / 9 am – noon

Where: Teleconference session

RSVP: ucla.tremor@gmail.com

MULTIPLE SCLEROSIS

REACH to Achieve Program (ongoing)

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

Where: Marilyn Hilton MS Achievement Center

Info & Application: 310-267-4071

Free From Falls

An eight-week program designed for people with multiple sclerosis who walk with or without a cane and may be at risk for falling. Learn

about risks for falls, how to reduce those risks and exercises to improve balance and mobility.

Where: Marilyn Hilton MS Achievement Center

Info & Application: 310-267-4071

PODIATRY

Bunions and Bunion Surgery

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

When: Tuesday, Oct. 19 / 5:45 – 6:45 pm

Where: Teleconference session

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

Ankle Arthritis and Ankle Replacement

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

When: Tuesday, Nov. 16 / 5:45 – 6:45 pm

Where: Teleconference session

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

Heel and Ankle Pain

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

When: Tuesday, Dec. 21 / 5:45 – 6:45 pm

Where: Teleconference session

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

WELLNESS

Mindfulness Classes and Events (ongoing)

UCLA's Mindful Awareness Research Center offers free classes, workshops and events teaching mindfulness techniques and practices to reduce stress and promote wellbeing.

When: Monday and Thursday 12:30 pm meditations

Where: Teleconference session

Info: uclahealth.org/marc

#1

IN CALIFORNIA
AND TOP 3 IN THE NATION



COVID-19 Clinical Trials

UCLA conducts research for a wide range of medical disorders and offers patients opportunities to participate in research and clinical trials. Below 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 SARS Vaccinations: Systemic Allergic Reactions to SARS-CoV-2 Vaccinations

Allergic reactions have been reported to occur after vaccination with both the Pfizer-BioNTech COVID-19 vaccine and the Moderna COVID-19 vaccine. Allergic reactions range from mild to severe and include life-threatening anaphylactic reactions, although no deaths have been reported with either vaccine. This study is designed to estimate the proportions of systemic allergic reactions to the Pfizer and Moderna vaccines in a High-Allergy/Mast Cell Disorder (HA/MCD) population and determine whether those proportions are higher in the HA/MCD group than in a population without severe allergies or mast cell disorders.



Photo: iStock

More open and actively recruiting clinical studies at UCLA Health:

- Adult Inpatient SARS-CoV-2 Vaccine Effectiveness Surveillance
- Imaging the Blood Brain Barrier with Brain Structure and Function in Post-acute-sequelae SARS-CoV-2 Infection (PASC) Presenting with Neuropsychiatric and Cognitive Symptoms
- COVID-19 SARS Vaccinations: Systemic Allergic Reactions to SARS-CoV-2 Vaccinations
- COVID-19 Vaccine Responses in Patients with Autoimmune Disease
- Anti-thrombotics for Adults Hospitalized with COVID-19 (ACTIV-4)
- Long-term, follow-up, Study of Patients with COVID-19 Associated Pneumonia Who Participated in a Designated Genentech/Roche-Sponsored Study or Genentech/Roche-Supported Investigator-initiated Placebo-controlled or Active-controlled Study
- PK and Safety of Remdesivir for Treatment of COVID-19 in Pregnant and Non-Pregnant Women in the U.S.
- Immune Modulators for Treating COVID-19
- Surveillance of Respiratory Viruses in the Critically Ill: 2020-2021 IVY Network Surveillance Study
- ACTIV-3: Therapeutics for Inpatients with COVID-19
- Innovative Support for Patients with SARS-CoV-2 Infections (COVID-19) Registry (INSPIRE)
- Early Detection of Health Improvement and Decline through Remote Health Monitoring in COVID-19 Positive Patients and in Those with Known Exposure of COVID-19
- The Safety of Molnupiravir (EIDD-2801) and Its Effect on Viral Shedding of SARS-CoV-2 (END-COVID)
- ACTIV-2: A Study for Outpatients with COVID-19
- NCI COVID-19 in Cancer Patients, NCCAPS Study
- Study of Mavrilimumab (KPL-301) in Participants Hospitalized with Severe Corona Virus Disease 2019 (COVID-19) Pneumonia and Hyper-inflammation
- 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)
- Understanding COVID-19 in Households (COVID-19 Household Transmission Study)
- Wearable Devices for the Early Detection of COVID-19
- COVID-19 Surveillance in Healthcare Workers and Patients: Observational Studies from the Influenza Vaccine Effectiveness in the Critically Ill (IVY) Network
- COVID Evaluation of Risk for Emergency Departments (COVERED) Project
- COVID-19 Recovered Volunteer Research Participant Pool Registry
- An Observational Study Evaluating Viral Shedding and Development of Immune Responses in Mother-infant Pairs Affected by COVID-19
- Role of Children in Transmission of COVID-19 to Immunocompromised Patients
- Assessment of Potential Risk Factors for 2019 Novel Coronavirus (SARS-CoV-2) Infection among High-risk Populations in Health Care and Emergency Service Settings
- Observational Cohort of Hospitalized Patients with COVID-19 at UCLA



For more information, including descriptions of active COVID-19 clinical trials at UCLA Health, please visit: uclahealth.org/covid-19-clinical-trials



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

405 Hilgard Avenue
Box 956923
Los Angeles, CA 90095-6923

NONPROFIT
ORGANIZATION
U.S. POSTAGE

PAID

U C L A



U.S. News & World Report's Best Hospital Survey ranks UCLA #1 in Los Angeles and California and #3 in the nation.

#TeamLA

GET BACK TO
YOUR DOCTOR
YOUR HEALTH
YOUR JOY



Vital Signs

FALL 2021 | VOL. 92

CHIEF OF COMMUNICATIONS
INTERIM CHIEF OF MARKETING
Rhonda L. Curry

EDITOR
David Greenwald

CALENDAR EDITOR
David Barrad

MEDICAL EDITOR
Robert Oye, MD

CONTRIBUTORS
Sandy Cohen
Marina Dundjerski
Dan Gordon
Shari Roan
Jocelyn Apodaca Schlossberg
Nancy Steiner

ASK THE DOCTORS
Eve Glazier, MD
Elizabeth Ko, MD

ADVISORY BOARD
Bernard Katz, MD
Carlos Lerner, MD
Janet Pregler, MD

DESIGN
Rent Control Creative



Subscribe to *Vital Signs & Health*
Tips for Parents electronically:

uclahealth.org/enews

uclahealth.org/getsocial



UCLA Health does not discriminate on the basis of race, color, national origin, sex, age or disability in its health programs and activities. / ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
注意: 如果您使用繁體中文, 。 310-267-9113 (TTY: 310-267-3902)

Copyright © 2021 by UCLA Health.
All rights reserved.

For inquiries about *Vital Signs*, contact
UCLA Health
Marketing Communications, Box 956923
Los Angeles, CA 90095-6923
uclahealth.org
e-mail: VitalSigns@mednet.ucla.edu