Hong Kong Primary Care Conference
The Hong Kong College of Family Physicians

HONG KONG PRIMARY CARE CONFERENCE 2025

Family Doctor in Partnership:

Synergizing Primary Care Outcomes

11 – 13 July 2025
(Friday - Sunday)

PROGRAMME BOOK

(Supported by HKCFP Foundation Fund)

Table of Contents

Welcome Message

It is with immense pride and great pleasure that I welcome you to the 2025 Primary Care Conference to be held from July 11-13, 2025 at the Hong Kong Academy of Medicine Building, Aberdeen, Hong Kong. For over a decade, this signature annual conference is a testament of the enduring spirit of collaboration, versatility and innovation that unites us as leaders in Family Medicine and Primary Healthcare in our community.

This year's conference, under the theme, **"Family Doctor in Partnership: Synergizing Primary Care Outcomes"** builds on the great stride forward in primary healthcare development with the recent establishment of the Primary Healthcare Commission in July 2024, emphasizing the government's strong commitment to revamp the healthcare system towards a prevention-focused, community-based system and devoting more resources to promote primary healthcare. One of the key reform initiatives of our government was the launching of the Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) in 2023, with the view to establish a family doctor regime and position the District Health Centers (DHCs) as a hub in fostering an expansion of the healthcare network at community level. Further to the 2024 HKSAR Chief Executive's health policy address to advance primary healthcare development, the Health Bureau (HHB) announced in late January 2025 the integration of the Department of Health's (DH's) existing women's health services into the district health network and upgrading more interim District Health Centers Express (DHCEs) to District Health Centers (DHCs), along with the extension of a multidisciplinary service network. At the end of March 2025, the Health Bureau (HHB) and the Hospital Authority announced a plan to reform public healthcare fees to rationalise the current imbalance in public healthcare services, encourage patients to seek appropriate healthcare services, and enhance the sustainable development of Hong Kong's healthcare services. Over the years, our College has always been an active advocate for "Family Doctor for all" as local and international studies have shown that healthcare systems with strong primary healthcare teams led by Family Doctors have proven to be more cost effective and sustainable. Thus, it is indeed a great opportunity for Family Doctors to work closely in partnership with stakeholders of different sectors in embarking on this challenging journey towards synergizing primary care outcomes in Hong Kong.

As always, this hallmark event will continue to engage you with inspiring plenary sessions, interesting seminars, dynamic workshops, and thought-provoking discussion forums among many others. This event serves as a rich milieu in fostering academic exchanges and networking opportunities among the primary care community.

Once again, I thank you for your dedication and contribution in making this conference a success. I believe that this conference will continue to inspire new partnerships, strengthen collaboration and reinforce shared commitments in advancing quality primary healthcare in our community.

Dr. Lorna NG
Chairlady, Organizing Committee
Hong Kong Primary Care Conference 2025

Welcome Message from the President

A very warm welcome to you all for joining the Hong Kong Primary Care Conference (HKPCC) 2025, one of our flagship events providing an important annual scientific platform for family doctors, nurses, allied health professionals and primary healthcare stakeholders to gather together and learn from one another! This year, the Conference theme is entitled, "Family Doctor in Partnership: Synergising Primary Care Outcomes".

We are most honoured to have many international and local experts to share their expertise and experience with us on this occasion. The rich scientific programme of the Conference is packed with attractive plenaries and seminar sessions.

As in the previous years, there are full research paper competition, clinical case competition, and posters on display. We have also organised several workshops on popular topics. I am sure there would be more than something for everyone.

Don't forget to enjoy the various sceneries and hot spots in and around Hong Kong! And please enjoy the many different cuisines on offer throughout our vibrant city.

I look forward to seeing you at the HKPCC 2025 and wish you all a very fruitful and memorable conference ahead!

Dr. David V.K CHAO
President
The Hong Kong College of Family Physicians

Organizing Committee

Chairlady:	Dr. Lorna V. NG
Advisors:	Dr. David V.K. CHAO Dr. LAU Ho Lim Prof. Samuel Y.S. WONG
Scientific Subcommittee:	Dr. CHIANG Lap Kin (Coordinator) Dr. Eric K.P. LEE (Coordinator) Dr. Linda CHAN Dr. Cheryl Y.C. CHAN Dr. Cecilia S.M. CHEUNG Dr. Dereck M.H. WONG
Nurse Planners:	Ms. Kathy Y.H. CHEUNG Dr. Margaret C.H. LAM Dr. Cecilia T.Y. SIT Ms. Tammy T.Y. SO
Allied Health Planners:	Mr. CHENG Wai Chung Ms. Brigitte K.Y. FUNG
Dental Planner:	Dr. Yolanda Y.H. LAW
Clinical Case Presentation Competition:	Dr. YAU Lai Mo (Coordinator) Dr. Kathy K.L. TSIM
Publication Subcommittee:	Dr. Judy G.Y. CHENG (Coordinator) Dr. Kathy K.L. TSIM Dr. Aldo C.L. WONG
Business Management Subcommittee:	Dr. HO Shu Wan (Coordinator) Dr. Cheryl Y.C. CHAN Dr. Cecilia S.M. CHEUNG Dr. Aldo C.L. WONG Dr. YAU Lai Mo
Venue:	Dr. Catherine P.K. SZE (Coordinator)
Information Technology:	Dr. Matthew M.H. LUK (Advisor)

Conference Information

Date : 11 – 13 July 2025 (Friday – Sunday)

Venue : Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Official Language : English

Academic Accreditation : Please refer to p.6 for details.

Organizer : The Hong Kong College of Family Physicians

Conference Secretariat :

Scientific
Ms. Carol F.K. PANG

Advertisement & Exhibition
Ms. Teresa D.F LIU and Ms. Carol F.K. PANG

Registration
Ms. Ally L.Y. CHAN and Ms. Nana H.T. CHOY

Publication
Ms. Nana H.T. CHOY

QA Accreditation
Mr. John M.C. MA

General
Ms. Erica M. SO and Ms. Carol F.K. PANG

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Supported by : HKCFP Foundation Fund

CME/ CNE/ CPD/ CPE Accreditation

Accreditation for HKPCC 2025

	For the whole function	11/7/2025 Whole Day	12/7/2025 Whole Day	13/7/2025 Whole Day	Category
Anaesthesiologists	13	2	5	6	PP-NA
CNE (For Nurse)		1	4.5	5	-
Community Medicine	10	2	5	5.5	PP-PP
Dental Surgeons	12.5	2	5	5.5	PN-PB
Emergency Medicine	12	2	5	5.5	CME-PP
Family Physicians	10	2	5	5	OEA-5.02
Hong Kong Dietitians Association		1 (non-core)	5 (non-core)	5 (non-core)	Non-core CDE
MCHK CME Programme	10	2	5	5	CME-PASSIVECME
Obstetricians & Gynaecologists	5	2	5	5	PP-PN
Ophthalmologists	4	0.5	2	2	CME-PP
Orthopaedic Surgeons	15	5	5	5	PP-B
Otorhinolaryngologists	6	1	2.5	2.5	PP-2.2
Paediatricians	13	2	5	6	A-PP
Pathologists	13	2	5	6	CME-PP
Physicians	6.5	1	2.5	3	PP-PP
Prosthetist-Orthotists	10	-	-	-	A1 CPD points
Psychiatrists	12.5	2	5	5.5	PP-OP
Radiologists	12.5	2	5	5.5	B-PP
Surgeons	13	2	5	6	CME-PP
The College of Pharmacy Practice	10 CPE points	2	4.5	6	CPE

Acknowledgement

The organizing committee wishes to express our most sincere thanks to all parties who have helped to make the HKPCC 2025 a successful one.

Officiating Guests

Dr. David V.K. CHAO
President, The Hong Kong College of Family Physicians

Dr. PANG Fei Chau
Commissioner for Primary Healthcare, Primary Healthcare Commission,
Health Bureau, Government of the HKSAR;
President, The Hong Kong College of Community Medicine

Professor Andrew FARMER
Professor of General Practice, University of Oxford, United Kingdom;
Lead, NIHR Biomedical Research Centre: Digital Health: Hospital to Home

Professor Samuel Y.S. WONG
Director, JC School of Public Health and Primary Care;
Associate Dean (Education), Faculty of Medicine, The Chinese University of Hong Kong

Professor William C.W. WONG
Danny DB Ho Professor in Family Medicine;
Clinical Professor & Chairperson, Department of Family Medicine & Primary Care;
Clinical School of Medicine, LKS Faculty of Medicine, The University of Hong Kong;
Specialist in Family Medicine

Plenary Speakers

Dr. PANG Fei Chau
Commissioner for Primary Healthcare, Primary Healthcare Commission,
Health Bureau, Government of the HKSAR;
President, The Hong Kong College of Community Medicine

Professor Andrew FARMER
Professor of General Practice, University of Oxford, United Kingdom;
Lead, NIHR Biomedical Research Centre: Digital Health: Hospital to Home

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Director, JC School of Public Health and Primary Care;
Associate Dean (Education), Faculty of Medicine, The Chinese University of Hong Kong

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Danny DB Ho Professor in Family Medicine;
Clinical Professor & Chairperson, Department of Family Medicine & Primary Care;
Clinical School of Medicine, LKS Faculty of Medicine, The University of Hong Kong;
Specialist in Family Medicine

Acknowledgement

Seminar Speakers

Professor Raymond H.W. LI
Clinical Associate Professor, Department of Obstetrics and Gynaecology,
School of Clinical Medicine, The University of Hong Kong;
Honorary Consultant, Queen Mary Hospital and Kwong Wah Hospital, Hospital Authority

Dr. Axel S.J. HSU
Specialist in Gastroenterology and Hepatology, Hong Kong Sanatorium & Hospital

Professor William H.C. LI
Professor and Assistant Dean (Alumni Affairs), Faculty of Medicine;
Director, Doctor of Nursing Programme;
Chair, Research Committee, The Nethersole School of Nursing, Faculty of Medicine,
The Chinese University of Hong Kong

Dr. Bryan S.F. LAU
Chief Medical Executive, Hong Kong Sports Institute Clinic;
Honorary Clinical Assistant Professor, The Jockey Club School of Public Health and Primary Care,
The Chinese University of Hong Kong

Mr. Alex K.M. NG
Senior Sports Physiotherapist, Hong Kong Sports Institute

Dr. HO Fu Tak
Specialist in Endodontics

Dr. Gary C.H. SO
Consultant OMS Surgeon, Dental Department, St. Teresa's Hospital;
Specialist in Oral & Maxillofacial Surgery

Ms. Maisy P.H. MOK
Nurse Consultant (Diabetes), Kowloon East Cluster, Hospital Authority

Dr. Enoch WU
Specialist in Endocrinology, Diabetes and Metabolism;
Clinical Assistant Professor (Honorary), Department of Medicine & Therapeutics,
The Chinese University of Hong Kong

Acknowledgement

Workshop Speakers

Dr. CHENG Hok Fai
Dermatology Specialist in Private Practice

Ms. Amanda K.M. CHEAH
Clinical Psychologist, Oasis – Center for Personal Growth & Crisis Intervention;
Corporate Clinical Psychology Services, Hospital Authority

Dr. Eric K.P. LEE
Clinical Associate Professor, The Chinese University of Hong Kong;
Member, European Society of Hypertension Working Group
on Blood Pressure Monitoring and Cardiovascular Variability

Dr. James S.P. CHIU
Honorary Clinical Assistant Professor, Department of Family Medicine and Primary Care,
The University of Hong Kong;
Senior Research Fellow, Centre for Medical Ethics and Law, Medical Faculty and Law Faculty,
The University of Hong Kong;
Assessor for General Mediators, HK Mediation Accreditation Association Limited (HKMAAL);
Founder and Director, JC Professional Dispute Resolution Centre

Professor Albert LEE
Emeritus Professor of Public Health and Primary Care, The Chinese University of Hong Kong;
Senior Research Fellow of Centre for Medical Ethics and Law, The University of Hong Kong;
Vice President (Asia), World Association for Medical Law

Dr. TONG Kar Wai
Registered Foreign Lawyer (Private Practice), Hong Kong;
Senior Manager, Precious Blood Hospital (Caritas), Hong Kong;
Editor, Medicine and Law, World Association for Medical Law;
Member, Diocesan Committee for Bioethics, Catholic Church, Hong Kong

Dr. Brian C.Y. CHENG
Head of the Chinese Medicine Development Fund

Ms. Judy W.C. PUN
Advanced Practitioner Physiotherapist, Kwong Wah Hospital

Discussion Forum Speakers

Dr. Karin E. GARCIA
Associate Professor, College of Medicine, University of the Philippines Manila;
Chairperson, Department of Family and Community Medicine,
University of the Philippines - Philippine General Hospital;
Past Presidents of the Philippine Academy of Family Physicians
and Philippine Society of Hospice and Palliative Medicine

Acknowledgement

Dr. Ednin HAMZAH
Chief Executive Officer, Hospis Malaysia;
Immediate Past Chair, Asia Pacific Hospice Palliative Care Network

Dr. YIU Yuk Kwan
Course co-creator, Practical Certificate Course in Primary Palliative Care (HK);
Council Member, The Hong Kong College of Family Physicians;
Chairlady, Board of Vocational Training and Standards, The Hong Kong College of Family Physicians;
Part time Consultant, KWC Department of Family Medicine and Primary Health Care, Hospital Authority

Mr. CHENG Wai Chung
Member of Working Group on Primary Healthcare, College of Pharmacy Practice

Mr. Philip K.L. CHIU
Head of Professional Service, Private Practice in Community Pharmacy

Mr. Robin K.L. LI
Senior Manager, PHARM+ Pok Oi Hospital Community Pharmacy

Dr. FAN Ning
Founder, Health In Action

Professor Angela Y.M. LEUNG
Professor and Associate Head (Research), School of Nursing;
Director, World Health Organization Collaborating Centre (WHOCC) for Community Health Services,
The Hong Kong Polytechnic University

Mr. Schwinger C.K. WONG
Chief Executive, Evangelical Lutheran Church Social Service - Hong Kong

Professor Doris S.F. YU
Professor, Chair in Research, School of Nursing;
Associate Director, Sau Po Centre on Aging, School of Social Work and Social Administration,
The University of Hong Kong

Professor Julie Y. CHEN
Associate Professor of Teaching, Department of Family Medicine and Primary Care/
Bau Institute of Medical and Health Sciences Education;
Director, Medical Ethics and Humanities Unit, School of Clinical Medicine;
Assistant Dean (Student Wellness & Engagement), LKS Faculty of Medicine,
The University of Hong Kong

Acknowledgement

Professor Victor K. NG
Associate Professor and Assistant Dean, Schulich School of Medicine and Dentistry,
Western University, London, Canada;
Director, Programs and Practice Support, College of Family Physicians of Canada;
President, WONCA North America Region;
Chair, WONCA Working Party on Education

Professor Carmen K.M. WONG
Clinical Professional Consultant, JC School of Public Health and Primary Care,
Faculty of Medicine, The Chinese University of Hong Kong

Dr. PANG Fei Chau
Commissioner for Primary Healthcare, Primary Healthcare Commission,
Health Bureau, Government of the HKSAR;
President, The Hong Kong College of Community Medicine

Dr. CHEUNG Wai Lun, JP
Director of Strategic Purchasing Office;
Projector Director of Chinese Medicine Hospital Project Office,
Health Bureau, Government of the HKSAR

Dr. Christina K.C. MAW
Assistant Director of Strategic Purchasing Office, Health Bureau, Government of the HKSAR;
Chief Manager on Transformation Services of Hospital Authority;
Specialist in Public Health Medicine

Sponsored Symposia Speakers

Professor Alice P.S. KONG
Professor, Division of Endocrinology, Department of Medicine and Therapeutics,
The Chinese University of Hong Kong

Dr. Peter C.Y. TONG
Clinical Associate Professor (Honorary), Jockey Club School of Public Health and Primary Care,
The Chinese University of Hong Kong;
Specialist in Endocrinology, Diabetes & Metabolism

Professor Herbert W.C. KWOK
Clinical Assistant Professor, Department of Medicine, School of Clinical Medicine,
The University of Hong Kong;
Specialist in Respiratory Medicine

Dr. Angus H.Y. LO
Specialist in Respiratory and Critical Care Medicine

Acknowledgement

Dr. TSANG Man Wo
Specialist in Endocrinology, Diabetes & Metabolism

Dr. Heather K.W. TO
Council Member, Hong Kong Society for HIV Medicine

Sponsored Seminar Speakers

Dr. Julius H.F. WONG
Associate Consultant, New Territories East Cluster, Hospital Authority

Dr. Ivan M.H. WONG
Director, Structural Heart Interventions, Hong Kong Asia Heart Centre;
Honorary Clinical Assistant Professor, The Chinese University of Hong Kong;
Council Member, Hong Kong Society of Congenital and Structural Heart Disease

Dr. CHAN Lip Kiong
Clinical Assistant Professor (Honorary), Department of Medicine and Therapeutics,
The Chinese University of Hong Kong;
Specialist in Cardiology

Judges of Full, New Investigator Research Paper Competition

Professor LAM Tai Pong
Honorary Clinical Professor, Department of Family Medicine & Primary Care,
The University of Hong Kong

Professor Albert LEE
Emeritus Professor of Public Health and Primary Care, The Chinese University of Hong Kong;
Adjunct Professor, International Centre for Future Health Systems,
University of New South Wales Medicine and Health, Australia;
Honorary Professor, Department of Paediatric and Adolescent Medicine,
and Senior Research Fellow, Centre for Medical Ethics and Law, The University of Hong Kong;
Adjunct Professor, Department of Rehabilitation Science, Hong Kong Polytechnic University;
Academician (Int'l Member), National Academy of Medicine, USA;
Vice President (Asia) and Governor, World Association for Medical Law;
Medio-legal Consultant;
Barrister and Solicitor (New Zealand), Lawyer (NSW, Australia), Registered Foreign Lawyer (HK)

Judges of Free Paper Competition – Oral Presentation

Professor Cindy L.K. LAM, MH, JP
Emeritus Professor and Honorary Clinical Professor, Department of Family Medicine and Primary Care,
School of Clinical Medicine, The University of Hong Kong

Acknowledgement

Dr. Ruby S.Y. LEE
Past President and Honorary Fellow, The Hong Kong College of Family Physicians

Professor Martin C.S. WONG
Professor, JC School of Public Health and Primary Care, Faculty of Medicine,
The Chinese University of Hong Kong;
Director, Centre for Health Education and Health Promotion, The Chinese University of Hong Kong;
Professor (by courtesy), Department of Sports Science and Physical Education,
The Chinese University of Hong Kong;
Professor of Global Health, School of Public Health, Peking University (Adjunct);
Professor, School of Public Health, The Chinese Academy of Medicine
and the Peking Union Medical College (Adjunct);
Professor, School of Public Health, Fudan University (Adjunct);
Co-Chairman, Health and Medical Research Fund, The Health Bureau of the Hong Kong Government

Judges of Free Paper Competition – Poster Presentation

Professor Julie Y. CHEN
Associate Professor of Teaching, Department of Family Medicine and Primary Care/
Bau Institute of Medical and Health Sciences Education;
Director, Medical Ethics and Humanities Unit, School of Clinical Medicine;
Assistant Dean (Student Wellness & Engagement), LKS Faculty of Medicine,
The University of Hong Kong

Professor Jojo Y.Y. KWOK
Assistant Professor, School of Nursing;
Associate Director, Centre on Behavioral Health, The University of Hong Kong

Dr. Regina W.S. SIT
Associate Professor (Clinical), JC School of Public Health and Primary Care,
The Chinese University of Hong Kong

Judges of Clinical Case Presentation Competition

Dr. Gene W.W. TSOI
Past President and Fellow, The Hong Kong College of Family Physicians

Ms. CHAN Yuk Sim
Head of Community Network, Primary Healthcare Commission,
Health Bureau, Government of the HKSAR

Acknowledgement

Panel of Advisors

Dr. David V.K. CHAO
President, The Hong Kong College of Family Physicians

Dr. LAU Ho Lim
Vice-President (General Affairs), The Hong Kong College of Family Physicians

Professor Samuel Y.S. WONG
Vice-President (Education & Examinations), The Hong Kong College of Family Physicians

Sponsors

Sponsored Dinner Symposium
AstraZeneca Hong Kong Limited
Boehringer Ingelheim (Hong Kong) Limited

Sponsored Lunch Symposium
Abbott Laboratories Limited
AstraZeneca Hong Kong Limited

Sponsored Coffee Break Symposium
Gilead Sciences Hong Kong Limited

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Exhibition Booths
Boehringer Ingelheim (Hong Kong) Limited
DKSH Hong Kong Limited / Organon
Main Life Corporation Limited
Medical Protection Society
Novo Nordisk Hong Kong Limited
Pacific Medical Systems Limited
Roche Hong Kong Limited
Synmosa Biopharma (HK) Company Limited

11 – 13 July 2025 (Friday - Sunday)

Scientific Programme at-a-glance

11 July 2025 (Friday) Pre-conference

Time	Zoom Webinars			Face-to-face Workshop	
	ROOM-1	ROOM-2	ROOM-3	Function Room 1 (2/F)	Banquet Room 1-2 (3/F)
19:00 - 19:30					
19:30 - 20:30	**Sponsored online seminar 1** **[GSK]** What Can We Do for Benign Prostatic Hyperplasia as a Primary Care Physician? **Speaker:** **Dr. Julius H.F. WONG** *Chairperson:* *Dr. Catherine P.K. SZE*	**Sponsored online seminar 2** **[Eli Lilly]** New Horizons in Obesity Care – The Role of GIP/GLP-1 Receptor Agonist in Weight Management **Speaker:** **Dr. Ivan M.H. WONG** *Chairperson:* *Dr. HO Shu Wan*	**Sponsored online seminar 3** **[Novartis]** Navigating the Continuum from Hypertension to Heart Failure: From Data to Clinical Practice **Speaker:** **Dr. CHAN Lip Kiong** *Chairperson:* *Dr. CHIANG Lap Kin*	**Workshop 1** Basic Dermatological Surgery Skills Including Skin Biopsy **Speaker:** **Dr. CHENG Hok Fai** *Chairperson:* *Dr. Judy G.Y. CHENG*	**Workshop 2** Empowering Wellness for Healthcare Providers and Patients: A Taste of Mindfulness and Self-Compassion **Speakers:** **Ms. Amanda K.M. CHEAH &** **Dr. Eric K.P. LEE** *Chairperson:* *Dr. Dereck M.H. WONG*
20:30 - 21:00					

12 July 2025 (Saturday) Day 1

Time					
13:45 - 14:30	**Registration and Welcome Drinks - Exhibition Hall (G/F)**				
	Run Run Shaw Hall (1/F)				
14:30 - 15:00	**Opening Ceremony**				
15:00 - 15:40	**Plenary I** Family Doctor Leading and Advocating Family Health **Speaker:** **Dr. PANG Fei Chau** *Chairperson:* *Dr. LAU Ho Lim*				
15:45 - 16:25	**Plenary II** Leading with Science: Family Doctors Driving Innovation and Collaboration in Primary Care **Speaker:** **Prof. Andrew FARMER** *Chairperson:* *Dr. LAU Ho Lim*				
16:25 - 16:55	**Coffee Break & Poster Presentation (Part 1) - Exhibition Hall & Foyer (G/F & 1/F)**				
	Pao Yue Kong (G/F)	Lim Por Yen (G/F)	James Kung (2/F)	Banquet Room 1-2 (3/F)	Room 903-4 (9/F)
16:55 - 18:10	**Discussion Forum 1** Primary Palliative Care **Speakers:** **Dr. Karin Estepa-GARCIA,** **Dr. Ednin HAMZAH &** **Dr. YIU Yuk Kwan** *Chairperson:* *Dr. Lorna V. NG*	**Discussion Forum 2** Community Pharmacy **Speakers:** **Mr. CHENG Wai Chung,** **Mr. Philip K.L. CHIU,** **Dr. FAN Ning &** **Mr. Robin K.L. LI** *Chairperson:* *Mr. CHENG Wai Chung*	**Discussion Forum 3** Preventive Strategies for Elderly People and Healthy Ageing **Speakers:** **Prof. Angela Y.M. LEUNG,** **Mr. Schwinger C.K. WONG &** **Prof. Doris S.F. YU** *Chairperson:* *Dr. Cecilia T.Y. SIT*	**Workshop 3** Use of Mediation to Resolve Medical Dispute **Speakers:** **Dr. James S.P. CHIU,** **Prof. Albert LEE &** **Dr. TONG Kar Wai** *Chairperson:* *Dr. Kathy K.L. TSIM*	**Workshop 4** East Meets West: Application of Acupuncture in Pain Management **Speakers:** **Dr. Brian C.Y. CHENG &** **Ms. Judy W.C. PUN** *Chairperson:* *Dr. CHIANG Lap Kin*
18:10 - 18:25	**Seminar A** Updates on Management of Menopausal Symptoms **Speaker:** **Prof. Raymond H.W. LI** *Chairperson:* *Dr. Judy G.Y. CHENG*	**Seminar B** Common Scenarios in Chronic Hepatitis **Speaker:** **Dr. Axel S.J. HSU** *Chairperson:* *Dr. Catherine P.K. SZE*	**Seminar C** Unveiling the Health Risks of E-Cigarettes **Speaker:** **Prof. William H.C. LI** *Chairperson:* *Dr. Eric K.P. LEE*		
18:25 - 18:55					
	Function Room 1-2 (2/F)				
19:00 - 20:30	**Sponsored Dinner Symposium** **[AstraZeneca]** Unravelling Strategies in CKM Management – Improving Patient Outcomes **Speaker:** **Prof. Alice P.S. KONG** **[Boehringer Ingelheim]** Could You Spot This? Identifying and Intervening in Cardio-Renal Risks in T2D Patients that Change Outcomes **Speaker:** **Dr. Peter C.Y. TONG** Early Identification and Innovative Treatment Strategies for COPD Patients **Speaker:** **Prof. Herbert W.C. KWOK** *Chairpersons:* *Dr. Cecilia S.M. CHEUNG & Dr. HO Shu Wan*				

11 – 13 July 2025 (Friday - Sunday)

Scientific Programme at-a-glance

Date / Time	13 July 2025 (Sunday) Day 2			
08:30 - 09:00	Registration - Exhibition Hall (G/F)			
	Pao Yue Kong (G/F)	Lim Por Yen (G/F)	James Kung (2/F)	Banquet Room 1-2 (3/F)
09:00 - 10:15	**Discussion Forum 4** How Do We Teach GenZ Medical Students? – Local and International Advances in Medical Education **Speakers:** **Prof. Julie Y. CHEN,** **Prof. Victor K. NG &** **Prof. Carmen WONG** *Chairperson:* *Dr. Linda CHAN*	**Seminar D** Sports Medicine: From Screening to Treatment **Speakers:** **Dr. Bryan S.F. LAU &** **Mr. Alex K.M. NG** *Chairperson:* *Dr. Eric K.P. LEE*	**Clinical Case Presentation Competition & Awards Presentation of Outstanding Poster Presentation Award** *Chairpersons:* *Dr. YAU Lai Mo &* *Dr. Kathy K.L. TSIM*	**Free Paper - Oral Presentation (Part 1)** *Chairperson:* *Ms. Kathy Y.H. CHEUNG*
	Foyer (1/F)			Exhibition Hall (G/F)
10:15 - 10:45	**Sponsored Coffee Break Symposium** **[Gilead]** Breaking Barriers: Expanding HIV Testing to Primary Care Settings **Speaker:** **Dr. Heather K.W. TO** *Chairperson:* *Dr. Judy G.Y. CHENG* **& Poster Presentation (Part 2)**			**Coffee Break**
	Pao Yue Kong (G/F)	Lim Por Yen (G/F)	James Kung (2/F)	Banquet Room 1-2 (3/F)
10:45 - 11:30	**Discussion Forum 5** Outlook of Primary Healthcare Development in Hong Kong **Speakers:** **Dr. PANG Fei Chau,** **Dr. CHEUNG Wai Lun &** **Dr. Christina K.C. MAW** *Chairperson:* *Dr. David V.K. CHAO*	**Seminar E** Common Dental Emergencies in Medical Office **Speakers:** **Dr. HO Fu Tak &** **Dr. Gary C.H. SO** *Chairperson:* *Dr. Yolanda Y.H. LAW*	**Seminar F** Continuous Glucose Monitoring - Read and Work Easy! **Speakers:** **Ms. Maisy P.H. MOK &** **Dr. Enoch WU** *Chairperson:* *Ms. Tammy T.Y. SO*	**Free Paper - Oral Presentation (Part 2)** *Chairperson:* *Dr. Cecilia T.Y. SIT*
11:30 - 11:45			**Full Research Paper Awards Presentation*** *Chairperson:* *Dr. Linda CHAN*	
	Pao Yue Kong (G/F)			
11:50 - 12:30	**Plenary III** Family Doctors as Gatekeepers: Optimising Outcomes for Older Adults in Primary Care **Speaker:** **Prof. Samuel Y.S. WONG** *Chairperson:* *Dr. Cecilia Y.M. FAN*			
12:30 - 13:10	**Plenary IV** Demonstrating Cross-society Impacts in Viral Hepatitis Elimination: Roles of Family Medicine & Primary Care **Speaker:** **Prof. William C.W. WONG** *Chairperson:* *Dr. Cecilia Y.M. FAN*			
	Function Room 1-2 (2/F)			
13:15 - 14:45	**Sponsored Lunch Symposium** **[AstraZeneca]** Navigating the Complexities of Asthma Diagnosis: Spotlight on Cough Variant Asthma (CVA) with a Brief Overview of COPD **Speaker:** **Dr. Angus H.Y. LO** **[Abbott]** How CGM Supports Easier & Insightful Consultation **Speaker:** **Dr. TSANG Man Wo** *Chairperson:* *Dr. Cecilia S.M. CHEUNG*			

**The winner of the Best Research Paper Award will present his/ her work during this session (11:30 - 11:45).*

Disclaimer

Whilst every attempt will be made to ensure all aspects of the conference mentioned will take place as scheduled, the Organizing Committee reserves the right to make changes to the programme without notice as and when deemed necessary prior to the Conference.

