

Vital Signs

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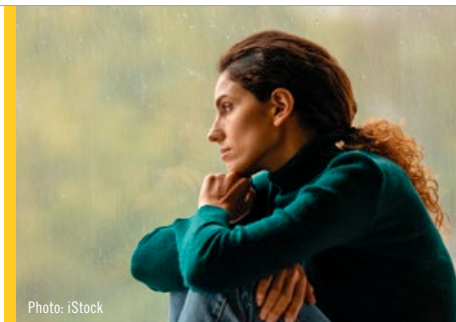


Photo: iStock

Panel recommends routine screening for anxiety in asymptomatic adults

The next time you make a routine visit to the doctor's office, regardless of the reason, don't be surprised if you're asked questions about your anxiety level. In the face of what has been termed a national crisis in mental health, an influential U.S. panel of experts in evidence-based medicine and prevention has recommended that all asymptomatic adults ages 19 through 64 be screened for anxiety disorders by their primary care provider.

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UCLA Health conducts research for a wide range of medical disorders and offers patients the opportunity to participate in clinical trials and research. Connect with us to see if you're a good fit for a clinical trial and gain access to the latest treatments while contributing to a healthier society.

To learn more about clinical trials at UCLA Health, go to: uclahealth.org/clinical-trials or scan the QR code.



The potential and limitations of probiotics

Probiotic supplements fill drug store shelves, offering claims such as serving to promote digestive health, aid with weight loss or improve emotions. Do probiotics deliver on these promises? Shahrud Hakimian, MD, a UCLA Health gastroenterologist in downtown Los Angeles, discusses the nature of probiotics and what physicians are still learning about them.

What are probiotics?

“Probiotics are foods or supplements containing live bacteria resembling the normal bacteria in the digestive system,” Dr. Hakimian says. “Bacteria are part of our microbiome, the trillions of microorganisms living in our gut. We’re still learning what these various bacteria do, but we know probiotics help the body function, help with digestion and help the body produce vitamins.” Probiotics are in foods that are fermented and have live organisms in them, meaning the food hasn’t been pasteurized. They include yogurt, kefir, kimchi, kombucha, pickles (fermented, not brined) and miso. Look for wording on the package that indicates the product contains live cultures.

Is it a good idea to take probiotic supplements?

“One size doesn’t fit all,” Dr. Hakimian says. “They have been used successfully in adults and children for certain conditions, including inflammatory bowel syndrome and ulcerative colitis. Doctors may also recommend taking them after a prolonged course of antibiotics. However, the data are inconclusive.” He notes that probiotic supplements may increase the risk of infection among people with a weakened

immune system, a critical illness or a recent surgery. Also, there are different strains and dosages of probiotics, and not all probiotic supplements are of equal quality. “People shouldn’t take a daily probiotic to prevent specific diseases. The best way to promote a healthy gut is to have a generally healthy lifestyle and eat a balanced diet with lots of fruits, vegetables and other natural foods. Part of having a healthy microbiome is having a variety of good bacteria, not just large amounts of one type. You can’t achieve that by eating one specific type of food or taking one specific supplement. You get it by having a variety of foods from different sources.”

Another supplement to aid digestive health is prebiotics. What are those?

“Prebiotics are substances in food containing fiber that promote the growth of healthy bacteria. They go hand-in-hand with probiotics in maintaining a healthy gut,” Dr. Hakimian says. Prebiotics are found in foods including whole grains, vegetables, fruits, beans and legumes. He says that, as with probiotics, people should aim to get enough fiber through the food they consume rather than relying on supplements.

What are future directions in the study of probiotics?

“We think the bacteria composition in the body plays a big role in health,” Dr. Hakimian says. “We believe microbes have roles in various diseases — not only gastrointestinal diseases such as Crohn’s disease, ulcerative colitis and irritable bowel syndrome, but also others like diabetes, obesity, certain neurologic conditions and other autoimmune conditions.” He notes that UCLA recently opened the Goodman-Luskin Microbiome Center to advance understanding of the microbiome and its effect on health and, ultimately, to translate groundbreaking

