

Vital Signs

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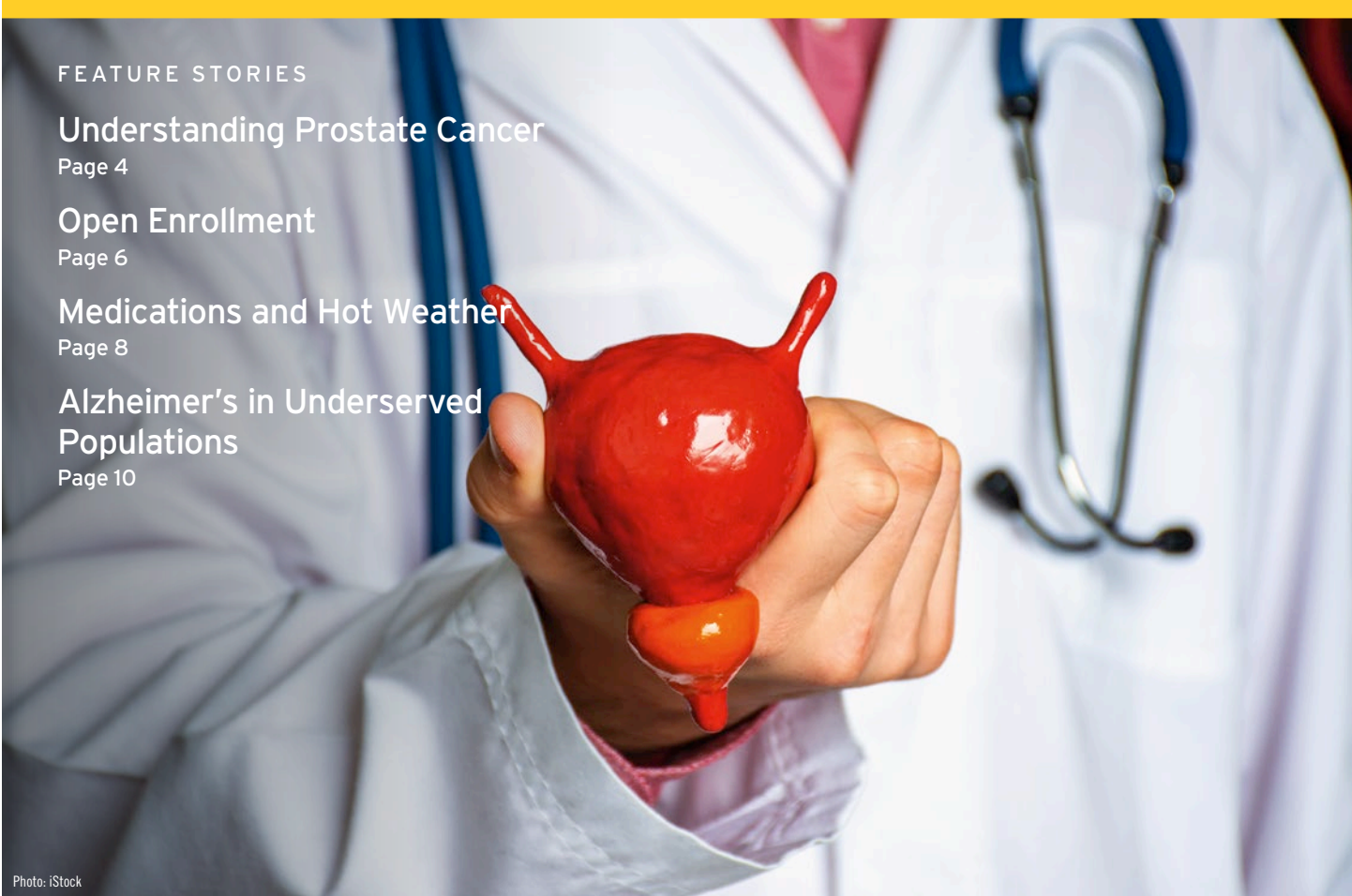


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Image: Courtesy of Dr. Justin McWilliams

UCLA Health offers minimally invasive procedure to treat common prostate condition

As many as half of individuals with a prostate over the age of 50, and nearly three-fourths older than 70, have benign prostatic hyperplasia (BPH), in which their enlarged prostate compresses the urethra – the tube that carries urine out of the bladder. While rarely life-threatening, BPH can significantly hamper quality of life through symptoms that include a weak urinary stream, frequent urination and an inability to completely empty the bladder. Medication can provide modest improvement, but many need more. Surgery, though effective, isn't an appropriate option for everyone and can come with unwanted side effects.