Saturday, 12 July 2025 · 15:00 – 15:40

Plenary I
Family Doctor Leading and Advocating Family Health

Dr. PANG Fei Chau

MBChB, FHKAM(Medicine), FHKCCM, FRACMA, MBA

Commissioner for Primary Healthcare, Primary Healthcare Commission, Health Bureau, Government of the HKSAR
President, the Hong Kong College of Community Medicine

Dr PANG Fei Chau is the current Commissioner for Primary Healthcare, the Government of the Hong Kong Special Administrative Region Health Bureau. He is the president of the Hong Kong College of Community Medicine. Dr Pang is an experienced health service executive and have been the Head of Human Resources of the Hospital Authority to provide strategic advice and leadership to the HR function of over 40 public hospitals. He was appointed as the member of the Elderly Commission of the Government of the Hong Kong Special Administrative Region between 2015-2019. He was the elected Council member of The University of Hong Kong in 2021/22.

Family doctor is not simply a trained family physician to manage a person with illness, but a clinician who cares about the family members who are mostly neglected in our daily practices. It may seem odd that in our current public hospital system for family members of a breast cancer patient to be asked to assess their risk for this disease or risk of disease progression for a hepatitis B carrier. In private practice, it is not uncommon that a family doctor will advise the husband to remind his wife to schedule for cervical cancer screening. Family Doctor for All policy is a system to engage family health based on life course preventive care.

To achieve the role of family doctor, the establishment of a long-term relationship rooted in trust is the basic starting point between the patient and their doctor. The healthcare system should recognize the role of a family doctor who advocate for family health through knowing the patient, providing health advice in his or her usual clinical practice and willing to meet the whole family. Specialist is an expert in disease, while a family doctor is an expert in driving whole person health apart from the disease. He or she is an advocate of risk assessment of the whole family.

To lead the change in our current system, family doctors are the doctors who strive for more connectiveness between multiple professionals in the community and navigate the families to manage health risks including public health interventions. With the public's acceptance of family doctor as the protector of family health, it will reshape the relationship between primary care and secondary care, between community healthcare network and social support, between patients and their families resulting in a reduction in health risks together.

Saturday, 12 July 2025 · 15:45 – 16:25

Plenary II
Leading with Science: Family Doctors Driving Innovation and Collaboration in Primary Care

Professor Andrew FARMER

DM FRCGP

Professor of General Practice, University of Oxford, Oxford, United Kingdom
Lead, NIHR Biomedical Research Centre: Digital Health: Hospital to Home

Professor Andrew Farmer is a clinician and researcher specialising in primary care and digital health. He is a Professor of General Practice based in the Department of Primary Care Health Sciences at the University of Oxford and leads the National Institute for Health Research (NIHR) Oxford Biomedical Research Centre (BRC) Digital Health theme.

His research focuses on improving care for people with diabetes and multiple long-term conditions (MLTC). His work includes evaluating remote monitoring, self-management support (such as SMS interventions), and using routine health data to identify previously unrecognized conditions. He also co-leads studies applying machine learning to predict social care needs for people with MLTC.

He has contributed to NICE Clinical Guidelines for diabetes care and was until recently, Director of the NIHR Health Technology Assessment programme—the largest patient-focused research funding programme in the UK. He continues to support national and international initiatives integrating clinical trials into routine practice and advancing the use of real-world data in healthcare.

Primary health care (PHC) is the foundation of equitable and effective healthcare systems worldwide, yet it faces increasing pressures from rising levels of long-term health conditions, evolving models of service delivery, and the rapid pace of digital transformation. Family doctors—anchored in science, collaboration, and evidence-based practice—are uniquely positioned to contribute to the next phase of health and care innovation.

This presentation will explore the ways that care can be transformed through primary care leadership and community engagement, identifying the health and care needs of the population, and innovating to address those needs in everyday practice. It will highlight the critical need to respond to the growing burden of multiple long-term conditions, tackle health inequalities, and apply digital tools including AI, remote monitoring, and predictive analytics. However, implementing new technologies can only deliver benefit when they are embedded in resilient and responsive healthcare systems. Identification of health and care needs, along with innovation for patients and the community, must be integrated with policy. At the same time, efforts should focus on strengthening the primary care workforce.

Family doctors play a central role in translating research into real-world impact. Policymakers, digital health innovators, and local communities all play a part in creating person- and community-centred, digitally enabled models of care that improve access, quality, and sustainability. Ensuring that primary care evolves requires embedding continuous learning, real-world data, and evidence-based adaptation. There is a need not only to respond to today's challenges but also to anticipate and shape the future of healthcare.

Sunday, 13 July 2025 · 11:50 – 12:30

Plenary III

Family Doctors as Gatekeepers: Optimising Outcomes for Older Adults in Primary Care

Professor Samuel Y.S. WONG

LMCHK, MD (U. of Toronto), MD (CUHK), MPH (Johns Hopkins), CCFP, FRACGP, FHKCCM, FFPHM, FCFP, FHKAM (Community Medicine), FHKAM (Family Medicine)

Director, JC School of Public Health and Primary Care
Associate Dean (Education), Faculty of Medicine, The Chinese University of Hong Kong

Professor Samuel WONG is a clinician with training in both Family Medicine and Public Health. He is the Director of the JC School of Public Health and Primary Care and the Associate Dean (Education) of the Faculty of Medicine. He is also the Founding Director of the Thomas Jing Centre for Mindfulness Research and Training.

Professor WONG's research interests include evaluating primary care services and developing primary care service models for people with multimorbidity, evaluating and developing mindfulness-based and mental health interventions in primary care. He has served the Hong Kong SAR Government in various capacities, including as a member of the Steering Committee of the Primary Care Development and other advisory councils and committees related to health and environmental hygiene.

As global populations age, the significance of primary care in fostering healthy aging is increasingly recognized. This plenary session will delve into the collaborative efforts between family doctors and community organizations to improve health outcomes and enhance the quality of life for older adults. By leveraging evidence-based practices and emerging trends, the discussion will underscore the necessity of integrated, person-centered care models that cater to the diverse needs of older individuals.

Sunday, 13 July 2025 · 12:30 – 13:10

Plenary IV

Demonstrating Cross-society Impacts in Viral Hepatitis Elimination: Roles of Family Medicine & Primary Care

Professor William C.W. WONG

MB ChB (Edin), MD (Edin), MPH (CUHK), FRCGP (UK), FRACGP (Aus), MFTM RCPS (Glasg)

Danny DB Ho Professor in Family Medicine,
Clinical Professor & Chairperson, Department of Family Medicine & Primary Care,
Clinical School of Medicine, LKS Faculty of Medicine, The University of Hong Kong
Specialist in Family Medicine

Prof William Wong is a Family Medicine Specialist as well as an educator, administer and untiring advocate in Family Medicine and Primary Care. A firm believer in multidisciplinary approach, the primary focus of his clinical and academic career is addressing the social dimension of health and ensuring equitable access to high-quality health services, with an emphasis on infectious diseases, sexual health and health promotion. He was instrumental in the establishment of WONCA (World Family Doctors' Association) Health Equity Special Interest Group. He advised WHO West Pacific Office on sexual health issues, contributed to as a member of WHO Strategic and Technical Advisory Committee on HIV, viral hepatitis and sexually transmitted infections (2021-24) and a number of international guidelines.

WHO has set a 2030 target to eliminate viral hepatitis as a public health threat. There are currently 296 million individuals infected with HBV which are major causes of cirrhosis, liver cancer and liver-related deaths. To reduce liver-related mortality by 65%, WHO has set the benchmark for HBV of achieving diagnostic coverage of 90% and treatment coverage of 80%.

Global diagnostic and treatment rates for HBV are only 10%/ 5% while that of Hong Kong and Mainland China are 27%/ 22% and 19%/11%, respectively. Universal screening is one of the approach to increase diagnostic coverage and early initiation of universal HBV screening that could potentially save 3.46 million lives. Increasing diagnostic uptake in large populations will foreseeably create an enormous clinical burden in specialist healthcare provisions. Naturally, there is a paradigm shift to a "shared care" approach in managing viral hepatitis, involving both the specialist and the primary care physician.

Our team evaluated the application of crowdsourcing, i.e. the involvement of the non-professional online community in creating innovative solutions, in encouraging hepatitis testing have facilitated opportunities of community outreach. With our collaboration with the Hong Kong Liver Foundation, a leading NGO in promoting liver health, our team organised a social media campaign during World Hepatitis Day and a mobile van to digitally disseminate hepatitis awareness. Our cross-society impact will be an important first step, a foundation for us to further engage the local and global community, in our strive to rid the world from the harms of viral hepatitis.

Saturday, 12 July 2025 · 18:10 – 18:55

Seminar A

Updates on Management of Menopausal Symptoms

Professor Raymond H.W. LI

MBBS, MMedSc, MD, FRCOG, FHKAM (O&G), Cert RCOG (Reprod Med), Cert HKCOG (Reprod Med)

Clinical Associate Professor, Department of Obstetrics and Gynaecology, School of Clinical Medicine, The University of Hong Kong
Honorary Consultant, Queen Mary Hospital and Kwong Wah Hospital, Hospital Authority

Dr. Li is a Specialist in Obstetrics and Gynaecology, and Subspecialist in Reproductive Medicine. He is currently Clinical Associate Professor at the Department of Obstetrics and Gynaecology, The University of Hong Kong. He is Honorary Consultant at Queen Mary Hospital and Kwong Wah Hospital, Hong Kong. He is also Honorary Specialist at the Family Planning Association of Hong Kong. He is member of the Reproductive Medicine Subspecialty Board, Hong Kong College of Obstetricians and Gynaecologists, and Honorary Secretary of The Hong Kong Society for Reproductive Medicine. His clinical and research interests are in reproductive endocrinology, subfertility and family planning.

At the age of perimenopause, the decline in oestradiol production may result in various climacteric symptoms including vasomotor symptoms, psychological disturbance and symptoms of urogenital atrophy, with varying severity and impact on the women's quality of life. Longer term health issues in the postmenopausal life include increased risk of cardiovascular disease and osteoporosis secondary to oestrogen deprivation.

Distressing climacteric symptoms can be treated by hormone replacement therapy (HRT), or menopausal hormone therapy (MHT) as the preferred terminology by some. Besides, HRT can prevent or delay bone loss and reduce both vertebral and non-vertebral fractures. Based on current evidence, there is likely a benefit in cardiovascular protection if HRT is administered in women before 60 years of age and/or within 10 years of menopause. Recognising the risks associated with long-term use of HRT (including breast cancer, thromboembolism, stroke and gallbladder disease), it should not be used as a universal panacea for all postmenopausal women. Women with intact uterus who require HRT must take a combined preparation containing progestogen for endometrial protection. Cyclical (bleeding) and continuous (non-bleeding) regimens are available for combined HRT to suit the individuals' circumstances and preferences.

Non-oestrogen treatments for vasomotor symptoms may include high dose progestogens, gabapentin, antidepressants (e.g. SSRIs or SNRIs) and mind-body interventions. Neurokinin-3 receptor antagonists have been newly introduced for treatment of vasomotor symptoms. Mood symptoms may be alleviated with psychological therapy and/or anti-depressants. For atrophic symptoms, use of lubricants, moisturizers and/or topical oestrogen may help.

Saturday, 12 July 2025 · 18:10 – 18:55

Seminar B

Common Scenarios in Chronic Hepatitis

Dr. Axel S.J. HSU

MBBS (HK), FHKCP, FHKAM

Specialist in Gastroenterology and Hepatology
Hong Kong Sanatorium & Hospital

Dr. Axel Shing Jih Hsu is a specialist in Gastroenterology and Hepatology in private practice. He was educated at Brown University in biomedical sciences and received his medical degree from the University of Hong Kong. He underwent specialist training in Queen Mary Hospital with clinical research in gastroenterology and hepatology working with Professors Lai Ching Lung and Yuen Mang Fung. Dr. Hsu's interests are chronic hepatitis B infection and fatty liver disease. He is currently on the Education Committee of the Hong Kong Liver Foundation. As an honorary associate professor of the University of Hong Kong, he continues to teach regularly at Queen Mary Hospital with an emphasis on chronic hepatitis management and improving patient outcomes.

Chronic hepatitis in Hong Kong is most often due to chronic hepatitis B infection and fatty liver disease. Both metabolic and alcohol related causes of fatty liver are amenable to treatment requiring long term follow-up and patient education. With improvements in antiviral therapy targeting HBV DNA replication, long-term outcomes and liver-related morbidity and mortality are drastically reduced. The key factors in improving patient outcomes are regular follow-up with blood tests and ultrasound assessment of the liver parenchyma. The indication to start antiviral therapy can be guided by patient and family history coupled with serial blood tests and liver imaging to identify high risk groups of developing fibrosis and cirrhosis. Likewise, for patients with fatty liver who have chronic hepatitis there are two arms of management targeting (1) metabolic risk factors including high blood pressure, diabetes and hyperlipidaemia and (2) liver decompensation risk factors including steatohepatitis, concomitant viral hepatitis B or C infection and excessive alcohol use. To illustrate the above principles of management, several case scenarios and real-life examples will be shared with a discussion on timely management to improve both liver and cardiovascular outcomes.

Saturday, 12 July 2025 · 18:10 – 18:55

Seminar C

Unveiling the Health Risks of E-Cigarettes

Professor William H.C. LI

RN, PhD, FAAN, SFHEA, FKAN (Education & Research)

Professor and Assistant Dean (Alumni Affairs), Faculty of Medicine
Director, Doctor of Nursing Programme
Chair, Research Committee
The Nethersole School of Nursing, Faculty of Medicine, The Chinese University of Hong Kong

Professor William Li's research focuses on health promotion for individuals with health risk behaviours. Over the past two decades, he has been pivotal in developing and evaluating smoking-cessation interventions and health policy.

Prof Li has published 200 international peer-reviewed journal articles and secured over HK$40 million in research grants. He was appointed a Senior Fellow of the Higher Education Academy (UK) in 2017, awarded a Fellowship by the American Academy of Nursing in 2019, and invited as a Specialist by the Hong Kong Council for Accreditation of Academic and Vocational Qualifications. Prof Li was listed among the top 2% of the world's scientists by Stanford University in 2021, 2022, and 2023.

Electronic cigarettes (e-cigarettes), also known as electronic nicotine delivery systems (ENDS), have emerged as a popular alternative to traditional tobacco smoking. These devices vaporize a liquid solution containing nicotine, flavourings, and other chemicals, and are often marketed as a safer option for smokers seeking to reduce or quit smoking. However, emerging evidence highlights significant health risks associated with their use. The World Health Organization has issued warnings about the potential dangers of e-cigarettes, emphasizing that they are not a safe alternative to smoking. E-cigarette aerosols contain toxic chemicals, including nicotine, which is highly addictive and harmful to health. These aerosols can cause cardiovascular diseases, lung disorders, and adverse effects on fetal development during pregnancy.

The long-term health effects of e-cigarette use remain uncertain due to their recent market introduction. Nonetheless, the appeal of flavoured e-liquids has raised concerns about the increasing use of e-cigarettes among adolescents and non-smokers, potentially leading to nicotine addiction. Moreover, e-cigarettes are often used alongside traditional tobacco products, exacerbating their harmful effects. This trend is alarming, as nicotine exposure during adolescence can have long-lasting, detrimental effects on brain development, and potentially leading to learning and anxiety disorders.

In this comprehensive update, we explore the latest evidence on the health effects of e-cigarettes, strategies to prevent their initiation and promote quitting, the prevalence and relevant regulatory policies, and government efforts in Hong Kong. Primary care doctors play a pivotal role in tobacco control, particularly in preventing the significant harms on children and adolescents caused by e-cigarette toxins.

Sunday, 13 July 2025 · 09:00 – 10:15

Seminar D

Sports Medicine: From Screening to Treatment

Dr. Bryan S.F. LAU

MSc SMHS (CUHK), DFM (HKCFP), MBChB (CUHK)

Chief Medical Executive, Hong Kong Sports Institute Clinic
Honorary Clinical Assistant Professor, The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong

Upon receiving his Bachelor's Degree in Medicine and Surgery and Master's Degree in Sports Medicine and Health Science from the Chinese University of Hong Kong, Dr. Bryan Lau started to work closely with elite athletes in the Hong Kong Sports Institute (HKSI). He is now the Chief Medical Executive in HKSI Clinic, Honorary Clinical Assistant Professor of the Jockey Club School of Public Health and Primary Care, and the Medical Advisor of the Sports Federation and Olympic Committee of Hong Kong.

Mr. Alex K.M. NG

MSc Sports Physiotherapy (PolyU), BSc Physiotherapy (University of Nottingham)

Senior Sports Physiotherapist, Hong Kong Sports Institute

Ng Kin Ming Alex is a Senior Sports Physiotherapist at the Hong Kong Sports Institute. He holds a Master of Science in Sports Physiotherapy from the Hong Kong Polytechnic University and a Bachelor of Science in Physiotherapy from the University of Nottingham. With extensive experience in sports physiotherapy, Alex is a registered physiotherapist in both the United Kingdom and Hong Kong. He has contributed to various international sporting events, including the 19th Asian Games Hangzhou, East Asian Youth Games, World Ability Games and the Paris 2024 Paralympic Games. He is committed to advancing sports physiotherapy practices.

The presentation titled "Sports Medicine: From Screening to Treatment" examines a multidisciplinary approach aimed at optimizing recreational athletic performance, preventing injuries, and managing sports-related conditions. It emphasizes the continuum of care by drawing insights from the pre-participation screening of elite athletes, highlighting the integration of clinical practice to meet the unique needs of recreational athletes, inspired from the clinical experience among elite athletes.

The discussion begins with the essential role of pre-participation screening, focusing on the identification of risk factors such as cardiovascular anomalies and biomechanical inefficiencies that may predispose athletes to injury. The presentation will also cover recent advancements in investigative tools, including resting ECGs, which facilitate early detection and risk stratification of sudden cardiac events.

Subsequently, the presentation will address injury prevention strategies, including sport-specific conditioning programs designed to enhance outcomes.

Finally, the importance of interdisciplinary collaboration among physicians, physiotherapists, and sports scientists will be underscored, emphasizing a holistic approach to addressing both the physical and psychological well-being of the general population. By integrating innovation with clinical expertise, this approach aims to ensure that athletes achieve optimal performance while maintaining long-term health.

Sunday, 13 July 2025 · 10:45 – 11:45

Seminar E

Common Dental Emergencies in Medical Office

Dr. HO Fu Tak

BDS, MDS, MRD RCSEd(Endodontics), FRD RCSEd,
MRACDS (Endodontics), FCDSHK (Endodontics), FHKAM (Dental Surgery)

Specialist in Endodontics

Dr. Ho is a Specialist in Endodontics. He obtained his dental degree from the University of Hong Kong in 1992 and completed his Master's degree in Conservative Dentistry in 1996. In 2008, Dr. Ho was awarded Membership in Restorative Dentistry (Endodontics) from the Royal College of Surgeons of Edinburgh, and in 2022, he achieved Fellowship in Dental Surgery from the same institution. Additionally, he attained Membership in the Royal Australasian College of Dental Surgeons (Endodontics) in 2010.

Dr. Ho has been a Fellow of both the Hong Kong Academy of Medicine and The College of Dental Surgeons of Hong Kong (Specialty of Endodontics) since 2011. He is currently engaged in private practice.

With a strong passion for teaching, Dr. Ho serves as a Part-time Clinical Lecturer at the Faculty of Dentistry, The University of Hong Kong, where he mentors undergraduate and Master's students, particularly in the field of endodontics. From 2011 to 2022, he also contributed to postgraduate training as a trainer in the Specialty of Family Dentistry.

Beyond his clinical and teaching roles, Dr. Ho has been actively involved with the College of Dental Surgeons of Hong Kong. He served as a Council Member from 2016 to 2024 and held the position of Vice President during the 2023–2024 term. He currently contributes as an Education Facilitator for the Dental College.

Dr. Gary C.H. SO

BDS HK, MOMS RCS Ed, FHKAM (DS), FDS RCS Ed, FCDSHK(OMS), FDS RCPS Glasg

Consultant OMS Surgeon, Dental Department, St. Teresa's Hospital
Specialist in Oral & Maxillofacial Surgery

Dr So graduated from HKU in 2007 and completed his OMS training in the Government Hospital Dental Service in 2017. He was awarded the 2014 CDSHK scholarship and attained clinical attachment in both Stanford University and Charité-Universitätsmedizin Berlin. He was the awardee of the 2023 HKAM Distinguished Young Fellows.

Dr So is currently the Censor-in-chief of the College of Dental Surgeons of HK. He has served as a councilor since 2020 and the chairman of the Scientific Meeting Committee (2022-23). He is the founding chairman of the HK Special Care Dentistry Society and is dedicated to promoting optimal oral health amongst the special-needs patients. He also serves as a lecturer at his alma mater and his main clinical interests are facial traumatology and orofacial pathology.

Dental problems can often escalate into emergencies, yet many patients are unaware of this potential risk. Frequently, they may seek assistance from a family physician for examination or prescription rather than recognizing the need for dental care. This presentation aims to equip healthcare professionals with the essential knowledge and skills to identify and manage prevalent dental emergencies encountered in a medical setting effectively.

We will discuss a variety of dental emergencies, including acute pain and swelling, pulpal inflammation from cavities, infections stemming from gum tissues, post-operative complication of dental treatment, dentoalveolar and facial trauma, avulsed teeth, highlighting their underlying causes and potential implications. The session will also cover critical assessment techniques to differentiate between various dental issues, ensuring accurate diagnosis and timely treatment.

In addition, we will explore effective management strategies, including pain relief methods, stabilization techniques, and guidance on when to refer patients to dental specialists. Participants will gain practical insights that can be readily applicable for their clinical practice. By fostering a collaborative approach between medical and dental professionals, this presentation will enhance understanding of the importance of oral health in overall patient care, ultimately contributing to improved patient outcomes and reduced complications from untreated dental emergencies.

Sunday, 13 July 2025 · 10:45 – 11:30

Seminar F

Continuous Glucose Monitoring - Read and Work Easy!

Ms. Maisy P.H. MOK

RN, BSN (Hon), MSN, FHKAN (Med-DM)
Nurse Consultant (Diabetes), Kowloon East Cluster, Hospital Authority

Maisy Mok is a Diabetes Nurse Consultant in the Kowloon East cluster and a Fellow of the Hong Kong Academy of Nursing (MED-DM). She was former president of the Association of Hong Kong Diabetes Nurses (AHKDN). She is a council member of AHKDN, a medical advisor of Youth Diabetes Action and the editor of Diabetes Hongkong newsletter.

She promotes the evidence-base practice and translates it into clinical practice, particularly led the workgroup to publish the Continuous Glucose Monitoring System: Practice Guide for Diabetes Nurse.

Her contributions have been recognized, as she achieved the outstanding Alumni for Professional Achievement from Hong Kong Polytechnic University in 2017, the Kowloon East Cluster Outstanding Staff Award and HA Merit Staff Award in 2019.

Smart Use and Interpretation of CGM for Diabetes Care

Continuous glucose monitoring (CGM) is transforming the way to manage diabetes more effectively, this technology allows for continuous recording of glucose readings and the acquisition of a daily profile without frequent finger pricking. The continual data generated can help patients and healthcare professionals to make informed and timely treatment decisions. Evidence showed that CGM technology can reduce haemoglobin A1c levels and hypoglycaemic attack, also improve quality of life for people with diabetes.

Nowadays, all CGM systems available in Hong Kong market are real-time CGM devices. Patients can view their glucose levels on a mobile application anytime and anywhere. Healthcare professionals can review the detailed report in the portal for close monitoring as well. Despite being an expensive monitoring modality, CGM is becoming increasingly popular among people with diabetes and healthcare professionals.

The ambulatory glucose profile (AGP) report is a standardized format that consolidates important metrics onto a single page. Its interpretation is recommended by international consensus and includes several metrics such as time in range, coefficient of variation and glucose patterns. These are the vailed parameters for day-to-day diabetes management. The daily profile can provide detailed information to empower patients to make lifestyle modification. A systematic approach to reviewing the whole report is an effective way to identify patient's problem for treatment modification and enhance patient empowerment.

Dr. Enoch WU

LMCHK (MBBCh Hons, University of Wales UK), MRCP, PgDipPD, FHKCP, FHKAM (Med)
Specialist in Endocrinology, Diabetes and Metabolism
Clinical Assistant Professor (Honorary), Department of Medicine & Therapeutics,
The Chinese University of Hong Kong

Dr. Enoch Wu graduated in the UK in 2003 and completed his specialist training in Endocrinology, Diabetes and Metabolism at the Prince of Wales Hospital, and subsequently pursued overseas training in Obesity Management at University of Sydney. He has been engaged in medical education and research as an Honorary Clinical Assistant Professor at the CUHK.

His areas of expertise include Diabetes and Obesity, and he has vast experience in the establishment of the Multidisciplinary Management Team for Obese Patients with Metabolic Syndrome. This initiative earned the Hospital Authority Outstanding Team Award in 2016. He has been in private practice since 2017.

Case Studies

Sharing of real-life case studies demonstrating how to use Continuous Glucose Monitoring System to facilitate the management of diabetes by Endocrinologist.

Friday, 11 July 2025 · 19:00 – 21:00

Workshop 1
Basic Dermatological Surgery Skills Including Skin Biopsy

Dr. CHENG Hok Fai

MBBS (HK), MRCP (UK), FHKCP, FHKAM (Medicine), PGDipClinDerm (Lond), PDipMDPath, DipMed (CUHK), Dip Geri Med RCPS (Glasg), PdipCommunityGeriatrics (Hong Kong), DCH (Sydney)

Dermatology Specialist in private practice

Dr Cheng graduated from The University of Hong Kong in 2002. Before committing to a career in dermatology, he spent his early years in anatomical pathology. Upon completion of his dermatology fellowship, he followed his passion and pursued further overseas training in skin cancer surgery and nail surgery. His solid laboratory experience enabled him to contribute regularly to local dermatopathology conferences. Dr Cheng currently serves as a specialty board member in dermatology and venereology at the Hong Kong College of Physicians. He is actively involved in both local and overseas clinical dermatology conferences, and is passionate in coaching and sharing of professional knowledge with his peers.

Successful treatment of dermatological conditions begins with an accurate diagnosis. However, this can be challenging even for the seasoned practitioners. One might wish to know that the majority of skin conditions are clinico-pathologic entities. In difficult cases, establishing a definitive diagnosis may become impossible if a skin biopsy is not performed.

Diagnostic skin biopsy is considered crucial when it comes to sub-specialised areas like trichology, onychology or clinical management of diagnostically challenging cutaneous neoplasms. Aside from being a useful diagnostic tool, skin biopsy can also be therapeutic.

This workshop will begin with a slide presentation, where the planning and conducting of skin biopsy procedures will be discussed alongside with some tips and practical wisdoms. It will then be followed by a hands-on session. Participants will be given lots of opportunities to try out the surgical techniques on pork belly. They will also learn how to close the defect they have created.

It is open for family physicians who wish to learn or refresh their knowledge and skills. Prior surgical experience is NOT required. It is suitable for anyone regardless of their postgraduate experience. The speaker believes that there is something for everyone.

It is hoped that family physicians could perform diagnostic and therapeutic skin biopsy procedures with proficiency and confidence in their daily practice.

Friday, 11 July 2025 · 19:00 – 20:30

Workshop 2

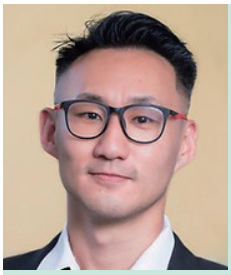
Empowering Wellness for Healthcare Providers and Patients: A Taste of Mindfulness and Self-Compassion

Ms. Amanda K.M. CHEAH

MSocSc (Clin. Psy.)

Clinical Psychologist, Oasis – Center for Personal Growth & Crisis Intervention, Corporate Clinical Psychology Services, Hospital Authority

Ms. Cheah is currently serving as a Clinical Psychologist at Oasis – Center for Personal Growth and Crisis Intervention under the Corporate Clinical Psychology Services, Hospital Authority (HA). She is involved in the delivery of psychological services and promotion of mental health for staff in HA. She has received mindfulness and self-compassion training through several programs, and regularly integrates mindfulness and self-compassion into her professional work.



Dr. Eric K.P. LEE

MBBS(HKU), FHKCFP, FRACGP, FHKAM (Family Medicine), MSc EBHC (Oxon), MSc Mental Health (CUHK), DPD (Cardiff), Dip Med (CUHK)

Clinical Associate Professor, The Chinese University of Hong Kong
Member, European Society of Hypertension Working Group on Blood Pressure Monitoring and Cardiovascular Variability

Dr. Lee graduated from the University of Hong Kong's medical school in 2007. He has practiced family medicine in Hong Kong for over 10 years and obtained his specialist qualification in 2016. Dr. Lee holds a Master's degree in Mental Health from CUHK (2014) and another Master's degree in Evidence-Based Health Care from the University of Oxford (2020). He is currently a Clinical Associate Professor at CUHK, where he conducts research on chronic diseases and the application of mindfulness.