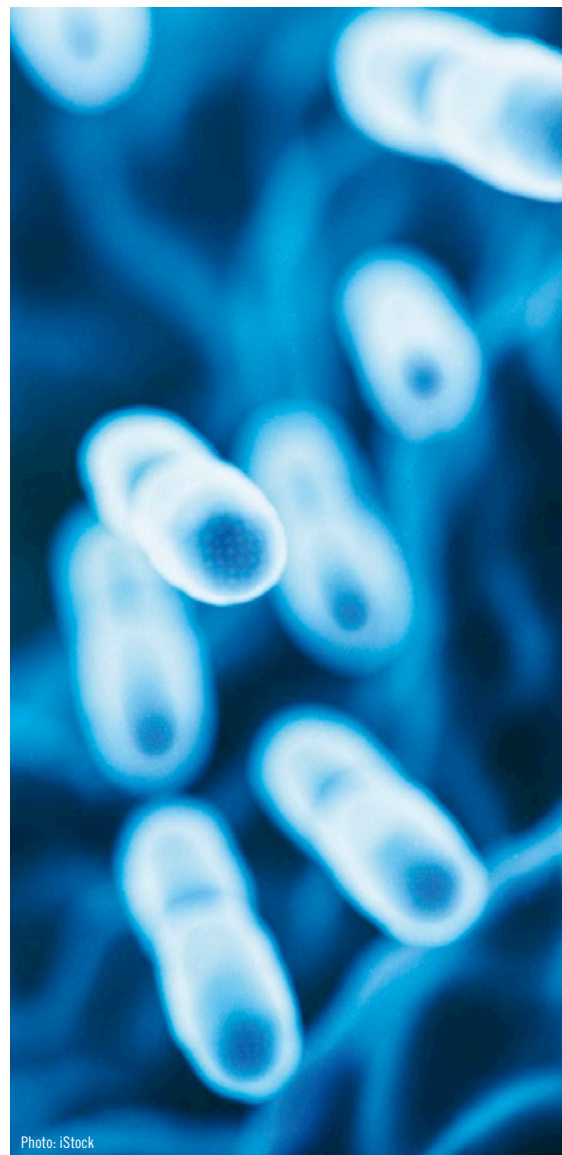


Photo: iStock



Dr. Shahrud Hakimian.
Photo: UCLA Health

discoveries into new treatments. Areas under investigation include inflammatory bowel disease; obesity, metabolic disorders and eating behavior; the role of estrogen in gastrointestinal disorders; cardiovascular disease; liver disease; mental illness and pain; neurodevelopmental and neurodegenerative diseases; and substance use disorder. “This is an area with a lot of promise,” Dr. Hakimian says.



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

Rx for a lonely nation



Dr. Vivek H. Murthy, U.S. Surgeon General

Photo: Nick Carranza/UCLA Health

Mental health is the defining public health crisis of our time, and for many Americans, loneliness is at the heart of that crisis. At any given moment, about one out of every two of our fellow citizens is experiencing measurable levels of loneliness. It is not something we talk about or easily see: Loneliness is a condition that is hidden in the shadows.

More than just a bad feeling, loneliness is a corrosive condition with grave consequences. Social disconnection puts us at increased risk for depression, anxiety and suicide, as well as

heightening our risk for stress-related physical ailments like heart disease, stroke and dementia. Its impact on our risk of premature death is on par with smoking 15 cigarettes daily.

Why is this so? It is because we evolved to live in community. As hunter-gatherers, we found safety in togetherness. Being isolated from the group put the individual at elevated risk — from predators, from starvation, from exposure — and that created stress. Our survival depended on being a part of something larger than just ourselves.

As much as our circumstances are very different today than they were in our hunter-gather days, that basic truth remains: We are hardwired to live in community. Connection is the essential glue of our lives. It is what brings us happiness and fulfillment. We need social connection for our survival and collective well-being.

This epidemic of loneliness has been building over many years. The pandemic made it worse, to be sure, but it is a crisis that has been evolving for a half-century or more. During that

time, there has been declining participation in communal life. Fewer people belong to churches or synagogues or other religious institutions or are engaged with civic organizations. We, as a society, move around more. We change jobs more frequently. We don't put down roots in the same ways as our parents and grandparents.

Too often, we imagine loneliness as a condition of the elderly living in isolation with no one to support them. While that can be true, loneliness in the United States is not limited to older Americans. There are people in marriages who are lonely, CEOs of major companies who are lonely, seemingly happy people posting pictures of their fabulous vacations on social media who are lonely. And far too many young people who are lonely.

From the outside, everything looks fine. But inside, they are struggling. Addressing this national crisis is a profound challenge. We all want to be seen and understood. Sometimes all we need is acknowledgment of our worth and value. This is something we can do for

There is nothing more fundamental to the health and well-being of people in our country than ensuring that we are building a moral and spiritual foundation that guides how we interact with each other. Toward that goal, service is one of the greatest antidotes to loneliness.

each other — and for ourselves. Taking just 15 minutes a day to reach out to someone you care about can make a huge difference in how connected we feel.

There is nothing more fundamental to the health and well-being of people in our country than ensuring that we are building a moral and spiritual foundation that guides how we interact with each other. Toward that goal, service is one of the greatest antidotes to loneliness. When we help somebody else, two things happen. One is we forge a connection with them. The second is



that we remind ourselves that we have value, and that can help us in times of our own loneliness. The less worthy we feel, the harder it is to reach out to other people.

I know this from my own experience. When my first stint as Surgeon General ended abruptly in 2017, I felt profoundly lonely. During my time as Surgeon General, I threw myself into the job at the expense of my friendships. When the job ended, I was left without those relationships that had sustained me before.

I was lonely, and also ashamed. I believed it was my fault because I had neglected those relationships. It was a choice I had made, and I felt embarrassed to call my friends and say, "Hey, I'm sorry I wasn't there for you for the last two-and-a-half years." It took the urging of my wife, who recognized what was happening to me and that I was withdrawing more and more, to reach out to reconnect.

One of the best definitions of a friend that I ever heard was when I was in college: A friend is somebody who reminds you of who you are when you forget. And we all do forget from time to time. We all go through periods in our life when we feel unworthy or that we fall short. That is when we need our friends to step in. That is why I think that at a time such as we are now experiencing, when as a community we are struggling so much with our mental health, we need these connections in our lives.

Yes, we do need more psychiatrists and better access to psychiatric care to address the mental health crisis that confronts our country. Yes, we do need more psychologists. Yes, we need the technology to bring the care that is needed to people in their homes.