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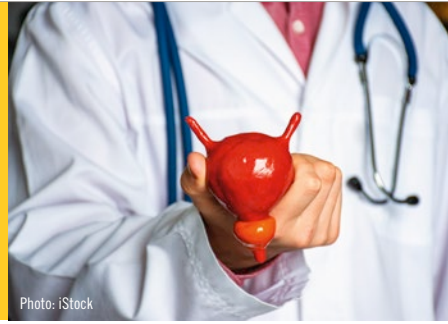


Photo: iStock

UCLA Health again top-ranked in annual assessment



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For the 35th consecutive year, UCLA Health has been named to the national honor roll of Best Hospitals by *U.S. News & World Report*, and it achieved a #1 ranking in Los Angeles and California. Being named to the honor roll is a distinction reserved for only 20 hospitals or systems among nearly 5,000 evaluated across 15 medical specialties and 20 common procedures and conditions. UCLA Health has appeared on the national honor roll each year since *U.S. News & World Report* launched the rankings in 1990.

Twelve UCLA Health medical specialties placed in the top 10 nationally. They are: ear, nose and throat (#1); pulmonology and lung surgery (#3); diabetes and endocrinology (#4); gastroenterology/gastrointestinal surgery (#4); urology (#4); geriatrics (#5); ophthalmology (#5); psychiatry (#5); rheumatology (#8); cancer (#9); neurology and neurosurgery (#9); and orthopaedics (#9).

UCLA Health was designated high performing in all 20 procedures and conditions rated. They include various cancers, hip and knee replacement, heart attack and bypass surgery, stroke and diabetes.

UCLA Health also consistently performs well in a variety of other assessments of quality and safety conducted by independent publications, accreditation bodies, advocacy groups and disease-specific organizations using a wide range of methodologies.



For more information about UCLA Health's ranking, scan the QR code or go to: ucla.in/US-News-Ranking



Preparing for a good night's sleep

Sleep is vital to good health. Getting sufficient sleep improves learning, problem-solving and creativity. It lowers the risk of cardiovascular disease, stroke, diabetes and high blood pressure. During sleep, the brain flushes out brain plaques that may contribute to developing dementia. Sam A. Kashani, MD, a UCLA Health sleep medicine specialist in Santa Monica, discusses ways to promote a good night's sleep and how to know when someone might be suffering from a sleep disorder.

What can people do to help themselves fall and stay asleep?

"First, ensure the sleep environment is as sleep-promoting as possible," Dr. Kashani says. "The room should be cool, dark and quiet." While there is no ideal temperature, 65-to-70 degrees works for most people. Dr. Kashani recommends having a consistent sleep and wake time rather than one that differs substantially between weekdays and weekends.

Meditative practices or movement techniques such as tai chi, yoga, mindfulness and meditation can also help. "A UCLA study showed that tai chi was just as effective for insomnia as cognitive behavioral therapy for insomnia, the most effective insomnia treatment for adults," Dr. Kashani says. Meditative practices can be part of a consistent bedtime routine, which also promotes sleep.

Dr. Kashani recommends avoiding stimulating activities or substances that can



Dr. Sam A. Kashani.
Photo: UCLA Health

interfere with nighttime sleep. Engage in strenuous activity earlier in the day or evening, but not too close to bedtime. Stop screen time at least one hour before bed, as blue light can delay the onset of sleep. While some people tolerate them well, caffeine, spicy foods and sugary foods and drinks interfere with sleep for many others.

As for the duration of sleep, "The best amount of sleep is the sleep an individual requires, which may be six hours for some and nine for others," says Dr. Kashani. "Our body and brain dictate their sleep requirements, and it's important for us to listen."

What sleep issues indicate it's time to see a doctor?

"If sleep is disrupted at nighttime, if there are prolonged struggles to fall asleep or any difficulties staying asleep, that may indicate a sleep disorder," Dr. Kashani says. Daytime fatigue, sleepiness and brain fog, or waking with a "sleep drunkenness feeling," may also signal a problem. Other possible indicators of sleep disorders, which Dr. Kashani says are extremely underdiagnosed, include waking with headaches or dry mouth. A bed partner may notice additional signs, such as snoring, restlessness, excessive movements and sleepwalking.

Are naps okay?

"A person should ask themselves why they need to nap. If it happens occasionally, for example, after a late night, it's fine," Dr. Kashani says. "But depending on the duration and timing, naps can impact nighttime sleep by reducing



Photo: iStock

the nocturnal sleep drive, creating a vicious cycle of sleeping less at night and catching up during the day. Sometimes, however, a strong desire for naps may indicate a serious disease like narcolepsy, which is characterized by people who may sleep nine or ten hours at nighttime and still feel sleepy during the daytime."

What about supplements and sleep medications?

Dr. Kashani says it's fine for people who normally sleep well to occasionally use supplements or prescription medications if they don't cause any side effects. Individuals with questions or concerns about their sleep should consult their primary care physician, who can refer them to a sleep specialist as needed.