He has received mindfulness training through several programs, including an 8-week Mindfulness-Based Stress Reduction program, a 7-day intensive retreat for mindfulness teachers at the Oxford Mindfulness Centre, and a 1-year foundational course to teach mindfulness. His recent research indicates that mindfulness practices can effectively reduce blood pressure. Additionally, Dr. Lee has taught mindfulness skills to the general public, medical students, and healthcare professionals. He is also a research member of the CUHK Thomas Jing Center for Mindfulness Research and Training.

Healthcare providers strive to promote the wellbeing of patients. In an era where it is not uncommon for healthcare workers to report symptoms of anxiety, depression or burnout, immense research has shown that providers' wellbeing is associated with patient safety, treatment experience, and ultimately, treatment outcomes. Thus, the wellbeing of healthcare providers is also extremely important.

In this workshop, participants will be introduced to two evidence-based practices, mindfulness and self-compassion, that have been found to improve wellbeing. This workshop will include a discussion on the evidence supporting the application of these practices for the general public, healthcare providers and those with mental health issues or other conditions. We will also explore how mindfulness and self-compassion can benefit the wellbeing of healthcare workers, particularly in addressing burnout, which is a serious issue that can impair service quality and lead to personal suffering. Participants will be invited to engage in mindfulness and self-compassion exercises together. Resources for further training will also be presented and discussed, along with information on pathways to become a mindfulness or self-compassion teacher. This session may also include personal sharing from the speakers, if appropriate.

Saturday, 12 July 2025 · 16:55 – 18:25

Workshop 3
Use of Mediation to Resolve Medical Dispute

Dr. James S.P. CHIU

MB BS (HK), FCSHK, FHKAM (Surgery), Specialist in General Surgery, LLB (Hons) Lond, Accredited General Mediator

Honorary Clinical Assistant Professor, Department of Family Medicine and Primary Care, The University of Hong Kong
Senior Research Fellow, Centre for Medical Ethics and Law, Medical Faculty and Law Faculty, The University of Hong Kong
Assessor for General Mediators, HK Mediation Accreditation Association Limited (HKMAAL)
Founder and Director, JC Professional Dispute Resolution Centre

Dr. Chiu pioneered healthcare mediation in 2006 and has conducted over 150 general mediation cases since. He was the first Adjunct Assistant Professor for the Mediation Course held at CUHK (2010-12) and the Mediation Course Co-ordinator and Lead Trainer of HK Academy of Medicine (2014). James has chaired and/or spoken in over 100 local and international meetings on mediation and other medico-legal topics. He has also published extensively in those areas. James has co-authored the book "Apology Ordinance (Cap. 631) Commentary and Annotations" in 2018, the book "Mediation in Hong Kong: Law & Practice" in 2014 and 2022, co-edited and co-authored the book "Healthcare Law and Ethics: Principles & Practices" in 2023, and is the Principal Author of the volume on "Professions and Trades" in the set of "Halsbury's Laws of Hong Kong" in 2023.

Professor Albert LEE

MB BS (Lond), LLB (Hons-Lond), LLMArbDR (Distinct-CityUHK), MPH(CUHK), DCH (Irel), DMed (NUI), MD (CUHK), GDLP (Aus.Coll.Law), FCIArb (UK), Accredited Mediator (CEDR-UK), FRCP (Lond & Irel), FCLM (US), FACLM (Aus), HonFFPH(UK)

Emeritus Professor of Public Health and Primary Care, The Chinese University of Hong Kong
Senior Research Fellow of Centre for Medical Ethics and Law, The University of Hong Kong
Vice President (Asia), World Association for Medical Law

Professor Albert Lee is duly qualified as a medical doctor (registered as a specialist in Family Medicine/GP in HK and Australia) and lawyer (Australia and New Zealand and registered foreign lawyer in HK). He possesses higher doctoral degree in Medicine from the National University of Ireland (DMed) and CUHK (MD), Master of Law with distinction in Arbitration and Dispute Resolution from the City University of Hong Kong, Fellow of the Chartered Institute of Arbitrators (UK), Accredited Mediator (CEDR-UK), and Fellow of Australasian and American College of Legal Medicine.

He is the Emeritus Professor of Public Health and Primary Care of CUHK, Senior Research Fellow of the Centre for Medical Ethics and Law of the University of Hong Kong, and Vice President (Asia) of the World Association for Medical Law and Editor in Chief of the official Journal. He has co-edited four books on primary health care and a book on "Healthcare Law and Ethics" published in 2023 with renowned healthcare lawyers and medico-legal experts including three King's Counsels as contributors for different chapters.

Dr. TONG Kar Wai

BA (HK), BRS (Vatican), LLB (UK), PgD (Health Serv. Mgt. – HK), PgD (Prof. Legal Skills – UK), LLMs (HK; UK), MEd (Australia), JSD (HK), PhD (UK), MCIArb (UK), FHKCCHP, Hon. Fellow (HKILT), Accredited General Mediator (HK), Barrister & solicitor (NZ; non-practicing), Legal practitioner (NSW), Registered foreign lawyer (HK)

Registered Foreign Lawyer (Private Practice), Hong Kong; Senior Manager, Precious Blood Hospital (Caritas), Hong Kong
Editor, Medicine and Law, World Association for Medical Law; Member, Diocesan Committee for Bioethics, Catholic Church, Hong Kong

Dr. TONG Kar Wai has had multi-disciplinary exposure to healthcare, law and education. He is a seasoned healthcare manager. In the legal field, he was admitted to practice law in New South Wales and New Zealand and is a registered foreign lawyer in Hong Kong. He is a member of the Chartered Institute of Arbitrators (UK) and an accredited general mediator (Hong Kong). He holds two doctorates: a degree of Doctor of Juridical Science (Hong Kong) and a PhD (UK). He has been collaborating with practitioners and scholars to publish academic works in areas of, for example, ageing care, healthcare law & ethics, and education.

Persons suffering from injuries as a result of medical mishaps are going through a period of trauma. The major options available for resolution are litigations or complaints to the Regulatory Bodies, i.e. the Medical Council in Hong Kong. The process of litigation/ disciplinary investigation and/or inquiry can be lengthy and very painful for both parties. Both options may not address all the needs. Alternative Dispute Resolution (ADR) such as mediation can be an option for a speedy way out. Both parties would agree on issues to be mediated and selection of mediator(s) with expertise for the disputed matters. Confidentiality in the process of ADR also minimises undue stress and anxiety. It would be beneficial for both patients/families and medical professionals to be able to reach settlements early through a fair, impartial and independent system in confidence and with less costs involved. It is important to identify cases with issues appropriate for mediation. Section 47 of the Singapore Medical Registration Act states the role of mediation for medical disputes. Preliminary analysis of issues for suitability for mediation needs to be in place for effective triaging.

Saturday, 12 July 2025 · 16:55 – 18:25

Workshop 4
East Meets West: Application of Acupuncture in Pain Management

Dr. Brian C.Y. CHENG

PhD, FRSPH, FIBMS

Head of Chinese Medicine Development Fund

Dr. Brian Chi-Yan Cheng currently serves as the Head of the Chinese Medicine Development Fund, where he manages the team to effectively oversee the HK$1 billion funding. Previously, he was a registered Chinese Medicine Practitioner and Clinical Director at one of Hong Kong's largest integrated healthcare groups, where he led initiatives in pain management and integrative medicine. With a Ph.D. in Chinese Medicine (h-index:22; i10-index:32), he has published over 40 SCI papers and contributed to academic research as a Visiting Lecturer at PolyU, Hong Kong Community College (HKCC). His extensive clinical experience and academic expertise underpin his role in advancing Chinese medicine development.

Acupuncture for Pain Management

This presentation delves into the latest advancements in acupuncture as a complementary therapy for pain management, addressing the global need for effective, non-pharmacological solutions. Rooted in traditional Chinese medicine, acupuncture has garnered increasing worldwide acceptance, particularly in light of the opioid crisis, as a safe and viable alternative for pain relief. Recent research underscores its efficacy in treating chronic pain conditions such as migraines, osteoarthritis, and musculoskeletal disorders, with a 2024 meta-analysis highlighting significant pain reduction. Technological innovations are revolutionizing acupuncture delivery, with laser and electroacupuncture emerging as promising modalities for conditions like temporomandibular joint disorder and neonatal abstinence syndrome. Advanced imaging techniques, including functional magnetic resonance imaging (fMRI), Positron emission tomography (PET), and Single-photon emission computed tomography (SPECT), are elucidating acupuncture's neurological and physiological effects, enabling a more personalized approach to treatment. Clinically, acupuncture is being integrated into mainstream healthcare settings, with updated guidelines in regions like the U.S. and China recommending its use for chronic pain, labour pain, and cancer-related symptoms. Future directions include combining acupuncture with biofeedback, virtual reality, and artificial intelligence to optimize outcomes and tailor treatments to individual needs.

Ms. Judy W.C. PUN

Registered Physiotherapist (H.K.)

MSc in Health Science (Gerontology) UNE, BSc in Physiotherapy (HKPU)

Advanced Practitioner Physiotherapist, Kwong Wah Hospital

Ms Judy Pun graduated as a physiotherapist in Hong Kong and obtained her Master's Degree in Health Science (Gerontology) from the University of New England. She obtained the Certificate of Acupuncture Accreditation in 2001 and has been a registered fascial manipulative therapist (Italy) since 2018. Ms Pun has extensive experience in a wide range of clinical services, including physiotherapy in inpatient, outpatient, and community settings. Her expertise spans sports rehabilitation, general musculoskeletal pain cases and chronic pain management. In recent years, her clinical interests have focused on integrating manual and acupuncture techniques and she adopts Structure Reduction Therapy (SRT) which is a comprehensive pain management approach in her daily practice in the physiotherapy department.

Acupuncture Practice in Physiotherapy in Public Hospital

Pain is one of the most common referrals to outpatient physiotherapy departments in public hospitals. Physiotherapy has developed many different kinds of approaches in tackling this issue over time. Acupuncture, rooted in traditional Chinese medicine, is increasingly validated by modern science. Mechanisms include endorphin-mediated analgesia, modulation of inflammatory cytokines (e.g., IL-6, TNF-α), and neuromodulation via the gate control theory supporting its role in chronic conditions like osteoarthritis, low back pain, and migraines.

Nearly all chronic pain referrals involve more than just physical symptoms, the multifaceted consequences, including behavioral, emotional, neurophysiological, and social factors, need individual attention. With the collaborative effort of multidisciplinary professionals in the Pain Clinic, physiotherapists use acupuncture to complement exercise and conventional therapy for this group of patients. Furthermore, a new physiotherapy technique called Structure Reduction Therapy (SRT) is highlighted in 2023 News Bulletin Physiotherapy. This technique focuses on the correction of structural dysfunction in the human body to reduce pain, restore function, and minimize physical disabilities.

The concept of needling in SRT differs from traditional acupuncture which requires a strong needling sense (de qi) for clinical result. SRT needling utilizes very fine needles to provide gentle stimulation of different tissue layers, which facilitates the restoration of tissue texture by normalizing the fascial tension systemically. This technique can address various symptoms of individuals arising from structural dysfunctions, including both clinical and subclinical conditions which are managed holistically.

In conclusion, acupuncture-enhanced physiotherapy bridges traditional and modern medicine, offering a pragmatic tool for pain management. By fostering interdisciplinary partnerships, we can optimize outcomes for patients in diverse public settings.

Saturday, 12 July 2025 · 16:55 – 18:10

Discussion Forum 1
Primary Palliative Care

Dr. Karin E. GARCIA

MD, FPAFP, FPSHPM

Associate Professor, College of Medicine, University of the Philippines Manila
Chairperson, Department of Family and Community Medicine,
University of the Philippines - Philippine General Hospital
Past Presidents of the Philippine Academy of Family Physicians and Philippine Society of Hospice and Palliative Medicine

Dr. Karin Estepa-Garcia is a leading advocate for palliative care education and policy in the Philippines. She trains future palliative specialists and healthcare professionals while working to integrate palliative care into primary healthcare and community settings. As Immediate Past President of PAFP* and PSHPM**, she has led initiatives advancing education, policy, and service integration in palliative care. She has developed national palliative care guidelines and helped to strengthened its role in Filipino healthcare. Currently, she chairs the Community and Primary Palliative Care Special Interest Group (SIG) of APHN***, advocating for Universal Health Coverage (UHC) for palliative care, access to essential medicines, and stronger healthcare systems. Through her leadership, she continues to shape palliative care education and practice in the region.

*Philippine Academy of Family Physicians
**Philippine Society of Hospice and Palliative Medicine
***Asia Pacific Hospice Network

Primary palliative care ensures early access to quality services in the community and primary healthcare settings. In the Asia Pacific and South Asia regions, this implementation remains fragmented due to policy gaps, workforce limitations, and inconsistent service models. The Philippines prioritizes education and capacitation, training healthcare providers to integrate palliative care into primary care.

This lecture explores how training, policy integration, and capacity-building enhance service delivery. By empowering primary care providers, we can promote sustainable, community-based palliative care, advancing Universal Health Coverage (UHC) and ensuring palliative care is accessible at all levels of healthcare.

Dr. Ednin HAMZAH

MD

Chief Executive Officer, Hospis Malaysia
Immediate Past Chair, Asia Pacific Hospice Palliative Care Network

Dr Ednin Hamzah is the Chief Executive Officer of Hospis Malaysia, a position held from 1997. Dr Ednin graduated in medicine from the University of Newcastle upon Tyne, United Kingdom in 1986 and has worked in General Practice in the United Kingdom prior to returning to Malaysia in 1997 and subsequently worked in palliative care.

He leads the largest community palliative care service in Malaysia and teaches palliative care in several universities at both under and postgraduate levels. In Malaysia, he is involved in aspects of cancer control, pain management as well as palliative care. He is active in international palliative care education and advocacy. He has served on the boards of the Asia Pacific Hospice Palliative Care Network, the International Association of Hospice and Palliative Care and the Worldwide Hospice Palliative Care Alliance. He functions best after a good cup of coffee.

The World Health Assembly resolution 67.19 calls for the 'Strengthening of palliative care throughout the life course'. Within this is a special emphasis on primary, community and home- based care; areas where the role of the family physician is well placed to deliver care that integrates with the health system.

In the planning of national palliative care strategies, primary palliative care is often seen as "step down care". However significant investment in high quality primary and community palliative care could have significant patient and caregiver benefits whilst reducing hospital based costs.

The development of leaders in primary and community palliative care is a key factor in driving patient centered care and should be cultivated. Leaders are instigators of change, drive innovations and could assist in community empowerment.

Saturday, 12 July 2025 · 16:55 – 18:10

Discussion Forum 1
Primary Palliative Care

Dr. YIU Yuk Kwan

FHKAM(Family Medicine), FHKCFP, FRACGP

Course co-creator, Practical Certificate Course in Primary Palliative Care (HK)
Council member, HKCFP
Chairlady, Board of Vocational Training and Standards, HKCFP
Part time Consultant, KWC Department of Family Medicine and Primary Health Care, Hospital Authority

Dr Yiu was amongst the first batch of locally trained Family Medicine doctors in Hong Kong. She has a strong passion in training and is the pioneer in developing and leading the Vocational Training Program in HKCFP from infancy to maturity with various reforms until now. As a dedicated trainer in Family Medicine, she has trained generations of trainers and inspired family doctors throughout HK.

With her initial years of FM training in private sector and subsequent training and leadership role in Hospital Authority, she has also contributed significantly in the development of the specialty of Family Medicine in HA, which is the major training provider of Family doctors in HK.

She is also committed to quality care and continuous development. She has enriched her career with different special interests in mental health and musculoskeletal medicine. In the last few years, she has been devoting her efforts and experience to building up the capacity of Family doctors in Palliative Care. She has developed a Practical Certificate Course in Primary Palliative Care, and is exploring a Primary Palliative Care service model in HK.

In Family Medicine, we frequently describe with pride that our work encompasses patients from the "cradle to the grave". Yet how much of our day to day practice involves looking after patients who are near the "grave"? With an aging population, many of our frail elderly patients may be on "thin ice"; a single acute event may tip them over the edge. As Family Doctors, how can we identify palliative care needs, enhance quality of life, and support their final months?

Modern society places great emphasis on mothers having a "good birth", but how well supported are patients at the other end of life, to have a "good death"?

In this lecture, we will share the journey to develop primary palliative care in the community in recent years in Hong Kong. Special focus will be on the HKCFP position statement and a new course in Primary Palliative Care for Family Doctors in 2024/2025.

Saturday, 12 July 2025 · 16:55 – 18:10

Discussion Forum 2
Community Pharmacy

Mr. CHENG Wai Chung

BPharm (HK), MPH (HKU), MSocsc (BH) (HKU)
CertPharmPHC

Member of Working Group on Primary Healthcare, College of Pharmacy Practice

Mr. Cheng Wai Chung is the Former Head of Pharmacy Services at The Lok Sin Tong Benevolent Society, Kowloon. He holds a Bachelor of Pharmacy, a Master of Public Health, and a Master of Social Sciences in Behavioral Health from The University of Hong Kong (HKU). He is dedicated to enhancing primary healthcare through innovative community pharmacy services. Mr. Cheng collaborates with government bodies to advocate for the role of community pharmacists and emphasizes sustainable service development. He also serves on the Primary Health Working Group within The College of Pharmacy Practice, sharing his expertise to support community pharmacy initiatives.

Mr. Philip K.L. CHIU

BPharm, MSc

Head of Professional Service, Private Practice in Community Pharmacy

Mr Philip Chiu graduated with Bachelor of Pharmacy Degree from the Chinese University of Hong Kong. He then obtained a Master Degree in Community Pharmacy from the Queen's University Belfast, UK.

Philip has been working in the community pharmacy sector for over 20 years. Over the years, he has been actively involved in the development of primary healthcare and community pharmacy in Hong Kong. He was the President of the Pharmaceutical Society of Hong Kong from 2015-2017 and he served as member of the Steering Committee on Primary Healthcare Development from 2017-2024. He is currently member of Expert Committee on Antimicrobial Resistance, member of the Nursing Council and founding fellow of the College of Pharmacy Practice.

Mr. Robin K.L. LI

BPharm, MCP, CertPharmPHC

Senior Manager, PHARM+ Pok Oi Hospital Community Pharmacy

Mr. Li Kwok Leung, Robin serves as the Senior Manager at the PHARM+ Pok Oi Hospital Community Pharmacy, which operates under the umbrella of the PHARM+ Community Medication Service Network funded by the Hong Kong Jockey Club Charities Trust. The project targets to advance community pharmacy services and practices which in return strengthens our primary healthcare system in Hong Kong.

Prior to assuming his current appointment, Robin held the position of Department Manager in Pharmacy Department of both Pok Oi Hospital and Tin Shui Wai Hospital of Hospital Authority (HA) for more than 10 years. Upon his retirement from HA, Robin dedicated himself to constructing community pharmacy services in a dimension that allows pharmacies taking a substantial role in our primary healthcare system.

Dr. FAN Ning

MBBS(HKU), FRCS(Edin), FRCSEd(Gen), FCSHK, FHKAM(Sur),
MBA (Health Care), MsSc (Criminology)

Founder, Health In Action

Dr Fan Ning envisions that doctor's role is not giving drugs, injecting or cutting. It is about prescribing love, care and hope. He founded "Health In Action" to inspire both health & social sector to develop primary care projects. He advocates on establishing the mindset to address the social determinants of health through health in all public policies. By collaborating with Caritas on the "Healthy Neighbourhood Kitchen Project", he successfully prompted the government to establish Community Living Rooms. As early as 2018, he developed primary care pharmacy model together with The Dept of Pharmacology and Pharmacy, HKU. Currently, he advocates different sectors to develop various types of social prescriptions.

This discussion forum will focus on the evolving landscape of community pharmacy in Hong Kong, particularly in light of the government's recent initiatives to enhance primary healthcare services. The forthcoming community pharmacy program aims to provide affordable medications and establish a community drug formulary, reinforcing the role of pharmacists in patient care. We will discuss the critical contributions of pharmacists in medication management, health promotion, and chronic disease support. Relevant training programs for community pharmacists will also be addressed, emphasizing the skills needed for effective primary healthcare delivery. This forum will provide an opportunity for healthcare professionals to engage in meaningful dialogue about the future of community pharmacy and its impact on patient outcomes in Hong Kong.

Saturday, 12 July 2025 · 16:55 – 18:10

Discussion Forum 3
Preventive Strategies for Elderly People and Healthy Ageing

Professor Angela Y.M. LEUNG

PhD (HKU), MHA (UNSW), BN (Deakin), FHKAN (Gerontology), FHKAN (Education and Research)

Professor and Associate Head (Research), School of Nursing and
Director, World Health Organization Collaborating Centre (WHOCC) for Community Health Services,
The Hong Kong Polytechnic University

Angela Y. M. Leung is Professor, Associate Head (Research) of School of Nursing and Director of WHO Collaborating Centre for Community Health Services in the Hong Kong Polytechnic University. She was the recipient of The Excellent Health Promotion Project Award given by the Food and Health Bureau, Hong Kong Government (2021), awardee in the Hartford Geriatric Scholars Program in Johns Hopkins University (2014) and Distinguished Gerontological Nursing Educator by National Hartford Centre for Gerontological Nursing Excellence, USA (2018). She is an active researcher in health literacy and dementia caregiving, with a wide range of publications in international journals (e.g. doi:10.2196/10662; doi:10.2196/16772). She has a strong belief that technology can help people to understand their current health status and make informed health decisions. She is also dedicated to community-based health promotion initiatives. She serves as Executive Board Member of International Union for Health Promotion and Education (IUHPE), Member of World Health Organization (WHO) Global Network on Long-term Care (GNLTC) and WHO Clinical Consortium on Healthy Ageing (CCHA). She advocates the implementation of WHO ICOPE model and dementia literacy in Western Pacific Region and conduct training in many countries like China, Singapore, Fiji, Cambodia, and the Philippines.

The Role of WHO Collaborating Center in Promoting Healthy Ageing: Strategies for Implementing ICOPE in Primary Care Settings

In response to the United Nations' call for the Decade of Healthy Ageing (2020-2030), the World Health Organization (WHO) published the Integrated Care for Older People (ICOPE) guidelines in 2017. The concept of healthy ageing has inspired a new focus in aged care: community-based, person-centred care with a strong emphasis on a primary care approach. As the name suggests, professionals are encouraged to collaborate to provide 'integrated care'; however, this approach presents numerous challenges.

To support the implementation of ICOPE in the Western Pacific Region, the WHO Collaborating Centre (WHO CC) plays a crucial role in initiating field tests, supporting pilot studies, collecting evidences at different levels, building practitioners' capacity throughout various steps of the ICOPE model, and facilitating cultural adaptation. This talk shares the experiences of the PolyU WHO CC from 2019 to 2025 in promoting ICOPE implementation across several countries in the Western Pacific Region.

Mr. Schwinger C.K. WONG

Chief Executive, Evangelical Lutheran Church Social Service - Hong Kong

Schwinger Wong is an Occupational Therapist with over 30 years of experience, currently serving as Chief Executive at the Evangelical Lutheran Church Social Service - Hong Kong. Renowned for his expertise in elderly services and community care, Schwinger has led the development and management of a wide range of innovative projects to benefit older adults and the community. His achievements include pioneering Dementia Care Mapping in Hong Kong, launching the eElderly platform, and introducing the Lifestyle Reactivation – Smart Homecare Solution. He also spearheaded the establishment of the Tuen Mun District Health Centre, advancing primary healthcare and community well-being. Schwinger is dedicated to promoting person-centred care, quality improvement, and technology integration to enhance service delivery for the elderly. His leadership has transformed frontline services, fostered digital transformation, and set new standards for community care. Schwinger's commitment to excellence continues to positively impact Hong Kong's elderly and community care sectors.

Saturday, 12 July 2025 · 16:55 – 18:10

Discussion Forum 3
Preventive Strategies for Elderly People and Healthy Ageing

Professor Doris S.F. YU
PhD, FAAN, FGSA, FHKAN
Professor, Chair in Research, School of Nursing,
Associate Director, Sau Po Centre on Aging, School of Social Work and Social Administration,
The University of Hong Kong

Professor Doris Yu is a distinguished professor in the HKU School of Nursing. Since joining HKU in 2022, she has built on her illustrious career, having achieved full-tenured professorship in 2015. Her research focuses on nursing, aged care research, concentrating on healthy longevity, dementia and heart failure care innovations, and advanced asset-based community development for caregiving. These efforts attracted substantial research funding (PI) totaling US$31.4M, including the Strategic Topic Grant, Collaborative Research Fund, and the Research Impact Fund, serving as both Principal Investigator and Co-PI. She has developed the first Healthy Aging Registry and Healthy Aging Promotion Care Pathway, aligning with the World Health Organization's strategic direction in Hong Kong. Professor Yu has an impressive research dissemination in top-tier journals within nursing, medicine, and gerontology. Since 2019, she has been recognized by Stanford University as among the top 2% most cited scientists worldwide. All these showcasing her leadership in high-impact research initiatives. In addition to her research achievements, Professor Yu serves as an Editor and sits on the editorial boards of several Q1 journals in nursing. She has been honored as a Fellow by the American Academy of Nursing (AAN) and the Gerontological Society of America (GSA). Her expertise is sought in various government grant review boards, including the Research Grant Council Biology and Medicine Panel for Joint Research Schemes, solidifying her reputation as a leading researcher.

Her dedication to teaching excellence is evident through numerous teaching awards from 2004-2014 and extensive program leadership under the UGC Undergraduate and Postgraduate Frameworks. Beyond academia, Professor Yu contributes to tertiary education, aged care services and policies, and the nursing profession, serving on numerous professional, government bodies and non-government organizations, including the AAN Expert Aging Panel. Her active public and professional engagement locally and internationally significantly advance nursing and healthcare globally.

Responses to the United Nations Decade of Healthy Aging 2021-2030: An Exemplar ICOPE-Based Care Model for healthy aging diagnostics and promotion in Hong Kong

The United Nations Decade of Healthy Aging 2021-2030 calls for proactive and collaborative strategies to enable older adults to "live well" with optimized functional capacity, accounting for intrinsic capacity (IC) and the environment. The Integrated Care of Older People (ICOPE) framework provides a comprehensive approach for guiding IC assessment and care prescription for promoting healthy aging. Hong Kong, projected to have the world's largest aging population by 2050, requires urgent, coordinated action to align with this global initiative.

In this presentation, the speaker will share the territory-wide healthy aging diagnostics in Hong Kong, based on the WHO-ICOPE framework in Hong Kong. This will be followed by an impact evaluation of the integrated healthy aging promotion model, Jockey Club Pathway to Healthy Aging (JC Path-HA), conducted among 1,680 older adults in the territory. By incorporating clinical critical care pathway, goal-oriented empowerment-based behavioral modification, asset-based capacity building, and health-oriented peer support, the JC Path-HA optimizes the functional well-being of older adults with accelerated aging sustainably.

Round Table Discussion

Tackling the World-Leading Ageing Society in 2050: Challenges and Resolutions for Community Care Services

By 2050, Hong Kong is projected to have the world's highest proportion of older adults (over 40% aged 65+), demanding urgent innovation in community care services. This roundtable discussion explores systemic challenges—including fragmented care systems, workforce shortages, and inequitable access—and proposes actionable resolutions grounded in global frameworks like the UN Decade of Healthy Aging and WHO-ICOPE. Key focus areas include integrating technology (e.g., AI-driven diagnostics, telehealth) to enhance service delivery, scaling person-centered care models that prioritize functional capacity and social participation, and fostering cross-sector collaboration among policymakers, NGOs, and private stakeholders. Speakers with solid expertise in evidence-based healthy aging promotion and strategic aged care leadership will share their vision and insights on developing scalable strategies to optimize aging trajectories in Hong Kong. The session will address reforms to policy, funding mechanisms, and community-driven solutions to build resilient, inclusive systems that empower older adults to thrive. Ultimately, the discussion aims to catalyze actionable partnerships and redefine aging as a societal asset, ensuring equitable, sustainable care for future generations.

Sunday, 13 July 2025 · 09:00 – 10:15

Discussion Forum 4

How Do We Teach GenZ Medical Students? – Local and International Advances in Medical Education

Professor Julie Y. CHEN

BSc, MD, CCFP, FPFC, SFHEA

Associate Professor of Teaching, Department of Family Medicine and Primary Care/ Bau Institute of Medical and Health Sciences Education
Director, Medical Ethics and Humanities Unit, School of Clinical Medicine
Assistant Dean (Student Wellness & Engagement), LKS Faculty of Medicine, The University of Hong Kong

Dr. Julie Chen is an academic family physician who is an Assistant Dean in the Teaching and Learning sub-deanery of the LKS Faculty of Medicine, Chief of Undergraduate Education in the Department of Family Medicine and Primary Care, and Co-convenor for Primary Healthcare Education under the Faculty's Comprehensive Primary Healthcare Collaboratory. She teaches medical students across all six years of the MBBS programme in her own discipline as well as in professionalism and medical humanities. Her research interests derive from her teaching and lie in curriculum development, professionalism, and doctor and student wellbeing. In recognition of her work in medical education, she has been awarded a Faculty Teaching Medal, two University Outstanding Teaching Awards and a Teaching Innovation Award (Team) from The University of Hong Kong.