But we also need each other. We need to turn our attention to reinforcing the caring, supportive institutions, communities and relationships that give our lives purpose and meaning. We need to come up with ways to tip the balance toward love and away from fear, to rebuild the public square so that we can once again speak rationally with each other. To address this crisis of loneliness, we need to return to the core values of kindness, generosity and friendship that are so essential to the social fabric of our communities.

Ultimately, it comes down to one thing: Embrace love. It has the extraordinary capacity to heal and is the force we need to reach for each and every day in our lives. Love is our oldest medicine.

This column is adapted from a conversation between Dr. Vivek H. Murthy, the 21st Surgeon General of the United States, and Oprah Winfrey in Spring 2023 during the WOW (Wisdom of Wellness) Mental Health Summit at UCLA.



For information about UCLA Behavioral Health Associates and its clinics, go to: uclahealth.org/medical-services/behavioral-health



If you are experiencing mental health-related distress or are worried about a loved one who may need crisis support, call or text 988, or chat at:

988lifeline.org, to connect with a trained crisis counselor. The 988 Suicide & Crisis Lifeline is confidential, free and available 24/7.

New treatment for common prostate condition has fewer side effects than “gold standard” surgery

The newest surgical treatment at UCLA for men with benign prostatic hyperplasia (BPH), a common condition associated with bothersome urinary symptoms, produces similar results to the traditional surgical “gold standard” with fewer side effects, says a UCLA Health urologist who has performed the procedure, known as Aquablation, since UCLA began offering it in June.

An estimated 14 million men in the U.S. have BPH, in which the enlarged prostate begins to block the urine stream, resulting in greater difficulty emptying the bladder and, in some cases, increased urinary frequency and urgency. The diagnosis is especially common with age — approximately half of men in their 50s and up to 90% of men older than 80 have BPH. Although it is non-cancerous, it can significantly hinder quality of life and, if untreated, increases the

risk for urinary tract infections and bladder stones, as well as urinary retention — the inability to void without a catheter.

Medication is the starting point for most men whose BPH symptoms are affecting their quality of life, notes Christopher Saigal, MD, MPH, professor and executive vice chair of UCLA's Department of Urology and one of several UCLA urologists who perform the minimally invasive surgery. “But for some men, medication stops being effective or isn't doing enough,” Dr. Saigal says.

He explains that several surgical options are available for BPH. Transurethral resection of the prostate (TURP) has been the most effective at improving urine flow, but patients can experience side effects that include retrograde ejaculation — when fluid goes into the bladder rather than out of the penis during an orgasm.

“For men who need surgery, Aquablation has a lower side-effect profile than TURP because of its precision, and it is able to remove the tissue faster, which means less time in the operating room,” Dr. Saigal says.

Aquablation uses a robotically controlled high-pressure, heat-free water jet to precisely destroy the excess prostate tissue in BPH. Unlike other surgical treatments — including TURP; photo-selective vaporization of the prostate (PVP), which employs laser energy to destroy the overgrown tissue; and holmium laser enucleation of the prostate (HoLEP), which endoscopically carves out the excess tissue with a laser — Aquablation combines ultrasound imaging with a thin camera, called a cystoscope, to allow surgeons to see the entire prostate in real time as they target the prostate tissue to be removed.

