

# Message from the President

There have been a lot of enquiries since my last Presidential message and I am very pleased it has aroused great interest amongst Fellows and Members. Let me stress again if you have intermediate qualification from Category II Conjoint Examination or from overseas training, you may benefit from our revised Exit Examination Guidelines and Training Requirements. The time limit for attempting and passing the Exit Examination is removed. Your previous hard work and extra future training may bear the fruit of FHKAM (Family Medicine). Please contact the College Secretariat for further information.



The lead-in-water contamination problem has a snow ball effect. A number of public housing estates in Hong Kong found themselves at the centre of a tainted water scandal after tests in June 2015 showed samples taken from tap water in Kai Ching Estate in Kowloon City contained lead exceeding WHO standards. Subsequent tests showed water samples from at least two other public estates in Kwai Chung and Sha Tin also contained excessive lead. Prince Philip Dental Hospital, University residency and some schools are also involved.

Government officials have made a U-turn and announced they would conduct tests on lead levels in water at kindergartens and new schools as pupils returned for the new academic year. Water will be tested at public hospitals as well. Kindergartens and schools are racing to install water filters amid lead scare.

I have joined the Ad Hoc Committee on Toxic Effects of Lead Contaminated Water organized by HKMA. There are colleagues from Poison Treatment Centre, Poison Information Centre, Toxicology Reference Laboratory, Occupational and Environmental Health, Paediatrician, Obstetrician, Community Physician and of course Family Physician. The Committee was set up to formulate advices to members and the general public. So far, nobody has the blood level reached the "toxic" level that requires chelating therapy. I do hope this public health issue will soon solve on its own course.

*(Continued on page 2)*

## IMPORTANT Notice: Change of HKCFP Secretariat Telephone Number

Dear Members,

The contact phone number of the College Secretariat will be changed to 2871 8899, effective from 30<sup>th</sup> September 2015 (Wednesday).

The current phone number 2528 6618 will not be available after 15<sup>th</sup> November 2015

Tel : **+852 2871 8899**

Fax : +852 2866 0616 / +852 2866 0981

Email : [hkcfp@hkcfp.org.hk](mailto:hkcfp@hkcfp.org.hk)

Address : Rooms 803-4, HKAM Jockey Club Building,  
99 Wong Chuk Hang Road, Aberdeen

Thank you for your kind attention.

The Secretariat, HKCFP

THE HONG KONG  
COLLEGE OF  
FAMILY PHYSICIANS



# Family Physicians Links

## ISSUE 139

### September 2015

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## Message from the President

### What is the apocalypse?

In June and July 2015, the public hospitals have limited resources to cope with the large number of blood lead level testings. The general public turns to private laboratories for blood and water testing. My patients and colleagues keep asking me which are the reputable and reliable laboratories other than the public laboratories based at HA hospitals. In fact, nobody knows how many medical laboratories are there in Hong Kong! Some have NATA (National Association of Testing Authorities, Australia). NATA provides assessment, accreditation and training services to laboratories and technical facilities throughout Australia and internationally. Some have HOKLAS (The Hong Kong Laboratory Accreditation Scheme). HOKLAS is an accreditation scheme open to voluntary participation by any Hong Kong laboratory that performs objective testing and calibration, provides proficiency test and produces reference material falling within the scope of the Scheme and meets the HOKLAS criteria of competence.

A medical laboratory is usually divided into 4 segments, i.e. Biochemistry, Immunology, Haematology and Microbiology. A laboratory can be proficient at only one segment and try to get the accreditation. My previous experience is not to look at the NATA or HOKLAS label-responsible doctor should go to the laboratory site, speak to the technicians, look at the

laboratory information system, check out its machines and calibration methods and make sure no food is in the refrigerator. It sounds like the Practice Assessment of our Exit Examination! Don't look at the price, be vigilant at the standard. We owe it to our patients to send their samples to the best available laboratories.

We are all good at bloodletting with adults but certainly less confident with babies and young children. I was told a large clinic could not cope with the high number of blood sample taking as it only had one technician for venepuncture. Why not train up all the nurses in your clinic! They are capable hands in dealing with emergencies and disasters.

Interestingly, doctors know much about Legionnaires' Disease but few know the clinical effects of heavy metal poisoning like lead, cadmium, chromium, nickel and mercury. I was lucky to have attended the diploma course in Occupational Medicine at The Chinese University, Hong Kong. Prof TW Wong and Prof Ignatius Yu were extremely good teachers. Our ex-President, Dr John Chung was my course mate and he was one of the top students. I have never thought this course being useful fourteen years later. Prepare yourself, we Family Physicians love to know and learn everything on the horizon.

### 38<sup>th</sup> HKCFP Annual General Meeting

The **38<sup>th</sup> Annual General Meeting (AGM)** of The Hong Kong College of Family Physicians will be held on **6 December 2015, Sunday**. Nominations for election are now open to all members. Please refer to the enclosed announcement and nomination form for more details.

**Time** : 18:00

**Venue** : James Kung Function Room, 2/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen

**Admission** : Members only

### 38<sup>th</sup> HKCFP Annual Dinner

#### The College 38<sup>th</sup> Annual Dinner will be held on 6 December 2015, Sunday

**Time** : 19:00 Annual Dinner Reception  
19:30 Chinese-style Dinner

**Venue** : Run Run Shaw Hall, 1/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Hong Kong

College Members, Fellows and their spouses are welcome to register for the Annual Dinner free of charge on a first-come-first-serve basis until all the available seats are filled.

Complimentary transportation would also be arranged between Admiralty MTR station and HKAM Jockey Club Building on a first-come-first-serve basis. Details would be announced in due course.

To register for the **Annual General Meeting** and/or **Annual Dinner** and/or **complimentary transportation**, please contact Ms. Teresa Liu or Ms. Windy Lau on Tel: 2528 6618 (on or before 29 September) / 2871 8899 (from 30 September onwards), or email to [teresaliu@hkcfp.org.hk](mailto:teresaliu@hkcfp.org.hk) or [windylau@hkcfp.org.hk](mailto:windylau@hkcfp.org.hk) for registration.

## “Council Member-On-Duty” (CMOD) System

Dear College members,

We are still providing this alternative channel of communication for you to reach us. Do let us have your ideas and comments so that we can further improve our services to all the members.

From 15<sup>th</sup> September 2015 to 14<sup>th</sup> October 2015, Dr. David Chao and Dr. William Wong will be the Council Members-On-Duty. Please feel free to make use of this channel to voice your doubts, concerns, queries, and comments on anything related to our College and Family Medicine. You can reach us by contacting our College Secretariat by phone: 2528 6618, by fax: 2866 0616, or by email: [hkcfp@hkcfp.org.hk](mailto:hkcfp@hkcfp.org.hk). Once we receive your call or message, we will get in touch with you directly as soon as we can.

Dr. Tony C. K. Lee  
Co-ordinator, CMOD System



Dr. David Chao



Dr. William Wong

## Membership Committee News

The Membership Committee approved, on recommendation of the Chairlady of the Membership Committee, the following applications for membership in **July - Aug 2015** :

### Associate Membership (New Application)

Dr Chan Wei Kwan, Rita	陳慧筠
Dr Chan Wing Yi	陳穎兒
Dr Fong Wai	方蕙
Dr Jor Hon Man	左翰文
Dr Lam Lai Cho, Eugenia	林澧臻
Dr Lam Ting Chung, Matthew	林廷聰
Dr Maurellet Juan-Domingo	
Dr Ng Kwok Fai	吳國輝
Dr Wong Hin Hei, Henry	黃衍熹
Dr Yick Jennie Ching Yee	易靜宜
Dr Yip Hoi Man, Vivian	葉海文
Dr Yu Suet Mui	于雪梅
Dr Yuen Chi Hang	袁智恆

### Non-HKSAR Membership (New Application)

Dr Chou Mei Fong	曹美芳
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### Resignation from Associate Membership

Dr Tsang Wai Kong, William	曾偉剛
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## Meeting Highlights

### Interest Group in Mental Health

Dr. Chan Hoi Chung Samuel, General Practitioner, delivered a lecture on "Side Effects of Psychiatric Medications and Drug- drug Interactions" on 1 August 2015.