This presentation explores best practices derived from the literature for effectively teaching GenZ medical and health professions students. As digital natives, GenZ students have unique learning preferences and behaviours that require innovative teaching strategies to engage and educate them effectively. The presentation will discuss findings on the characteristics of GenZ learners, their preferred learning methods, and strategies to enhance their learning experience in medical education. Practical recommendations and approaches combining the evidence with the HKUMed experience will be shared to help educators optimize teaching strategies for this generation of medical and health professions students. By understanding the needs of the GenZ cohort and taking deliberate steps to tailor learning approaches and opportunities for them, medical educators will be in a better position to help prepare these students for successful future healthcare careers.

Professor Victor K. NG

MSc, MD, CCFP(EM), MHPE, FCFP, ICD.D

Associate Professor and Assistant Dean, Schulich School of Medicine and Dentistry, Western University, London, Canada
Director, Programs and Practice Support, College of Family Physicians of Canada
President, WONCA North America Region
Chair, WONCA Working Party on Education

Dr. Victor Ng is a practicing family/emergency medicine doctor, current President, World Organization of Family Doctors (WONCA) North America Region and Chair of WONCA's Working Party on Education. He completed his medical degree at the University of Manitoba and family medicine residency and emergency medicine fellowship at Western University. He is an Associate Professor and Assistant Dean, Schulich School of Medicine and Dentistry at Western University, Canada. His academic interests are primarily in medical education, health systems innovation and quality improvement. He serves in a senior leadership role as the Director, Programs and Practice Support at the College of Family Physicians of Canada (CFPC). Additionally, he serves as the Board Chair of Casey House Hospital and Foundation, board member of William Osler Health System and is a member of the Education for Primary Care Journal Editorial Board. He is a sought-after international speaker and has received awards and acknowledgements including fellowship in the College of Family Physicians of Canada.

The integration of artificial intelligence (AI) into medical education offers transformative potential, particularly for Generation Z students. As digital natives, Gen Z learners thrive in environments that are interactive, personalized, and technology driven. AI tools—such as virtual patient simulations, adaptive learning platforms, and real-time analytics—enhance engagement, foster clinical reasoning, and support self-directed learning. However, the use of AI also presents critical challenges. Overreliance on algorithms can hinder the development of critical thinking and interpersonal skills essential to medical practice. Concerns about data privacy, algorithmic bias, and unequal access to technology across institutions and regions further complicate implementation. Additionally, faculty preparedness and the ethical use of AI demand careful planning. For medical schools, the integration of AI must be intentional, culturally sensitive, and equity focused. This presentation explores the opportunities and risks of AI in medical education, emphasizing strategies to harness its benefits while safeguarding the integrity of clinical training.

Sunday, 13 July 2025 · 09:00 – 10:15

Discussion Forum 4

How Do We Teach GenZ Medical Students? – Local and International Advances in Medical Education

Professor Carmen K. M. WONG

BSc(UK), MBBCh(UK), MRCGP(UK), MSc Clinical Education (UK), FHEA

Clinical Professional Consultant, JC School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong

Dr. Carmen Wong is Associate Professor of Practice in Medical Education and Family Medicine and Assistant Dean (Education-Faculty Development) at the Faculty of Medicine, CUHK. Dr. Wong received the Faculty Teaching Award, University Education Award and the prestigious University Grants Council (UGC) Teaching Award in 2020 for her work in medical education and family medicine. Her numerous teaching grants include clinical communication skills, social responsibility and interdisciplinary curriculum design and implementation. Dr. Wong leads interdisciplinary design thinking workshops and community of practice in curriculum design across Hong Kong universities. Her teaching and research interests include interprofessional education, team based learning and lifestyle medicine.

In the age of hyper distractability and multi task switching, how do we engage students to better focus and contextualise their learning whilst demonstrating communication and problem solving skills as a team? This presentation highlights the importance of family medicine skills as a foundation to medical education and how concepts and skills of everyday primary care are integrated into CUmed curriculum from Semester 1 and throughout the curriculum. These endeavours include interprofessional working, patient and family continuity, social responsibility, communication and consultation skills, team-based learning and the 'hot seat'. Pedagogical approaches in curriculum design to achieve the learning outcomes and the hidden curriculum include educational theories such as Bloom's taxonomy, Kolb's cycle of experiential learning, constructivist learning theory and social interdependence theory with teaching approaches being learner centred, encouraging active learning and enhancing feedback and reflection.

Sunday, 13 July 2025 · 10:45 – 11:45

Discussion Forum 5
Outlook of Primary Healthcare Development in Hong Kong

Dr. PANG Fei Chau

MBChB, FHKAM(Medicine), FHKCCM, FRACMA, MBA

Commissioner for Primary Healthcare, Primary Healthcare Commission, Health Bureau, Government of the HKSAR
President, the Hong Kong College of Community Medicine

Dr PANG Fei Chau is the current Commissioner for Primary Healthcare, the Government of the Hong Kong Special Administrative Region Health Bureau. He is the president of the Hong Kong College of Community Medicine. Dr Pang is an experienced health service executive and have been the Head of Human Resources of the Hospital Authority to provide strategic advice and leadership to the HR function of over 40 public hospitals. He was appointed as the member of the Elderly Commission of the Government of the Hong Kong Special Administrative Region between 2015-2019. He was the elected Council member of The University of Hong Kong in 2021/22.

Dr. CHEUNG Wai Lun, JP

Director of Strategic Purchasing Office & Projector Director of Chinese Medicine Hospital Project Office, Health Bureau, Government of the HKSAR

Dr CHEUNG Wai-lun is the Director of Strategic Purchasing Office & Project Director of the Chinese Medicine Hospital Project Office under Health Bureau of the HKSAR Government. He is leading the development of strategic purchasing in procuring healthcare services from the private sector for driving better health of the community and enhancing sustainability of the healthcare system. He is also responsible for the planning, development, designing, building and commissioning of the first Chinese Medicine Hospital in Hong Kong.

Dr. Cheung has excellent expertise in healthcare system & hospital management and broad exposure through his wide job portfolio from frontline clinician, hospital & cluster chief executive to the then Director in Cluster Services. He had also been appointment as a member of various government advisory committees, and has extensive experience with outside commercial & non-government organizations, professional bodies, academic institutions, district councils, Legco & media.

Dr. Christina K.C. MAW

Assistant Director of Strategic Purchasing Office, Health Bureau, Government of the HKSAR
Chief Manager on Transformation Services of Hospital Authority
Specialist in Public Health Medicine

Dr Christina MAW is currently the Assistant Director of Strategic Purchasing Office (SPO) of Health Bureau and Chief Manager on Transformation Services of Hospital Authority (HA). She is responsible for programme development, data management and programme administration of strategic purchasing programmes of SPO, as well as overseeing the planning, implementation and review of public-private-partnership programmes of HA.

Dr MAW is a Specialist in Public Health Medicine. Prior to her current roles, Dr MAW was the Hospital Chief Executive of Grantham Hospital & Tung Wah Hospital. She previously worked as the Chief Manager in HA responsible for the planning and implementation of primary care, elderly services, rehabilitation services and palliative care. Before taking up the management roles in HA, she has worked in the Department of Health in disease prevention and control.

With the implementation of the Primary Healthcare Blueprint, the Government has gained positive feedback on establishing a platform for family doctors and the general public to manage common chronic conditions through the chronic disease co-care program. District Health Centres have gradually outlined a community network that involves multidisciplinary professionals including community pharmacies, nurse clinics and allied health services. The work is to drive life course preventive care and aims to shift the emphasis of the present healthcare system, changing people's mindset from treatment-oriented to prevention-oriented.

With the establishment of the Primary Healthcare Commission and the Strategic Purchasing Office, there will be more coordinated care for the public through the e-Health platform for primary care services of the Hospital Authority and the migration of services from the Department of Health so as to increase access and effectiveness. We will have more enhancement and service expansion to support family doctors who will be the core of this development. With more plans to enhance training for primary care providers, we can engage the community to work hand in hand with the Government in building a primary care system under our health family.

The one-hour panel session will outline the coming and continuous development of primary healthcare in Hong Kong.

Saturday, 12 July 2025 · 19:00 – 20:30

Sponsored Dinner Symposium

Unravelling Strategies in Cardiovascular-Kidney-Metabolic (CKM) Management – Improving Patient Outcomes

Professor Alice P.S. KONG

MBChB, MD, MRCP, FHKAM(Medicine), FRCP(Glasg, Edin, London)

Professor, Division of Endocrinology, Department of Medicine and Therapeutics, The Chinese University of Hong Kong, Hong Kong

Dr. Kong is Professor in the Department of Medicine and Therapeutics at The Chinese University of Hong Kong, and Honorary Consultant at the Prince of Wales Hospital, Hong Kong. Dr. Kong graduated from The Chinese University of Hong Kong and completed her training in General Medicine and Endocrinology at the Queen Elizabeth Hospital, Hong Kong. She had her overseas training as postdoctoral fellow under the mentorship of Dr. Robert Henry at the Division of Endocrinology, Department of Medicine at University of California, San Diego, United States between 1998 and 1999. She became a Fellow of the Hong Kong Academy of Medicine in 2000, with accreditation in Advanced Internal Medicine, Endocrinology, Diabetes and Metabolism. She is also a Fellow of the Royal College of Physicians, Glasgow, Edinburgh and London. She is the chairperson of Specialty Board in Advanced Internal Medicine, Hong Kong College of Physicians between 2017 and 2021.

Dr. Kong's research interests are obesity and diabetes with focuses on epidemiological studies and clinical trials related to lifestyle factors, technology and complications in adults and adolescents. Dr. Kong is the member of the Nominating Committee for President, World Obesity Federation. She is a member of the steering committees of multinational studies and advisory boards of Hong Kong Government and international agencies including the Global Advisory Group of World Obesity Day. She is the Editor in Chief of Primary Care Diabetes, Managing Editor of Obesity Reviews, Editorial Board Member of Diabetes Care, Section Editor of Current Diabetes Reports, and International Associate Editor of Diabetes Technology and Therapeutics. Dr. Kong is dedicated to teaching and won the Faculty Education Award in 2022. She has presented at numerous local, regional and international meetings and has published over 360 articles in international peer-reviewed journals.

The management of people with diabetes and comorbid chronic kidney disease (CKD) presents significant challenges that necessitate personalized strategies and innovative approaches. This lecture will provide an in-depth overview of Cardiovascular-Kidney-Metabolic (CKM) syndrome, with references to Hong Kong's first CKD Consensus and the recently released position statement from the Hong Kong College of Physicians for the incorporation of CKM into the local healthcare system. This lecture will also highlight the role of sodium-glucose cotransporter 2 inhibitors (SGLT2i) as an important pharmacological agent in the current guidelines for the management of people with diabetes, CKD, and heart failure. Moreover, this session aims to stimulate discussion and encourage a patient-centered care approach to the management of people with CKM syndrome.

Saturday, 12 July 2025 · 19:00 – 20:30

Sponsored Dinner Symposium

Could You Spot This? Identifying and Intervening in Cardio-Renal Risks in T2D Patients that Change Outcomes

Dr. Peter C.Y. TONG

PhD, MB BS, FRCP (London, Edinburgh), MRCP, FHKCP, FHKAM

Clinical Associate Professor (Honorary), Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong
Specialist in Endocrinology, Diabetes & Metabolism

Peter Tong is a Specialist in Endocrinology, Diabetes & Metabolism.

Dr Tong is a Clinical Associate Professor (Honorary) in the Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong, and is a Past President of the Hong Kong Society of Endocrinology, Metabolism and Reproduction. He was a Professor in the Department of Medicine & Therapeutics, The Chinese University of Hong Kong.

Dr Tong obtained a First-Class Honours degree in Pharmacy from The University of Bradford, UK. He received his MBBS (Bachelor of Medicine) and PhD degrees from The University of Newcastle upon Tyne, UK. He has been a UK Medical Research Council Clinical Research Training Fellow, and received a Peel Travelling Fellowship for his postdoctoral fellowship at the Hospital for Sick Children in Toronto, Canada. Dr Tong's research areas include disease management models of diabetes, diabetic kidney disease, obesity, the cellular mechanism of insulin resistance, and the use of traditional Chinese medicine in the treatment of diabetes. His work has been published in many international peer-reviewed scientific journals.

Cardiovascular and renal complications remain the leading causes of morbidity and mortality in diabetes, yet their early signals are frequently underrecognized in busy primary care settings. Primary-care practitioners play a critical role to identify cardio-renal risk and initiate early treatment to optimize cardiorenal protection including cardio-renal protective medications like SGLT2 inhibitors. SGLT2i such as empagliflozin shows promising outcomes, including reduced cardiovascular mortality, hospitalization for heart failure, and adverse kidney events across diverse patient populations. Even with robust increases in utilization, these medications are not fully utilized. In this presentation, we will focus on the easy identification and treatment for patients with cardio-renal complications.

Early Identification and Innovative Treatment Strategies for COPD Patients

Professor Herbert W.C. KWOK

MBBS (University of Hong Kong), FRCP (Glasg), FHKCP, FHKAM(Med)

Clinical Assistant Professor, Department of Medicine, School of Clinical Medicine, The University of Hong Kong
Specialist in Respiratory Medicine

Prof. Herbert Kwok earned his MBBS from the University of Hong Kong and completed specialty training in Respiratory and Internal Medicine at Queen Mary Hospital. He is a Clinical Assistant Professor at HKU's Department of Medicine. His research focuses on airway diseases (asthma, bronchiectasis, COPD) and lung cancer. He has received numerous competitive research grants and prestigious awards, including the APSR Young Investigator Award and multiple presentation and travel awards. Prof. Kwok was also awarded the Li Shu Fan Fellowship for his work on airway disease phenotyping and therapeutics.

Chronic obstructive pulmonary disease (COPD) is a major global health concern, with 70–80% of patients remaining undiagnosed. These undiagnosed individuals face an increase risk of exacerbations, pneumonia, and comorbidities, leading to worse clinical outcomes, higher hospitalization rates, and elevated mortality. The resulting burden significantly affects both the patient's quality of life and their healthcare systems. Early detection, especially for mild to moderate cases, is therefore essential to enable timely interventions that can slow disease progression and improve symptom control.

Recent strategies emphasize integrating early identification with personalized treatment approaches. Moving beyond the traditional "one-size-fits-all" model, clinical evidence now supports tailoring pharmacological therapies—such as selecting optimal bronchodilators—to specific patient phenotypes. This shift recognizes the heterogeneity of COPD and the importance of considering individual risk profiles, comorbidities, and exacerbation history when initiating treatment.

This lecture will explore innovative strategies for early COPD identification and how emerging tools and technologies can transform current challenges into opportunities. Drawing on international guidelines and recent clinical trial data, the discussion will highlight how personalized pharmacological and non-pharmacological interventions can be effectively implemented to maximize clinical outcomes. By focusing on individualized care, healthcare professionals can better manage COPD, reduce disease burden, and ultimately improve patients' lives.

Sunday, 13 July 2025 · 13:15 – 14:45

Sponsored Lunch Symposium

Navigating the Complexities of Asthma Diagnosis: Spotlight on Cough Variant Asthma (CVA) with a Brief Overview of COPD

Dr. Angus H.Y. LO

MBBS (HK), MRCP (UK), FHKCP, FHKAM (Med.), FRCP (Edin)

Specialist in Respiratory and Critical Care Medicine

Dr Angus Lo is a specialist in Respiratory and Critical Care Medicine. He graduated from the University of Hong Kong in 1997. After obtaining his fellowship in Respiratory Medicine in 2005, he went on to receive further training in Critical Care Medicine in Royal North Shore Hospital in Sydney and completed his training in Critical Care Medicine in Pamela Youde Nethersiole Eastern Hospital (PYNEH) in 2008.

Dr Lo is experienced in dealing with various respiratory diseases ranging from post-viral cough, airway diseases including asthma and COPD, lung fibrosis, pneumonia, sleep disorders to lung cancer. While serving in PYNEH, he has led his team to support assisted ventilation at home for patients with neuromuscular disease and chronic lung diseases. He was also involved in the development of various advanced diagnostic endoscopies and interventional pulmonology in PYNEH.

Apart from clinical care, Dr Lo has been active in teaching and in serving the community. He has been an Honorary Clinical Assistant Professor of the University of Hong Kong since 2012 and a part-time lecturer of Chinese University of Hong Kong since 2014. He has also directed teaching for health care workers on Crew Resource Management in the Hong Kong East Cluster in 2015. He is currently the Honorary Consultant in Hong Kong East Cluster Training Center for Healthcare management and Clinical Technology and also serves as an Advisor for the Hong Kong Asthma Society for the public.

Asthma diagnosis presents a myriad of challenges due to its complex and variable nature. Traditional diagnostic methods, while effective in many cases, often overlook atypical presentations such as Cough Variant Asthma (CVA). CVA is a unique asthma phenotype characterized solely by a chronic, non-productive cough without the classic symptoms like wheezing and breathlessness. This variant can lead to underdiagnosis or misdiagnosis, as the cough in CVA may mimic other conditions such as chronic bronchitis or gastroesophageal reflux disease (GERD). Recognizing these diagnostic pitfalls is crucial for healthcare providers to ensure timely and accurate identification of CVA.

The diagnostic process for CVA requires a comprehensive clinical evaluation, including spirometry, methacholine challenge tests, and careful exclusion of other potential causes for chronic cough. Additionally, monitoring the patient's response to asthma medications can serve as a valuable diagnostic tool. However, this can be complicated by the overlap of symptoms with other respiratory and non-respiratory disorders.

In addition to asthma, a broader respiratory health context is provided with a brief overview of Chronic Obstructive Pulmonary Disease (COPD). Understanding the distinct yet occasionally overlapping characteristics of COPD is essential, as it impacts patient management strategies significantly. Advances in biomarker research and imaging techniques hold promise for enhancing diagnostic accuracy across these conditions. In conclusion, appreciating the diagnostic challenges in asthma, CVA, and the broader landscape of COPD is imperative to improve patient outcomes and optimize treatment strategies.

Sunday, 13 July 2025 · 13:15 – 14:45

Sponsored Lunch Symposium
How CGM Supports Easier & Insightful Consultation

Dr. TSANG Man Wo

MBBS (HK), MRCP (UK), FHKCP, FHKAM (Medicine), FRCP (Edin), FRCP (Glasg), FRCP (London)

Specialist in Endocrinology, Diabetes & Metabolism

Dr. Tsang Man Wo is a distinguished Specialist in Endocrinology, Metabolism & Diabetes, currently serving as the Medical Director (clinic & staff development) at United Medical Practice and a part-time Medical Consultant at United Christian Hospital in Hong Kong. With extensive experience and expertise in his field, Dr. Tsang is also a respected reviewer for the Journal of the ASEAN Federation of Endocrine Societies (JAFES). Throughout his career, Dr. Tsang has been an active member of various professional organizations, including the Hong Kong Medical Association, the Society of Endocrinology, Metabolism, and Reproduction, and the American Diabetes Association. He is also a founding member of The University of Hong Kong Foundation for Education and Research and a Fellow of the Endocrine Society in the United States.

As the frontline of diabetes care, primary care practitioners play a pivotal role in the early identification and management of type 2 diabetes. Continuous Glucose Monitoring (CGM) offers a powerful tool to support this responsibility by transforming complex glucose data into clear, actionable insights.

This session highlights how CGM, particularly through metrics like Time in Range (TIR) and the Ambulatory Glucose Profile (AGP), enables timely, personalized interventions that go beyond traditional HbA1c monitoring. By visualizing daily glucose patterns, CGM empowers both clinicians and patients to make informed decisions that can lead to improved glycemic control and long-term outcomes. Clinical case reports using diabetic technology demonstrate how early adoption of CGM in primary care settings can facilitate proactive treatment adjustments, enhance patient engagement, and align with ADA recommendations for early glycemic target achievement. For primary care providers, CGM is not just a monitoring tool—it is a catalyst for smarter, safer, and more effective diabetes care from the very start.

Sunday, 13 July 2025 · 10:15 – 10:45

Sponsored Coffee Break Symposium
Breaking Barriers: Expanding HIV Testing to Primary Care Settings

Dr. Heather K.W. TO

MBBS (HK), FHKCP (Infectious Disease), FHKAM (Medicine), PGDip ClinDerm (QMUL)

Council Member
Hong Kong Society for HIV Medicine

Following her graduation from the University of Hong Kong, Dr. To began her training in Internal Medicine with a focus on Infectious Diseases and HIV Medicine. She is currently providing clinical care to people living with HIV, as well as offering HIV preventive interventions to individuals at high risks for HIV acquisition. Besides being a council member for the Hong Kong Society for HIV Medicine, she is also serving as the Honorary Secretary of the Hong Kong Society for Infectious Diseases.

With the advancement of antiretroviral therapy (ART), Human Immunodeficiency Virus (HIV) infection has evolved from a fatal condition to a manageable chronic health condition. Early diagnosis, timely linkage to care and treatment initiation, support for long-term adherence and subsequent achievement of viral suppression constitute the essential components along the HIV care continuum that are critical not only in maintaining the health of people living with HIV (PLHIV), but also in preventing transmission as a result of "Treatment as Prevention" (TasP).

With an ultimate goal of ending the HIV epidemic, the Joint United Nations Programme on HIV/AIDS (UNAIDS) 2025 targets call for 95% of all PLHIV knowing their HIV status, 95% who know their HIV-positive status taking antiretroviral treatment, and 95% of those receiving treatment having suppressed viral load. Facilitating the first 95, via a multi-pronged approach to address the barriers to testing is, therefore, foundational to allow for linking individuals with HIV to appropriate care settings, and subsequent achievement of the second and third 95. Integration of HIV testing into primary care could reduce stigma, normalise HIV testing and increase testing coverage.

This presentation shall discuss on local HIV epidemiology and various barriers to testing. Practical issues including indications for testing; consent and pre-test information delivery; testing modalities and post-test counselling shall be discussed in this session.

Friday, 11 July 2025 · 19:30 – 20:30

Sponsored Online Seminar 1

What Can We Do for Benign Prostatic Hyperplasia as a Primary Care Physician?

Dr. Julius H.F. WONG

MBChB (CUHK), MRCS, FRCS(Urol), FRCSEd(Urol), FHKAM(Surgery)

Associate Consultant, New Territories East Cluster, Hospital Authority

Dr. Wong Ho Fai, Julius graduated from the Chinese University of Hong Kong in 2012. He joined the Department of Surgery, Prince of Wales Hospital after his graduation and obtained his urology fellowship in 2021. Dr. Wong is currently the Associate Consultant of the NTE Cluster and honorary clinical assistant professor at The Chinese University of Hong Kong. He is actively engaged in medical education, as a tutor and speaker at various workshops, training programs and symposia in local and regional conferences covering both benign and malignant prostate diseases and male infertility.

Benign Prostatic Hyperplasia (BPH) is one of the commonest urological conditions in the primary care setting. With our aging population, it is poses a significant burden to our medical system. While some patients may develop complications requiring surgical intervention, the majority of them can be safely managed in the primary care setting.

History taking and physical examination are essential in making the diagnosis and evaluation. Various investigations including urine and blood tests may be used to rule out other important differential diagnoses and look for complications such as infection and bladder calculi that may require specialist care. Self-administered symptom questionnaires can be used to stratify patients by the severity of the symptoms and does help to select patients who may require more intense treatment.

Management of BPH has been evolving in the past few years with emerging treatment options. Treatment options for BPH include non-pharmacological treatments; lifestyle modification, medical treatments with mono-therapy or combination therapy. For patients who have failed medical treatment or developed complications, surgical treatment can be considered. Options that can be performed under local, spinal or general anesthesia are available to treat the enlarged prostate gland as well as its associated complications.

BPH management is now more diversified and individualized. The majority of patients with stable and uncomplicated diseases can be effectively managed in the primary care setting. Selected cases who have failed medical treatment or developed complications should and shall receive specialized urological care. Together, we can tackle this important men's health problem and improve men's quality of life.

Friday, 11 July 2025 · 19:30 – 20:30

Sponsored Online Seminar 2

New Horizons in Obesity Care – The Role of GIP/GLP-1 Receptor Agonist in Weight Management

Dr. Ivan M.H. WONG

MBBS(HK), MRCP(UK), FHKCP, FHKAM(Medicine), FACC

Director, Structural Heart Interventions, Hong Kong Asia Heart Centre
Honorary Clinical Assistant Professor, The Chinese University of Hong Kong
Council Member, Hong Kong Society of Congenital and Structural Heart Disease

Dr WONG Man Ho, Ivan graduated from the University of Hong Kong and received his training in cardiology in Queen Elizabeth Hospital. He further underwent advanced training in structural heart interventions and interventional echocardiography in the Heart Centre, Rigshospitalet, Copenhagen, Denmark and Fudan University Zhongshan Hospital, Shanghai, China.

He has a special interest in complex coronary and structural heart interventions. His research interest includes transcatheter aortic valve implantation (TAVI), left atrial appendage occlusion (LAAO) and intracardiac echocardiography (ICE) guided procedures. He established ICE-guided services in regional areas including Macau and Taiwan. He is the inventor of the LACRCO algorithm, SENTIPACE strategy and SISARI technique in the field of interventional cardiology. He authored and co-authored book chapters and publications in peer-reviewed journals including JACC cardiovascular interventions and EuroIntervention. He is the co-author of the European consensus statement in the management of coronary artery disease in patients undergoing transcatheter aortic valve implantation and the Chinese expert consensus statement on left atrial appendage closure in patients with atrial fibrillation.

The management of obesity has entered a new era with the introduction of dual agonists targeting the glucose-dependent insulinotropic polypeptide (GIP) and glucagon-like peptide-1 (GLP-1) receptors. These novel therapeutic agents offer a promising approach to weight management by leveraging the synergistic effects of GIP and GLP-1 receptor agonism. This lecture explores the potential of GIP/GLP-1 receptor agonists in addressing the complex pathophysiology of obesity. Clinical trials have demonstrated the efficacy of these dual agonists in promoting significant weight loss and improving metabolic health. By enhancing insulin secretion, suppressing glucagon release, and reducing appetite, GIP/GLP-1 receptor agonists provide a comprehensive strategy for obesity care. This review will discuss the mechanisms of action, clinical outcomes, and potential benefits of incorporating GIP/GLP-1 receptor agonists into obesity treatment regimens, highlighting their role in transforming the landscape of obesity management.

Friday, 11 July 2025 · 19:30 – 20:30

Sponsored Online Seminar 3

Navigating the Continuum from Hypertension to Heart Failure: From Data to Clinical Practice

Dr. CHAN Lip Kiong

MBBS (HKU), MRCP (UK), FHKCP, FHKAM, FRCP(Edin)

Clinical Assistant Professor (Honorary), Department of Medicine and Therapeutics,
The Chinese University of Hong Kong
Specialist in Cardiology

Dr. CHAN Lip Kiong obtained his medical degree at the University of Hong Kong. His residency was at Alice Ho Miu Ling Nethersole Hospital and he completed his cardiology fellowship training at Alice Ho Miu Ling Nethersole Hospital and Prince of Wales Hospital. He went to Imperial College, London for advanced echocardiography training in 2006. Dr. Chan has 20 years of experience in cardiology, with a special interest in heart failure and echocardiogram. He is currently a private cardiologist and honorary secretary of Hong Kong Heart Failure Society.

Hypertension affects approximately 29.5% of the adult population in Hong Kong, making it one of the most common chronic health conditions. Despite a broad range of treatment options, many patients remain inadequately controlled. This increases the risk of cardiovascular complications and the progression to heart failure.

This lecture will explore the clinical continuum from hypertension to heart failure, focusing on the mechanisms that drive disease progression and the importance of early and sustained intervention. While established therapies remain the foundation of treatment, persistent gaps in control highlight the need for more effective and individualized strategies.

Recent updates in international and regional guidelines have expanded the range of available antihypertensive options. Some newer agents may offer added benefits for specific patient groups. The session will review key clinical data supporting these developments and consider how they can be applied in routine practice.

The talk will conclude with case sharing to highlight practical aspects of hypertension management. These cases will show how guideline-based approaches can improve blood pressure control and potentially slow the transition to more advanced cardiovascular disease.