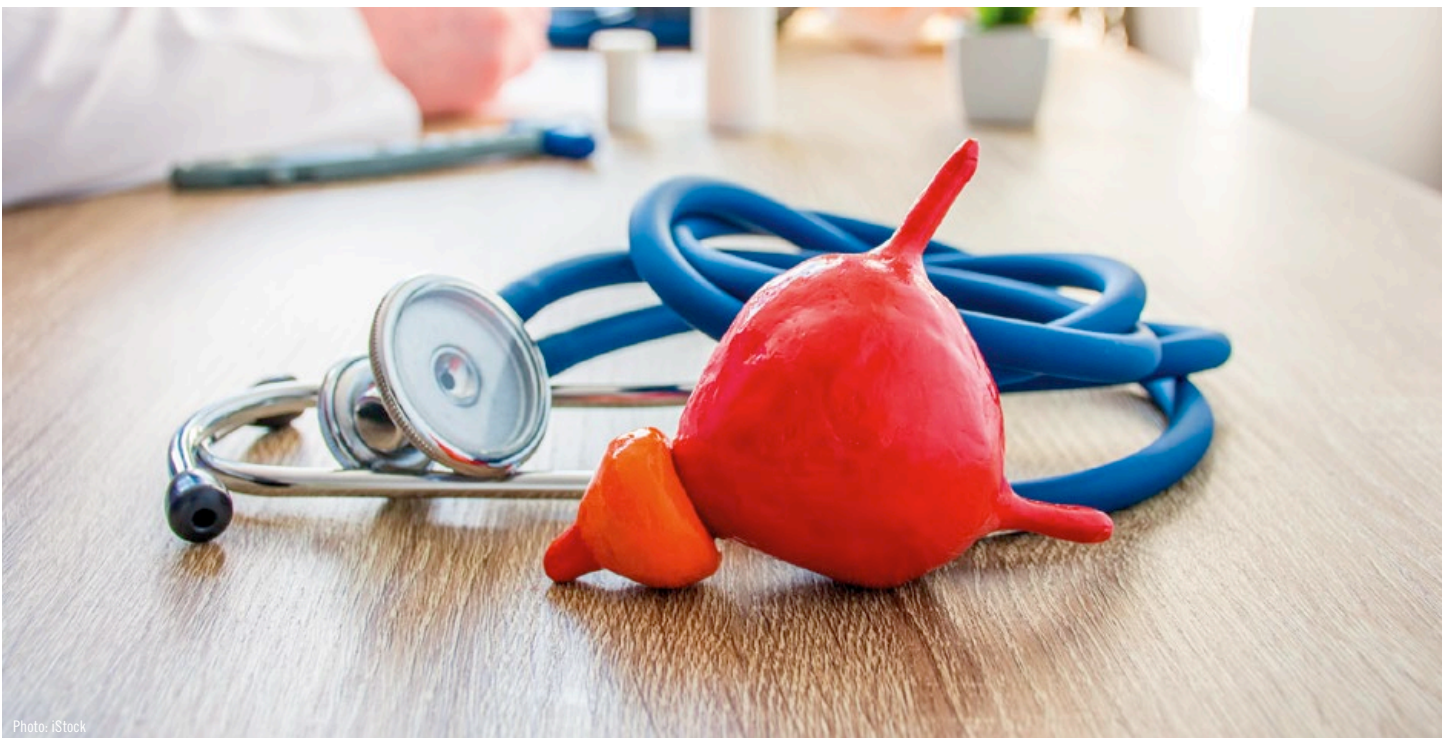


Photo: iStock

Continued from cover

“Other BPH surgeries are highly effective at helping men empty better, but they all use visual cues, with the surgeon deciding when to stop taking tissue out,” Dr. Saigal says. “With Aquablation, we are guided by ultrasound, so we can see in live imaging where the prostate is and use a surgical robot to remove tissue. It’s a more precise way to deliver the energy. Because of that, we can preserve critical structures involved in ejaculation.”

Aquablation takes less time to perform than TURP, though it still requires an overnight stay in the hospital. For men with more moderate symptoms and smaller prostate glands, office-based procedures are available that don’t require a trip to the OR and carry little risk of sexual side effects, though the results pertaining to urine flow rate and ability to empty are likely to be better with Aquablation, Dr. Saigal says. Another benefit of Aquablation is that it can be successfully performed on larger prostates that are not conducive to TURP, sparing men with large glands from having to undergo a more complex surgical procedure.

Aquablation combines ultrasound imaging with a thin camera, called a cystoscope, to allow surgeons to see the entire prostate in real time as they target the prostate tissue to be removed.

The procedure has proved to be popular with patients. “This procedure seems to mimic the excellent outcomes for BPH patients that we get when we resect or carve out tissue with a laser, but with fewer side effects,” Dr. Saigal says. “That makes it an exciting option for our patients.”



For more information about Aquablation at UCLA Health, go to:

uclahealth.org/medical-services/urology/conditions-treated/male-conditions/aquablation-benign-prostatic-hyperplasia

Panel recommends routine screening for anxiety in asymptomatic adults

The new recommendation, issued in June, comes from the U.S. Preventive Services Task Force (USPSTF), an independent body consisting of 16 primary care clinicians who are appointed by the U.S. Department of Health and Human Services and charged with making evidence-based recommendations designed to keep Americans healthy through prevention and early detection. Although the task force’s recommendations aren’t mandatory, they carry a great deal of weight and tend to be widely adopted by health care providers.

Carol Mangione, MD, MSPH, a UCLA Health physician who chaired the task force at the time it developed the new guideline and currently serves as immediate past chair, says many people struggling with anxiety don’t bring it up with their primary care clinician – often because they don’t realize their symptoms might be severe enough to be diagnosed with an anxiety disorder that is likely to improve with therapy or medication. “Studies show that only about 11% of people get treatment for anxiety disorders in the first year they’re having symptoms, and many suffer for longer than that before their anxiety ever comes up in a medical setting,” says Dr. Mangione, chief of the Division of General Internal Medicine and Health Services Research at the David Geffen School of Medicine at UCLA.

At some point in their lives, approximately 26% of men and 40% of women experience an anxiety disorder, Dr. Mangione notes. She explains that generalized anxiety is marked by fear and worry at a level that impedes one’s ability to function. “We all have moments when we’re anxious, but when those symptoms start to disrupt your life, that’s when most people are more likely to get diagnosed,” she says. Because generalized anxiety disorder is particularly common during pregnancy and the postpartum period, the task

force called special attention to the importance of screening asymptomatic persons during that time.

Dr. Mangione notes that screening, which can use any of several standardized questionnaires, is brief and not designed to definitively diagnose patients, but rather to identify those who should be referred to a mental health professional — both to confirm the diagnosis and to consider treatment with medication and/or psychotherapy.

Although the task force’s review of the evidence to support asymptomatic anxiety screening began before the onset of COVID-19, Dr. Mangione points out that the social isolation, fear of becoming sick and upending of lives during the pandemic are all risk factors for anxiety, depression and other mental health problems. “If ever there were a time when we should be making sure people don’t have untreated or undiagnosed anxiety, this is it, because as a population we’ve been very stressed with what’s been going on the last few years,” Dr. Mangione says.