Dr. Chan Suen Ho Mark (right, moderator) presenting a souvenir to Dr. Chan Hoi Chung Samuel (left) during the lecture on 1 August 2015

### Interest Group in Evidence-Based Medicine (EBM)

Dr. Hui Lai Chi, Resident, Department of Family Medicine and Primary Care, Kowloon Central Cluster (KCC) of Hospital Authority, delivered a lecture on "The Use of Statin, Evidence and Controversies" and Dr. Lee Wan Tsi Francis, Part time Medical Officer, Department of Family Medicine and Primary Care, Kowloon Central Cluster, Hong Kong Hospital Authority, delivered a lecture on "Clinical Evidenced Practice — Obstacles in following Clinical Guidelines" on 8 August 2015 respectively.



Dr. Chan Suen Ho Mark (left, moderator) presenting a souvenir to Dr. Hui Lai Chi (middle, speaker) and Dr. Lee Wan Tsi Francis (right, speaker) during the lecture on 8 August 2015.

### CME Lecture on 28 August 2015

Prof. Stefano Del Prato, M.D., Director, Department of Endocrinology and Metabolism, University of Pisa, Italy, delivered a lecture on "Are all Gliptins the same in the Management of Type 2 Diabetes?" on 28 August 2015.



Dr. Au-Yeung Shiu Hung (left, moderator) presenting a souvenir to Prof. Stefano Del Prato (right, speaker) during the lecture on 28 August 2015

### Certificate Course on Bringing Better Health to our Community 2015

The 4<sup>th</sup> session of the "Certificate Course on Bringing Better Health to our Community 2015" co-organized with Queen Elizabeth Hospital was held on 29 August 2015. Dr Roger Ngan, Chief of Service & Consultant, Department of Clinical Oncology, Queen Elizabeth Hospital, delivered a lecture on "Managing Breast Cancer Patients – a Collaborative Approach by Clinical Oncologists and Primary Care Doctors" and Dr Chan Tim Wai, Timothy, Resident, Department of Clinical Oncology, Queen Elizabeth Hospital, delivered a lecture on "Prostate cancer - from diagnosis to treatment - how can primary care be integrated" respectively.



Dr. Chen Xiao Rui, Catherine (1st from the left, moderator), Dr Chan King Hong (2<sup>nd</sup> from the left, FM COS, KCC) and Dr. Chan Hung Chiu (1<sup>st</sup> from the right, Council member) presenting a souvenir to Dr Roger Ngan (2<sup>nd</sup> from the right, speaker) during the lecture on 29 August 2015

## Classified Advertisements

Invites applicants for full time doctor in Evangel Hospital. Please send your C.V. and enquiry to [hr@evanhosp.org.hk](mailto:hr@evanhosp.org.hk).

HOUSING ESTATE GP PRACTICE FOR **FREE** TAKEOVER. Doctor (FM Fellow) retiring. Many long term patients to be managed. Convenient transport (Kowloon City) Spacious shop, yet Low rent. M:90801390. [hayleswai@hotmail.com](mailto:hayleswai@hotmail.com)

## Board of Vocational Training and Standards News

### Dear Fellows and Members,

In order to align the comparable qualifications and training requirements in Family Medicine for doctors who have been trained locally and/or overseas for nomination for election to Fellowship of the Hong Kong Academy of Medicine (FHKAM), the College has conducted a review of the existing practice and elaborated on the details of the comparable training in Family Medicine for those who have already obtained HKCFP recognised intermediate qualifications according to the prevailing international standards. Intended candidates are required to be certified to have completed 6 years of comparable supervised training and passed the Exit Examination conducted by the College for the nomination for election to FHKAM.

College Fellows and Members with a recognised intermediate qualification who contemplate to become HKAM Fellows and to achieve the status of Specialist in Family Medicine are welcomed to submit the related supporting documents for our Board's consideration of accreditation, and recommendation to sit for the Exit Examination. Please contact the College Secretariat Ms Carmen Tong / Ms Odelia Cheng / Ms Erica So at 2528 6618 or email to BVTs@hkcfp.org.hk for the application forms and related information.

### 1 Eligibility of the applicant

Medical Practitioners fully registered with MCHK and with a recognised intermediate Family Medicine qualification as approved by HKCFP:

	Qualifications	Abbr
(1)	Fellow of Hong Kong College of Family Physicians	FHKCFP
(2)	Certification in Family Medicine from the College of Family Physicians of Canada	CCFP
(3)	Diplomate of the American Board of Family Practice	DABFP
(4)	Fellow of American Academy of Family Physicians	FAAFP
(5)	Fellow of the College of Family Physicians of Canada	FCFP
(6)	Fellow of Royal Australian College of General Practitioners	FRACGP
(7)	Fellow of Royal College of General Practitioners	FRCGP
(8)	Fellow of Royal New Zealand College of General Practitioners	FRNZCGP
(9)	Member of Irish College of General Practitioners	MICGP
(10)	Member of Royal College of General Practitioners	MRCGP
(11)	Member of Royal New Zealand College of General Practitioners	MRNZCGP

### 2 Requirement of 6 years comparable supervised training in Family Medicine

#### 2.1 Pre-intermediate qualification Training (Comparable Basic training)

##### 2.1.1 Specialty based training (other than Family Medicine):

- At least 12 months to a maximum of 42 months
- At least 2 specialties
- Any one specialty of a minimum duration of 3 months up to a total of 24 months
- Another specialty of a minimum duration of 3 months up to a total of 12 months

##### 2.1.2 Community based Family Medicine training:

At least 6 months and up to 36 months

##### 2.1.3 Competency Requirements:

- Emergency Medicine
- Paediatrics

#### 2.2 Post-intermediate qualification Training (Comparable Higher training)

24 – 36 months community based training

### Final Reminder: Application for Recommendation for Exit Examination

To all Higher Trainees,

For those who prepare to sit for Exit Examination in 2016, please submit the application letter and the checklist for recommendation for Exit Examination before 30th September 2015.

Late applications will not be entertained.

Should you have any enquires, please contact Ms. Carmen Tong or Ms. Odelia Cheng at 2528 6618.

Higher Training Subcommittee  
Board of Vocational Training and Standards

## Specialty Board News

### ANNOUNCEMENT

For Full Exit Examination 2016 onwards, the Specialty Board has revised the Exit Exam guidelines as summarised below:

1. The previous 5-year time limitation of attempting the Exit Exam after completion of higher training will be removed. The candidate needs to meet the following conditions to be eligible for the Exit Exam.
2. The time limitation of passing all three segments of the Exit Exam within 3 years from the year of the first attempt will also be removed. Each successful segment result could only be retained for **5 years**.

**New guideline** will be applied and the details are as follows.

### 2016 Full Exit Examination of Vocational Training in Family Medicine

The Specialty Board is pleased to announce the following information on the 2016 Full Examination of Vocational Training in Family Medicine.