Full Research Paper Competition

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
01	Timely Intensification of Dipeptidyl Peptidase-4 Inhibitor Reduced Cardiovascular-kidney Events and All-cause Mortality Mediated by Reduced Glycemic Variability: A Propensity-matched Cohort of Patients with Type 2 Diabetes	**Johnny T.K. CHEUNG**, Aimin YANG, Elaine CHOW, Juliana C.N. CHAN
02	Ten-Year Cost-effectiveness of the Risk Assessment and Management Programme for Hypertension (RAMP-HT)	**Zoey C.T. WONG**, Ivy L. MAK, Esther Y.T. YU, Emily T.Y. TSE, Julie Y. CHEN, W.Y. CHIN, David V.K. CHAO, Wendy W.S. TSUI, Tony K.H. HA, Eric Y.F. WAN, Cindy L.K. LAM
03	Factors Associated with Adoption of Electronic Health Record Sharing System (eHRSS) among Private Physicians	**Junjie HUANG**, W.S. PANG, F.Y. MAK, Y.Y. WONG, S.C. CHAN, Yingxin GUAN, Jonathan POON, Ellen TONG, Clement S.K. CHEUNG, W.N. WONG, N.T. CHEUNG, C.P. HO, Martin C.S. WONG
04	Revisiting the Starting Age of Colorectal Cancer Screening for Average-Risk Asian Population: A Cost-effectiveness Analysis	**Junjie HUANG**, Victor C.W. CHAN, Mingtao CHEN, Jamie J.M. LIEW, Xianjing LIU, Chaoying ZHONG, Jianli LIN, Junjie HANG, Claire Chenwen ZHONG, Jinqiu YUAN, Wanghong XU, Mellissa WITHERS, Andrew T. CHAN, Martin C.S. WONG
05	Adapting Evidence-informed Peri-discharge Complex Interventions in Reducing 30-day Hospital Readmissions for Heart Failure and COPD	**Claire C.W. ZHONG**, Charlene H.L. WONG, Chi-tim HUNG, Eng-kiong YEOH, Eliza L.Y. WONG, Vincent C.H. CHUNG
06	Relationship between Patient-perceived Quality of Primary Care and Self-Reported Hospital Utilization in China: A Cross-sectional Study	**Chenwen ZHONG**, Junjie HUANG, Lina LI, Zhuojun LUO, Cuiying LIANG, Mengping ZHOU, Nan HU, Li KUANG
07	Contextualizing Evidence-based Nurse-led Interventions for Reducing 30-day Hospital Readmissions using GRADE Evidence to Decision Framework: A Delphi Study	**Claire C.W. ZHONG**, Charlene H.L. WONG, Chi-tim HUNG, Eng-kiong YEOH, Eliza L.Y. WONG, Vincent C.H. CHUNG
08	Association Between the Use of Dipeptidyl Peptidase 4 Inhibitors and Risk of Dementia in Type 2 Diabetes Mellitus Patients in Primary Care: A Nested Case-Control Study from the UK Biobank Cohort	**Joyce T.S. LI**, Francisco T.T. LAI, Eric K.P. LEE, Benjamin H.K. YIP

Full Research Paper Competition

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
09	Health-related Quality of Life in Hong Kong Physicians up to 20 Years Post-graduation: A Cross-sectional Survey	**Amy P.P. NG**, W.Y. CHIN, Eric Y.F. WAN, Julie CHEN, C.S. LAU
10	Preliminary Findings of the Chronic Disease Co-Care Pilot Scheme and the Potential Implications on Diabetes- and Hypertension-related Complications and Medical Costs	**Ivy L. MAK**, Zoey C.T. WONG, Kiki S.N. LIU, Vivian Y.H. XU, Esther Y.T. YU, Tony K.H. HA, William C.W. WONG, Emily T.Y. TSE, Linda CHAN, Amy P.P. NG, Edmond P.H. CHOI, Martin ROLAND, David BISHAI, Michael KIDD, Cindy L.K. LAM, Eric Y.F. WAN
11	Standard Blood Pressure vs Lower Blood Pressure Target in Old and Very Old Hypertensives: Real-world Evidence from a Target Trial Emulation Study	**Ran ZHANG**, Ivan C.H. LAM, Xinyi LIU, F. SUN, Siyan ZHAN, K.H. YIU, Celine S.L. CHUI, Esther W.Y. CHAN, Ian C.K. WONG, Cindy L.K. LAM, Eric Y.F. WAN
12	Evaluating the Clinical and Humanistic Impact of the Self-Care and Minor Ailment Service (MAS)	**C.L. CHEUNG**, Edmund H.H. YIU, Vanessa W.S. NG, Frank N.K. CHAN, Janet H.T. SUN, Natalie H.C. HUNG, Ryan H.M. MAK, Marco T. LEE, Tommy K.H. LEE, Gladys Daphne CHEUNG, Kitty K.K LAW, Franco W.T. CHENG, Anchor T.F. HUNG, Timothy F. CHEN, Esther W.Y. CHAN, Ian C.K. WONG, Eric Y.F. WAN

New Investigator Research Paper

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
13	Alterations of Oral Microbiota in Young Children with Autism: Unraveling Potential Biomarkers for Early Detection	**Jacqueline W.Y. TANG**, Charles C.F. HAU, W.M. TONG, Rory Munro WATT, Cynthia K.Y. YIU, Kathy K.M. SHUM
14	Identify Latent Comorbidity and Drug Exposure Patterns of Early Recurrence and Mortality Risks Amongst Patients with Primary Hepatocellular Carcinoma: A Chinese Population-Based Network Analysis Study	**Bingqing YANG**, Jiang LIU, Oscar Hou-In CHOU, Qingze GU, Bernard M.Y. CHEUNG, Gary TSE, Tingting ZHU, William C.W. WONG, Nancy K. MAN, David K.K. WONG, Jiandong ZHOU
15	Evaluating Cost-effectiveness of 9-valent HPV Vaccination for Men Who Have Sex with Men by HIV Status in Hong Kong	**Dijing YOU**, Jianchao QUAN, David BISHAI, Wendy W.T. LAM, Karen Ann GRÉPIN, Linda CHAN, Diana D. WU, David K.K. WONG, William C.W. WONG, Jiandong ZHOU

Full Research Paper Competition - Full Research Paper

FULL 01

Timely Intensification of Dipeptidyl Peptidase-4 Inhibitor Reduced Cardiovascular-kidney Events and All-cause Mortality Mediated by Reduced Glycemic Variability: A Propensity-matched Cohort of Patients with Type 2 Diabetes

Johnny T.K. CHEUNG[1], Aimin YANG[2,3], Elaine CHOW[2,3,4], Juliana C.N. CHAN[2,3]

1. *Department of Family Medicine, Prince of Wales Hospital, New Territories East Cluster, Hospital Authority, Hong Kong Special Administrative Region, China*
2. *Department of Medicine and Therapeutics, The Chinese University of Hong Kong, Prince of Wales Hospital, Hong Kong Special Administrative Region, China*
3. *Li Ka Shing Institute of Health Sciences, The Chinese University of Hong Kong, Prince of Wales Hospital, Hong Kong Special Administrative Region, China*
4. *Phase 1 Clinical Trial Centre, The Chinese University of Hong Kong, Prince of Wales Hospital, Hong Kong Special Administrative Region, China*

Objective:
Therapeutic inertia can lead to delayed treatment intensification and reversible adverse events in patients with type 2 diabetes (T2D). This study examines whether timely DPP4i intensification could lead to better clinical outcomes.

Methods:
This is a territory-wide retrospective cohort study of T2D patients in primary care who enrolled in the Risk Assessment and Management Programme. We curated a propensity-score matched cohort of patients initiated DPP4i at HbA1c<7.5% (timely intensification group) versus ≥7.5% (delayed intensification group) in 2007-2019. We expressed HbA1c-variability score (HVS) as proportion of visit-to-visit HbA1c varied by ≥0.5% compared with preceding values. We used Cox regression to compare risks of insulin initiation, hypoglycemia, cardiovascular-kidney outcomes and mortality, adjusted for time-varying variables. Mediation and interactive effect of HVS were explored.

Results:
Among 6,874 patients with a median follow-up of 4.6 years, the timely intensification group had lower risks for insulin initiation [Hazard Ratio (HR) 0.66, 95%CI 0.61-0.72], severe hypoglycemia [HR 0.83, 0.76-0.91], major adverse cardiovascular events [HR 0.81, 0.73-0.90], heart failure [HR 0.77, 0.66-0.81], end-stage kidney disease [HR 0.86, 0.79-0.93], and mortality [HR 0.71, 0.60-0.85]. A lower HVS mediated for 31.1-81.2% of the risk reduction from timely DPP4i intensification. The timely intensification plus low-HVS (HVS<50%) group had the lowest risks of developing aforementioned events, compared to delayed intensification plus high-HVS group (interaction p<0.05).

Conclusion:
Intensifying glycemic control at HbA1c <7.5% using DPP4i may reduce adverse events, partly due to decreased long-term glycemic variability. Family physicians play a crucial role in timely treatment intensification.

Keywords: Diabetes, Therapeutic inertia, Glycemic variability

Full Research Paper Competition - Full Research Paper

FULL 02

Ten-Year Cost-effectiveness of the Risk Assessment and Management Programme for Hypertension (RAMP-HT)

Zoey C.T. WONG[1], Ivy L. MAK[1], Esther Y.T. YU[2], Emily T.Y. TSE[1,3], Julie Y. CHEN[1], W.Y. CHIN[1], David V.K. CHAO[4], Wendy W.S. TSUI[5], Tony K.H. HA[2], Eric Y.F. WAN[1,6,7,8], Cindy L.K. LAM[1,3]

1. *Department of Family Medicine and Primary Care, School of Clinical Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong Special Administrative Region, China*
2. *Primary Healthcare Commission, Health Bureau, Hong Kong*
3. *Department of Family Medicine and Primary Care, The University of Hong Kong – Shenzhen Hospital, Shenzhen, China*
4. *Department of Family Medicine and Primary Health Care, United Christian Hospital, Kowloon East Cluster, Hospital Authority, Hong Kong Special Administrative Region, China*
5. *Department of Family Medicine and Primary Healthcare, Queen Mary Hospital, Hong Kong West Cluster, Hospital Authority, Hong Kong Special Administrative Region, China*
6. *Centre for Safe Medication Practice and Research, Department of Pharmacology and Pharmacy, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong Special Administrative Region, China*
7. *The Institute of Cardiovascular Science and Medicine, Faculty of Medicine, The University of Hong Kong, Hong Kong Special Administrative Region, China*
8. *Advanced Data Analytics for Medical Science, Hong Kong Special Administrative Region, China*

Background:
The Risk Assessment and Management Programme for Hypertension (RAMP-HT) demonstrated significant reductions in the risk of complications and all-cause mortality relative to usual care over ten years. This study aimed to evaluate the ten-year cost-effectiveness of RAMP-HT.

Methods:
A prospective population-based study was performed among 90,656 propensity-score matched RAMP-HT participants and usual care-only patients in primary care settings. The cost associated with RAMP-HT and public healthcare service utilization were estimated from the perspective of healthcare service providers using a bottom-up approach. The programme cost for RAMP-HT included set-up, administrative and intervention costs. The cost-effectiveness of RAMP-HT was evaluated by the incremental direct medical costs divided by the number of events of complications and mortality avoided by RAMP-HT, compared with the usual care.

Results:
The average cost of RAMP-HT per participant amounted to HK$1,261 over ten years. The cost associated with public healthcare service utilization was HK$123,034 and HK$171,826 for RAMP-HT participants and usual care-only patients, respectively, in which the total direct medical cost for RAMP-HT participants was HK$47,531 less than usual care-only patients. The implementation of RAMP-HT supplementing usual care resulted in net savings of HK$522,841 and HK$427,779 total direct medical costs per cardiovascular disease event and all-cause mortality prevented, respectively.

Conclusion:
RAMP-HT supplementing usual care was cost-saving in managing patients with hypertension in primary care over ten years. The results support the integration of RAMP-HT in primary care management for patients with hypertension.

Keywords: Hypertension, Primary care, Multidisciplinary

Full Research Paper Competition - Full Research Paper

FULL 03

Factors Associated with Adoption of Electronic Health Record Sharing System (eHRSS) among Private Physicians

Junjie HUANG[1,2], W.S. PANG[1], F.Y. MAK[1], Y.Y. WONG[1], S.C. CHAN[1], Yingxin GUAN[5], Jonathan POON[5], Ellen TONG[5], Clement S.K. CHEUNG[5], W.N. WONG[5], N.T. CHEUNG[5], C.P. HO[6], Martin C.S. WONG[1,2,3,4]

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Objective:
This study aims to examine the adoption level of the electronic Medical Record (eMR) and Electronic Health Record Sharing System (eHRSS) among private physicians, and to establish areas for service improvement by evaluating the perception of the eHealth App.

Methods:
Invitation emails containing the self-administered questionnaires link were sent out to private physicians, by referring to the eHRSS list and internet resources. A descriptive analysis was performed, the outcome variables (eMR, eHRSS, eHealth App) were expressed as proportions. Binary logistic regression models were constructed for the primary outcome variable and the secondary outcome variable.

Results:
A total of 744 surveys were received. 78.5% of the respondents adopted the eMR and 91.9% joined the eHRSS. Among them, more than 90% visited eHRSS regularly. 'More technical support on data upload (61.7%), 'improve the friendliness of the interface (46.2%), and 'more cooperation between eHRSS and other medical systems' (45.0%) were potential factors that encourage data uploading. Type of practising [with partners/group practice: adjusted odd rate (aOR): 2.64, $p<0.001$], and participation in eHRSS (aOR: 6.66, $p<0.001$) were significant factors that increased the adoption of the eMR. Younger (aged≤ 30, aOR: 0.157, $p<0.041$) and older age group (aged≥ 61, aOR: 0.403, $p<0.001$) were less likely to adopt eMR. 79.9% of them were aware of the eHealth App.

Conclusion:
A generally high recognition of the eHRSS was found among physicians. Most physicians had an understanding and positive perception towards the eHealth App. It was noted that participation in eHRSS was significantly associated with the adoption of eMR.

Keywords: eHealth, Digital health, Digital technology

Full Research Paper Competition - Full Research Paper

FULL 04

Revisiting the Starting Age of Colorectal Cancer Screening for Average-Risk Asian Population: A Cost-effectiveness Analysis

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Background and Objective:
One of the most prevalent and fatal tumors, colorectal cancer (CRC) has a significant impact on the use of healthcare services. Although Hong Kong's CRC screening program has been successful, it does not prioritize preventing early-onset colorectal cancer in people under 50. This study aimed to assess the cost-effectiveness of different starting ages for colorectal cancer (CRC) screening among an Asian population.

Methods:
We conducted a simulation study involving 100,000 individuals in Hong Kong who were screened using either fecal immunochemical test (FIT) or colonoscopy as primary screening methods at ages 40, 45, and 50 until age 75. The performance of different strategies was evaluated based on life-years gained, and cost-effectiveness was measured using the incremental cost-effectiveness ratio (ICER).

Results:
The ICERs for initiating FIT screening at age 50, screening starting at age 45, and screening starting at age 40 were USD 53,262, USD 67,892, and USD 86,554, respectively. For colonoscopy, the ICERs for initiating screening at ages 50,45 and 40 were USD 267,669, USD 312,848, and USD 372,090, respectively, respectively. Overall, the FIT strategy was found to be less costly. At 70%, 80% and 90% compliance rates, FIT at age 45 gained 2,135, 2,296 and 2,438 life years respectively; colonoscopy at age 45 gained 2,725, 2,798 and 2,855 life-years respectively. With increased compliance rates, FIT could save a similar number of life years as colonoscopy with lower cost.

Conclusion:
Initiating CRC screening at age 45 using FIT in Hong Kong was determined to be a well-balanced and cost-effective strategy. This approach demonstrated a cost advantage over starting screening at age 40 and resulted in more lives saved compared to screening at age 50.

Keywords: Starting age, Screening, Colorectal cancer

Full Research Paper Competition -
Full Research Paper

FULL 05

Adapting Evidence-informed Peri-discharge Complex Interventions in Reducing 30-day Hospital Readmissions for Heart Failure and COPD

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Objective:
To select and refine evidence-informed peri-discharge complex interventions(abbrev. Interventions) for reducing 30-day hospital readmissions among Heart Failure(HF) and COPD patients in Hong Kong public healthcare system context using GRADE Evidence to Decision(EtD) framework.

Methods:
Two 18-participant panels were recruited to carry out a two-step process for both conditions. In Step 1, participants were invited to prioritize Interventions and suggest important combinations of Interventions. In Step 2, based on the priority lists, participants were invited to conduct a two-round Delphi study for generating consensus-based Interventions for reducing 30-day hospital readmissions. GRADE EtD framework was used to guide the decision-making process, taking into consideration of benefits, harms, values and preferences, equity, acceptability, and feasibility.

Results:
Five out of ten Interventions reached positive consensus for HF, while six reached positive consensus for COPD. Case management, discharge planning, patient education, self-management, and telephone follow-up were common components, and were considered as core elements for reducing 30-day hospital readmissions among HF and COPD patients in Hong Kong. Preliminary implementation issues mainly included governance and leadership, financing, health workforce development, service access and readiness, as well as empowerment of patients and caregivers.

Conclusion:
This study successfully applied the GRADE EtD framework for starting the adaptation process of complex interventions and established a list of local stakeholders-endorsed Interventions for reducing 30-day hospital readmissions for HF and COPD in Hong Kong. Before implementing and maintaining these endorsed Interventions at scale in local context, further research to improve intervention-context fit as well as piloting and evaluation is necessary.

Keywords: Heart failure, COPD, Readmission

Full Research Paper Competition - Full Research Paper

FULL 06

Relationship between Patient-perceived Quality of Primary Care and Self-Reported Hospital Utilization in China: A Cross-sectional Study

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Background:
Reducing avoidable hospital admissions is a global healthcare priority, with optimal primary care recognized as pivotal for achieving this objective. However, in developing systems like China, where primary care is evolving without compulsory gatekeeping, the relationship between patient-perceived primary care quality and hospital utilization remains underexplored.

Methods:
Data was collected from 16 primary care settings. Patient-perceived quality of primary care was measured using the Assessment Survey of Primary Care scale across six domains(first-contact care, continuity, comprehensiveness, accessibility, coordination, and patient-centredness). Hospital utilization included patient self-reported outpatient visits, hospital admissions, and emergency department(ED) visits in the last six months. Logistic regression analyses were used to examine associations between self-reported hospital utilization and perceived primary care quality adjusted for potential confounders.

Results:
Of 1,185 patients recruited, 398(33.6%) reported hospital utilization. Logistic regression analyses showed that higher total scores for patient-perceived quality of primary care were associated with decreased odds of hospital utilization(adjusted odds ratio(AOR): 0.417, 95% confidence interval(CI):0.308-0.565), outpatient visits(AOR:0.394, 95% CI:0.275-0.566) and hospital admissions(AOR:0.496, 95% CI:0.276-0.891). However, continuity of care was positively associated with ED visits(AOR:2.252, 95% CI:1.051-4.825).

Conclusion:
Enhanced patient-perceived quality of primary care in China is associated with a reduction in self-reported overall hospital utilization, including outpatient visits and hospital admissions. However, better continuity of care may be potentially associated with increased ED visits. Further research is warranted for precise insights and validation of these findings.

Keywords: Primary care, Quality, Hospital utilisation

Full Research Paper Competition - Full Research Paper

FULL 07

Contextualizing Evidence-based Nurse-led Interventions for Reducing 30-day Hospital Readmissions using GRADE Evidence to Decision Framework: A Delphi Study

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Objective:
To select and refine evidence-based nurse-led interventions for reducing 30-day hospital readmissions among general medical patients in Hong Kong public healthcare system using the GRADE Evidence to Decision(EtD) framework.

Methods:
Eighteen local healthcare stakeholders were recruited to carry out a two-step process. In step 1, stakeholders were invited to prioritize nurse-led interventions which are supported by existing evidence, and suggest important combinations of different interventions. For all interventions prioritized in step 1, step 2 involved stakeholders to perform a two-round Delphi questionnaire aiming to generate consensus-based interventions appropriate to the local context. GRADE EtD framework was applied to guide the decision-making process, taking into account certainty of evidence, benefits and harms, resource use, equity, acceptability, and feasibility.

Results:
Four out of eight nurse-led interventions reached a positive consensus with percentage agreement ranging from 70.6% to 82.4%. GRADE EtD criteria ratings showed that over 70% of stakeholders agreed these four interventions were probably acceptable and feasible, though the certainty of evidence was low or moderate. Half of stakeholders believed their desirable effects compared to undesirable effects were large. However, the resources required and how these nurse-led interventions might affect health inequities when implemented were uncertain. Preliminary implementation issues included high complexity of delivering multiple nurse-led intervention components, and challenges of coordinating different involved parties in delivering the interventions. Appropriate resource allocation and training should be provided to address these potential problems, as suggested by stakeholders.

Conclusion:
Using the GRADE EtD framework, we established a list of local stakeholder-recommended nurse-led interventions for reducing 30-day hospital readmissions for general medicine patients in Hong Kong public healthcare system. Appropriate PPP programmes and medico-social collaboration may serve as potential policy solutions to overcome obstacles in implementing the recommended nurse-led interventions in local practice. Meanwhile, nurses should be trained to serve as care coordinators and facilitating IT-supported patient information exchange during the implementation process. Before implementing these recommended nurse-led interventions at full scale, further research should be conducted to improve intervention-context fit while maintaining consistency with intervention functions, and to undertake piloting and evaluation to clarify any potential implementation uncertainties.

Keywords: Nurse-led interventions, Interdisciplinary team, General practice

Full Research Paper Competition - Full Research Paper

FULL 08

Association Between the Use of Dipeptidyl Peptidase 4 Inhibitors and Risk of Dementia in Type 2 Diabetes Mellitus Patients in Primary Care: A Nested Case-Control Study from the UK Biobank Cohort

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Background:
Type 2 Diabetes Mellitus (T2DM) is a risk factor for dementia. Preclinical studies suggested that dipeptidyl peptidase 4 inhibitors (DPP-4 inhibitors) had neuroprotective effect beyond glucose homeostasis. This study aimed to investigate the association between use of DPP-4 inhibitors and incident dementia among T2DM patients.

Methods:
This was a nested case-control study using data collected from the UK Biobank cohort. The study period was between 2008 and 2020. Subjects with at least one prescription for Metformin during the study period were included. Cases were defined as subjects with documented hospital diagnosis of dementia or prescription of dementia medications in primary care settings. Exposure to DPP-4 inhibitors was defined by record of DPP-4 inhibitors prescription during the study period. Odds ratios and 95% confidence intervals were calculated using adjusted logistic regression models.

Results:
A total of 13,722 subjects met the eligibility criteria, including 660 cases and 13,062 controls. The median age of the included subjects was 72 years (IQR, 65-76 years). A total of 3,222 (23.48%) subjects had exposure to DPP-4 inhibitors, including 111 (16.82%) cases and 3,111 (23.82%) controls. After adjusting for age, sex, and comorbidities (history of Parkinson's Disease, myocardial infraction, stroke, and hypertension), DPP-4 inhibitors users showed lower rate of incident dementia (OR: 0.64 [95% CI: 0.51-0.78]). Findings from subgroup analyses and sensitivity analyses were in line with the primary analysis.

Conclusion:
The current study found a lower risk of dementia among T2DM patients who received DPP-4 inhibitors. A comparison study using Hong Kong data is ongoing.

Keywords: Diabetes mellitus, Dementia, Incretin-based therapy

Full Research Paper Competition - Full Research Paper

FULL 09

Health-related Quality of Life in Hong Kong Physicians up to 20 Years Post-graduation: A Cross-sectional Survey

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Background:
Problems with health-related quality of life can affect physicians' ability to work effectively. This study compared the health-related quality of life of Hong Kong physicians to the general population and explored the factors associated with mental and physical health-related quality of life.

Methods:
This cross-sectional study was conducted from January to April 2016. Medical graduates from the University of Hong Kong participated in a survey containing the Short Form-12 Item Health survey version 2, Patient Health Questionnaire-9, Copenhagen Burnout Inventory, and items on lifestyle behaviors, career satisfaction, and socio-demographics.

Results:
496 responses were received. The mean physical component summary score was 53.2 (SD=7.6), similar to the general population. The mean mental component summary score was 43.6 (SD=11.8), significantly worse than the general population (P<0.01).

Compared to the general population, all Short-Form 12 Health Survey version 2 domains were worse in doctors, aside from bodily pain and general health. Regular exercise was positively associated with physical component summary scores (Coeff 2.024; P=0.047); but having children and higher personal burnout scores were negatively associated with it (Coeff -1.890; P= 0.036; and Coeff -0.045; P=0.027, respectively). Poorer mental component summary scores correlated with worse personal (Coeff -0.284; P< 0.001), work-related (Coeff -0.135; P=0.040), and patient-related burnout (Coeff -0.060; P=0.041), and higher Patient Health Questionnaire-9 scores (Coeff -9.170; P<0.001). There were significant differences in mental health (P=0.042) and mental component summary scores (P=0.012) across age groups, but not with gender.

Conclusion:
Hong Kong physicians are less impacted by physical health than mental health. Compared to the general population, doctors' mental health has a more significant impact on their lives. Interventions aimed to improve burnout and depression rates in physicians may improve physicians' mental health-related quality of life.

Keywords: Health-related quality of life, Mental health, Physician health

Full Research Paper Competition - Full Research Paper

FULL 10

Preliminary Findings of the Chronic Disease Co-Care Pilot Scheme and the Potential Implications on Diabetes- and Hypertension-related Complications and Medical Costs

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Background:
The Chronic Disease Co-Care (CDCC) Pilot Scheme is a 3-year programme providing subsidized screening and management for pre-diabetes (pre-DM), hypertension (HT), and diabetes mellitus (DM) in the private healthcare sector. Using preliminary observations of participants enrolled in the first 8 months, this study estimated the potential long-term benefits of full-scale implementation of the Scheme.

Methods:
Electronic health records of CDCC participants enrolled between November 2023 and June 2024 were extracted. The total number of potential pre-DM, DM and HT cases in the population was estimated from the prevalence observed in the CDCC, and population surveys. DM- and HT-related complications and deaths avoided, quality-adjusted life years (QALY) gained, and healthcare costs expended were proxied from the DM/HT management programme RAMP delivered at Hong Kong public primary care.

Findings:
Among 27,149 participants enrolled and screened, 4,866 (14.8%) participants had pre-DM, 4,020 (14.8%) had HT, and 1,705 (6.4%) had DM. Assuming a conservative 10% uptake rate of the Scheme over 10 years, an estimated 2,059 (95%CI 2,059-2,402) cardiovascular events and 2,883 (95%CI 2,883-2,883) deaths from any cause could be potentially prevented. Over the lifetime, a total of 55,629 QALYs may be gained along with HK$2.7 billion saved in direct medical costs.

Conclusion:
Screening identified 40% of individuals with undiagnosed pre-DM, DM and HT, demonstrating the potential of the CDCC Scheme to effectively identify individuals for early diagnosis and treatment. Subsidized management in the private healthcare sector could reduce complications in the long term and relieve strain on the public healthcare system.

Keywords: Subsidized screening, Cost-saving, Chronic Disease Co-Care Pilot Scheme

Full Research Paper Competition - Full Research Paper

FULL 11

Standard Blood Pressure vs Lower Blood Pressure Target in Old and Very Old Hypertensives: Real-world Evidence from a Target Trial Emulation Study

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Objective:
This study aimed to evaluate the effects and safety of standard versus lower blood pressure targets in real-world clinical settings in patients aged 60 years or older with hypertension.

Methods:
We conducted a target trial emulation. The inclusion period was between 01 January 2008 to 31 December 2013 and we followed up until 31 December 2019. The per-protocol effect of two blood pressure treatment targets were estimated in the emulated target trial.

Results:
Of the106,257 eligible patients, 52,553, 28,661, and 7,106 patients had an optimal BP target of BP 130-140/80-90 mmHg with aged 60-70 years, 70-80 years and ≥80 years, respectively and 11,148, 5,636 and 1,203 patients had target of blood pressure less than 130/80 mmHg with aged 60-70 years, 70-80 years and ≥80 years, respectively. Risk reduction for overall CVD and all-cause mortality incidence was found for patients with lower blood pressure target aged 60 to 70 years (5-year standardized risk reduction, CVD: 0.95% [95% CI, 0.44% to 1.47%]; all-cause mortality: 0.43% [0.30%,0.56%]), aged 70-80 (CVD: 1.51% [1.14%, 1.89%]; all-cause mortality 1.95% [1.64%, 2.24%]) and in those aged 80 years or older (CVD: 3.71% [3.33%, 4.08%]; all-cause mortality 3.99% [3.69%, 4.19%]). No significantly increased risks for major adverse events were found in all age groups. The results are consistent in different subgroups.

Conclusion:
The findings of this study provided evidence on the clinical benefits of a lower blood pressure target in old and very old patients with hypertension without causing additional risk of adverse events, suggestion a lower blood pressure target of less than 130/80mmHg could be considered for antihypertension management among old and very old patients with hypertension.

Keywords: Hypertension, Elderly, Blood pressure

Full Research Paper Competition - Full Research Paper

FULL 12

Evaluating the Clinical and Humanistic Impact of the Self-Care and Minor Ailment Service (MAS)

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Background:
Minor illnesses significantly contribute to the burden on the healthcare system. The introduction of the Minor Ailment Service (MAS) may alleviate pressure by directing non-urgent cases to be managed within the community. Although MAS has demonstrated positive results internationally, its effectiveness in Hong Kong has yet to be evaluated.

Methods:
Subjects were recruited using convenience sampling at eight NGO-operated community pharmacies and followed up with a questionnaire one week after MAS. Patient-reported outcomes, including symptom resolution, patient satisfaction, and enablement, were collected using a follow-up questionnaire. Additionally, consultation records were matched and extracted from the Community Pharmacy Services System. Descriptive data analysis was conducted to evaluate symptom resolution, patient satisfaction, and enablement following the use of MAS. Factors influencing the primary outcomes were assessed using linear and logistic regression analyses.

Results:
A total of 1,020 subjects participated in the study and completed the follow-up questionnaire. Most subjects (95.1%) reported some improvement in their minor ailment symptoms. The mean scores for the PSQ and PEI were 77.7 ± 16.9 and 6.6 ± 3.3, respectively. Symptoms related to the respiratory system were the most frequently reported. Significant negative associations in symptom resolution rate, PSQ and PEI scores were mainly observed in patients who are suffering from central nervous system-related symptoms or increasing age.