The task force’s recommendation to screen asymptomatic adults ages 19-64 for anxiety disorders in primary care settings comes on the heels of the guideline it issued last year to screen asymptomatic children ages 8-18. The task force has previously recommended screening asymptomatic adults for depression.



To see the USPSTF’s statement about its anxiety-screening recommendation, go to:

tinyurl.com/USPSTF-Anxiety-Screening

The shadow of frequent knee injuries is cast over women's sports



Women athletes are more prone than men to suffer debilitating knee injuries, a fact that cast a long shadow over the Women's World Cup as some of the sport's biggest stars were forced to sit out this year's games. "This is a hot topic because of the high-level players on the U.S. women's and other soccer teams who were injured going into the games, and it's shining a bright light on an old problem," says orthopaedic surgeon David McAllister, MD, chief of the UCLA Health Sports Medicine Service and head team physician for UCLA Athletics.

According to a recent article in the *Washington Post*, nearly 90 players from eight of the world's highest-ranked women's soccer leagues have, since 2021, torn their anterior cruciate ligaments (ACLs), a crucial ligament that supports the knee. Four of the best U.S. players did not play in the 2023 World Cup due to ACL injuries.

Why women athletes suffer ACL injuries at a higher rate than men — females are two-to-10 times more likely than male athletes to tear their ACL — has been a topic of debate for years. "That's the million-dollar question," says Sharon Hame, MD, a UCLA Health orthopaedic surgeon, team physician for several UCLA athletic programs, including women's basketball and volleyball, and head team physician for the Los Angeles Sparks. The abrupt changes in direction, cutting, pivoting and decelerating common in sports such as soccer, basketball, lacrosse and tennis are key contributing factors to ACL injuries, but why women are more at risk is not clear.

Kristofer Jones, MD, a UCLA Health orthopaedic surgeon and team physician for UCLA Athletics and head team physician for the Los Angeles Lakers, says there's been an explosion of ACL injuries among young female athletes, starting as early as age 10.



Photo: Courtesy of UCLA Athletics

Why women athletes suffer ACL injuries at a higher rate than men – females are two-to-10 times more likely than male athletes to tear their ACL – has been a topic of debate for years.

Most ACL tears are noncontact injuries that occur when an athlete changes direction, decelerates or lands awkwardly from a jump. “At the time of the injury, the tibia (shin bone) moves too far forward as the knee is in a slightly flexed and inward position, such as what we see when an athlete attempts to cut or quickly change direction,” Dr. Jones says.

The injury often is accompanied by an audible “pop,” or a “popping” sensation in the knee, which may swell, feel unstable and become unable to bear weight. Treatment, which depends on the individual severity of the injury, can range from rehabilitation exercises to

strengthen the muscles and enhance balance to surgery to rebuild the torn ligaments.

Approximately 400,000 ACL reconstructions are performed each year, and ACL tears account for almost half of all acute sports injuries. A young person who suffers an ACL tear is at greater risk of developing arthritis in the knee at a young age.

Though the topic of why women are more prone to such injuries has been examined over the past several decades, there’s no definitive answer. “It is a question that has been examined for a long time, and there are many hypotheses. I think, ultimately, the reasons are multifactorial,” Dr. Hame says. “It may be due to anatomical differences, hormonal differences or biomechanical differences between women and men – or to all three together.”

Solving the knee-injury issue among women has been a complex investigation, with many theoretical solutions, but none have been put to the test, Dr. McAllister says. At one time, sports medicine specialists thought that putting a brace on the knees would help, but it was found to be both impractical and ineffective.

“One thing being talked about now is if an implant can be developed that would prevent these athletes from having a recurrent injury,” Dr. McAllister says. He is working with a colleague in UCLA’s Samueli School of Engineering to investigate creation of such a device. The aim would be to identify high-risk athletes, such as those who have suffered an ACL injury and are undergoing an ACL reconstruction, and implant a small prosthetic device that would restrict the motion in the knee that causes the injury but not slow down the individual.

“It’s a whole different way of thinking about the problem,” Dr. McAllister says. By finding a solution to the problem, “we’re trying to put ourselves out of business.”



For information about UCLA Health orthopaedic surgery, go to:
uclahealth.org/departments/ortho



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

Understanding the pelvic floor: An important web of muscles that often goes overlooked



The pelvic floor in both women and men is an important web of muscles that often goes overlooked. Yet it is integral to healthy human functioning, including urination, defecation and sex.

Pelvic floor issues are not uncommon. It is estimated that one-in-three women and 16% of men will have a pelvic floor-related problem in their lifetime. Common causes include pregnancy and childbirth, obesity, chronic constipation and issues related to certain cancer treatments.

“Our pelvic floor works for us all the time in many different ways,” says Emily Whalen, DPT, a pelvic floor physical therapist with UCLA Health and an educator with the Simms/Mann-UCLA Center for Integrative Oncology. “So, when there are impairments in those muscles, lots of personal issues can end up resulting from that. There’s a lot of emotional heaviness with pelvic floor dysfunction. Whether it’s leakage or pain or any combination, it’s just emotionally really challenging,” she says.