#### ELIGIBILITY AND REQUIREMENT

Applicants must satisfy all of the following criteria:-

- a. Only **active** Fellows, Full or Associate Members of the Hong Kong College of Family Physicians (HKCFP) who are fully registered with the Hong Kong Medical Council may apply for the examination.
- b. Applicants **must** fulfill the CME/CPD requirements under HKCFP Quality Assurance Programme in the preceding year.
- c. Applicants must be **active** in clinical practice.
- d. Applicants must have a qualification in family medicine/general practice that is recognized by the Hong Kong College of Family Physicians and the Hong Kong Academy of Medicine (HKAM).
- e. Applicants must be trainees in Vocational Training in Family Medicine of the HKCFP who have had:
  - i. Certified completion of higher training; **or**
  - ii. **At least 18 months of 2-year higher training in Family Medicine by August 31, 2015 approved by the Board of Vocational Training and Standards (BVTs) of the HKCFP**; or the equivalent

Approval of training may take up to two months. Applicants **MUST** apply early to BVTs for

1. Certification of completion of higher training, **or**
2. Recommendation for Exit Examination 2016.

**The eligibility of candidates is subject to the final approval of the Board**

**Application will not be processed unless all the documents are submitted with the application form.**

#### DATES

##### First-attempt candidate:

Deadline of Application:	2 November 2015
Starting Date of collection period for required attachment(s) for Practice Assessment Segment:	21 September 2015
Deadline for submission of Clinical Audit Report or Research Report:	4 January 2016
Practice Assessment and Consultation Skills Assessment Examination Periods:	Period A: 1 December 2015 to 22 January 2016; or Period B: 23 January to 21 March 2016

##### Re-attempt candidate:

Deadline of Application:	1 December 2015
Starting Date of collection period for required attachment(s) for Practice Assessment Segment:	19 October 2015
Deadline for submission of Clinical Audit Report or Research Report:	4 January 2016
Practice Assessment and/or Consultation Skills Assessment Examination Period:	Period B: 23 January to 21 March 2016

#### APPLICATION & EXAMINATION FEES

Application forms can be obtained from the College Secretariat, HKCFP or downloaded at the College website [www.hkcfp.org.hk](http://www.hkcfp.org.hk). Completed application form should be returned to:

**The Specialty Board, HKCFP, Room 803-4, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Wong Chuk Hang, HK**

In addition, the following should be submitted:

1. A copy of the certificate of completion of higher training, **or** recommendation letter for 2016 Exit Examination from BVTs, HKCFP,
2. A cheque of the appropriate fee made payable to **"HKCFP Education Ltd."**, and
3. For Practice Assessment Segment: Candidate are required to submit:
  - i. **FOUR COPIES** of the all required attachments; and
  - ii. PMP Reports on or before **2 November 2015 (First-attempt candidate) / 1 December 2015 (for the re-attempt candidate who has changed the practice)**

The Examination fee for individual segment is \$3,500 for either the Clinical Audit Report or Research Report, \$7,000 each for the Practice Assessment and Consultation Skills Assessment segments, plus the administrative fee of \$8,400 for each subsequent attempt. A cheque of the appropriate fee made payable to **"HKCFP Education Ltd."** should be enclosed with the application.

All fees paid are neither refundable nor transferable.

Incomplete and ineligible applications will not be considered. An administration fee of HK\$500 will be charged for these unsuccessful applications.

#### FORMAT AND CONTENTS

The Exit Examination consists of three segments. Candidates are required to take all the three segments at their first attempt of Exit Examination. From year 2013, candidate can choose to attempt either the Clinical Audit or the Research segment.

1. Clinical Audit Report **OR** Research Report
2. Practice Assessment
3. Consultation Skills Assessment

Details of the format and contents of each segment can be found in the Guidelines on 2016 Full Exit Examination which are available from the HKCFP Secretariat or at the College website [www.hkcfp.org.hk](http://www.hkcfp.org.hk)

Should you have any enquiries, please contact our College Secretaries Ms. Alky YU or Ms. Carmen TONG at 2528 6618.

Dr. Wendy Tsui  
Chairlady  
Specialty Board



## Update on Screening of Prostate Cancer

In May of 2015, the American College of Physicians has updated its guideline on screening of 5 common cancers, including prostate cancer. It recommends clinicians should have a 1-time discussion with average-risk men aged 50-69 years, who inquire about prostate specific antigen (PSA)-based screening, to inform them about the limited potential benefits and substantial harms of screening. It does not recommend screening in men who have not had an informed discussion and do not express a clear preference, or who are younger than 50 years or older than 69 years, or have a life expectancy of less than 10 years.

Screening for prostate cancer is controversial in many countries including the United States (U.S.). Although most organizations recommend some level of screening, the U.S. Preventive Services Task Force recommends against PSA screening in asymptomatic men.

Although prostate cancer in Hong Kong (HK) is less common than in western countries, both age standardized incidence and death rates were on rising trend. Prostate cancer was the 3rd most common male cancer and the 5th leading cause of cancer death in recent years. Early prostate cancer maybe asymptomatic. It tends to occur in patients with first degree relative with prostate cancer especially before 65 years old, and in older men, but rarely occurs in men less than 50 years old.

### What are the pros and cons of prostate cancer screening?

#### *Potential benefits*

1. Results from a large European study found that men who had PSA screening had a 20% reduction in mortality due to prostate cancer after 13 years.
2. Earlier cancer detection may lead to higher rates of successful treatment.
3. Successful treatment may prevent more advanced disease which has more complications of the disease.
4. Treatment at early stage may be less complicated and lead to less treatment complications.

#### *Potential harms*

1. About 75% of men with raised PSA do not have prostate cancer. It may cause false alarm, unnecessary anxiety, potentially risky investigations when the result is false positive.
2. About 25% of men with prostate cancer may not have a raised PSA. It may miss cancer even when it is present and cause false reassurance.
3. Many prostate cancers are slow growing and may not cause any problems or shorten life if left untreated, and treating them may not be better than not treating them.
4. Subsequent investigation and treatment after positive screening may have side effects such as infections, erectile dysfunction, and other health problems such as bowel and bladder continence.

### Local recommendation in HK

The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) of the Department of Health concludes that there is insufficient evidence to recommend for or against population-based screening in asymptomatic men. There is a pamphlet prepared by CEWG which can be used to aid discussion with patients to make informed decision. It can be downloaded at: [http://www.chp.gov.hk/files/pdf/prostate\\_ca\\_en.pdf](http://www.chp.gov.hk/files/pdf/prostate_ca_en.pdf).

### Conclusion

PSA screening is controversial, and there is no solid evidence for or against screening in asymptomatic men at the moment. As family physicians, our role is to provide information to patients about potential benefits and harms of screening when patients are concerned about prostate cancer, and help them make a well informed decision. We need to consider patients' age, family history of prostate cancer in their first degree relatives, presence of comorbidities, life expectancy, and patients' own preferences. The patients must be well informed, and fully counselled before any test is offered.

**Compiled by Dr. Chan Shan Ching (Kowloon East Cluster)**

## Patient Empowerment - Smartphone Apps for Smarter Patients

Dr. John-Hugh Tam, Resident Specialist  
Department of Family Medicine & Primary Health Care, Kowloon West Cluster, Hospital Authority

I once heard of the saying that 'we live in the era of smartphones and stupid people' (Ziad K. Abdelnour, 'Economic Warfare: Secrets of Wealth Creation in the Age of Welfare Politics'). It is a very strong statement that I both agree and disagree upon. The creation of smartphones had truly made us more dependent on technology for daily problem solving, hence the tendency to 'make us more stupid' by omitting our self-reliant ability; yet on the other hand, technology often helps us to live simpler lives by shortening our work processes and links us closer to the world through our fingertips, hence we now live 'smarter' lives when compared to the past generations by saving time and being more efficient. I often wonder if this technology may also be applicable to our patients, hence empowering them to live easier and "smarter" than ever? I am sure we can and here are a few examples I can think of.