To find a UCLA Health location near you, scan the QR code or go to:
maps.uclahealth.org



PROSTATE CANCER

What everyone needs to know about prostate cancer



Anyone with a prostate is at risk for prostate cancer — one-in-eight will be diagnosed in their lifetime — with the primary risk factor being age. While it often develops slowly and may be confined to the prostate gland, where it might not cause serious harm, there are some types of prostate cancer that are aggressive and can spread quickly. That is why screening and early detection are so important for treatment and management. Robert Reiter, MD, is chief of the Division of Urologic Oncology and director of the UCLA Health Prostate Cancer Program at the UCLA Health Jonsson Comprehensive Cancer Center. He talks about the disease and what people need to know.

How common is prostate cancer?

About one-in-eight individuals with a prostate will be diagnosed with prostate cancer in their lifetime. There are expected to be more than 300,000 newly diagnosed cases in 2024, and 35,000 deaths from the disease.

Do we know the most common causes of prostate cancer?

For the most part, the causes of prostate cancer are not known, but for a significant percentage of individuals, it is inherited. It's most commonly inherited from fathers to sons, and if you have one first-degree relative affected, you have twice the likelihood of getting prostate cancer. If you have two first-degree relatives with prostate cancer, your risk is three or more times higher. So, inheritance is a big factor. Also, the incidence of prostate cancer is highest among Black people or those of African descent, and they are more than twice as likely to die from the disease. They tend to have more advanced disease when it is found, and therefore screening early is particularly important in this population.

While, broadly speaking, the specific causes of prostate cancer are not known, you mentioned genetics can be a significant factor.

Yes, prostate cancer is probably one of the most heritable cancers there is. We think at least 50% of the cases are inherited, and I suspect as we know more, that percentage will become even higher. For example, one of the genes linked to breast and ovarian cancer, BRCA2, which is particularly prevalent among individuals of Ashkenazi Jewish descent, is also associated with the development of aggressive prostate cancer.

“Prostate cancer is probably one of the most heritable cancers there is. We think at least 50% of the cases are inherited, and I suspect as we know more, that percentage will become even higher.”

What are the symptoms of prostate cancer?

In its early stages, prostate cancer is asymptomatic — it has no symptoms. That makes it pretty much a silent disease until it becomes advanced. If it becomes advanced, then the symptoms can include difficulty urinating, kidney failure, bone pain and bone fractures, and also things like weight loss, which we see in many forms of cancer, as well. Those would be manifestations of late prostate cancer.

If there are no symptoms in its early stages, how is prostate cancer diagnosed?

It is diagnosed generally through screening tests. The most common is the PSA blood test. In those in whom there's a suspicion of prostate cancer because of an elevated or a rising PSA, we usually then do an MRI scan of the prostate to determine if there are suspicious lesions, and then do a biopsy of the organ to ultimately make a diagnosis.

What are the stages of prostate cancer?

There is the localized stage, in which the cancer is still confined to the prostate, which we refer to as stage 1 or 2. In stage 3, the cancer has moved beyond the prostate, usually locally, so within the region of the pelvis. Then there's stage 4, in which the cancer is metastasized, most commonly to the lymph nodes in the pelvis, the abdomen and into bone. But once the disease has reached stage 4, it can spread anywhere.

What treatments are available for prostate cancer?

There are many treatment options, depending on the stage of the cancer. For early-stage or


stage 1 or 2 disease, the standard treatments are surgery or radiation. Now there are also newer modalities such as partial gland treatment or focal therapy, where we use different types of energy to ablate, or remove, the cancer. All of these treatment options are available at UCLA. We have something called HIFU, which is high-intensity frequency ultrasound. There's also cryotherapy, which involves freezing, and IRE — irreversible electroporation — which involves electricity to zap the cancer. Those are the most common treatment modalities. For disease that's more advanced, there also are many options, starting with hormone therapy, which utilizes drugs that block testosterone, which is required for the growth of prostate cancer. And there are chemotherapy and different forms of radiotherapies. Even for advanced disease, there are a plethora of options. Individuals with this disease are living much longer now than they did 10 or 20 years ago. For many people with advanced prostate cancer, it has become more of a chronic disease than a lethal disease.

Can prostate cancer be cured?

It is definitely curable if it's caught early. That is why we are so vocal about encouraging screening.

When should screening begin?

If you have a family history of prostate cancer, or other significant risk factors, a discussion with one's physician about screening should start at age 40. If there is no family history, then screening should start at age 45-to-50. The American Cancer Society guidelines recommend that if no prostate cancer is found as a result of screening, the time between future screenings should depend on the results of the PSA blood test. For example, individuals with a PSA of less than 2.5 ng/mL may only need to be retested every two years. For individuals with a higher PSA level, it should be done annually. Because people can live with this cancer for many years, screening is not recommended above age 70-to-75.