The pelvic floor is a group of muscles that stretches from the pubic bone to the tailbone, supporting the pelvic organs including the bladder, urethra, bowel, rectum and anus. It also supports the vagina and uterus in female bodies and the prostate in male bodies.

A healthy pelvic floor can contract, squeeze, lift and relax. An individual with a

healthy pelvic floor can voluntarily contract these muscles, which feels like holding in urine or holding back gas, Dr. Whalen says. Healthy functioning also allows the muscles to completely relax and release to allow for urination or bowel movement.

While pregnancy and/or childbirth are among the most common causes of pelvic floor issues, treatment for cancer can also cause problems. People treated with a prostatectomy — surgical removal of part or all of the prostate gland — may experience urinary incontinence that can be mitigated by strengthening the pelvic floor, Dr. Whalen says. Because the prostate supports the urethra, its removal means the pelvic floor has to work harder than before to compensate.

Chemotherapy and radiation can also affect pelvic floor function. “When there’s radiation, there’s scar tissue. And if it’s a vulvar or vaginal cancer and there’s surgery, there’s scar tissue,” Dr. Whalen says. “It’s just like scar tissue anywhere else — if you’ve had knee-replacement surgery, you have to come to physical therapy to make sure everything moves and continues to be able to provide the function it’s there to do.”

People experiencing incontinence or pelvic pain and people recovering from cancer treatment can be referred to a pelvic floor physical therapist. An appointment with a pelvic floor physical therapist begins with a review of the patient’s medical history and a discussion of their symptoms. For some patients, this conversation can be very emotional. “It’s not uncommon for a patient to sit down and not even say a word and the tears start flowing,” Dr. Whalen says.

Prolonged pain is already an emotional burden, she says, compounded by the intimacy of the physical location of the pelvic floor and the functions it controls.

A physical therapy appointment also includes visual and physical assessment of pelvic floor strength before the therapist

guides the patient through breath work and other exercises to engage the pelvic floor muscles. Patients are given a personalized set of exercises to perform at home between appointments. “Patients don’t get better just by coming to the clinic,” Dr. Whalen says. “They have to do the homework.”

Pelvic floor issues are not uncommon. It is estimated that one-in-three women and 16% of men will have a pelvic floor-related problem in their lifetime.

It takes 12-to-16 weeks to strengthen any muscle, she says, and improvements in pelvic floor strength take three to four months of daily exercise. Exercising the pelvic floor involves squeezing and releasing the muscles used to stop the flow of urine or to prevent passing gas. People often draw on other muscle groups — including the thighs and buttocks — when trying to engage the pelvic floor, Dr. Whalen says. With time and practice, however, people learn to isolate these muscles and contract and relax them at will.

“The pelvic floor responds to physical therapy the same as any other area of the body,” Dr. Whalen says. “So, if there is any concern, people should ask their doctor. They should not be nervous or anxious about mentioning it to a provider because it’s just like anywhere else.”



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



For more information about UCLA Health services for pelvic health, go to: uclahealth.org/medical-services/womens-pelvic-health

ASK THE DOCTORS

Botox May Be the Right Prescription to Ease Migraines

“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

DEAR DOCTORS: I get really bad migraines every week, and they knock me out. I have been using drug store pain meds, but lately they stopped working. What other kinds of treatments are available? I've heard from a friend that Botox can help prevent migraines. How does it work? How do you get it?

DEAR READER: Migraine is a neurological disease in which the activity in certain nerve pathways, along with the release of neurochemicals, causes a diverse range of symptoms. The primary symptom among these is throbbing or pulsating headache pain. The pain from migraine occurs on one side of the

head and is often quite severe. A migraine can last for just a few hours, or it may persist for several days. Additional symptoms can include nausea, dizziness, fatigue, confusion and a pronounced sensitivity to light, sound and smell. For many people, a migraine often begins with a period of visual disturbance known as an aura. However, this doesn't occur in all cases. Research shows that migraine has a genetic component, and people with a family history are at increased risk of developing it. The condition also affects women three times as often as men.

The over-the-counter pain-relief drugs that you were using, such as acetaminophen, aspirin and ibuprofen, can be effective at both preventing and relieving migraine pain. However, they don't work for everyone, or not every time. They can also contribute to overuse headaches, sometimes referred to as “rebound headaches.” In recent years, the U.S. Food and Drug Administration has approved several new prescription migraine drugs, both for prevention and for pain relief. These newer drugs work by blocking a protein that is suspected to play a role in triggering migraine attacks.


Another option for managing migraine pain is nerve stimulation therapy. This involves the use of a medical device to deliver a magnetic or electrical

pulse to the branches of the trigeminal nerve, located in the forehead. Several studies into the efficacy of this treatment have returned mixed results, with about half of participants reporting successful pain relief.

This brings us to Botox. It's a prescription drug made from a toxin produced by the bacterium *Clostridium botulinum*. Botox may be best known for its ability to smooth out wrinkles, but it has proven effective in preventing migraine. The drug was used off-label for this purpose for many years. In 2010, the FDA approved its use for chronic migraine. That is defined as migraine pain that lasts at least four hours and occurs 15 or more days per month. The treatment consists of up to 31 injections of Botox into specific sites located near nerve fibers that are involved in migraine. These include the forehead, temples, neck, back of the head, upper back and bridge of the nose. The botulism toxin disables the nerve, which silences the signals that tell your body it is in pain. Botox treatments for chronic migraine are repeated every three months, if needed. If you meet the diagnostic criteria for chronic migraine, your doctor can prescribe Botox as a treatment. We also advise that you check with your insurance to confirm if Botox treatments for chronic migraine are covered.