### Apps to Enhance Drug Compliance

Maintaining good drug compliance has always been a challenge for patients taking chronic medications and is one of the commonest observable hurdles for good disease control. If this is the case,

we can try to recommend apps, such as "My Pillbox" & "Pill Reminder" for enhancing drug compliance. The common features of these apps include alarms and pop-up messages at preset times to remind drug usage, as well as activities log to trace back missed doses. Some apps may even include a drug stock count to remind users to follow-up or refill before stock falls to zero. The "Pill Reminder" app, as designed by drugs.com, also links up to its drug database website to educate patients about the indications, dosage, as well as side effects of drugs with pill photos available to help drug identification.

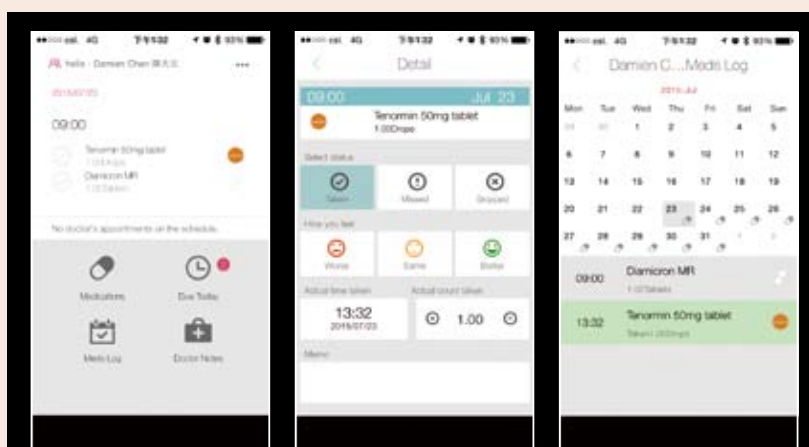


Fig 1. "My Pillbox" App in action

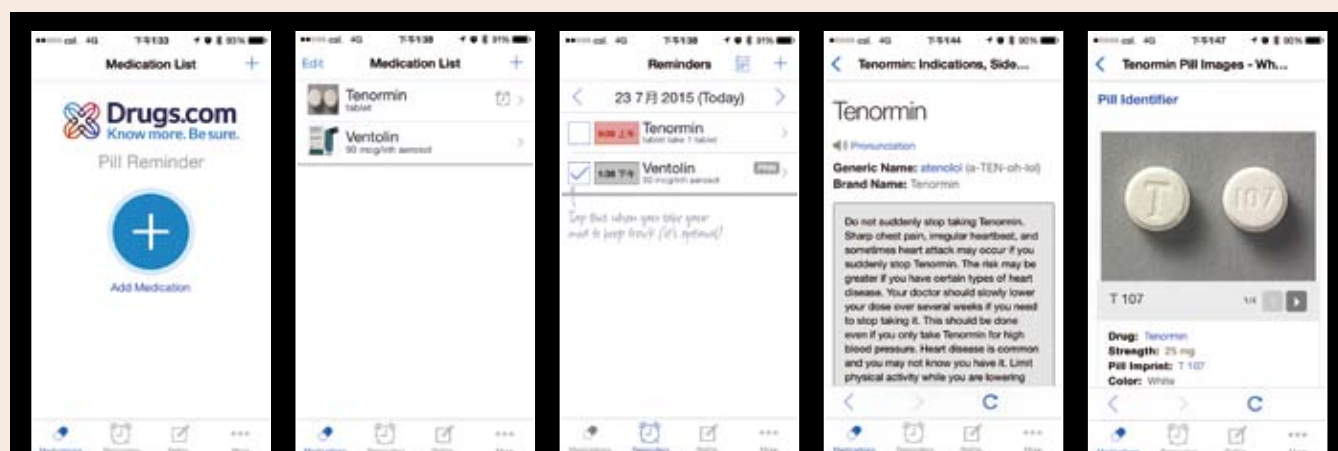


Fig 2. "Pill Reminder" App with its linkage with the drugs.com database

### Apps for Dieting

To help patients setting goals and keeping track of their own diet, we often encourage them to keep a

food diary. This process is often lengthy and tedious. "MyFitnessPal" App had simplified the process by



its simple-to-use diet log sheet along with its built-in comprehensive food database, hence all caloric & nutrition estimations (e.g. carbohydrate, fat, protein, fiber, cholesterol, etc.) become automatic once the

right food & the right portion is chosen. Charts and progress logs are always readily available on request and hence helping our patients visualise their effort and targets whenever they like.

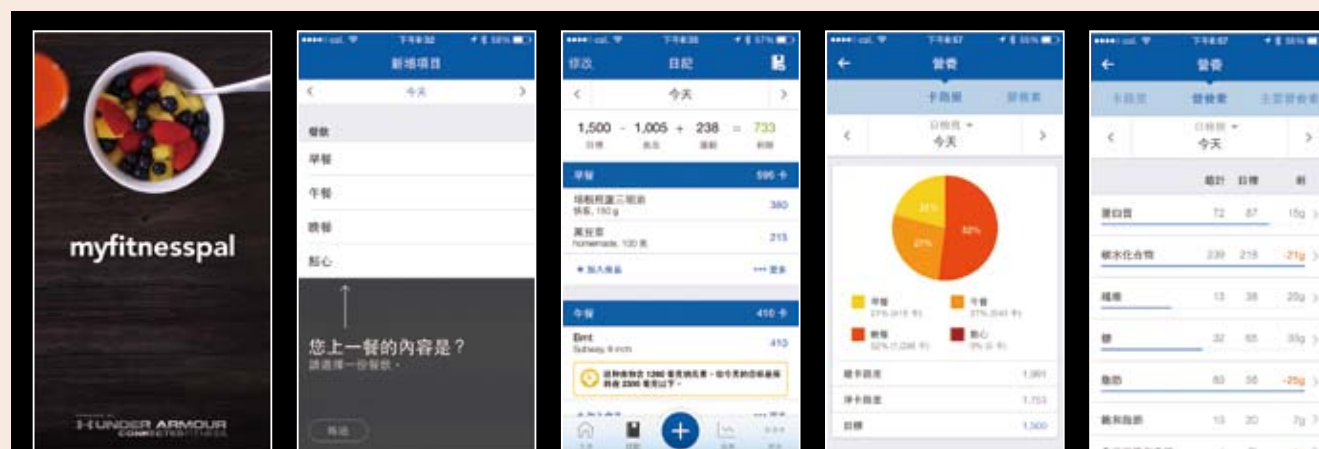


Fig 3. "MyFitnessPal" App with its comprehensive food database

When it comes to healthy cooking, patients may need some inspiration. I also came across the "iCookbook Diabetic" App which was developed by dietitians providing diabetic-friendly recipes, as well as tools for meal planning and grocery shopping.

## Apps for Smoking Cessation

Designed and targeted for local use, the "Quit Smoking App" (戒煙達人) created by the Tobacco Control Office, Department of Health provides a platform for smokers to learn about the harmful effects of smoking. It also helps answer some frequently asked questions (FAQs) relating to smoking and smoking cessation. There is also the Chinese version of the *Fagerstrom Test for Nicotine Dependence* inside this App

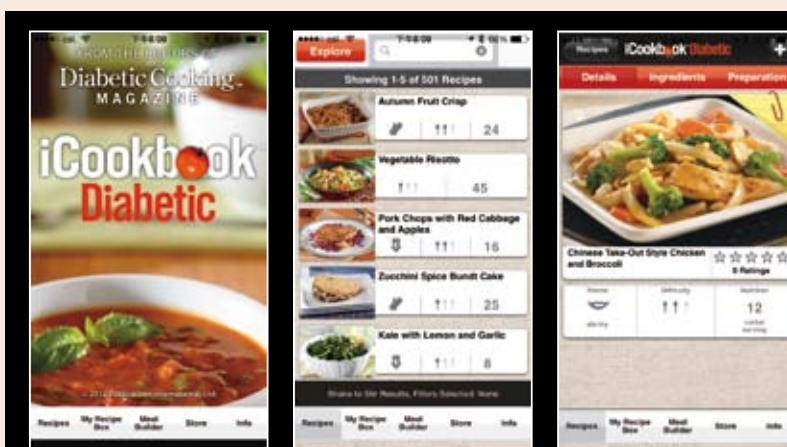


Fig 4. "iCookbook Diabetic" App

which helps our patients assess the severity of nicotine dependence, thus being very handy during counseling for smoking cessation among those who are not yet familiar with it.