 For more information about prostate cancer care at UCLA Health, scan the QR code or go to: www.uclahealth.org/cancer/cancer-services/prostate-cancer



Cutting through the confusion: What you need to know about open enrollment



Each year, people are confused, and perhaps overwhelmed, during the annual open enrollment period, when they can renew or change their medical insurance coverage. But putting in the time and effort to carefully review health insurance options might save money, bring peace of mind and protect people from unexpected financial burdens should a health emergency occur.

While open enrollment dates vary by employer and insurance provider, the period is generally in the fall for coverage that begins the following year. Medicare's open enrollment window begins October 15 and runs until December 7. For those who purchase insurance through Covered California, the open enrollment period is from November 1 to January 31. Nationally, the open enrollment period goes from November 1 to January 15.

Regina D. Green, director of managed care operations for UCLA Medical Group, explains what to consider during open enrollment to make the process more user-friendly. While it may be tempting to make the choice based on monthly premiums alone, it's worth taking a detailed look at personal and family health needs and different plan specifics before locking in coverage for the coming year.

Once someone has aged out of their parents' insurance plan at 26, they are responsible for their own medical coverage. Provided they are generally healthy, their focus at this age is likely to be on preventive care and treating common illnesses. Green suggests people look for a primary care physician they are comfortable with, taking note if hospital and clinic locations covered by a plan are close to home or the workplace. Young people with children should consider the needs of everyone in the household who will be covered. Is there a pediatrician nearby? Do the children have health concerns that might require specialists or prescription medication?

People in their 40s to 60s require more preventive exams, such as mammograms and colonoscopies, so consideration of locations within a plan's network that offer these services is important. Because most of this population is still working, often while raising families and caring for older relatives, convenience is key. Green advises taking geography into account so services can be easily coordinated.

An unexpected health event could end up costing thousands, so it might also be worth a higher monthly premium in exchange for a lower deductible and out-of-pocket limits — but look closely at the specifics to avoid a costly surprise. "It's no different than buying anything

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“[Health insurance is] no different than buying anything else. When you buy a car, when you buy a refrigerator, when you buy a washer-dryer: there are things that are included and things that aren’t.”

else,” Green says. “When you buy a car, when you buy a refrigerator, when you buy a washer-dryer: there are things that are included and things that aren’t.”

Older adults may have the most to consider when it comes to choosing a health plan. While some older adults continue to work and have coverage through their employer, some are retired and on fixed incomes and may be more likely to have developed health conditions that require frequent care. Green recommends people in this age category compare benefit plans based on the services they know they use. They might take inventory of the care they required over the past year to help assess the future year’s potential needs.

There are multiple types of medical plans available to seniors through Medicare. Original Medicare and Medicare Advantage are the two largest. Also think about prescription medication needs. Medicare covers prescriptions through its pharmacy drug plans, known as “Part D,” but it’s important for people to make sure the chosen drug plan covers the medications they take.

Added perks are another potentially important consideration. Some plans include travel vouchers for rides to medical offices; others might cover acupuncture or chiropractic care.

If an individual gets his or her insurance coverage through their employer, their human resources department should be able to answer questions about available plans. People can also call an insurance company directly to ask questions. If insurance is purchased through the marketplace in California, start at coveredca.com.



For more information about open enrollment, scan the QR code or go to: uclahealth.org/patient-resources/patient-education/open-enrollment



Continued from cover

UCLA Health offers minimally invasive procedure to treat common prostate condition

For those seeking a middle ground, UCLA Health offers a minimally invasive treatment option in which an interventional radiologist blocks the prostatic arteries, reducing the blood flow as a way of shrinking the prostate so that it no longer interferes with the flow of urine. Prostatic artery embolization (PAE) was recently added to the American Urological Association’s standard-of-care guidelines as a safe and effective nonsurgical treatment option for men with BPH. UCLA has among the most extensive experience in the United States with the procedure, having performed more than 600 in a little more than a decade.

“Millions of individuals continue to suffer from the symptoms of BPH, either because they’re concerned about the side effects of surgery or they don’t qualify due to advanced age or coexisting medical conditions,” says Justin McWilliams, MD, UCLA Health interventional radiologist who was among the first in the nation to do a PAE, in 2012. “PAE fills the gap as a safe and effective alternative when lifestyle modifications and medications are insufficient and surgery either isn’t an option or isn’t desired.”

In the PAE procedure, an interventional radiologist uses X-ray guidance to pass tiny catheters into the pelvic arteries, then performs an angiogram – an X-ray in which contrast dye is injected – to map the blood vessels and locate the ones going to the prostate. At that point, inert plastic beads are placed to block the prostate’s main blood supply. The same procedure is repeated on the opposite side, and an additional angiogram confirms that the overall objective has been achieved. Dr. McWilliams notes that PAE requires only moderate

sedation or local anesthesia. Patients go home the same day and can return to their everyday activities within a week. Symptom relief generally starts within one-to-two weeks, improving progressively over the course of two months.