Conclusion:
MAS in the community pharmacy setting is effective in managing minor ailments in the community, with high levels of patient satisfaction and enablement.

Keywords: Minor ailments, Primary healthcare, Community pharmacies

Full Research Paper Competition - New Investigator Research Paper

FULL 13

Alterations of Oral Microbiota in Young Children with Autism: Unraveling Potential Biomarkers for Early Detection

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Objective:
This study investigated the oral microbiota in young children with autism spectrum disorder (ASD) to determine possible alterations in microbial composition and identify potential biomarkers for early detection.

Methods:
Dental plaque samples from 25 children with ASD (aged 3–6 years; M = 4.79, SD = 0.83) and 30 age- and sex-matched typically developing (TD) children were analyzed using 16S rRNA sequencing.

Results:
The results showed lower bacterial diversity in children with ASD compared to controls, with distinct microbial compositions in the ASD and TD groups. Six discriminatory species (Microbacterium flavescens, Leptotrichia sp. HMT-212, Prevotella jejuni, Capnocytophaga leadbetteri, Leptotrichia sp. HMT-392, and Porphyromonas sp. HMT-278) were identified in the oral microbiota of ASD children, while five discriminatory species (Fusobacterium nucleatum subsp. polymorphum, Schaalia sp. HMT-180, Leptotrichia sp. HMT-498, Actinomyces gerencseriae, and Campylobacter concisus) were identified in TD controls. A model generated by random forest and leave-one-out cross-validation achieved an accuracy of 0.813. Receiver operating characteristic analysis yielded a sensitivity of 0.778, a specificity of 0.857, and an AUC (area under curve) of 0.937 (95 % CI: 0.82 – 1.00) for differentiating children with and without ASD.

Conclusion:
The present study has unveiled significant disparities in the oral microbial composition between ASD and TD children.

Keywords: Oral microbiota, Autism, Biomarker

Full Research Paper Competition - New Investigator Research Paper

FULL 14

Identify Latent Comorbidity and Drug Exposure Patterns of Early Recurrence and Mortality Risks Amongst Patients with Primary Hepatocellular Carcinoma: A Chinese Population-Based Network Analysis Study

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Background:
Hepatocellular carcinoma (HCC) remains a leading cause of global cancer mortality, with postoperative HCC recurrence rates reaching 50-70% within five years. The common latent comorbidities and multidrug exposure patterns, as well as their impact on early recurrence and subsequent mortality, are underexplored.

Methods:
A total of 15,998 patients (62.73% male, median age at initial HCC diagnosis: 69.17 [Interquartile range: 58.7-78.67]) were included from Jan 1st, 2008, to May 31st, 2024, from the Hong Kong Hospital Authority, with their demographics, histories of admission, diagnosis, medication use, and laboratory examinations. The primary outcomes were HCC recurrence and liver cancer-related mortality. Secondary outcomes were cancer-related mortality, non-cancer-related mortality, and all-cause mortality. A series of visualization plots were developed for the exploration of comorbidity combinations. Cox regression models and sensitivity analysis were conducted to identify the associations between potential risk factors with outcomes, as well as to assess the robustness of results. We also constructed stratified networks based on sex, age, and Charlson Comorbidity Index (CCI) to explore differences in comorbidity patterns within sex, age and CCI.

Results:
The comorbidity (at least 1 prior disease) rate among patients with HCC was 93.1% (n=14893), with 76.9% (n=12295) exhibiting 1-5 concurrent conditions. There was a significant co-occurrence of diabetes mellitus (2852, 17.8% of 15998) and moderate/severe liver diseases (2656, 16.6% of 15998) with liver cancer-related mortality across all genders and ages, but for HCC recurrence, mild liver diseases (6189, 38.7% of 15998) and diabetes mellitus (5864, 36.7% of 15998) commonly co-occurred with it. Apart from liver diseases and metabolic syndrome, colorectal cancer, renal diseases, anemia, alcoholism, and gastrointestinal bleeding were also likely to occur with HCC recurrence. Notably, metabolic syndrome components dominated the comorbidity landscape, with 73.3% (11/15) of the most frequent comorbidity pairs involving hypertension or diabetes mellitus. The multidrug use rate was 79.1% (n = 12656). The multidrug use pattern of cytotoxic and platinum therapy exhibited a decline as CCI increased (261, 6.0% of 4378 CCI:1-5; 110, 1.7% of 6664 CCI:6-10; 8, 0.17% of 4613 CCI: 11+). Sex-specific disease patterns were identified. Males displayed higher prevalences of head and neck cancer (290, 2.9% of 10037 males; 68, 1.1% of 5961 females) and nasopharyngeal carcinoma (207, 2.1% of 10037 males; 53, 0.9% of 5961 females) compared to females. In addition, age-specific analysis revealed elevated risks of nasopharyngeal carcinoma (203, 3.1% of 6466), cervical cancer (33, 0.5% of 6466), ovarian cancer (106, 1.6% of 6466), and breast cancer (525, 8.1% of 6466) in HCC patients aged 18-65 years compared to the those older than 65 years (NPC: 57, 0.6% of 9532; cervical cancer: 30, 0.3% of 9532; ovarian cancer: 29, 0.3% of 9532; breast cancer: 252, 2.6% of 9532). Furthermore, males with moderate/severe liver diseases were likely to experience HCC recurrence compared to females. Adjust Cox regression models were performed to confirm that CCI was a reliable factors in predicting all-cause mortality and cancer-related mortality. However, the impact of CCI diminished for the other three outcomes when glucose levels were considered.

Conclusion:
Our findings reveal heterogeneity in comorbidities and drug use based on sex, age, and CCI. The potential associations between comorbidity and multidrug use with outcomes can be explored in our study, underscoring the importance of metabolic health in the prognosis of HCC patients. These insights can guide healthcare teams in integrating an approach to patient management by considering both comorbidity burden and metabolic status. Furthermore, analysing real-world drug utilization patterns can help physicians recognize treatment trends, optimize therapeutic strategies, and ultimately improve patient prognosis and quality of life.

Keywords: Hepatocellular carcinoma recurrence, Population cohort study, Comorbidity and multidrug network

Full Research Paper Competition - New Investigator Research Paper

FULL 15

Evaluating Cost-effectiveness of 9-valent HPV Vaccination for Men Who Have Sex with Men by HIV Status in Hong Kong

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Background:
Human papillomavirus (HPV) is the most common sexually transmitted infection and a leading cause of anal cancer and genital warts, particularly among men who have sex with men (MSM). In Hong Kong, HPV vaccination is currently only offered to school-aged girls, despite the high burden of HPV-related diseases among MSM, especially those living with HIV. Existing cost-effectiveness evaluations of HPV vaccination in Hong Kong primarily focus on female-only strategies and heterosexual men without accounting for differences in HPV infection risks among MSM. This study aimed to evaluate the cost-effectiveness of implementing 9-valent HPV (9vHPV) vaccination strategies among HIV-positive and HIV-negative MSM in Hong Kong.

Methods:
We developed a Markov model to simulate the natural history of HPV infection and progression to genital warts, and anal cancer in a cohort of 100,000 MSM in Hong Kong, stratified by four age groups (12–18, 19–27, 28–45, and >45 years) and HIV status (positive or negative). A 10-year time horizon was used from the healthcare provider's perspective. The primary outcome was the incremental cost-effectiveness ratio (ICER) per quality-adjusted life-year (QALY) gained. One-way and probabilistic sensitivity analyses were performed to assess the robustness of the results.

Results:
Modelled incidence rates of anal cancer and anogenital warts were significantly reduced following the implementation of 9vHPV vaccine strategies. Vaccinating all MSM aged ≥12 years prevented the most anogenital warts (52.5%) and anal cancer cases (70.4%). Across all MSM vaccination strategies assessed, the ICERs were below the willingness-to-pay (WTP) threshold of USD 50,696 per QALY gained (one-time Hong Kong GDP per capita) or cost-saving, indicating that all 9vHPV strategies were cost-effective. In probabilistic sensitivity analyses, the vaccination strategy for MSM aged ≥12 years consistently demonstrated a high probability of being cost-effective. Furthermore, when the cost of the 9vHPV vaccine decreased or the time horizon was extended, the ICERs for vaccinating MSM aged ≥12 years further declined, making the strategy more cost-effective.

Conclusion:
Our findings support the implementation of 9vHPV vaccination for MSM in Hong Kong, with vaccinating all MSM aged ≥12 years offering the greatest health and economic benefits.

Keywords: Human papillomavirus (HPV), Men who have sex with men (MSM), Cost-effectiveness analysis

Clinical Case Presentation Competition – Schedule

Sunday, 13 July 2025 • 09:00 – 10:15 • James Kung Meeting Room, 2/F

TIME	PRESENTATION TOPIC	PRESENTING AUTHOR(S)
09:05 – 09:16	Mobile Ward in Primary Palliative Care – A Potential Future Model Creating Win-Win-Win Solution?	Dr. CHOW Kam Fai
09:16 – 09:27	Helping the Frail Elderly in the Community - Developing a Multi-disciplinary Team Care by a Solo Family Doctor	Dr. CHAN Chung Yuk, Alvin and Ms. LIN Kwok Yin, Molin
09:27 – 09:38	Bladder Cancer in Two Patients Presented with Refractory Lower Urinary Tract Symptoms (LUTs)	Dr. LEE Wan Hon, Vincent
09:38 – 09:49	"What Matters Most": Initiating Advanced Care Planning with a Vulnerable Patient - A Family Physician's Role	Dr. YUNG Lok Yee, Louise and Dr. TAM Yick Sin, Denise
09:49 – 10:00	"Breathing Change": A Holistic Primary Care to COPD using the Biopsychosocial Approach	Dr. Feliss Lomibao SANCHEZ

Free Paper Competition –
Schedule of Oral Presentation

Sunday, 13 July 2025 • Banquet Room 1-2, 3/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
	09:00 – 10:15 (Part 1)	
01	Implementation Determinants of Osteoporosis Screening in Hong Kong: Perspectives from Local Healthcare Providers	**Claire C.W. ZHONG**, J.J. HUANG, Martin C.S. WONG
02	Etomidate (Space Oil) and Smoking Cessation: The Impact of Community-Based Intervention	**John K.H. LEE**, Eunice Y.C. CHAN, Agnes N.Y. YAU
03	Prevalence of Reverse Amplification Using a Type II Device in Hong Kong Community-based Populations	**Shuqi WANG**, Samuel Y.S. WONG, Benjamin H.K. YIP, Eric K.P. LEE
04	The Role of Physiotherapy in Family Medicine & Orthopaedic (FMOR) Collaboration Service Model to Enhance Management of New OA Knee Case in Alice Ho Miu Ling Nethersole Hospital (AHNH)	**H.Y. WONG**, Andrew K.H. LUI, P.S. HUI, C.T. CHEUNG, T.L. CHOI, S.C. KOO, S.W. LAW, C.P. LEE, S. LEE, T.L. CHOW, W.H. CHIU, M.L. LAI, P.H. LAM, S.P. TANG, F.M. LAW, Y.L. CHAN
05	Factors Associated with Willingness to Receive Pneumococcal Vaccine in Hong Kong: A Large Population-based Study	**Claire C.W. ZHONG**, J.J. HUANG, Martin C.S. WONG
	10:45 – 11:45 (Part 2)	
06	Determinants of Treatment Burden in Older Adults with Multimorbidity: A Territory-wide, Cross-sectional Study Across 19 Centers in Hong Kong	**Johnny T.K. CHEUNG**, Dexing ZHANG, Dicken C.C. CHAN, Lawrence H.F. LUK, Patsy Y.K. CHAU, Benjamin H.K. YIP, Eric K.P. LEE, Eliza L.Y. WONG, E.K. YEOH, Samuel Y.S. WONG
07	Knowledge and Attitudes toward Respiratory Syncytial Virus Vaccination in Hong Kong: A Population-based Study	**Claire C.W. ZHONG**, J.J. HUANG, Martin C.S. WONG
08	Problems and Factors Contributing to Poor Sleep in Hong Kong Elderly: A Cross-Sectional Survey 2024-2025	**Veeleah Y.C. LOK**, Melinda C. LIU, Roger Y. CHUNG, Jean H. KIM
09	What Really Matters in Strengthening the Primary Health Care Workforce? Insights from a Qualitative Study in China	**Jing CHEN**, Siyue YU, Dorothy Yingxuan WANG, Annie W.L. CHEUNG, Richard Huan XU, Eng-Kiong YEOH, Eliza L.Y. WONG

Free Paper Competition – Oral Presentation

ORAL 01

Category 1: Primary Care Interventions and Advances

Implementation Determinants of Osteoporosis Screening in Hong Kong: Perspectives from Local Healthcare Providers

Claire C.W. ZHONG, J.J. HUANG, Martin C.S. WONG

Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong, Shatin, Hong Kong

Introduction:
Osteoporosis is a significant public health issue in Hong Kong, particularly with its aging population, high prevalence, and severe outcomes such as fractures and disability. Despite its recognized importance, osteoporosis screening remains underutilized. This study examines the implementation determinants to osteoporosis screening from healthcare providers' perspectives.

Methods:
In-depth interviews were conducted with 17 healthcare providers from various settings, including private practice, NGOs, District Health Centres (DHCs), Community Health Centres (CHCs), and post-fracture rehabilitation specialists. Participants had 3 to over 10 years of experience. Thematic analysis, guided by the Consolidated Framework for Implementation Research (CFIR), was used to identify key implementation determinants (i.e., barriers and facilitators).

Results:
Key barriers identified included a lack of an integrated screening system, long waiting times for DXA scans in the public sector, and financial constraints in the private sector, with screening largely patient-funded (reported by 9 private-sector doctors). Time pressures in public healthcare (with over 40 patients daily) were another obstacle, as well as patient perceptions that osteoporosis is a natural aging process, reducing screening demand. Facilitators included recommendations to standardize screening guidelines, integrate screening into government-subsidized programs, and improve education. Collaboration between NGOs, DHCs, and private providers, along with the establishment of specialized osteoporosis clinics, were also suggested as ways to enhance screening access and efficiency.

Conclusions:
Osteoporosis screening adoption in Hong Kong is hindered by financial, time, and resource limitations. To improve uptake, screening should be integrated into government-supported healthcare programs, public awareness should be raised, and cross-sector collaboration should be fostered. A structured referral system and clear treatment pathways are necessary to overcome existing barriers and improve patient outcomes.

Keywords: Osteoporosis screening, Implementation science, Attitude of health personnel

Free Paper Competition – Oral Presentation

ORAL 02

Category 1: Primary Care Interventions and Advances

Etomidate (Space Oil) and Smoking Cessation: The Impact of Community-Based Intervention

John K.H. LEE, Eunice Y.C. CHAN, Agnes N.Y. YAU
United Christian Nethersole Community Health Service (UCNCHS)

Introduction:
Alternative smoking products (ASPs) remain prevalent in Hong Kong despite a ban implemented in April 2022. The emergence of etomidate ("space oil") further complicates tobacco control efforts. This study compared the effectiveness of a community-based smoking cessation program with a self-enrolled service. Our organization hypothesized that community-based recruitment would lead to greater awareness of ASP harms and higher quit rates.

Methods:
Participants (n=96) were recruited from two groups: a community health education group (n=39) and a self-enrolled group (n=57). Data were collected at baseline and other five follow-up appointments upon weeks 2, 5, 8, 12 and 26. E-cigarette harm awareness was measured using a 0-5 Likert scale. Knowledge of "space oil" was assessed via a binary question. Smoking cessation was defined as 7-day abstinence at week 26. All participants received nicotine replacement therapy (NRT).

Results:
Community-recruited participants demonstrated significantly higher mean e-cigarette harm awareness (4.1 vs. 2.7, $p < 0.001$) and "space oil" knowledge (97.4% vs. 40.4%, $p < 0.001$) compared to self-enrolled participants. The quit rate at week 26 was significantly higher in the community group (64% vs. 4%, $p < 0.001$).

Conclusions:
This study has shown the significant impact of community-based interventions on smoking cessation outcomes in Hong Kong. Targeted community health education effectively increased awareness of ASP harms, including "space oil," and substantially improved quit rates. These findings support the integration of community-based programs into broader tobacco control strategies to address the evolving challenges of ASP use. Further research should explore cost-effectiveness and long-term impact.

Keywords: Etomidate, Smoking cessation, Community intervention

Free Paper Competition – Oral Presentation

ORAL 03

Category 4: Primary Care Epidemiology

Prevalence of Reverse Amplification Using a Type II Device in Hong Kong Community-Based Populations

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JC School of Public Health and Primary Care, The Chinese University of Hong Kong

Introduction:
Cuff-based brachial blood pressure (BP) is commonly used as a surrogate for intra-arterial aortic BP, but evidence indicates that it may not accurately reflect aortic BP. For example, some individuals exhibited central systolic blood pressure (SBP) significantly higher than cuff-based brachial SBP, a phenomenon known as reverse amplification. This study aims to estimate the prevalence of this reverse pattern in a community-based population in Hong Kong and explore its determinants.

Methods:
A cross-sectional analysis was conducted using baseline data from the WeWatch Health lifestyle project in Hong Kong. Brachial BP was measured with a validated Watch BP Office Central device (Microlife AG, Widnau, Switzerland), following ESH guidelines. Central BP was estimated by calibrating brachial waveforms to brachial systolic blood pressure (SBP)/ diastolic blood pressure (DBP) using multivariable regression equations. Prevalence of reverse amplification was calculated as the proportion of individuals with reverse amplification among all participants. Logistic regression was employed to identify determinants of reverse amplification.

Results:
The study included 6,469 individuals without prior cardiovascular or chronic kidney diseases (mean age: 48.6 years, female: 73.2%, BMI: 23.4 kg/m^2, fasting glucose level: 5 mmol/L, brachial SBP/DBP: 111.6/70.2 mmHg, central SBP/DBP: 114.6/67.4 mmHg). Reverse amplification was present in 72.1% of participants, with specific rates of 80.8% for females and 48.1% for males. Among individuals with normal brachial BP (bSBP/bDBP<140/90 mmHg) but high central BP (cSBP/ cDBP ≥ 140/90 mmHg), 97.73% exhibited reverse amplification. Logistic regression revealed that women were more likely to exhibit reverse amplification (OR=4.16, p<0.001), while male-specific determinants included being current light smoker (OR=1.96, p=0.01) and drinking more than four times per week (OR=1.92, p=0.05).

Conclusions:
Although brachial BP measurements are commonly used to diagnose and manage hypertension, a significant proportion of individuals may have underestimated SBP and, consequently, cardiovascular risks. Further longitudinal studies are needed to determine whether these individuals are at greater risks for CVD.

Keywords: Reverse amplification, Central blood pressure, Hypertension

Free Paper Competition – Oral Presentation

ORAL 04

Category 2: Healthcare System Improvements

The Role of Physiotherapy in Family Medicine & Orthopaedic (FMOR) Collaboration Service Model to Enhance Management of New OA Knee Case in Alice Ho Miu Ling Nethersole Hospital (AHNH)

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1. *Department of Physiotherapy (PT), Alice Ho Miu Ling Nethersole Hospital*
2. *Department of Orthopaedic and Traumatology (O&T), Alice Ho Miu Ling Nethersole Hospital*
3. *Department of Family Medicine (FM), New Territories East Cluster*
4. *Specialist Out Patient Department (SOPD), Alice Ho Miu Ling Nethersole Hospital*

Introduction:

In October 2023, with joint collaboration of Department of O&T, FM, SOPD & Allied Health, FMOR - Focus on Osteoarthritis (OA) knee service model was implemented in AHNH aiming at relieve of the pressure of long waiting list of stable OA knee new cases in SOPD of AHNH. It aims to enhance the management of stable OA knee cases waiting for ORT SOPD by providing earlier FM specialist consultation. Also, to provide early physiotherapy intervention to OA knee patient and prevent chronicity of the condition.

Methods:

Under the FMOR service, new OA knee referral to O&T SOPD were triaged to FM for specialist consultation. Suitable patients were referred to physiotherapy with fast-track appointment. Course of physiotherapy including exercise therapy, hydrotherapy, TELE-health and pain modalities were delivered. The Numeric Pain Rating Scale (NPRS), Knee Injury and Osteoarthritis Outcome Score (KOOS), 30 second chair-sit-to-stand test (30 CST) and walking tolerance were used as outcome measure. Paired t-test was used to analyze the improvement in NPRS, walking tolerance, 30 CTS and KOOS.

Results:

From October 2023 to March 2025, 267 patients have completed physiotherapy treatment. After the intervention, significant reduction in NPRS from 5.7 to 3.87 ($p < 0.001$) was shown. The walking tolerance was increased from 35.97 minutes to 48.25 minutes ($p < 0.001$). The 30 CTS significantly improved from 6.96 to 8.97 ($p < 0.001$). All three KOOS sub-scale showed significant improvement ($p < 0.005$). As a result, 74% of the patients were able to manage their condition with FMOR clinic and Physiotherapy, whereas 26% of the patients were referred to ORT SOPD.

Conclusions:

The FMOR service model effectively triaged suitable cases to primary health care setting and Physiotherapy. Also, patients could receive fast-tracked service and start earlier intervention, which showed significant improvements in their pain, function, and self-efficacy.

Keywords: Knee osteoarthritis, Family medicine & orthopaedic collaboration, Primary health

Free Paper Competition – Oral Presentation

ORAL 05

Category 1: Primary Care Interventions and Advances

Factors Associated with Willingness to Receive Pneumococcal Vaccine in Hong Kong: A Large Population-based Study

Claire C.W. ZHONG, J.J. HUANG, Martin C.S. WONG

Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong, Shatin, Hong Kong

Introduction:
Pneumococcal infections are a significant global health concern, particularly among the elderly and immunocompromised. This study examines the willingness of the Hong Kong population to receive the pneumococcal vaccine and identifies the factors influencing this willingness.

Methods:
A cross-sectional survey was conducted between December 2024 and February 2025 among the Hong Kong population. Data were collected on sociodemographic factors, Health Belief Model (HBM) constructs, knowledge about the vaccine, and trust in the healthcare system. Logistic regression analyses were used to identify factors associated with willingness.

Results:
A total of 1,020 participants (580 males, 440 females; 62.2% aged 50 - 69 years) were included. Among them, 73.8% (n=753) expressed willingness to receive the pneumococcal vaccine within the next 12 months. Factors positively associated with willingness included perceived susceptibility to pneumococcus (AOR, 95% CI 2.093 [1.257-3.483], p=0.005), self-efficacy (AOR, 95% CI 5.603 [3.212-9.774], p<0.001), perceived vaccine benefits (AOR, 95% CI 4.072 [2.380-6.968], p<0.001), and cues to action (AOR, 95% CI 4.193 [2.582-6.809], p<0.001). Smoking (AOR, 95% CI 2.197 [1.324-3.647], p=0.002) and prior flu vaccination (AOR, 95% CI 3.267 [2.113-5.050], p<0.001) were also positively correlated with willingness. Higher acceptance of one-dose vaccines was linked to greater willingness (AOR, 95% CI 3.951 [2.641-5.910], p<0.001). Conversely, self-reported health status was negatively associated with willingness, with healthier individuals less inclined to receive the vaccine (AOR, 95% CI 0.488 [0.292-0.814], p=0.006).

Conclusions:
This study highlights the key factors influencing the willingness to receive the pneumococcal vaccine, particularly those related to the Health Belief Model, such as perceived susceptibility, self-efficacy, and perceived benefits. Public health interventions should focus on improving health literacy, addressing perceptions of susceptibility, and increasing professional outreach to enhance vaccine uptake.

Keywords: Pneumococcal vaccines, Patient acceptance of health care, Health belief model

Free Paper Competition – Oral Presentation

ORAL 06

Category 2: Healthcare System Improvements

Determinants of Treatment Burden in Older Adults with Multimorbidity: A Territory-wide, Cross-sectional Study Across 19 Centers in Hong Kong

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2. *Jockey Club School of Public Health and Primary Care, the Chinese University of Hong Kong, Hong Kong*

Background:
Treatment burden undermines adherence, clinical outcomes, and quality of life. This study aims to explore determinants of treatment burden among older adults with multimorbidity.

Methods:
We conducted a cross-sectional survey of individuals aged ≥60 with at least three long-term conditions (LTCs) from seven General Out-patient Clinics (GOPC), five Specialist Out-patient Clinics (SOPC), seven Geriatric Day Hospitals (GDH) in Hong Kong. Treatment burden was assessed using the log-transformed Treatment Burden Questionnaire (TBQ) score. Linear regression models identified factors associated with log-TBQ, adjusting for demographic, socioeconomic, and biomedical variables (including number of LTCs, medications, activities of daily living (ADL) limitations and frailty).

Results:
Among 1032 subjects (53.5% male), majority had 3-4 LTCs (58.7%), ≥4 medications (52.3%) and ≥1 ADL limitation (96.4%). GOPC patients were significantly older, had more medication use and ADL limitations ($p<0.05$). Log-TBQ was significantly higher among GOPC patients compared to other settings (SOPC/GDH) in models adjusted for demographic, socioeconomic, and biomedical factors (βunstandardized +0.17, 95%CI +0.08 to +0.25). This association became non-significant (βunstandardized +0.03, 95%CI -0.07 to +0.12) upon further adjustment with internal/external resources (namely self-efficacy in disease management, certainty in medication use, primary care as first point of contact, and continuity of care with same physicians). These resources factors were independently associated with lower log-TBQ (βunstandardized ranging from -0.33 to -0.13, 95% CI: -0.42 to -0.03).

Conclusions:
Enhanced self-management and effective primary care are associated with a lower treatment burden in older adults with multimorbidity, highlighting the role of family physicians at both the practice and system levels.

Keywords: Continuity of care, First point-of-contact, Patient empowerment

Free Paper Competition – Oral Presentation

ORAL 07

Category 1: Primary Care Interventions and Advances

Knowledge and Attitudes toward Respiratory Syncytial Virus Vaccination in Hong Kong: A Population-based Study

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Introduction:
Respiratory Syncytial Virus(RSV) poses a significant global health challenge, especially for high-risk groups like children and older adults. This study aims to evaluate the knowledge and willingness of the general public in Hong Kong to receive a fully funded RSV vaccine and identify the factors influencing this willingness.

Methods:
An online survey was conducted in August 2024 to collect sociodemographic characteristics, constructs of the Health Belief Model(HBM), knowledge about RSV, and the willingness to accept a fully funded RSV vaccine. Chi-square tests and logistic regression analyses were employed to assess the impact of various factors on vaccine willingness. A parallel multiple mediator model was utilized to explore the mediation effects of HBM constructs between RSV knowledge and vaccine willingness.

Results:
Out of 2,099 respondents, 1,356 (64.6%) expressed a willingness to receive the fully funded RSV vaccine, while 1,068(50.9%) exhibited a high level of knowledge about RSV. Factors associated with increased likelihood of vaccine willingness included higher perceived susceptibility ($p = 0.005$), greater perceived severity($p < 0.001$), enhanced perceived benefits ($p < 0.001$), stronger cues to action($p < 0.001$), increased self-efficacy ($p = 0.002$), lower perceived barriers($p < 0.001$), and not receiving government subsidies ($p = 0.007$). Parallel mediation analysis indicated that knowledge about RSV significantly impacted vaccine willingness, with HBM constructs mediating 77.4% of this effect. All HBM constructs exhibited positive mediation effects, except for perceived barriers, which showed a negative effect.

Conclusions:
Knowledge about RSV and the willingness to receive a fully funded RSV vaccine were found to be suboptimal among the population in Hong Kong. Enhancing public awareness of RSV may improve vaccine acceptance, mediated by constructs of the HBM. Targeted public health interventions and policies are important to increase awareness and address misconceptions about RSV, including the absence of specific antiviral treatments and the vital role of vaccination in prevention.

Keywords: Respiratory syncytial virus, Vaccination, Health knowledge

Free Paper Competition – Oral Presentation

ORAL 08

Category 4: Primary Care Epidemiology

Problems and Factors Contributing to Poor Sleep in Hong Kong Elderly: A Cross-Sectional Survey 2024-2025

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JC School of Public Health and Primary Care, The Chinese University of Hong Kong

Introduction:
Sleep is a vital component of health and well-being. Older adults in high living density living environments may experience disproportionately higher levels of sleep disturbances, reducing the quality of sleep. This study investigates the factors associated with poor sleep quality among Hong Kong adults aged 65 and older, with the aim of identifying modifiable targets for evidence-based interventions.

Methods:
Between December 2024 to April 2025, a cross-sectional random telephone survey was conducted on community-dwelling older adults (n=723). The Pittsburgh Sleep Quality Index (PSQI) was used to assess overall sleep quality, alongside questions regarding the sleep environment, substance use, and pre-sleep cognitive activity. Multiple linear regression models, adjusted for age, gender, education, and income, were applied to identify predictors of PSQI scores.

Results:
Among the older age participants (59.9% female), respondents reported an average of 29 minutes to fall asleep, resulting in a mean total sleep duration of 6.45 hours/night (SD= 1.34). Of the sample, 24.9% reported less than 6 hours of sleep/night. Significant sleep impairments were observed, with 71.1% reporting difficulty initiating sleep and 93.1% struggling with sleep maintenance. Regression analysis identified three key predictors of PSQI scores: nocturia (β=0.988, p<0.001), pre-sleep cognitive arousal (β=3.223, p=0.001), and trends indicating that substance use, specifically smoking (β= 0.258, p=0.26) , was associated with reduced sleep efficiency. Breathing difficulties, loud cough/snoring, feeling cold/ hot, bad dreams and pain were not significantly associated with PSQI scores.