Fig 5. "Quit Smoking" App by Tobacco Control Office, Department of Health

## Apps for Managing Specific Chronic Illnesses

It is always good to encourage our hypertensive and diabetic patients to have an idea on how their disease control is like, and one of the ways to achieve that is by home blood pressure and glucose monitoring. There are copious apps in the market that can record these

measurements, such as the 血壓健康管理 and the 血糖管家 apps. I have chosen these samples due to their Chinese interfaces, which would be friendly for use for most of our patients. These kinds of apps are usually very simple and self-explanatory, with an entry page for data, and results being subsequently shown on charts and tables. This allows patients to share their tracking results with their doctors.



Fig 6. "血壓健康管理" and the "血糖管家" apps to track and record glucose and blood pressure readings

I always hold a strong belief that "patient care is more than just healing". The more we are able to stand in our patients' shoes and help them plan their lives practically in their perspectives using their own available resources, the more likely they would gain satisfaction and be motivated to comply with our advice, which hopefully would be converted to promising and sustainable treatment outcomes. To end my article, I would like to introduce a quote from Rupert Murdoch, a famous Australian American business magnate. I hope what he said also inspires all of you at work:

*"In motivating people, you've got to engage their minds and their hearts. I motivate people, I hope, by example - and perhaps by excitement, by having productive ideas to make others feel involved"*

### Financial/commercial conflict of interest:

- None declared.

### References:

- My Pillbox App : <https://itunes.apple.com/us/app/my-pillbox-pill-reminder-meds/id932168131?mt=8>
- Pill Reminder by drugs.com : <https://itunes.apple.com/us/app/pill-reminder-by-drugs.com/id453359236?mt=8>
- MyFitnessPal App : <http://www.myfitnesspal.com/mobile/iphone>
- iCookbook Diabetic App: <https://itunes.apple.com/us/app/icookbook-diabetic-recipes/id541245203?mt=8>
- "Quit Smoking" App : [https://www.tco.gov.hk/textonly/tc\\_chi/whatsnew/quit\\_smoking\\_apps.html](https://www.tco.gov.hk/textonly/tc_chi/whatsnew/quit_smoking_apps.html)
- "血壓健康管理" App : <https://itunes.apple.com/hk/app/xue-ya-jian-kang-guan-li-mian/id691966159?l=zh&mt=8>
- "血糖管家" App : <https://itunes.apple.com/hk/app/xue-tang-guan-jia/id859111200?mt=8>

## Interest Group in Mental Health & Psychiatry in Primary Care - The 45<sup>th</sup> Meeting on 1<sup>st</sup> Aug 2015

Dr. Chan Suen Ho Mark (Co-ordinator), Board of Education

**The 45<sup>th</sup> Interested Group in Mental Health & Psychiatry in Primary Care Meeting was held on 1<sup>st</sup> Aug 2015. Dr. Chan Hoi Chung Samuel, Family Physician, is the speaker.**

**Meeting Theme :** Side Effects of Psychiatric Medications and Drug-drug interactions

**Attendance :** 46

**The speaker :** Dr. Chan Hoi Chung Samuel graduated MBBS (HK) and has obtained postgraduate degrees in MSc Endo&Diabetes (CUHK), MSc Cardiology (CUHK) and MSc Musculoskeletal medicine and rehabilitation (CUHK). Dr. Chan is also the Hon. Clinical Assistant Professor, Department of family medicine, HKU and Council member of the Hong Kong Community Psychological Medical Association. Dr. Chan's wide interests include weight/exercise prescriptions, sport / rehabilitation; substance abuse, psychiatric co-morbidities and genetic testing. Dr. Chan has delivered numerous health talks and educational seminars to health professionals and the public.

### Learning Points

Dr. Chan gave a resourceful session on side effects of psychiatric medications and drug-drug interactions e.g. antidepressants, mood stabilizers, antipsychotic, hypnotics, Benzodiazepines and dementia medications.

Side effects of SSRI/SNRI are multiple including: GI bleeding (platelet dysfunction, rarely cause thrombocytopenia), Weight gain and new onset of diabetes; Hypertension/tachycardia (e.g. Venlafaxine); Sexual dysfunction; Increase prolactin level, Serotonin syndrome ; insomnia; Hyponatremia; Manic/hypomanic swing; liver dysfunction; Decrease seizure threshold (e.g. Lexapro); Osteopenia/osteoporosis; Pupil dilation (e.g. Fluoxetine); Prolong QT interval (e.g. Lexapro); Suicidal behavior etc.

### SSRI associated GI bleeding

Systematic review of SSRI use is associated with roughly doubled odds of upper gastrointestinal (GI) bleeding. However, Antidepressants without action on the serotonin receptor have no significant effect on the risk of upper GI bleeding. Concurrent use of NSAIDs or aspirin with SSRIs greatly increases the risk of UGIB.

### Ketamine and GI problems

In a study of 37 ketamine abusers, 28 had upper GI symptoms, 14 had upper endoscopy performed. H. pylori negative gastritis was the commonest histopathological finding (78.6%).

### Antidepressants and diabetes

Long-term use of either TCA or SSRI is associated with an increased risk of diabetes, short-term use would not.

### Psychiatric diseases and CV risks

In 2009, a position statement was published in the journal "European Psychiatry", issued by European Association for the Study of Diabetes (EASD), the European Psychiatric Association (EPA) and the European Society of Cardiology (ESC), which called for diabetes and cardiovascular risk factor screening in psychiatric patients including patients with mood disorders; patients with bipolar disorders are more likely to die of cardiovascular diseases.

### Antidepressants and weight gain/loss

1. SNRI less likely to cause weight gain as compared with TCA or SSRI
2. Fluoxetine can be associated with mild weight loss

### Drug induced hypertension

1. 24% of initially normotensive patients and 54% of patients with

hypertension got an increase in blood pressure after taking Venlafaxine.

2. Bupropion induced hypertension usually only occurs for very high dose.

### Side effects of Duloxetine

May cause liver toxicity (8% in HK population are hep B carriers); several types of liver injury, e.g. hepatocellular, and mixed hepatocellular-cholestatic patterns.

Commonly cause nausea; May worsen insomnia, e.g. Efexor or Wellbutrin.

### Obesity and cardiovascular risks

1. Benzodiazepines, nonbenzodiazepine hypnotics (e.g. Zolpidem, Zopiclone) are generally safe to be used in cardiac patients, except that in unstable cardiac patients. Benzodiazepines may cause respiratory depression. Diazepam may increase the blood level of digoxin.
2. Imipramine got the highest chance to cause orthostatic hypotension; as regards cardiac toxicity, Amitriptyline, Trimipramine and Imipramine are most cardiotoxic among all TCAs.
3. Trazodone is generally safe to be used in cardiac patients.
4. Mirtazapine has few cardiac side effects, few anticholinergic side effects with a small chance of causing orthostatic hypotension. However, mirtazapine is associated with significant weight gain. Mirtazapine when combined with SNRIs can cause hypertensive crisis.