In a study of more than 2,000 patients who had the PAE, 80% experienced significant symptom improvement – typically better than medication, though not as good or as durable as after transurethral resection of the prostate (TURP), which is considered the surgical gold standard. However, TURP is associated with sexual side effects, most commonly retrograde ejaculation. Minimally invasive BPH surgeries are now available that can preserve sexual function, Dr. McWilliams notes, but PAE side effects are milder and recovery is faster.

And because there is no upper limit to the prostate size PAE can successfully treat, it’s also a good option for those whose prostates are too large for traditional surgery. Dr. McWilliams and his interventional radiology colleagues work closely with UCLA Health urologists to help patients with BPH determine which procedure would be best for them.

“BPH can have a huge disruptive effect on a person’s life, to the point that many aren’t sleeping well and can’t participate in normal activities without constant interruptions or worries,” Dr. McWilliams says. “We are pleased to be able to offer this option to those who either don’t want surgery or for whom surgery isn’t an option – and it’s extremely rewarding to see significant improvement in so many of our patients.”



For more information about UCLA Health interventional radiology, scan the QR code or go to: uclahealth.org/medical-services/radiology/interventional-radiology





Photo: iStock

Some medications can elevate risk of serious illness from high temperatures

The hottest days of summer are behind us, but early fall months still can experience very warm temperatures. While high temperatures in and of themselves can increase the possibility of heat-related illness, people taking many common medications are at elevated risk. And since they typically take multiple medications,

people age 65 and older, and those with chronic health conditions, may be especially vulnerable.

“Medications can amplify the risk of heat to the body by interfering with the body’s thermal regulation and fluid balance,” says Ghada Ashkar, PharmD, associate chief of ambulatory pharmacy for UCLA Health. “Both of these

mechanisms interfere with the body’s ability to cool itself.”

Mark Morocco, MD, clinical professor of emergency medicine, describes how the process works. “The primary response to heat is sweating and the evaporative loss of heat,” he explains. “Sweating allows the air to create



Dr. Ashkar recommends drinking a lot of water, staying in the shade if feasible and applying cold compression to the skin.

Hydration needs vary by person, activity level and humidity. People who take medications should speak with their health care provider as they might have fluid restrictions. As a general guideline, individuals should consume $\frac{1}{2}$ to 1 ounce of water per pound of body weight each day. Those playing sports or working outdoors in hot weather should aim for a minimum of 1 ounce of fluid per pound of body weight.

Dr. Ashkar says the electrolyte solutions in sports drinks can help, but she advises avoiding those with caffeine or high amounts of sugar.

As diuretics, both caffeine and alcohol interfere with the body's ability to cool itself. "People having alcohol may think they're drinking, but they're not hydrating," Dr. Ashkar says.

Dr. Morocco adds that people on prescription medications need to speak with their doctor or pharmacist before heat waves hit. "Those health professionals can advise as to the person's specific case and condition," he says.

"Just as important, they should make a pre-plan for how to avoid or minimize heat exposure during a heat wave," he says. "People living alone should have a buddy who can check on them and take them to a cooler location if necessary."

Prevention also includes keeping medications at appropriate temperatures. Insulin, for example, needs to be refrigerated. And all medications must be kept away from direct sunlight and heat sources. Dr. Ashkar

a natural cooling system, which is spread out over the skin, the body's largest organ. Some medications, however, can decrease the ability to sweat. Others can increase the body's heart and metabolic rates, causing the body itself to create heat, in addition to the heat in the environment."

He notes the importance of recognizing symptoms of heat-related illness — confusion, serious headache, feeling dizzy or like they might pass out — and seeking immediate medical attention.

Dr. Ashkar notes that several types of heart medicines decrease the body's cooling mechanisms. Beta-blockers decrease blood flow to the skin, interfering with the cooling effect of sweat. They also decrease heart rate, making the heart work harder. ACE inhibitors increase the risk of fainting and falling and may inhibit the sensation of thirst. Calcium channel

blockers, used to decrease blood pressure, can cause electrolyte imbalances, which interfere with temperature regulation.

Other types of medications, including antidepressants and antipsychotics, diuretics, antihistamines and decongestants and ADHD medications, also can effect the body in different ways during high-temperature days, including body temperature regulation, excessive release of fluids leading to dehydration and electrolyte imbalances, decreased sense of thirst and interference with the body's ability to sweat.

"The progression of heat-related illness can be subtle," Dr. Morocco says. "It can quickly advance from feeling overheated and sweating profusely to heat stroke."

When feeling overheated, he advises, get out of the heat and into an air-conditioned location. Or take a cool shower or get in a pool, if possible.