Conclusions:
This study highlights the complex interplay of physiological, psychological, and behavioral factors contributing to sleep deficits among older adults in Hong Kong. Addressing these determinants could alleviate the healthcare burden associated with geriatric sleep disorders and enhance the quality of life for this vulnerable population.

Keywords: Sleep quality, Hong Kong older adults, Epidemiology

Free Paper Competition – Oral Presentation

ORAL 09

Category 5: Others

What Really Matters in Strengthening the Primary Health Care Workforce? Insights from a Qualitative Study in China

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Introduction:
Primary health care (PHC) workforce shortages remain a critical issue globally and in China, threatening progress toward universal health coverage. This qualitative study examines the barriers and facilitators affecting PHC workforce retention and recruitment through in-depth interviews with practicing PHC providers and final-year medical students from China's Greater Bay Area (GBA).

Methods:
We conducted semi-structured face-to-face and online interviews (November 2023-December 2024) with primary healthcare practitioners (PCPs) and final-year medical students from GBA institutions. Participants were purposively sampled to ensure diversity. Data collection continued until thematic saturation was reached. Thematic analysis followed Braun and Clarke's framework.

Results:
Interviews with 17 PCPs and 13 students identified five key themes: (1) Community perceptions - mistrust of PHC, preference for tertiary/TCM care, and limited awareness of prevention discouraged recruitment; (2) Systemic barriers - resource constraints, opaque pay-for-performance mechanism, workforce imbalances, and fragmented IT systems hampered retention; (3) Training gaps - limited PHC exposure, unclear career pathways, and lack of standardized guidelines affected preparedness for PHC roles; (4) Professional development - students viewed PHC as career-limiting, while practitioners carved niche expertise (e.g., wound care, chronic disease management); (5) Personal motivations - although work-life balance, geographic proximity and family needs attracted some to PHC, students were deterred by mismatched aspirations and complex patient demands. Diverging views emerged: students favored specialization and hospital careers, while PCPs valued long-term patient care and continuity.

Conclusions:
Our findings highlight the complex interplay of community, institutional, educational, and individual-level factors that shape PHC workforce dynamics. Policies to improve PHC workforce recruitment and retention should go beyond financial incentives, addressing public perceptions, leadership development, training reform, and career progression opportunities. Tailored strategies are needed to align student aspirations with PHC career pathways and to enhance the professional identity of PHC providers.

Keywords: Primary health care, Workforce, Recruitment and retention

Free Paper Competition – Poster Presentation

Saturday, 12 July 2025 • 16:25 – 16:55 • Foyer, 1/F
Sunday, 13 July 2025 • 10:15 – 10:45 • Foyer, 1/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
01	Promoting Screen for Life in a Neighborhood General Practitioner Clinic in Singapore	**Alice K.Y. LO**
02	A Clinical Audit of the Assessment and Management of Patients Presenting with Lower Urinary Tract Symptoms (LUTS) in a Hospital Authority General Outpatient Clinic (CSW GOPC)	**Stanley H.O. NGAI**, W.M. SY
03	Exercise Intervention to Normalize Blood Pressure and Nocturnal Dipping in Hypertensive Patients: A Randomized Controlled Trial	**S.N. NG**, S. WANG, Daisy D. ZHANG, James CHENG, Stanley S.C. HUI, Esther Y.T. YU, Maria LEUNG, Winnie C.W. CHU, A.S. MIHAILIDOU, Benjamin H.K. YIP, Samuel Y.S. WONG, Eric K.P. LEE
04	Feasibility and Preliminary Effectiveness of Mindfulness-based Stress Reduction Program on Patients with Nocturnal Hypertension: A Pilot Randomized Controlled Trial	Shuqi WANG, Sze-Nok NG, Regina SIT, Benjamin H.K. YIP, Richard MCMANUS, Samuel Y.S. WONG, **Eric K.P. LEE**
05	"跳出糖線": A Nurse-Led Multimedia Program Empowering Lifestyle Change in Prediabetes Across Primary Care Settings	**F.L. YEUNG**, L.H. YIP, T.T. CHAN, L.S. CHIU, S.K. CHOI, W.K. FU, WENDY S.F. LO, F.W. SIU, S.K. WONG, B.C. WONG, RONALD S.Y. CHENG, Y.S. NG
06	Patient Perceptions and Attitudes towards Early Onset Colorectal Cancer Screening in Hong Kong: A Cross-sectional Study	**Junjie HUANG**, Claire Chenwen ZHONG, Martin C.S. WONG
07	Nutrition Knowledge of Texture Modified Diet (Soft Meal) for Elderly with Dysphagia for Workers in a Day Care Centre	**Angel O.K. LEUNG**
08	Explore Acceptability of Incorporating Mindfulness into Nutrition Cooking Workshops Held by Community Dietitians in Hong Kong	**Joey W.K. CHAN**, Heidi T.M. CHAN
09	Assessment of the Hong Kong Reference Framework for Children's Health in Primary Care: A Qualitative Study Using the Consolidated Framework for Implementation Research	**Claire C.W. ZHONG**, J.J. HUANG, Martin C.S. WONG

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Sunday, 13 July 2025 • 10:15 – 10:45 • Foyer, 1/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
10	Adoption of Reference Framework for Preventive Care for Children in Primary Care: A Survey of Practices, Barriers, and Enablers Among Hong Kong Physicians	**Claire C.W. ZHONG**, J.J. HUANG, Martin C.S. WONG
11	Enhancing Health Outcomes in Older Adults through Interdisciplinary Collaboration: A Case Study of Physician Referral and Nutritional Intervention	**Stefanie H.L. WONG**
12	Point-of-care Ultrasound (POCUS) in General Out Patient Clinic: A Game Changer for Early Detection and Management of Pathologies	**C.M. LAM**, K.W. CHAN, W. LO, K.L. CHEUNG, W.W. CHEUNG, S.Y. CHOW, Y.N. KWOK, Y.L. KWOK, P.Y. LAI, W.Y. LEE, C.L. NG, K.F. NG, P.H. NG, H.S. TAM, M.H. WONG, Y.S. WONG, M.P. YIU
13	Explore the Effectiveness of Continuous Glucose Monitoring in Improving Patient Outcomes in a Primary Care Setting	**C.Y. CHU**, W.H. LAU, M.L. LAI, P.H. LAM, W.H. CHUNG, Grace L.H. LIN, S.Y. LEUNG, Maria K.W. LEUNG
14	Intervention Design and Implementation Strategies for Direct Access to Physiotherapists in Primary Care: Synergizing the Roles of Family Doctors and Physiotherapists	**Carrie H.K. YAM**, Ethan M.Y. IP, T.Y. CHOW, Eliza L.Y. WONG, Herman M.C. LAU, C.T. HUNG, E.K. YEOH
15	The Impact of Spirometry in Early COPD Detection and Management in Primary Care	**M.K. WONG**, L.M. LEUNG, K.F. LAM, Y.S. NG
16	Feasibility of a Mobile Health App for Air Quality Forecasting to Support Asthma Self-Management: A Pilot Randomised Controlled Trial in Malaysia	**Wei Leik NG**, Adina ABDULLAH, Norita HUSSEIN, Chee Sun LIEW, Wee CHEAH, Chun LIN, Chng Saun FONG, Ping Yein LEE, Darwish Mohd ISA, Afifah TAHAR, Chin Hai TEO, Norimichi HIRAHARA, Chee Kuan WONG, Mohd Talib LATIF, Maggie Chel Gee OOI, Amy STIDWORTH, Daniel CONNOLLY, Poh Ying LIM, Jay EVANS, Bee Kiau HO, Hilary PINNOCK, Ee Ming KHOO

Free Paper Competition –
Poster Presentation

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Sunday, 13 July 2025 • 10:15 – 10:45 • Foyer, 1/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
17	Comparing the Efficacies of Two HIV Self-testing Services with Real-time Counseling Provided by a Chatbot Versus a Human Administrator in Improving HIV Self-testing Uptake and Support for Users: A Non-inferiority Randomized Controlled Trial	**Siyu CHEN**, Fuk-yuen YU, Yuan FANG, Jerome YAU, Neda NG, Qingpeng ZHANG, Zhao NI, Minh Cuong DUONG, Fenghua SUN, Phoenix K.H. MO, Zixin WANG
18	DM Joint Clinic - Collaboration between Fanling Family Medicine Centre and Diabetes & Endocrine Team of North District Hospital	**W.H. CHUNG**, I.M. WONG, Grace L.H. LIN, S.Y. LEUNG, K.H. YIU, Maria K.W. LEUNG, W.Y. SO
19	Enhancing Diabetes Self-Management: Evaluating Changes in Knowledge, Attitudes and Behaviors after Patient Empowerment Program Participation	**Yan W.Y. LAU**, Rachel C.K. LEUNG, Lili Y.L. TAM, Doris P.S. LAU
20	Application of Chatbots to Promote Physical Activity among Older Adults: A Systematic Review and Meta-analysis	**Xue LIANG**, Fenghua SUN, Fuk-yuen YU, Danhua YE, Phoenix K.H. MO, Zixin WANG
21	Chronic Disease Care Program China's Primary Care Clinic: A Feasibility Study	Betty H. LI, Kam K. MAK, Qin XUE, Jinming ZHU, Xiaomei Li, Xi ZHANG, Yanmei ZHAO, Jingting DENG Shaoping LI, Zhendi CHEN, **Henry C. C. LIM**, Kenny KUNG
22	Empowerment Program on Osteoporotic patients at General Out-Patient Clinic (GOPC)	**M.Y. CHAN**, Suki S.N. LAI, P.Y. LAM, S.K. PANG, K.W. SO, M.M. TO, Kathy Y.H. CHEUNG, Marcus M.S. WONG
23	Self-stigma and Psychological Well-being in Men who Have Sex with Men in Hong Kong: The Mediating Roles of Emotional Dysregulation and Resilience	**Yinghui SUN**, Yanxiao GAO, Phoenix K.H. MO
24	Using WhatsApp Method to Follow-up can Effectively Improve the Success Quit Rate of Smoking Cessation	**M.Y. LO**, W.H. LAU, K.H. LEUNG, T.Y. YEUNG, W.Y. CHAN, M.T. WONG, W.C. LIN, Y.S. KAN, M.L. LAI, K.W. LAW, P.H. LAM, W.H. CHIU, S.Y. LEUNG, K.W. LEUNG

Free Paper Competition – Poster Presentation

Saturday, 12 July 2025 • 16:25 – 16:55 • Foyer, 1/F
Sunday, 13 July 2025 • 10:15 – 10:45 • Foyer, 1/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
25	Improving Key Performance Indicators for Poorly Controlled Diabetes Patients Living in Rural Areas through Teleconsultation	**Y.M. LO**, P.K. CHOU, S.Y. HUNG, P.H. CHEUNG, Kathy Y.H. CHEUNG, P.N. TSUI, K.W. CHENG, L.F. KEUNG, T.K. CHAN, Felix H.L. LI, Wanmie W.M. LEUNG, Michelle M.Y. WONG, Marcus M.S. WONG
26	Improving Mental Wellness in Family Caregivers through Community Paediatric Palliative Support Care Approach	**Eliza L.Y. WONG**, Annie W.L. CHEUNG, Zoe P.Y. TAM, Dong DONG, Crystal Y. CHAN, Jing CHEN
27	Screening for Colorectal Cancer among Ethnic Minorities: An Innovative Approach	Eunice Y.C. CHAN, **Rinzin CHODOR**, Rakshita SHARMA, Deepika GURUNG, Sarina RANA MAGAR, Asma BATOOL, L.H. CHAN
28	Effectiveness of Peer-Trained Community Health Worker Intervention on Obesity Management in Chinese Adults Living in Informal Houses: A 6-Months Preliminary Investigation	**Crystal Y. CHAN**, Essa Y. CHEN, Flora C. LAM, Joyce H. CHAU, Leticia L. WONG, Henry H. SIN, Edwin S. CHUNG, Henry W. YU, Quinn K. NG, Eliza L.Y. WONG
29	Predicting 6-month Reversion to Normoglycemia in a Digital Diabetes Prevention Program Targeting Adults with Obesity and Pre-diabetes in Hong Kong	**Dominique J.C. RONG**, Mandy HO, Renee CHU
30	Effects of Community-based Primary Prevention Interventions on Preventive Behaviours of Osteoporosis among Older Adults: A Systematic Review	**C.W. CO**, T.K. CHEUNG, Titan T.S. MAK, T.T. LUK
31	Translation and Validation of Supportive and Palliative Indicators Care Tool (SPICT) into the Filipino Language	**Mara Raisel P. VERGARA-ROMULO**, Karin ESTEPA-GARCIA
32	Case Discussion on Primary Care Physicians' Role in Partnership for End-of-life Care Provision in Residential Care Homes for Elderly	**Welgent W.C. CHU**, Godfrey S.S. NGAI, M.P. KWONG, John C.M. LAM
33	Primary Care Palliative Management of Dyspnea in Glottic Squamous Cell Carcinoma with Lung Metastases	**Jessie ROXAS**

Free Paper Competition –
Poster Presentation

Saturday, 12 July 2025 • 16:25 – 16:55 • Foyer, 1/F
Sunday, 13 July 2025 • 10:15 – 10:45 • Foyer, 1/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
34	Ascariasis in Pregnancy: Clinical Case, Management, and Public Health Perspective	**Jason ACE TAMBALONG**
35	The Patient-centered, Family-focused and Community-oriented (PFC) Approach in Bereavement Care	**Jeszyl OLEA**
36	Why Do Patients Seek Emergency Care for Problems that Could be Managed in Primary Care? A Scoping Review	**Alison K.Y. CHAO**, Geoff MCCOMBE, Tomás BARRY
37	Optimizing the Frequency of Lipid Testing for Cardiovascular Disease Prevention in Adults with Type 2 Diabetes	**Boyuan WANG**, Emily T.Y. TSE, Celine S.L. CHUI, Cindy L.K. LAM, Eric Y.F. WAN
38	Lifetime Cost-effectiveness of the Risk Assessment and Management Programme for Hypertension (RAMP-HT)	**Zoey C.T. WONG**, Ivy L. MAK, Esther Y.T. YU, Emily T.Y. TSE, Julie Y. CHEN, W.Y. CHIN, David V.K. CHAO, Wendy W.S. TSUI, Tony K.H. HA, Eric Y.F. WAN, Cindy L.K. LAM
39	To Evaluate the Feasibility and Satisfaction of Using Teleconsultation in Managing Call Back of Abnormal Investigation Result in Staff Clinic	**Y.Y CHAN**, K.H. KAM, M.K. LEE, K.W. LEUNG
40	Assessing the Adoption and Feasibility of the Hong Kong Reference Framework for Preventive Care for Older Adults: A Cross-Sectional Survey of Primary Care Physicians	**Claire C.W. ZHONG**, J.J. HUANG, Martin C.S. WONG
41	Adoption of the Hong Kong Reference Framework for Preventive Care in Older Adults: A Qualitative Study Using the Consolidated Framework for Implementation Research	**Claire C.W. ZHONG**, J.J. HUANG, Martin C.S. WONG
42	From a Little Acorns to a Great Oaks- Transforming Patient Own Health Management by HA Go Promotion in Primary Health Care, Hong Kong East Cluster	**Y.T. WAN**, N. CHAN, S.Y. HUNG, P.H. CHEUNG, Kathy Y.H. CHEUNG, Wanmie W.M. LEUNG, Felix H.L. LI, Marcus M.S. WONG, Michelle M.Y. WONG

Free Paper Competition –
Poster Presentation

Saturday, 12 July 2025 • 16:25 – 16:55 • Foyer, 1/F
Sunday, 13 July 2025 • 10:15 – 10:45 • Foyer, 1/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
43	Enhancement of Service for Patients with Lower Urinary Tract Symptoms in Shau Kei Wan Family Medicine Specialist Triage Clinic (SKW FMSC)	**Daphne T.K. WONG**, C.Y. MAK, Wangie W.C. LEUNG, K.C. CHENG, Tersea Y.L. CHAN, S.Y. HUNG, P.H. CHEUNG, Kathy Y.H. CHEUNG, Felix H.L. LI, Wanmei W.M. LEUNG, Michelle M.Y. WONG, Marcus M.S. WONG
44	Medical A.I. Transcription: Speech to Record to Documents	**N.S. CHENG**, Y.X. NIE, S.N. HE, H. CHEN
45	Strong Need for Registered Dietitian Home Visit Services among Those Receiving Home-based Community Care Services	**Tony S.F. CHAN**
46	Bridging the Divide: Interoperability Challenges and Future Hope in Health Informatics for Family Doctor-Community Partnerships	**W.S. YU**
47	Developing a Conceptual Framework for Patient-reported Experience Measure in Community Mental Health Services: A Qualitative Study of Hong Kong Service Users	**Eliza L.Y. WONG**, Annie W.L. CHEUNG, Jonathan C.H. MA, Amy Y.K. WONG, E.K. YEOH
48	Caring for the Carers: An Advocacy Proposal for Family Caregiver Capacitation, Well-being and Support in a Tertiary Government Hospital	**Gianica Reena S. MONTEAGUDO**
49	The Impact of a Well-structured Family Medicine Placement Programme on Hong Kong's Medical Student's Skills, Understanding of Primary Care and their Career Aspiration	**Yeni Y.Y. CHAN**, Edwin Y.H. CHAN, Y.S. NG
50	The Effectiveness of Enhancing Skills of Patient Care Assistants through Simulation Training Workshop	**W.L. HO**, K.Y. FUNG, P.F. MOK, P.S. TSO, S.F. HO, W.M. WONG, Y.W. CHAN, S.F. LAI
51	Empowering Future Healthcare Professionals in Evidence-Based Diabetes Prevention Program	**Mandy HO**, Renee CHU, Michael LAU, Kammie YU, Heidi CHAN, Dorothy HO, Amy LAU, Wendy LI

Free Paper Competition –
Poster Presentation

Saturday, 12 July 2025 • 16:25 – 16:55 • Foyer, 1/F
Sunday, 13 July 2025 • 10:15 – 10:45 • Foyer, 1/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
52	Supporting those on the Final Lap: A Pilot Course in Primary Palliative Care in Hong Kong	Venus W. LAM, **Y.K. YIU**
53	Moderate Depression in Obstructive Sleep Apnoea (OSA) Patients with Diabetes in Hong Kong; A Local Study (MoDOSA-HK)	**S.M. WONG**, Emmanuel A. LE, Steven C.Z TSENG
54	How information Exposure Shapes Risk Perceptions and Vaccination Intentions Among Gay, Bisexual, and Other Men Who Have Sex With Men	**Doug H. CHEUNG**, Luyao XIE, Lijuan WANG, Siyu CHEN, Xinge LI, Zheng ZHANG, Shen GE, Xinyue CHEN, Fuk-yuen YU, Yuan FANG, Zihuang CHEN, Zhennan LI, Fenghua SUN, Phoenix K.H. MO, Yingjie LIU, Zixin WANG
55	Sex-Specific Blood Pressure Cut-Offs Associated with Cardiovascular Events: A Real-World Cohort Study of 1,931,155 Chinese Individuals	**Shuqi WANG**, Benjamin H.K. YIP, S.N. NG, Aneesa A. RASHID, Sabrina K.W. WONG, Regaina W.S. SIT, Eng-Kiong YEOH, Eric K.P. LEE, Anastasia S MIHAILIDOU
56	Altered DNA Methylation and Gut Microbiota Mediate the Effect of Smoking on Obesity: Implications for Public Health Interventions	**Xueqi WU**, Ye PENG, Shilin ZHAO, Xi ZHANG, Hein M. TUN
57	Intergenerational Transmission of Internet Gaming Disorder in Hong Kong Adolescents	**Qian LI**, Samuel Y.S. WONG, Xue YANG
58	Exploring the Impact of Environmental Factors on Sleep Quality and Mental Health Among Nurses in Hong Kong: A Pilot Study	**Xueqiong WENG**, Yufei LIU, Natalie H.Y. TANG, Cherry C.M. WAN, Feng WANG, Wenzhen LI, Julie Y.T. MA, Amy W.Y. HO, C.S. HO, Shelly L.A. TSE
59	Incidence, Risk Factors, and Epidemiological Trends of Tracheal Cancer: A Global Analysis	**Junjie HUANG**, Claire Chenwen ZHONG, Martin C.S. WONG
60	Global Burden, Risk Factors, and Temporal Trends of Ureteral Cancer: A Comprehensive Analysis of Cancer Registries	**Junjie HUANG**, Claire Chenwen ZHONG, Martin C.S. WONG
61	Increasing Incidence of Pancreatic Cancer in Hong Kong: A Population-based Study	Zehuan YANG, Claire Chenwen ZHONG, Martin C.S. WONG, **Junjie HUANG**

Free Paper Competition –
Poster Presentation

Saturday, 12 July 2025 • 16:25 – 16:55 • Foyer, 1/F
Sunday, 13 July 2025 • 10:15 – 10:45 • Foyer, 1/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
62	Risk Factors for All-cause and Cause-specific Mortality in Patients with Chronic Kidney Disease: Age-Specific Associations and Attributable Burden	**Jie MEI**, Yuk Kam YAU, Emily T.Y. TSE, Franco W.T. CHENG, Sydney C.W. TANG, Peter TANUSEPUTRO, Cindy L.K. LAM, Eric Y.F. WAN
63	Preliminary Findings on Social Determinants and Gender Differences in Sleep Health Disparities: A Descriptive Analysis in Hong Kong 2024	**Veeleah Y.C. LOK**, Melinda C. LIU, Roger Y. CHUNG, Jean H. KIM
64	Prevalence of Chronic Kidney Disease in Atrial Fibrillation Patients and its Relationship with CHA2DS2-VASc Score	**Y.O. TANG**, Liujing CHEN, Johnny T.K. CHEUNG, Shirley Y.K. CHOI, W.K. LEUNG, Maria K.W. LEUNG
66	The Association between Obesity Index and Cardiovascular Risk Factors in Chinese Primary Care Adults	**Shengfei LIU**, Zhongli DAI, Jie ZHANG, Qiqiang HE
67	Assessment of CKD Risk Among Patients with Impaired Fasting Glucose in a Primary Care Setting	**Shirley Y.K. CHOI**, Eva L.Y. CHEUNG, Jessica J.H. HAN, Kennedy W.K. LEUNG, Maria K.W. LEUNG
68	Prevalence of Nocturnal Hypertension and Associated Factors: A Cross-sectional Study among Hypertensive Patients Attending a Public Primary Care Clinic in Singapore	**S.Y. GUN, K.L. SHOW**, Eldred H.Y. SNG, Z.Y. CHANG, A.S. MOOSA, Aileen Chelsea A. LIM, D.X. NG, A. KAWAJA, E.C. CHAN, C.J. NG
69	The Impact of the COVID-19 Pandemic on the Willingness of Citizens to Receive Influenza Vaccines	**H.Y. TANG**
70	The Silent Epidemic: Low Muscle Mass and Its Growing Threat Among South Asians	**B. SHARMA**, Hebe M.H. CHIO, T.L. TANG, Danna C. VARGAS, H. MUNIR, C.Y. WONG, Tony SUN, Gary K.K. CHUNG, D. DONG, E.K. YEOH
71	Comparative performance of the Osteoporosis Self-Assessment Tool for Asians (OSTA), Chinese Osteoporosis Screening Algorithms (COSA), and Fracture Risk Assessment Tool (FRAX®) for stratifying osteoporosis risk among free-living older adults in Hong Kong	**Ivy L. MAK**, Alissa, N.M. KAN, Ricky R.Y. LIU, Eric Y.F. WAN

Free Paper Competition – Poster Presentation

Saturday, 12 July 2025 • 16:25 – 16:55 • Foyer, 1/F
Sunday, 13 July 2025 • 10:15 – 10:45 • Foyer, 1/F

NO.	PRESENTATION TOPIC	AUTHORS *(The name of the presenting author is underlined)*
72	Exploring of Social Isolation Trend in Hong Kong SAR, China Community-dwelling Older Adults	**Eliza L.Y. WONG**, Clement C.W. NG, Carol K.P. WONG, Shirley S.K. LUI, E.K. YEOH
73	A Patient with Ankles Edema	**Emily T.Y. TSE**
74	Willingness of COVID-19 Booster Vaccination Among High-Risk Groups in Hong Kong Residents: A Post-Pandemic Evaluation	**Claire C.W. ZHONG**, J.J. HUANG, Martin C.S. WONG
75	Adherence to the DASH and Mediterranean Diet and the associations with Depressive and Anxiety Symptoms in Hong Kong Middle-aged Adults	**Agassi C.W. WONG**, Xue YANG, Samuel Y.S. WONG
76	Effectiveness of Psychosocial Intervention to Improve the Mental Health in Men who Have Sex with Men (MSM): A Systematic Review and Meta-analysis	**Ramon S.C. WEI**, Samantha J. CHENG, J.X. LI, Edmond P.H. CHOI, William C.W. WONG
77	Comparative Analysis of Fat Particle Size in Commercial Infant and Growing Up Formulas in Hong Kong	**Sang ZOU**, Kit Ying TSOI, Amber Jia Chi CHIOU
78	Translation and Validation of the Pharmacy Services Questionnaire (PSQ) in a Chinese Population	**C.L. CHEUNG**, Edmund H.H. YIU, Frank N.K. CHAN, Tommy L.H. CHO, Janet H.T. SUN, Marco T. LEE, Tommy K.H. LEE, Gladys D. CHEUNG, Kitty K.K. LAW, Janet K.T. WONG, Franco W.T. CHENG, Leo K.Y. LO, William H.C. YUEN, Reason P.Y. YUEN, Timothy F. CHEN, Esther W.Y. CHAN, Ian C.K. WONG, Vanessa W.S. NG, Eric Y.F. WAN
79	The Prevalence of Chronic Kidney Disease among Patients with Gout in Primary Care	**Jinghao HAN**, Shirley Y.K. CHOI, L.Y. CHENG, W.K. LEUNG, Maria K.W. LEUNG
80	Factors Correlated with Low Workplace Well-being in Hong Kong	**Elorm DONKOR**, Dong DONG, Roger CHUNG, Katherine SZE, Melinda C. LIU, Jean H. KIM
81	Heart-to-Heart: Cardiovascular Palliative Care in Adolescent with Rheumatic Heart Disease & Thoracoabdominal Aortic Aneurysm	**Anthony Q. RABANG**

* *The abstract of No. 32, 33, 34, 35, 48 and 81 are accepted for poster presentation, but excluding from Free Paper Competition.*
* *The abstract of No. 65 is withdrawn from the Free Paper Competition - poster presentation.*

Free Paper Competition – Poster Presentation

Poster 01

Category 1: Primary Care Interventions and Advances

Promoting Screen for Life in a Neighborhood General Practitioner Clinic in Singapore

Alice K.Y. LO

Department of Family Medicine, National University Health System, Singapore

Introduction:
The Screen for Life (SFL) program is a nationwide health screening initiative to encourage early detection of certain chronic diseases and cancers in Singapore. It aims to make health screening accessible and affordable to eligible Singaporeans in participating private general practitioner (GP) clinics. It comprises age- and gender-based screening for obesity, hypertension, hyperlipidemia, type 2 diabetes mellitus, cervical cancer and/or colorectal cancer. Eligible Singaporeans pay at most $5 SGD ($30 HKD) per visit. However, the take-up rate for SFL was low. We report the results of a quality improvement project (QIP) to increase the take-up rate of SFL from Oct 2022 to April 2023 in Raffles Medical Bedok North clinic, a neighborhood GP clinic in Singapore.

Methods:
A root cause analysis was carried out to explore the reasons behind the low SFL take-up rate. A Pareto chart and PICK chart were constructed to derive strategies to help boost SFL take-up rate. Two Plan-Do-Check-Act (PDCA) cycles were undertaken for the above objective.

Results:
Deploying various visual reminders in the clinic did not lead to a significant increase in SFL take-up rate during the first PDCA cycle. A SFL reminder card with a QR code printed on it that empowered patients to directly assess their own eligibility through a government portal led to a 363% increase in SFL take-up in 3 months in the second PDCA cycle. The increase in take-up rate persisted even after the QIP had ended.

Conclusions:
Initiatives that involve active promoting and empowerment of patient autonomy aid in the effort to promote a chronic diseases and cancer screening program in a neighborhood GP clinic setting.

Keywords: Screening, Chronic diseases, GP

Free Paper Competition – Poster Presentation

Poster 02

Category 1: Primary Care Interventions and Advances

A Clinical Audit of the Assessment and Management of Patients Presenting with Lower Urinary Tract Symptoms (LUTS) in a Hospital Authority General Outpatient Clinic (CSW GOPC)

Stanley H.O. NGAI, W.M. SY

Cheung Sha Wan Jockey Club General Out-patient Clinic, Hospital Authority

Introduction:
Lower urinary tract symptoms (LUTS) are commonly encountered in male patients of middle age or older in the primary care setting. As the overwhelming majority of these symptoms can be attributed to benign prostatic hyperplasia (BPH), it is easy for clinicians to "jump to the conclusion" and treat the patient as BPH without appropriate assessment or symptom quantification. This clinical audit will review the assessment and management of patients presenting with LUTS in the GOPC setting.