Illustration: Maitreyee Kalaskar

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

Community Health Programs

OCTOBER / NOVEMBER / DECEMBER 2023 COMMUNITY CALENDAR EVENTS

UCLA Health offers community programs and events to help our neighbors lead healthier lives through wellness education. Go to uclahealth.org/events 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, Oct. 18, Nov. 15 and Dec. 13, 6 – 7:30 pm

Where: Teleconference sessions

Register: Please email ACP@mednet.ucla.edu

DIABETES

Living with Type 2 Diabetes (monthly)

These ADA-certified self-care classes will help you gain important skills, knowledge and confidence to successfully manage your diabetes. Sessions will cover risk reduction, nutrition, medication and being active.

When: Thursdays, 10:30 am – noon

Where: Teleconference sessions

Info & scheduling: diabeteseducation@mednet.ucla.edu

Integrative Medicine for Diabetes Distress

Dr. Rashmi Mullur and dietitian Lara Al-Dandachi will discuss the impact of stress on blood sugar control, the use of mind-body practices to improve blood-sugar regulation and information on supplements often used in diabetes.

When: Tuesdays, Oct. 10, Nov 14 and Dec. 12, 10 am – noon

Where: Teleconference session

RSVP: diabeteseducation@mednet.ucla.edu or 310-828-1050

Porter Ranch Diabetes Self-care

UCLA Health certified diabetes care and education specialist Ana Valenzuela, RN, CDCES, will lead an in-person, ADA-certified Type 2 diabetes class at our Porter Ranch clinic.

When: Tuesday, Oct. 17, 8 am – noon

Where: UCLA Health Porter Ranch Primary & Specialty Care
19950 Rinaldi St, Suite 300

Register: 818-271-2400

HEALTH EMERGENCIES

Save-a-Life Workshop

Learn how to save a life! Learn 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: Tuesdays, Oct. 10 and Jan. 9, noon – 1 pm

Where: Teleconference session

RSVP: <https://www.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, Oct. 19, Nov. 16 and Dec. 14, 5:00 – 5:45 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 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, Nov. 1 and Friday, Dec. 1, 5 – 6 pm

Where: Teleconference session

RSVP: tinyurl.com/rastogi-chat

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 and via Zoom

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.

When: Saturdays starting in October, 10 am – noon

Where: Marilyn Hilton MS Achievement Center at UCLA

Info & application: 310-267-4071

Cognifitness

A four-week program held on Saturdays for those with MS who are experiencing mild cognitive problems. Learn strategies to improve your attention, memory, organization, problem solving and critical thinking skills from a speech pathologist with the Marilyn Hilton MS Achievement Center at UCLA.

When: Register in September for sessions in October 2023

Where: Marilyn Hilton MS Achievement Center at UCLA

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. 17, 5:45 – 6:45 pm

Where: Teleconference session

RSVP: 310-828-0011 to receive 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. 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, Dec. 19, 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 session

Info: <https://www.uclahealth.org/programs/marc>

WEIGHT MANAGEMENT

Healthy Weight Management Webinar Series

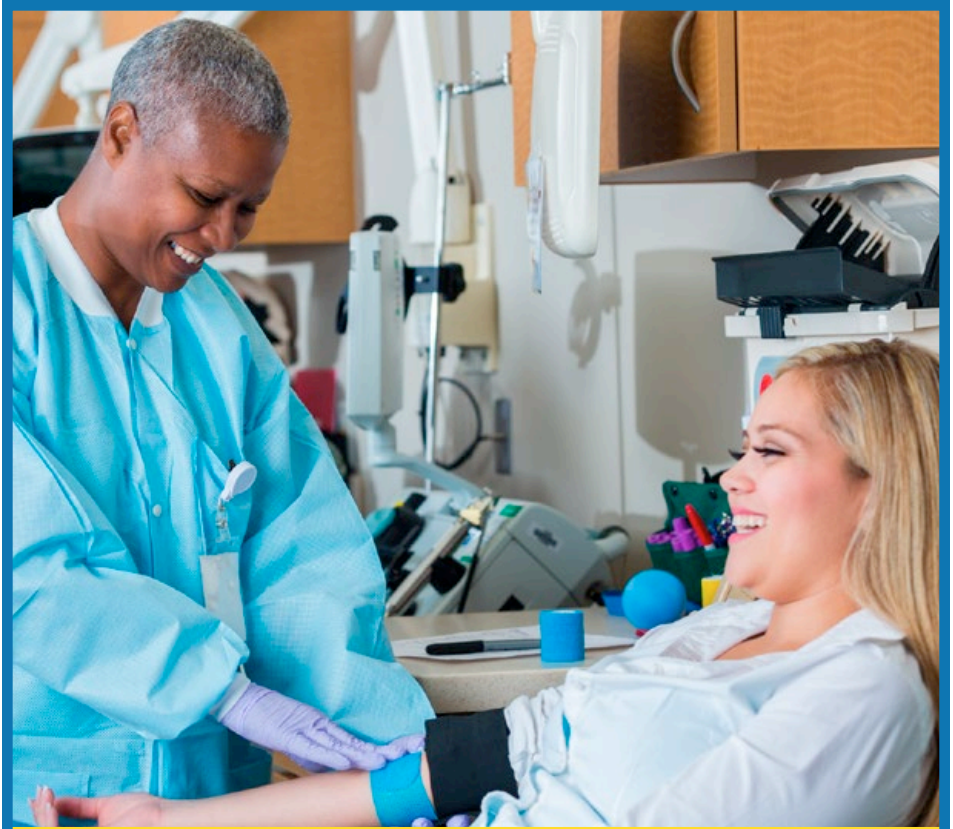
The UCLA Center for Human Nutrition's physicians and dietitians present a series of eight webinars covering both the science behind weight control and practical strategies you can apply to your own healthy weight management. Topics include how your genetic makeup can influence nutrition planning and an explanation of popular weight-loss diets.