"Medications can amplify the risk of heat to the body by interfering with the body's thermal regulation and fluid balance."

suggests storing them in a bedroom closet or drawer. "When needing to carry medications that should be refrigerated along to a warm location, take an ice pack to help keep the medications cool," she advises.

"Prevention in the form of having a plan for keeping cool is essential," Dr. Morocco says. "But if someone gets to the point of being confused, it's time to seek help."

A more inclusive framework for addressing Alzheimer's disease



In an effort to expand research and care opportunities for patient with Alzheimer's disease, the Mary S. Easton Center for Alzheimer's Research and Care at UCLA is prioritizing outreach to racial and ethnic minorities. "We have disparities that exist around what causes the disease and also around care opportunities," says Jason Hinman, MD, PhD, interim co-director of the UCLA Easton Center and associate professor-in-residence in the Department of Neurology. "Most of the clinical studies that have been conducted have not included even a true minority of underrepresented populations."

Alzheimer's disease and related dementias are a major public health challenge, Dr. Hinman says. Currently, there are 6.5 million Americans

diagnosed with Alzheimer's. By 2060, with an aging population, it will more than double, to nearly 14 million.

And as the U.S. becomes a majority-minority nation, Black and Latino groups will be most affected. Already, older Black Americans are twice as likely to have Alzheimer's compared with white Americans, and Latinos are 1.5 times as likely.

A key focus is on understanding and breaking down structural and social drivers that contribute to historically underserved populations having a higher incidence of Alzheimer's disease, says Mirella Díaz-Santos, PhD, assistant professor-in-residence of neurology and head of Equity for Latinx-Hispanic Healthy Aging at the UCLA Easton

Center. "We partner with community stakeholders to create interventions that increase access to care, and then to increase access to clinical trials," she says.

Structural drivers can be diverse, ranging from the distance a person lives from where clinical trials are being conducted and their ability, or inability, to get there to lack of community resources and distrust and inherent resistance to participate in research.

But diversifying research and clinical trials is crucial to understanding the genetic risks associated with Alzheimer's disease. For example, it's known that an individual is at significantly higher risk of developing Alzheimer's with two copies of the APOE-4 gene. But that only applies to some of the population. "You're at a 16-fold increased risk of developing Alzheimer's disease in your lifetime," Dr. Hinman says. "But that's only true if you're Caucasian. If you're Hispanic, it's only about a three-fold risk, even though prevalence rates of Alzheimer's disease are much higher in the Hispanic community."

That points to the possible role of other genes, as yet unknown, for Black and Latino individuals. A recent major philanthropic donation will help UCLA Easton Center researchers to recruit a greater diversity of people with Alzheimer's and then try to understand how genetic backgrounds are distinct, creating a possible path to identifying new genes.

"We have disparities that exist around what causes the disease, and also around care opportunities. Most of the clinical studies that have been conducted have not included even a true minority of underrepresented populations."



For more information about the Mary S. Easton Center for Alzheimer's Research and Care at UCLA, click on the QR code or go to: eastonad.ucla.edu



ASK THE DOCTORS

Often misunderstood, fibromyalgia explained

“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 had muscle pain and exhaustion for two years, and no one could figure out what was wrong. A rheumatologist recently diagnosed me with fibromyalgia. I would appreciate any information you have about this, including what the treatment options are.

DEAR READER: Fibromyalgia is a chronic disorder in which someone experiences widespread tenderness and pain throughout the muscles of the body. This is often coupled with persistent fatigue, exhaustion and sleep disruption, and it may also include changes to mood and cognition. Some people also

experience pain or stiffness in their joints, tingling or numbness in the limbs, digestive problems such as bloating or constipation, and a heightened sensitivity to light, color and sound. The condition is seen more often in women than in men, and the average age of diagnosis is between 35 and 45.

Descriptions of this unique collection of symptoms date back at least to 1880, at which time they were given the name of neurasthenia. By 1987, when the condition was recognized by the American Medical Association, the name had evolved to fibromyalgia. However, due to a lack of diagnostic tests for the condition — it cannot be identified via imaging, blood or other laboratory tests — there continues to be skepticism about the diagnosis. Detractors see fibromyalgia as a cluster of vague and unrelated symptoms that have been turned into a fad disease. The estimated 4 million Americans living with the condition feel otherwise.

The causes of fibromyalgia are not yet understood. One theory suggests a glitch in the neural pathways that carry sensory signals between the body and the brain. This malfunction would make someone living with fibromyalgia hypersensitive to ordinary stimuli. For example, a pat on the arm or a splash of

cool water would be interpreted by the body as pain. The condition has been found to run in families, so a genetic component may be involved. Some patients say an inciting incident, such as a physical accident or severe emotional trauma, immediately preceded the onset of symptoms. Living with an autoimmune disease, such as lupus or rheumatoid arthritis, may increase the risk of developing fibromyalgia. A link to IBS, or irritable bowel syndrome, is also suspected.