### Agomelatine (Valdoxan)

Dose not cause weight gain or sexual disturbances

### Bupropion

- 1) much fewer sexual side effects than SSRI or SNRI
- 2) especially good for those depressed patients who mainly present with psychomotor retardation/loss of energy/malaise
- 3) can be combined with SSRI, without the risk of serotonin syndrome (in USA, SSRI + wellbutrin is a very common combination)
- 4) can result in mild weight loss (All SSRIs can cause weight gain except fluoxetine)
- 5) less likely to cause hypomanic/manic swing as compared with TCA or SNRI
- 6) can be used for smoking cessation
- 7) does not cause GI bleeding (SSRIs or Efexor can cause GI bleeding)
- 8) does not cause hypertension in normal dosage (vs Efexor/ Pristiq can)

### Points to note when prescribing Bupropion

Bupropion can cause an average 4.6% of baseline weight loss.

Side Effects include possible increase risk of seizure, constipation, dry mouth, hand tremor, irritability, insomnia; may worsen anxiety symptoms initially.

Contraindicated in patients undergoing abrupt discontinuation of alcohol or sedatives (including Benzodiazepines); history of anorexia nervosa or bulimia nervosa (but not binge eating disorders).

### Antidepressants and risk of sudden cardiac death

Most tricyclic anti-depressants seem to prolong the QT interval.

Both FDA and EMA have limited the recommended maximum doses of citalopram and escitalopram.

The treatment with any antidepressant was significantly associated with cardiac arrest (OR = 1.23). Tricyclic anti-depressants and SSRIs significantly increased the risk of cardiac arrest (OR 1.69 and 1.21, respectively) whereas no association was observed for SNRI.



## Side effects of mood stabilizers

Lithium: GI side effects, vertigo, muscle weakness, fine hand tremor, polyuria, high calcium, renal impairment, weight gain

Epilim: liver damage, PCOS, weight gain, pancreatitis, SIADH, hair loss, thrombocytopenia

Tegretol: ataxia, leucopenia, liver/renal damage, SJS/TEN, SIADH, many drug-drug interactions, lowers steroidal contraceptive blood levels

Lamictal: dizziness, back pain, headache, skin rash, ataxia

Topiramate: numbness of extremities

## Lithium and anti-hypertensives

Diuretics increase the blood level of lithium while ACEI or ARB can also increase the blood level of lithium. Thiazide diuretics most likely cause an increase in lithium concentrations, with a 25% to 40% increase on average. Concomitant use of lithium and thiazide may result in acute renal failure or death as a result of lithium toxicity.

## Metabolic and hormonal effects

Epilim/ Valproate can cause polycystic ovarian syndrome as it can increase testosterone level and worsen insulin resistance. Valproate resulted in increased levels of insulin, triglyceride and BMI, with reduced levels of HDL.

## Tamoxifen

Shown to be effective in the treatment of mania

The American Cancer Society lists tamoxifen as a known carcinogen, stating that it increases the risk of some types of uterine cancer while lowering the risk of breast cancer recurrence.

## Mood stabilizers and liver dysfunction

Carbamazepine clearly has greater risks for liver damage than most other psychiatric drugs. Divalproex can result in steatosis in up to 60.9% cases. Especially in people with carnitine deficiency, valproate products can induce a hyperammonemic encephalopathy.

Lamotrigine is associated with hepatic inflammation (one per 1000 treated cases).

Topiramate is mainly excreted through the kidneys, but hepatitis and liver failure have been associated with its use.

Lithium is considered safe due to its renal excretion.

## Side effects of antipsychotics

Esp. noted increase in prolactin level, amenorrhea, tardive dyskinesia (the involuntary movements of the limbs), extrapyramidal symptoms (EPS), SIADH (haloperidol), neuroleptic malignant syndrome

## Antipsychotics and weight gain

Stimulation of appetite, worsening of insulin resistance, genetic factors, reduction in basal metabolic rate, antihistamine effects and stimulation of cytokines involved in obesity have been proposed.

## Antipsychotics and liver dysfunction

Risperidone causes mild enzyme elevation especially in aminotransferases.

Paliperidone is a metabolite of risperidone and not likely to cause liver impairment

Clozapine causes liver enzyme increase in 30%–50% of patients.

Olanzapine is associated with liver dysfunction in 27% of treated cases.

Phenothiazines cause overt hepatotoxicity at 0.1%–1%.

Quetiapine sporadically causes liver damage

Ziprasidone very rarely causes liver damage

## Antipsychotics and risk of sudden cardiac death

Users of typical and atypical antipsychotic drugs have similar increased risks of SCD. For both groups, the risk increased dose dependently with adjusted incidence-rate ratios from

1.31 to 2.42 and from 1.59 to 2.86 in users of typical and atypical antipsychotics, respectively.

## Drug-drug interactions between lithium and other medications

Drugs e.g. theophylline, caffeine, and acetazolamide can increase the clearance of lithium from the body, result in decreased lithium levels in the blood.

Increasing dietary sodium intake may reduce lithium levels by prompting the kidneys to excrete more lithium.

## Alcohol and psychiatric medications

Acute alcohol ingestion blocks the metabolism of high first-pass clearance drugs (e.g. TCA), greatly increasing their bioavailability and adverse effects.

Drinking alcohol for several weeks can induce CYP isoenzymes such as 1A2 and 3A3/4, resulting in a lower plasma concentration of drugs dependent on these enzymes for their clearance. (e.g. Olanzapine is a CYP1A2 substrate, quetiapine is a CYP3A3/4 substrate) US and UK warn against combining alcohol and antidepressants, mainly because of the sedative potential.

## Conclusion

Psychiatric medications are associated with numerous side effects. Colleagues are advised to take precautions and be familiarized with the significant side effects.

## Next meeting

The next meeting for the interest group will be on Saturday, 3 Oct 2015. Family Physician Dr. Samuel Kent will speak on "Sexual health, a subject neglected by family doctors!"

All members of the College are welcomed and encouraged to present their cases and problems for discussions or role play. (Please do so 2 weeks beforehand for speakers to review, contact our secretary, at 2528 6618.) Again, those who are experienced can share, less experienced one can be benefited from participation. Our goal is to enhance our practical skills, promote early awareness and better management of mental health problems in our community.



Dr. Mark Chan (right) presenting a souvenir to Dr. Samuel Chan (left)



Dr. Samuel Chan delivering the lecture

- Please wear a surgical mask if you have respiratory tract infection and confirm that you are afebrile before coming to the meeting.
- Please wear an appropriate dress code to the Hotel for the Scientific Meeting.
- Private Video Recording is not allowed. Members, who wish to review the lecture, please contact our secretariat.

## 3 October 2015 Saturday

### Board of Education Interest Group in Mental Health

Aim	To form a regular platform for sharing and developing knowledge and skill in the management of mental health	
Theme	<b>Sexual health, a subject neglected by family doctors!</b>	
Speaker	<b>Dr. Samuel Kent</b> General Practitioner	
Co-ordinator & Chairman	<b>Dr. Chan Suen Ho, Mark</b> The Hong Kong College of Family Physicians	
Time	2:00 p.m. – 4:00 p.m.	Theme Presentation & Discussion
Venue	8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong	
Admission Fee	Members	Free
	Non – members	HK\$ 300.00
	HKAM Registrants	HK\$ 150.00
	All fees received are non-refundable and non-transferable.	
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CPD points HKCFP (Cat. 3.15) 2 CME points MCHK	
Language	Lecture will be conducted in English and Cantonese.	
Registration	<b>Registration will be first come first served. Please reserve your seat as soon as possible.</b>	
Note	<b>Participants are encouraged to present own cases for discussion. Please forward your cases to the Coordinator via the College secretariat 2 weeks prior to meeting.</b>	