When: Eight Tuesdays, Oct. 24 through Dec. 12, 3 – 4 pm

Where: Teleconference sessions

Cost: \$80

Info: weight@mednet.ucla.edu or 310-825-8173



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UCLA Health

Clinical Trials

UCLA conducts research for a wide range of medical disorders. In addition to expanding scientific knowledge, developing new diagnostic techniques and introducing new treatment options, these trials can give qualified patients access to therapies that are not yet available to the general public. Below are just a few of the trials actively recruiting study participants. For more information on these trials and a more complete list of UCLA clinical trials, please visit uclahealth.org/clinical-trials.



Photo: iStock

Strategies and Treatments for Respiratory Infections and Viral Emergencies (STRIVE): Shionogi Protease Inhibitor

Treatments are needed to improve outcomes among patients hospitalized for COVID-19, including direct-acting antiviral (DAA) agents to mitigate the pathology driven by ongoing viral replication. This trial will evaluate S-217622, an anti-SARS-CoV2 3C-like protease inhibitor (PI). The study design is a randomized, placebo-controlled, multi-center international clinical trial that will evaluate the clinical efficacy of S-217622 when given in addition to standard of care (SOC) for inpatients with COVID-19. The SOC will be determined by local established guidelines and may include additional DAA (e.g., remdesivir) and immunomodulatory treatment strategies. Certain SOC treatments will be pre-specified prior to randomization.

A Study to Investigate LYL797 in Adults with Solid Tumors

This study will evaluate the safety and tolerability of LYL797, a ROR1-targeted CAR T-cell therapy, in patients with ROR1+ relapsed or refractory triple negative breast cancer (TNBC) or non-small cell lung cancer (NSCLC). The first part of the study will determine the safe dose for the next part of the study, and will enroll TNBC and NSCLC patients. The second part of the study will test that dose in additional TNBC and NSCLC patients.

Comparing Perclose to Statseal With Perclose in Transcatheter Aortic Valve Replacement Arteriotomy Closure

The purpose of this clinical study is to compare how well two different devices achieve hemostasis in patients undergoing a transfemoral transcatheter aortic valve replacement. Both devices are approved by the FDA for this use, and have already been used by clinicians on patients undergoing transfemoral procedures. It is believed that the use of both devices in combination compared to the Perclose alone will shorten the time that it takes to “seal” the artery, resulting in a shorter period of time that manual pressure will be held, shorter procedure time and fewer complications after the procedure.

Cholesterol and Inflammation Lowering Via Bempedoic Acid, an ACL-inhibiting Regimen in HIV Trial (CLEAR HIV Trial)

This is a randomized, placebo-controlled study in treated and suppressed HIV-infected individuals aged ≥ 40 years with either known CVD or 1 CVD risk factor to study the effect of Bempedoic acid (BA) on safety, arterial inflammation as assessed by FDG-PET/CT, lipids, inflammation, immune activation, cardiometabolic indices and non-calcified plaque (NCP) in the coronary arteries (assessed by coronary CT angiography, CCTA). This trial will be enrolled at UCSF and UCLA. Collaborators at Massachusetts General Hospital (MGH) will serve as the core facility for imaging.

A Gene Transfer Study Inducing Fetal Hemoglobin in Sickle Cell Disease (GRASP, BMT CTN 2001)

Fetal hemoglobin (HbF) is a healthy, non-sickling kind of hemoglobin. The investigators have discovered a gene that is very important in controlling the amount of HbF. Decreasing the expression of this gene in sickle cell patients could increase the amount of fetal hemoglobin while simultaneously reducing the amount of sickle hemoglobin in their blood and therefore potentially cure or significantly improve the condition. The advantages of a gene therapy approach include: (1) it can be used even if the patient does not have a matched donor available; (2) it may allow a reduction in the amount of chemotherapy required to prepare the patient for the transplant; and (3) it will avoid certain strong medicines often required to prevent and treat graft versus host disease (GVHD) and rejection. Our pilot trial testing this approach in 10 patients with SCD has shown that the treatment has not caused any unexpected safety problems, and that it increases HbF within the red blood cells. Our goal is to continue to test whether this approach is safe, and whether using gene therapy will lead to decreased episodes of vaso-occlusive crisis pain in people with SCD.



For more information, including a full list of active clinical trials at UCLA Health, please visit: uclahealth.org/clinical-trials



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