As we mentioned, there are no tests for fibromyalgia. Diagnosis is via a detailed description of the individual’s symptoms, along with a medical and family history. Many of the symptoms of the syndrome match those of other conditions, such as arthritis, some autoimmune diseases and a range of neurological conditions. Blood tests to check hormone levels, blood components, thyroid function and inflammation levels can be required to help rule those out. Imaging tests may be used to exclude arthritis and other degenerative conditions.

There is at this time no cure for fibromyalgia. Treatment consists of a multidisciplinary approach of medications, behavioral and occupational therapy and counseling to address pain, ease stress and anxiety and improve sleep and mood. A class of antidepressants known as serotonin-norepinephrine reuptake inhibitors, or SNRIs, which affect levels of certain brain chemicals, have been found to ease pain and improve mood and sleep. Symptoms vary from person to person, so fibromyalgia treatment is tailored to each patient’s individual needs.

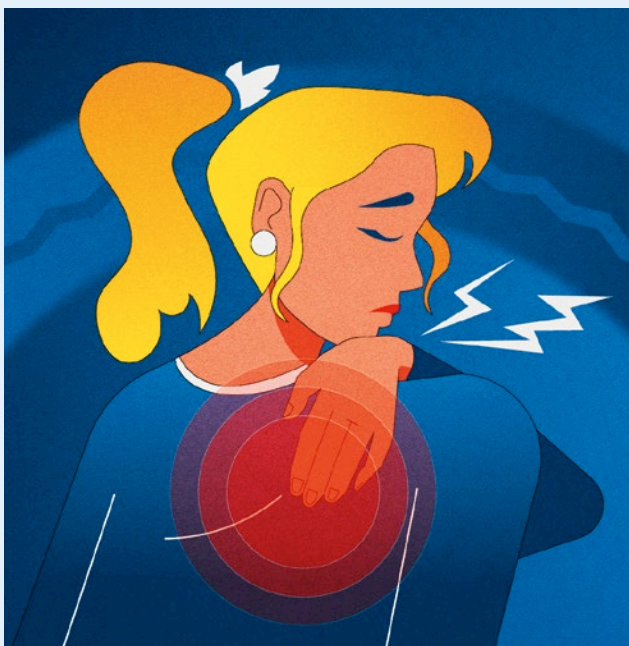


Illustration: Maitreyee Kalaskar



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

Community Health Programs

OCTOBER / NOVEMBER / DECEMBER / 2024 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. 9,

Nov. 20, Dec. 11, 6 – 7:30 pm

Where: Teleconference sessions

Register: ACP@mednet.ucla.edu

DIABETES

Healthy Living with Diabetes Conference

This event will focus on type 2 diabetes and address several important and timely topics. There will be talks and an opportunity to have your questions answered by experts in the field.

When: Wednesday, Oct. 9, 6 – 7:30 pm

Where: Teleconference session

Register: Diabeteseducation@mednet.ucla.edu

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, medications and being active.

When: Thursdays through Dec. 19, 10:30 am – noon

Where: Teleconference sessions

Info & registration: diabeteseducation@mednet.ucla.edu

Integrative Approaches to Diabetes

Are you interested in managing your diabetes more holistically? Integrative medicine blends conventional treatments with mind-body-spirit and lifestyle approaches to improve diabetes and blood sugar control. Dr. Rashmi Mullur, a board-certified physician in endocrinology and integrative medicine, will teach you integrative approaches and mind-body techniques to better manage your health.

When: 2nd Tuesday of each month, 9 am – noon

Where: Teleconference sessions

Info & registration: 310-828-1050 or diabeteseducation@mednet.ucla.edu

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: Tuesday, Oct. 8, noon – 1 pm

Where: Teleconference session

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

KIDNEY DISEASE

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 health, 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 your questions in advance to COREKidney@mednet.ucla.edu.

When: Friday, Nov. 1 and

Sunday, Dec. 1, 5 – 6 pm

Where: Teleconference session

RSVP: tinyurl.com/rastogi-chat

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. 17, Nov.

21, Dec. 19, 5 – 5:45 pm

Where: Teleconference sessions

RSVP: 310-206-6741 or NephrologyAdmin@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, Nov. 2, 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 and teleconference sessions

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 for sessions beginning in October

Where: Teleconference sessions

Info & application: 310-267-4071

NUTRITION

Nutrition and Cancer

A one-hour presentation and live Q&A on common nutritional challenges patients experience during and after cancer treatment. Presented by the Simms/Mann UCLA Center for Integrative Oncology.