## 5 October 2015 Monday

### Optimizing BP Management — Highlights from European Society of Hypertension (ESH) 2015

**Prof. Gianfranco Parati**

*Specialist in Cardiology and Internal Medicine  
Professor of Cardiovascular Medicine  
Department of Clinical Medicine and Prevention  
University of Milano-Bicocca, Milan, Italy*

Chairman	<b>Dr. Catherine Chen</b> The Hong Kong College of Family Physicians	
Time	1:00 p.m. – 2:00 p.m.	Registration and Lunch
	2:00 p.m. – 3:30 p.m.	Lecture and Discussion
Venue	Pearl Ballroom, 2/F, Eaton Hotel, 380 Nathan Road, Jordan, Kowloon	
Admission Fee	College Fellow, Full or Associate	Free
	Members	
	Other Categories of Members	HK\$ 350.00
	Non-Members	HK\$ 450.00
	All fees received are non-refundable and non-transferable.	
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CME points MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)	
Language	Lecture will be conducted in English.	
Registration	<b>Registration will be first come first served. Please reserve your seat as soon as possible.</b>	

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## 6 October 2015 Tuesday

### Painful Diabetic Neuropathy: Looking beneath the surface

**Prof. Rayaz MALIK**

*Professor of Medicine and Consultant Physician,  
Division of Cardiovascular Medicine,  
Manchester Royal Infirmary and University of Manchester  
Manchester, UK*

Chairman	<b>Dr. Tsui Hing Sing</b> The Hong Kong College of Family Physicians	
Time	1:00 p.m. – 2:00 p.m.	Registration and Lunch
	2:00 p.m. – 3:30 p.m.	Lecture and Discussion
Venue	Pearl Ballroom, 2/F, Eaton Hotel, 380 Nathan Road, Jordan, Kowloon	
Admission Fee	College Fellow, Full or Associate	Free
	Members	
	Other Categories of Members	HK\$ 350.00
	Non-Members	HK\$ 450.00
	All fees received are non-refundable and non-transferable.	
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CME points MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)	
Language	Lecture will be conducted in English.	
Registration	<b>Registration will be first come first served. Please reserve your seat as soon as possible.</b>	

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## 20 October 2015 Tuesday

### Updated Perspectives in the Treatment of Osteoporosis: Who, What and How

**Dr Tsang Man Wo**

*Specialist in Endocrinology, Diabetes & Metabolism*

Chairman	<b>Dr. Ko Siu Hin</b> The Hong Kong College of Family Physicians	
Time	1:00 p.m. – 2:00 p.m.	Registration and Lunch
	2:00 p.m. – 3:30 p.m.	Lecture and Discussion
Venue	Jade Ballroom, 2/F, Eaton Hotel, 380 Nathan Road, Jordan, Kowloon	
Admission Fee	College Fellow, Full or Associate	Free
	Members	
	Other Categories of Members	HK\$ 350.00
	Non-Members	HK\$ 450.00
	All fees received are non-refundable and non-transferable.	
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CME points MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)	
Language	Lecture will be conducted in English.	
Registration	<b>Registration will be first come first served. Please reserve your seat as soon as possible.</b>	

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**27 October 2015 Tuesday**

## A Step Forward towards Better BPH Management

**Dr Fu Kam Fung, Kenneth**  
*Specialist in Urology*

Chairman	<b>Dr. Au Yeung Shiu Hing</b> The Hong Kong College of Family Physicians	
Time	1:00 p.m. – 2:00 p.m.	Registration and Lunch
	2:00 p.m. – 3:30 p.m.	Lecture and Discussion
Venue	Jade Ballroom, 2/F, Eaton Hotel, 380 Nathan Road, Jordan, Kowloon	
Admission Fee	College Fellow, Full or Associate Members	Free
	Other Categories of Members	HK\$ 350.00
	Non-Members	HK\$ 450.00
	All fees received are non-refundable and non-transferable.	
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CME points MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)	
Language	Lecture will be conducted in English.	
Registration	<b>Registration will be first come first served. Please reserve your seat as soon as possible.</b>	

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**31 October 2015 Saturday**

## Board of Education Interest Group in Neuro-musculoskeletal

Aim	To form a regular platform for sharing and developing knowledge and skill in the Neuro-musculoskeletal	
Theme	<b>Use of MSK ultrasound in daily practice</b>	
Speaker	<b>Dr. Au Chi Lap</b> The Hong Kong College of Family Physicians	
Time	2:00 p.m. – 4:00 p.m.	Theme Presentation & Discussion
Venue	8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong	
Admission Fee	Members	Free
	Non – members	HK\$ 300.00
	HKAM Registrants	HK\$ 150.00
	All fees received are non-refundable and non-transferable.	
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CPD points HKCFP (Cat. 3.15) 2 CME points MCHK	
Language	Lecture will be conducted in English and Cantonese.	
Registration	<b>Registration will be first come first served. Please reserve your seat as soon as possible.</b>	
Note	<b>Participants are encouraged to present own cases for discussion. Please forward your cases to the Coordinator via the College secretariat 2 weeks prior to meeting.</b>	

## Monthly Video Viewing Session

Monthly video viewing sessions will be scheduled on the last Friday of each month at 2:30 – 3:30 p.m. at 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong.

### September's session:

Date	25 September 2015 (Friday)	
Time	2:30 p.m. - 3:30 p.m.	
Topic	<b>"Inseparable Twins – Pain and Mood Disorders Recent Updates" – Dr. Lee Wing King</b>	
Admission	Free for Members	
Accreditation	1 CME point HKCFP (Cat. 4.2) 1 CME point MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)	
Language	Lecture will be conducted in Cantonese.	

### October's session:

Date	30 October 2015 (Friday)	
Time	2:30 p.m. - 3:30 p.m.	
Topic	<b>"Treatment of Sputum: Old is New" – Dr. Edwin Poon</b>	
Admission	Free for Members	
Accreditation	1 CME point HKCFP (Cat. 4.2) 1 CME point MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)	
Language	Lecture will be conducted in English.	

## Community Education Programme

Open and free to all members  
HKCFP CME points accreditation (Cat 5.2)

Date/Time/CME	Venue	Topic/Speaker/Co-organizer	Registration
<b>10 October 2015</b> 2:15 – 4:15p.m.	Training Room II, 1/F, OPD Block, Our Lady of Maryknoll Hospital, 118 Shatin Pass Road, Wong Tai Sin, Kowloon	<b>ENT symptoms in Primary Care</b> Dr Eddy Wong AC (ENT), PWH	Ms. Clara Tsang Tel: 2327 6852