When: Wednesday, Oct. 16, noon – 1 pm

Where: Teleconference session

Register: uclahs.fyi/Simms-Nutrition

Nutrition and Healthy Living

The UCLA Health Division of Clinical Nutrition is presenting weekly discussions on essential topics in nutrition and healthy living. Specialists in nutrition, East-West and preventive medicine will provide practical strategies to prevent and manage chronic diseases through lifestyle changes. Each session will explore cutting-edge science and evidence-based insights while offering recommendations to facilitate sustainable change.

When: Tuesdays through Dec. 17, 6 – 7 pm
Where: Teleconference sessions
Register: 310-825-7921 or visit uclahealth.org/medical-services/clinical-nutrition

PODIATRY

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, Oct. 15, 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, Nov. 19, 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, Dec. 17, 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 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/uclamindful

UNIVERSITY CLASSES

Senior Scholars

The UCLA Longevity Center invites adults 50 years of age or older to audit undergraduate courses taught by UCLA's distinguished professors. Winter quarter classes begin Jan. 5, 2025.

Registration: Nov. 4 – Dec. 2

Information: semel.ucla.edu/longevity/srscholars or srscholars@mednet.ucla.edu or 310-794-0679



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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

Nutrition and Long COVID

Long COVID encompasses a range of persistent health and cognitive issues, including fatigue, brain fog, shortness of breath and digestive problems. These issues can stem from lingering viruses and immune system disruptions from the initial infection, all contributing to chronic inflammation and ongoing complications. Nutrition can play a crucial role in protecting against these persistent issues. Our current research focuses on the benefits of walnut consumption on memory in subjects with long COVID symptoms.

Pulmonary Hypertension Association Registry

The PHA Registry (PHAR) is a national study about people who have pulmonary arterial hypertension (PAH) and chronic thromboembolic pulmonary hypertension (CTEPH). PHAR will determine how people with PAH and CTEPH are evaluated, tested and treated, and will observe how well these participants do. The goal is to see if people with PH are treated according to recommended

guidelines, and to see if there are certain factors that can lead to better or worse outcomes.

SRK-181 Alone or in Combination With Anti-PD-(L)1 Antibody Therapy in Patients with Locally Advanced or Metastatic Solid Tumors (DRAGON)

This is a multicenter, open-label, Phase 1, first-in-human (FIH), dose-escalation and dose expansion study to evaluate the safety, tolerability, pharmacokinetics (PK), pharmacodynamics (PD) and efficacy of SRK-181 administered alone and in combination with anti-PD-(L)1 therapy in adult patients with locally advanced or metastatic solid tumors.

Clinical Trial of Iclepertin Effect on Cognition and Functional Capacity in Schizophrenia (CONNEX-2)

The purpose of this study is to find out whether a medicine called Iclepertin improves learning and memory in people with schizophrenia. Participants are randomized into two groups. One

group takes Iclepertin and the other group takes placebo once a day for 26 weeks. In addition, all participants take their normal medication for schizophrenia. During this time, doctors regularly test learning and memory of the participants by use of questionnaires, interviews and computer tests. The results of the mental ability tests are compared between the groups. Participants are in the study for about eight months. During this time, they visit the study site about 15 times and get about three phone calls from the study team. The doctors also regularly check participants' health and take note of any unwanted effects.

Study of Oral TLR8 Agonist Selgantolimod on HBsAg in Participants With Both Chronic Hepatitis B and HIV

The study aims to assess safety and tolerability of oral toll-like receptor (TLR) 8 agonist Selgantolimod (SLGN) administered for 24 weeks in participants with both chronic hepatitis B and HIV. The study will also evaluate if TLR8 stimulation with SLGN will reduce hepatitis B surface antigen (HBsAg) titers in the blood.

Ferric Citrate and Chronic Kidney Disease in Children

A 12-month, double-blind, randomized, placebo-controlled trial to assess the effects of therapy with ferric citrate (FC) on changes in intact FGF23 levels (iFGF23, primary endpoint) in 160 pediatric patients (80 in each of the two arms) aged 6–18 years of either sex with chronic kidney disease (CKD) stages 3–4 and age-appropriate normal serum phosphate levels.

A Study Evaluating AMG 193 in Combination with Other Therapies in Participants with Advanced Gastrointestinal, Biliary Tract or Pancreatic Cancers with Homozygous Methylthioadenosine Phosphorylase (MTAP)-Deletion

This study aims to determine maximum tolerated dose (MTD) or recommended combination dose of the MTA-cooperative PRMT5 inhibitor AMG 193 administered in combination with other therapies in adult participants with metastatic or locally advanced methylthioadenosine phosphorylase (MTAP)-deleted gastrointestinal, biliary tract or pancreatic cancers. The study also aims to determine the safety profile of AMG 193 administered in combination with other therapies in adult participants with metastatic or locally advanced MTAP-deleted gastrointestinal, biliary tract or pancreatic cancers.



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