## Structured Education Programmes

Free to members  
HKCFP 2 CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
<b>7 October 15 (Wed)</b>			
2:15 – 5:15 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	<b>Approach to Patients with Poorly Differentiated Symptoms</b> Dr. Xu Shaowei & Dr. Hou Jing	Ms. Cordy Wong Tel: 3949 3087
2:15 – 4:45 p.m.	AB1034, 1/F, Main Block, Tuen Mun Hospital	<b>Common Embarrassing Complaints: Body Odor, Feet Odor, Mouth Odor, Pruritus Anus/ Genitalia</b> Dr. Yuen Ching Yan	Ms. Eliza Chan Tel: 2468 6813
5:15 – 7:15 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	<b>Journal Club</b> Dr. Chris Chau	Ms Cammy Chow 2589 2339
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	<b>Contraception</b> Dr. Tse Wan Ying Polly & Dr. Leung Yuen Yee Yuki	Ms. Crystal Law Tel: 2632 3480
<b>8 October 15 (Thu)</b>			
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	<b>Allergy and Anaphylaxis Management in Clinic</b> Dr. So Chi Kin & Dr. Sze Chung Fai	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Auditorium, G/F, Hospital Main Block, Tseung Kwan O Hospital	<b>Approach to Patients with Poorly Differentiated Symptoms</b> Dr. Chow Pui Yin Melody & Dr. Lee Edna Tin Wai	Ms. Cordy Wong Tel: 3949 3087
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	<b>Management of Sleep Disorder</b> Dr. Enoch Chan	Ms. Kwong Tel: 2595 6941
<b>14 October 15 (Wed)</b>			
2:15 – 5:15 p.m.	Conference Room, 3/F, Block P, United Christian Hospital	<b>Update on Management of LUTS in Adult Males</b> Dr. Lo Alvina & Dr. Mak Ho Yan Queenie	Ms. Cordy Wong Tel: 3949 3087
2:15 – 4:45 p.m.	AB1034, 1/F, Main Block, Tuen Mun Hospital	<b>Quaternary Prevention in Primary Care</b> Dr. Sun Kwok Fung	Ms. Eliza Chan Tel: 2468 6813
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	<b>Workplace Injury</b> Dr. Mira Chen & Dr. Chan Lam	Ms. Crystal Law Tel: 2632 3480
<b>15 October 15 (Thu)</b>			
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	<b>Outreach Services by Family Physician</b> Dr. Ip Chung Ho & Dr. Ho Tsz Bun	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Auditorium, G/F, Hospital Main Block, Tseung Kwan O Hospital	<b>Update on Management of LUTS in Adult Males</b> Dr. Lee Wing Lam & Dr. Chan Kil Pak Kilpatrick	Ms. Cordy Wong Tel: 3949 3087
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	<b>Care of Elderly Problem</b> Dr. Lui How Mui	Ms. Kwong Tel: 2595 6941
<b>22 October 15 (Thu)</b>			
2:15 – 5:15 p.m.	Auditorium, G/F, Tseung Kwan O Hospital	<b>Evidence Based Screening</b> Dr. Ching Rosemary Hin Nga & Dr. Lau Ka Man	Ms. Cordy Wong Tel: 3949 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	<b>Clinical Approach: Development Problem for Children: Clumsiness, Slow in Learning, Discipline</b> Dr. Ng Mei Po & Dr. Ho Chung Yu	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	<b>Journal Club</b> Dr. Lui How Mui	Ms. Kwong Tel: 2595 6941
<b>28 October 15 (Wed)</b>			
2:15 – 5:15 p.m.	Conference Room, G/F, Block K, United Christian Hospital	<b>Antenatal and Postnatal Care</b> Dr. Chan So Wai & Dr. Fong Wai	Ms. Cordy Wong Tel: 3949 3087
2:15 – 4:45 p.m.	AB1034, 1/F, Main Block, Tuen Mun Hospital	<b>Clinical Approach to Certification of Fitness for Driving in Primary Care Clinic</b> Dr. So Lok Ping	Ms. Eliza Chan Tel: 2468 6813
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	<b>Eating Disorder</b> Dr. Poon Wing Kwan Sharon	Ms. Crystal Law Tel: 2632 3480
5:15 – 7:15 p.m.	Multi-function Room, NAHC clinic, G/F, Tsan Yuk Hospital	<b>Painful Conditions in the Upper Limb: Elbows, Wrists and Hands</b> Dr. Margaret Fok	Ms Cammy Chow 2589 2339
<b>29 October 15 (Thu)</b>			
2:15 – 5:15 p.m.	Auditorium, G/F, Tseung Kwan O Hospital	<b>Antenatal and Postnatal Care</b> Dr. Chan Wing Chi Annie & Dr. Choi Yuen Ling	Ms. Cordy Wong Tel: 3949 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	<b>Difficult Consultation: Case Sharing</b> Dr. Lee Hoi Ying & Dr. Sung Cheuk Chung	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	<b>LAP Video Review</b> Dr Cheng Kwan Chui	Ms. Kwong Tel: 2595 6941

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
13 <b>Sep</b>	14	15 9:00 p.m. DFM Board Meeting	16 2:15 – 7:30 p.m. Structured Education Programme	17 2:15 – 7:00 p.m. Structured Education Programme 9:00 p.m. HKCFP Council Meeting	18	19 2:30 – 5:30 p.m. AEC Mock Exam 2:30 – 5:30 p.m. Shunde CFM - Injection Workshop
20 9:30 a.m. – 12:30 p.m. HKDFM Women's Health Workshop	21	22	23 2:15 – 7:15 p.m. Structured Education Programme	24 2:15 – 7:00 p.m. Structured Education Programme	25 2:30 – 3:30 p.m. Board of Education - Video Session 8:00 p.m. Specialty Board Meeting 9:00 p.m. Board of Conjoint Examination Meeting	26 1:00 – 4:00 p.m. Certificate Course on Bringing Better Health to Our Community 2015
27	28	29	30 2:15 – 7:15 p.m. Structured Education Programme	1 <b>Oct</b>	2	3 2:00 – 4:00 p.m. Interest Group in Mental Health 2:30 – 5:30 p.m. DFM Module III Clinical Audit & Quality Assurance
4 2:00 – 5:00 p.m. OSCE Rehearsal	5 1:00 – 3:30 p.m. CME Lecture	6 1:00 – 3:30 p.m. CME Lecture	7 2:15 – 7:15 p.m. Structured Education Programme	8 2:15 – 7:00 p.m. Structured Education Programme	9	10
11	12	13	14 2:15 – 7:30 p.m. Structured Education Programme	15 2:15 – 7:00 p.m. Structured Education Programme 9:00 p.m. Council Meeting	16	17 2:30 – 5:30 p.m. DFM Module V Musculoskeletal Workshop
18	19	20 1:00 – 3:30 p.m. CME Lecture	21 2:15 – 7:30 p.m. Structured Education Programme	22 2:15 – 7:00 p.m. Structured Education Programme	23	24 2:30 – 5:30 p.m. DFM Module III Care for the Elderly & Chronic Illness
25 OSCE Exam	26	27 1:00 – 3:30 p.m. CME Lecture	28 2:15 – 7:15 p.m. Structured Education Programme	29 2:15 – 7:00 p.m. Structured Education Programme	30 2:30 – 3:30 p.m. Board of Education - Video Session	31 2:00 – 4:00 p.m. Interest Group in Neuro-Musculoskeletal

## FP LINKS EDITORIAL BOARD 2015

<b>Board Advisor :</b> Dr. Wendy Tsui	<b>Board Members :</b> Dr. Alvin Chan Dr. Chan Man Li Dr. David Cheng Dr. Judy Cheng Dr. Christina Cheuk Dr. Fok Peter Anthony Dr. Fung Hoi Tik, Heidi Dr. Ho Ka Ming Dr. Alfred Kwong Dr. Dorothy Law Dr. Maria Leung Dr. Ngai Ka Ho Dr. Sin Ming Chuen Dr. Siu Pui Yi, Natalie Dr. Sze Hon Ho Dr. Wong Yu Fai Dr. Yip Tze Hung	<i>Section Editor (Oasis)</i> <i>Section Editor (Feature)</i> <i>Section Editor (After Hours)</i> <i>Section Editor (WONCA Express)</i> <i>Section Editor (Photo Gallery)</i> <i>Section Editor (News Corner)</i>
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<b>Deputy Editors:</b> Prof. Martin Wong Dr. Natalie Yuen Dr. Anita Fan		



Back row (left to right): Dr. Dorothy Law, Dr. David Cheng, Dr. Ho Ka Ming, Dr. Yip Tze Hung, Dr. Alfred Kwong, Dr. Sin Ming Chuen, Dr. Sze Hon Ho and Dr. Judy Cheng  
Front row (left to right): Dr. Natalie Yuen, Dr. Catherine Ng, Dr. Wendy Tsui and Dr. Anita Fan

Red : Education Programmes by Board of Education  
Green : Community & Structured Education Programmes  
Purple : College Activities

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