Methods:
Patients who fulfilled the inclusion criteria were recruited to this audit. Recommendations from the latest evidence-based guidelines were used in setting the audit criteria. 50 patients were randomly sampled in the 1st and 2nd cycles respectively. Interventions including clinic presentation, use of cue cards and placement of questionnaires in consultation rooms were done between the two cycles.

Results:
All five of the audit criteria showed improvement after interventions. The most significant improvements were in the use of the International Prostate Symptom Score (criterion 2, p-value <0.001), urine microscopy or multistix (criterion 3, p-value 0.007), and documentation of blood pressure on initiation of alpha-blockers (criterion 5, p-value <0.001).

Conclusions:
Familiarization with the audit criteria increased doctors' awareness of the proper assessment and management of patients presenting with LUTS.

Keywords: Lower urinary tract symptoms (LUTS), Benign prostatic hyperplasia (BPH), Clinical audit

Free Paper Competition – Poster Presentation

Poster 03

Category 1: Primary Care Interventions and Advances

Exercise Intervention to Normalize Blood Pressure and Nocturnal Dipping in Hypertensive Patients: A Randomized Controlled Trial

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Introduction:
Non-dipping refers to a lack of normal systolic blood pressure (BP) reduction of 10% during sleep, independently predicts cardiovascular events and mortality. It is unclear whether exercise can normalize non-dipping in hypertensive patients. This study aimed to examine the effectiveness of exercise on normalizing non-dipping.

Methods:
This pragmatic randomized controlled trial (RCT) involved 198 hypertensive Chinese non-dippers. Participants were randomized to either Exercise-is-Medicine (EIM) program plus usual care or usual care group (1:1). EIM group received a combined program that included 12-week exercise classes, tailored home exercises with online video clips, a mobile application, wrist trackers, self-scheduling, monitoring, regular feedback, and motivational interviewing. While participants were not blinded due to intervention nature, investigators were blinded to randomization sequence and allocation. Participants were monitored for change in hypertensive medication during intervention. Primary outcome was the proportion of non-dippers at 3 months (immediately after intervention). Secondary outcomes included other BP parameters, exercise level measured by metabolic equivalent of task (MET), lipid profile, fat percentage, and fasting glucose.

Results:
At baseline, the mean age of participants was 63.52, with 40.91% male. All participants were non-dippers (dipping percentages were 4.23% in intervention and 4.16% in control). At 3 months, EIM program did not significantly reduce the proportion of non-dippers (EIM:68.69% [95% CI:59.39%-77.98%] vs. control:73.74% [95% CI:64.92%-82.56%]; p=0.43). Similar results were observed at 12 months (61.62% [95% CI:51.87%-71.36%] in EIM vs. 73.74% [95% CI:64.92%-82.56%] in control; p=0.07). MET and other main secondary outcomes also showed non-significant group differences.

Conclusions:
Although intervention group had a lower proportion of non-dippers than control group at both 3 and 12 months, the differences were not significant. Despite incorporating interventions to encourage exercise habits, EIM program did not effectively increase exercise levels or improve non-dipping in hypertensive patients.

Keywords: Ambulatory blood pressure monitoring, Hypertension, Exercise

Free Paper Competition – Poster Presentation

Poster 04

Category 1: Primary Care Interventions and Advances

Feasibility and Preliminary Effectiveness of Mindfulness-based Stress Reduction Program on Patients with Nocturnal Hypertension: A Pilot Randomized Controlled Trial

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Introduction:
Nocturnal blood pressure (BP) during sleep is a stronger predictor of cardiovascular events and mortality than daytime BP. Nocturnal hypertension (HT) affects approximately 60% of patients with hypertension, yet there is no standard treatment. While mindfulness-based stress reduction (MBSR) programs have shown potential in lowering office BP, they were not shown to reduce nocturnal or out-of-office BP. This pilot randomized controlled trial (RCT) aimed to assess the feasibility and preliminary effectiveness of MBSR in managing nocturnal HT.

Methods:
This parallel RCT randomized patients with nocturnal HT in a 1:1 ratio to either an 8-week generic MBSR program or standard care. Participants were instructed to perform nocturnal home BP monitoring (HBPM) weekly throughout the 8-week trial. The primary outcomes included recruitment rate, dropout rate, adherence to ambulatory BP monitoring (ABPM) and HBPM, and MBSR and its home practices. Secondary outcomes included BP measurements from ABPM, mood symptoms, sleep quality, mindfulness levels, adherence to treatments, and safety at 8 weeks. Acceptability was further evaluated through patient interviews. ANCOVA was employed for quantitative analysis, controlling for baseline values and treatment groups, while interview data were thematically analyzed by at least two researchers.

Results:
The recruitment rate was 13 participants per month, with a retention rate of 98.7%. Among MBSR participants, 83.3% attended ≥6 classes (out of 8), and of the 31 patients who tracked their home practice, they engaged in it on 77% of days. All participants completed ABPM at baseline and 8 weeks; however, only 55.3% reported adequate nocturnal HBPM readings. Patients noted benefits from the MBSR course, although HBPM and ABPM disrupted sleep for a minority. MBSR significantly reduced nocturnal systolic BP on ABPM compared to usual care (121.9 mmHg vs. 128.6 mmHg, $p = 0.01$), but no statistically significant effects were observed on other BP parameters, sleep quality, mood, adherence, or overall mindfulness scores. No adverse events related to the trial or MBSR were detected.

Conclusions:
This pilot RCT is the first to explore the effects of mindfulness on nocturnal BP in a Chinese population. The study confirms the feasibility of conducting a definitive RCT, demonstrating effective patient recruitment and retention, the acceptability of MBSR, and successful data collection (e.g., repeated ABPM). Although MBSR may reduce nocturnal systolic BP by 7 mmHg, this must be further confirmed by a definitive RCT.

Keywords: Nocturnal hypertension, Mindfulness, Randomized controlled trials

Free Paper Competition – Poster Presentation

Poster 05

Category 1: Primary Care Interventions and Advances

"跳出糖線": A Nurse-Led Multimedia Program Empowering Lifestyle Change in Prediabetes Across Primary Care Settings

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Introduction:
Prediabetes is a reversible yet underrecognized condition elevating diabetes and cardiovascular disease risks. A six-week nurse-led lifestyle empowerment program utilizing multimedia tools was piloted across four NTWC GOPCs, enhancing accessibility and patient engagement to promote preventive health behaviors.

Methods:
Between June and August 2024, 45 prediabetes patients were recruited; 43 completed the program (2 lost to follow-up). Participants received structured education via QR-coded cue cards, videos, and a website, alongside individualized nurse-led counseling and goal setting.
Follow-up calls at weeks 3 and 6 reinforced behavior changes. Pre/post-questionnaires assessed knowledge, lifestyle habits, and self-monitoring practices. Due to unavailable paired data, Chi-square analyses compared pre/post group-level changes.

Results:
- Participants were predominantly female (67.4%) and aged 61–70 (51%).
- Knowledge: Mean score rose significantly (3.7→8.0); participants scoring ≥9 increased markedly (2→23).
- Exercise: Inactivity decreased substantially (58.1%→18.6%); ≥3 times/week exercise increased significantly (23.3%→46.5%; $\chi^2(3)=14.46$, $p=.0023$).
- BP Monitoring: Significant rise in monitoring ≥2 times/week (34.9%→65.1%; $\chi^2(3)=22.04$, $p<.001$), indicating enhanced self-care.
- Lifestyle: 83.7% reported improved diet; 65.1% experienced weight loss. No significant change in glucose monitoring.
- Satisfaction: Over 90% rated program components highly (scores 4–5/5), suggesting strong acceptability.

Conclusions:
This nurse-led, multimedia empowerment initiative demonstrated significant improvements in knowledge and lifestyle behaviors in patients with prediabetes, despite methodological limitations in data-pairing. Future iterations should include extended follow-up and paired data collection, enabling evaluation of sustained outcomes and facilitating scalability to other chronic conditions in primary care settings.

Keywords: Prediabetes, Multimedia empowerment, Primary care

Free Paper Competition – Poster Presentation

Poster 06

Category 1: Primary Care Interventions and Advances

Patient Perceptions and Attitudes towards Early Onset Colorectal Cancer Screening in Hong Kong: A Cross-sectional Study

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Introduction:
Early Onset Colorectal Cancer (EOCRC) is an emerging public health concern in Hong Kong, particularly among individuals aged 40 to 49. Understanding their perceptions and attitudes regarding colorectal cancer screening methods is essential for developing effective interventions to enhance participation rates. This study explores the perceptions and attitudes of Hong Kong residents concerning EOCRC screening methods, specifically faecal immunochemical testing (FIT) and colonoscopy.

Methods:
A cross-sectional study was conducted in Hong Kong from April to June 2024, targeting residents aged 40 to 49. An anonymous survey based on the Health Belief Model (HBM) assessed participants' perceptions and attitudes toward EOCRC screening methods. Multivariable logistic regression was employed to evaluate factors associated with attitudes toward EOCRC screening.

Results:
Of the 1,029 responses analysed, 785 individuals (76.29%) indicated a willingness to undergo EOCRC screening. Multivariable logistic regression revealed that married individuals (Adjusted odds ratio [AOR]: 1.414, 95% CI: 1.003-1.993, p=0.048), full-time employees (AOR: 1.720, 95% CI: 1.024-2.888, p=0.040), those from higher-income families (AOR: 1.892, 95% CI: 1.066-3.355, p=0.029), and individuals with chronic diseases (AOR: 1.627, 95% CI: 1.147-2.308, p=0.006) were more likely to participate. Conversely, individuals with poorer self-perceived health (AOR: 0.621, 95% CI: 0.434-0.889, p=0.009), lower health and psychological barriers toward FIT (AOR: 0.637, 95% CI: 0.446-0.910, p=0.013), lower self-efficacy (AOR: 0.314, 95% CI: 0.220-0.448, p<0.001), and fewer cues for action (AOR: 0.646, 95% CI: 0.457-0.913, p=0.013) were less likely to participate in EOCRC screening.

Conclusions:
The findings highlight the importance of targeting specific sociodemographic groups to enhance participation in EOCRC screening among Hong Kong residents aged 40 to 49. Addressing health perceptions and increasing awareness of screening benefits could further improve screening uptake in this population.

Keywords: Early onset colorectal cancer, Cancer screening, Health belief model

Free Paper Competition – Poster Presentation

Poster 07

Category 1: Primary Care Interventions and Advances

Nutrition Knowledge of Texture Modified Diet (Soft Meal) for Elderly with Dysphagia for Workers in a Day Care Centre

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Introduction:
The provision of adequate nutrition is of paramount importance for the elderly, particularly for individuals with dysphagia and physically considered as frail. To address this need, a soft meal workshop was designed for staff at the day care centre, aiming to bridge the gap in their knowledge and preparation of soft meals. By emphasizing the practical aspects of soft meal preparation and incorporating a cooking demonstration, this workshop aims to enhance the staff's knowledge and skills for soft meal preparation.

Methods:
The workshop was facilitated by community dietitians at the day care centre, with eight participating staff. It consisted of a 30-minute knowledge and theory presentation covering the basic knowledge of diet and nutrition for dysphagia and the role of soft meal in improving the nutritional intake of residents, followed by a 45-minute cooking demonstration of tomato chicken sandwich with The International Dysphagia Diet Standardisation Initiative (IDDSI) Level 4. A pre-test and post-test were completed by the staff, consisting of eight knowledge-based questions and two attitude-based questions.

Results:
By comparing the pre-test and post-test, based on the total number of correct answers chosen by the participants, the average knowledge score increased from 42% to 81%, demonstrating an improvement in the staff's knowledge of soft meal preparation. For the attitude section, the average score rose from 4.32 to 4.50, indicating their acknowledgement of dietitians' supportive role in enhancing food service.

Conclusions:
By organizing a soft meal workshop for the staff at the elderly day care centre, the participants' knowledge and attitude scores improved, highlighting the importance of the training workshop in enhancing knowledge and the skills for preparing nutritious soft meals. Future workshops could be expanded to various groups, such as staff at nursing homes and caregivers in the community, contributing to enhanced quality of life for the elderly.

Keywords: Community dietitian, Texture modified diet, Soft meal

Free Paper Competition – Poster Presentation

Poster 08

Category 1: Primary Care Interventions and Advances

Explore Acceptability of Incorporating Mindfulness into Nutrition Cooking Workshops Held by Community Dietitians in Hong Kong

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Introduction:
Mindfulness in medicine has been successfully applied in psychological therapy settings, yet has not been widely explored in the nutrition and dietetic settings. Mindfulness practice focuses on awareness in the present moment, observing thoughts and feelings non-judgmentally, thereby leading to calmness and clarity. Workshops aim to help participants reduce stress around food, counteracting the restrictive eating mindset prevalent in society.

Methods:
Two three-hour Mindful Eating and Cooking Demonstration workshops were conducted by a community dietitian with mindfulness training background in September and December 2024 respectively. A total of 13 participants from the general public with an interest in mindful eating were recruited. Qualitative feedback was collected from participants via group discussion at the start and end of the workshops. An online survey gathering feedback on the usefulness of knowledge, skills applicability, dietitian's teaching skills and utilization of teaching materials was disseminated to participants as part of the evaluation.

Results:
All 13 participants were attentive, engaging with the dietitian and expressing curiosity about mindfulness in diet at the start of workshops. Most of them (11 out of 13) experienced mindful eating for the first time. All participants remarked that food tasted richer and that they felt more relaxed during discussions. The response rate for the evaluation survey was 85%, with all respondents indicating "satisfied" or "very satisfied" with the aforementioned four aspects. Furthermore, four participants expressed gratitude for being introduced mindful eating, with two of them sharing their successful experiences of incorporating this practice into their daily lives.

Conclusions:

Participants provided positive feedback on incorporating mindfulness practices into nutrition workshops to reduce stressful eating behaviors such as restrictive eating that has detrimental impact on overall health. This highlights the need to develop strategic nutrition workshops integrating mindfulness approach to increase public awareness and cultivate a healthier eating culture, empowering individuals to make food choices that strengthen both physical and mental well-being.

Keywords: Mindfulness, Food and nutrition, Community dietitian

Free Paper Competition – Poster Presentation

Poster 09

Category 1: Primary Care Interventions and Advances

Assessment of the Hong Kong Reference Framework for Children's Health in Primary Care: A Qualitative Study Using the Consolidated Framework for Implementation Research

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Introduction:
The Hong Kong Reference Framework for Children's Health in Primary Care (CRF) aims to standardize pediatric care in primary settings. However, its integration into clinical practice remains uncertain. This study evaluates the facilitators and barriers to CRF adoption among primary care physicians (PCPs) in Hong Kong using the Consolidated Framework for Implementation Research (CFIR).

Methods:
A qualitative study was conducted in 2024 with 35 PCPs from diverse settings, including General Outpatient Clinics, Family Medicine Specialist Clinics, Health Maintenance Organizations, private practices, and solo clinics. Physicians' experience ranged from 5 to over 40 years. In-depth interviews were conducted and thematically analyzed using CFIR to identify factors influencing CRF adoption.

Results:
Key facilitators included the CRF's credibility, reinforced by governmental endorsement (26 physicians) and expert committee involvement, as well as its strong research foundation (18 physicians). The CRF's comprehensive nature, which consolidated guidelines for pediatric care, was highly valued (22 physicians). Barriers included the framework's complexity, with 11 physicians finding it too detailed for busy clinical environments. Time constraints were a challenge, especially for public sector physicians (14), while private practitioners (9) questioned its real-world feasibility. A lack of awareness about the CRF was noted by 13 physicians, with suggestions for greater outreach and training. Strategies for improvement included simplifying content (14 physicians), integrating the CRF into electronic medical records (10), and providing policy incentives like linking adherence to reimbursement structures (12).

Conclusions:
While the CRF is generally well-regarded, its adoption is hindered by factors such as complexity, accessibility, and system constraints. Simplifying the framework, enhancing awareness, and integrating it into clinical workflows with policy support could improve its implementation in primary care settings. Regular updates are essential to maintain its relevance.

Keywords: Primary Care, Guideline adherence, Implementatino science

Free Paper Competition – Poster Presentation

Poster 10

Category 1: Primary Care Interventions and Advances

Adoption of Reference Framework for Preventive Care for Children in Primary Care: A Survey of Practices, Barriers, and Enablers Among Hong Kong Physicians

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Introduction:
The adoption of the Reference Framework for Children's Health (RF) is crucial for improving child health outcomes. This study evaluates primary care physicians' (PCPs) adherence to various RF components and explores barriers and enablers to its implementation in public and private healthcare settings in Hong Kong.

Methods:
A quantitative survey was conducted with 484 physicians from both public and private sectors. The survey assessed adherence to all RF items. Enablers and barriers to RF adoption were also examined. Regression analysis identified key factors influencing the RF's appropriateness, acceptability, and feasibility.

Results:
The adoption of the reference framework for child preventive care varied widely. Over 70% of respondents rarely implemented key measures such as rubella susceptibility screening, antenatal HIV and syphilis screening, pertussis vaccination for pregnant women, parental education on sudden infant death syndrome, newborn hearing and vision screening, and collaboration on children's mental and behavioral issues. In contrast, more than 70% frequently followed childhood immunization schedules, supported smoking cessation for parents, and provided guidance on managing acute childhood diseases.

Key factors influencing adoption included the inclusion of essential clinical and local information and the potential to improve patient knowledge. However, barriers such as limited consultation time and resource constraints hindered broader implementation. Addressing these challenges may enhance the uptake of underutilized recommendations.

Conclusions:
To improve the adoption of key preventive measures for children, efforts should focus on addressing time and resource constraints while reinforcing the framework's clinical relevance and local applicability. Enhancing support for healthcare providers and integrating practical strategies may facilitate broader implementation and improve child health outcomes.

Keywords: Primary care, Guideline adherence, Child health services

Free Paper Competition – Poster Presentation

Poster 11

Category 1: Primary Care Interventions and Advances

Enhancing Health Outcomes in Older Adults through Interdisciplinary Collaboration: A Case Study of Physician Referral and Nutritional Intervention

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Introduction:
Older adults often have complex dietary needs, particularly those with multiple chronic conditions. An overly restrictive diet can negatively impact their nutritional status and well-being. Physicians play a vital role in recognising these nutritional challenges and making necessary referrals to dietitians, who are trained to support patients in navigating complex dietary needs while maintaining their quality of life. This case study emphasizes the importance of physicians' referral and role of dietitians in enhancing patient health outcomes.

Methods:
An 88-year-old male was referred to dietitian by his family doctor with referral letter for 10% weight loss over 2 years, with known hyperlipidaemia, gout, hypertension, mild renal impairment, history of prostate cancer, and early dementia. He presented with BMI 19.69, low body fat percentage and normal muscle mass for his age range measured by body impedance analysis.

Accompanied by his daughter, patient expressed concerns about his dietary choices, particularly in gout management and weight loss in the initial face-to-face consultation. A 24-hour diet recall revealed inadequate energy and protein intake due to fear of gout attacks as evidenced by reported diet meeting ~75% of energy and ~64-80% protein requirement for weight gain. Diet interventions focused on balanced diet, ensuring adequate protein intake, adequate hydration, and limiting high-purine foods. Active listening was crucial in acknowledging patient's emotions, building rapport in addressing dietary concerns and removing unnecessary restrictions that hindered diet variety and weight maintenance.

Results:
3 Face-to-face consultations with dietitian were completed over 5 months, his body weight increased by 3.4kg (6.7%), with 2.8% increase in body fat and 1.4 kg increase in muscle mass. Patient and his daughter reported reduced gout attacks and frustrations over food choices, along with increased diet variety. Positive feedback from family doctor reinforced the effectiveness of interdisciplinary collaboration.

Limitations: Patient outcomes were primarily based on body composition data, which is limited in scope. Accuracy of patient's perspective may be compromised by early dementia, despite of the supplementary insights from his daughter.

Conclusions:
As the initial contact point in the healthcare journey, physicians serve an essential role in recognizing and escalating the patients' needs for medical nutrition therapy by dietitians. This case illustrates the synergy of interdisciplinary collaboration in enhancing community care and improving patient outcomes. Exploring perspectives from both physicians and patients may help identify barriers to dietitian referrals in disease management within the community.

Keywords: Older adults, Community dietitian, Interdisciplinary collaboration

Free Paper Competition – Poster Presentation

Poster 12

Category 1: Primary Care Interventions and Advances

Point-of-care Ultrasound (POCUS) in General Out Patient Clinic: A Game Changer for Early Detection and Management of Pathologies

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Introduction:
Urological and hepatobiliary problems are very commonly encountered in primary care. Appropriate use of bedside POCUS by trained Family Physician allows timely diagnosis at initial steps.

Methods:
Suitable cases of epigastric pain, loin pain, deranged liver function, deranged renal function or lower urinary tract symptoms encountered in the Department of Family Medicine and Primary Health Care of Kowloon West Cluster were recruited to receive POCUS performed by trained Family Medicine specialists.

Results:
In 2024, 2305 cases of POCUS of hepatobiliary or urinary system were performed. 1767 pathologies were detected. Some common pathologies included benign prostatic hyperplasia (530), fatty liver (309), renal stone (140), gallstone (127), renal parenchymal disease (109), and gallbladder polyp (83). Some less common but important pathologies detected were hydronephrosis (44) renal tumor (2),bladder polyp and tumor (2) and prostatic cancer (1). 85 cases required either surgical or non-surgical intervention after POCUS.

One important finding is that a significant number of hydronephrosis was detected. Besides stone, there are still other non-calculus lesions which can lead to hydronephrosis but cannot be shown on X-ray. In our POCUS experience, we detected these non-calculus lesions at different levels of the urinary system, including pelvi-ureteric junction, ureter, vesico-ureteric junction and prostatic urethra. Since hydronephrosis is potentially reversible, early detection allows management at an early stage for these more hidden and potentially serious conditions.

Conclusions:
Our study demonstrates that POCUS in Family Medicine improves patient outcome.

Keywords: Point-of-care ultrasonography, Hydronephrosis, Urinary system

Free Paper Competition – Poster Presentation

Poster 13

Category 1: Primary Care Interventions and Advances

Explore the Effectiveness of Continuous Glucose Monitoring in Improving Patient Outcomes in a Primary Care Setting

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Introduction:
Continuous Glucose Monitoring (CGM) provides real-time glucose data and monitoring. By inserting a sensor, patients can get instant feedback of their glycemic patterns and make immediate, informed adjustments to diet, physical activity and medication adherence. Our study evaluates the clinical effectiveness of CGM implementation in a public primary care clinic.

Methods:
The pilot program started at Fanling Family Medicine Centre (FLFMC) in November 2023. Patients with high HbA1c but low fasting glucose, discrepancy of home blood glucose and HbA1c, poor glycemic control and poor insight were selected and provided with CGM devices. A multidisciplinary team consisting of family physician, primary care nurses and diabetes nurse consultants reviewed the glucose patterns, adjusted treatment plans and provided counseling accordingly. Effectiveness of the program was assessed through comparative analysis of pre- and post-intervention HbA1c levels and patient satisfaction surveys.

Results:
13 patients were recruited from November 2023 to February 2025. All patients reported enhanced understanding with better awareness of dietary choices, physical activity and medication through the program from the post-CGM satisfaction survey. Also, the average level of HbA1c levels decreased from 9.14% (pre-intervention) to 8.18% (post-intervention). Notably, 4 cases of hypoglycemia were identified, leading to earlier reviews of their medications.

Conclusions:
The CGM pilot program at FLFMC has demonstrated significant potential in improving glycemic control and patient awareness of diabetes management. The reduction in HbA1c levels and the early identification of hypoglycemic cases underscore the clinical benefits of CGM. However, cost remains a barrier to wider adoption, and further efforts are needed to make this technology more accessible to patients.

Keywords: Continuous glucose monitoring (CGM), Primary care setting, Glycemic control

Free Paper Competition – Poster Presentation

Poster 14

Category 1: Primary Care Interventions and Advances

Intervention Design and Implementation Strategies for Direct Access to Physiotherapists in Primary Care: Synergizing the Roles of Family Doctors and Physiotherapists

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Introduction:
While research has demonstrated the benefits of direct access to physiotherapists, issues remain on the appropriate policy design for direct access in the context of patient safety and organizational challenges in implementation. The policy to allow direct access in primary care context is being formulated in Hong Kong. This study aims to examine the intervention design options for the policy of direct access to physiotherapists in Hong Kong and identify corresponding implementation strategies, informed by Implementation Science and verified in a Delphi Survey.

Methods:
A sequential mixed-method approach was employed, including the formation of an expert steering group, literature review, qualitative in-depth interviews and focus groups involving policymakers, tertiary physiotherapy educational institutions, employers, physiotherapists, doctors and patients. Consensus for an acceptable intervention design and corresponding implementation strategies arrived at, in a Delphi Survey.

Results:
The literature review highlighted legal frameworks, scope, and restrictions for direct access across different countries. Stakeholders, particularly doctors and physiotherapists, had different interpretations of government's proposal, such as the need for a medical diagnosis and compliance with clinical protocols. Main barriers identified in the implementation, including insufficient understanding of the details of government proposal, inadequate engagement of different stakeholders, and concerns about patient safety and quality assurance. Key facilitators include enhancing patient knowledge, equipping physiotherapists with necessary competencies, and effective understanding of the role and practice of physiotherapists. The Delphi Survey achieved consensus on 27 statements related to policy design and implementation strategies, though some divergence in views was observed.

Conclusions:
The study underscores the importance of developing clear protocols and guidelines, ensuring professional autonomy, and addressing safety concerns through systematic regulation. Effective implementation requires ongoing evaluation, public education, and stakeholder engagement. By synergizing the roles of family doctors and physiotherapists, the direct access model can enhance primary care outcomes, improve patient accessibility, and strengthen the overall healthcare system.

Keywords: Intervention design, Implementation strategies, Roles of family doctors and physiotherapists

Free Paper Competition – Poster Presentation

Poster 15

Category 1: Primary Care Interventions and Advances

The Impact of Spirometry in Early COPD Detection and Management in Primary Care

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Introduction:
Chronic Obstructive Pulmonary Disease (COPD) remains significantly underdiagnosed in primary care despite its substantial impact on patient health and healthcare system. As spirometry services resumed post-COVID in April 2023, our study evaluated its impact on COPD diagnosis and management in a primary care center.

Methods:
We implemented a multidisciplinary structured COPD protocol incorporating spirometry with GOLD staging, COPD Assessment Test (CAT) dysnoea tool, medication optimization, inhaler education, vaccination programs, Smoking Cessation Counseling Service with lung age explanation and provision of COPD information cards for urgent doctor consultations in case of exacerbation. Physicians referred patients based on risk factors such as smoking history or respiratory symptoms for COPD evaluation. Advanced Practice nurse conducted all spirometry assessments.

Results:
From 11/5/2023 to 28/2/2025, 78 patients (26.9% females, 73.1% males, with age 25-88 years) underwent evaluation including 37.2% (29/78) current smokers and 32% (25/78) ex-smokers.
Spirometry results revealed that 39.7% (31/78) demonstrated obstructive patterns and 6.4% (5/78) showed mixed obstructive-restrictive patterns. Therefore, 46.1% (36/78) received a COPD diagnosis. Disease severity distribution showed 25.8% (8/31) in Stage 1, 51.6% (16/31) in Stage 2, and 22.6% (7/31) in Stage 3. Spirometry effectively identified early-stage COPD (77.4% in Stages 1-2).

The smoking cessation program demonstrated promising results, with 55.2% of current smokers (16/29) attending counseling and 37.5% of attendees (6/16) successfully quitting. Preventive care measures showed complete influenza vaccination coverage (100%, 36/36) among COPD patients, while pneumococcal vaccination rates reached 55.6% (20/36). Notably, no patients required ad-hoc doctor consultations, suggesting effective disease management through the implemented protocol.

Conclusions:
The study underscores the need for continued emphasis on early detection through spirometry and comprehensive care approaches to improve outcomes for COPD patients in primary care settings. Future efforts should focus on expanding access to spirometry, improving pneumococcal vaccination rate and enhancing patient education initiatives to further optimize COPD management.

Keywords: Spirometry, COPD, Primary care

Free Paper Competition – Poster Presentation

Poster 16

Category 1: Primary Care Interventions and Advances

Feasibility of a Mobile Health App for Air Quality Forecasting to Support Asthma Self-Management: A Pilot Randomised Controlled Trial in Malaysia

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Introduction:
Outdoor pollution, particularly haze episodes, is prevalent in Southeast Asia, including Malaysia, and is associated with increased asthma exacerbations. Our team have developed a mobile app to provide 48-hour air quality forecast data using the Atmospheric Dispersion Modelling System (ADMS) model. This study aimed to assess the feasibility of using this app (AQA app) to improve asthma control.

Methods:
A pilot randomised controlled trial was conducted at a public primary care clinic in Malaysia. Adult patients with asthma were recruited and randomly assigned to either the intervention group (AQA app + usual care) or the control group (usual care). The primary endpoint was asthma control, measured using the GINA Asthma Symptoms Control tool at baseline, 1, 3, 6 and 12 months. Secondary endpoints included frequency of exacerbations, emergency visits, medication usage, and peak flow rate. Data were collected via an online form, and usability was assessed using the System Usability Scale (SUS).

Results:
Out of the 79 patients with asthma assessed for eligibility, 60 were randomised (30 in each group). Refusal rate was 7.7%. Follow-up data for one month showed no significant difference in asthma control between the intervention and control groups. The trial is now nearing the three-month follow-up. The mean SUS score was 70.1, indicating good usability. However, the app's utility was limited, with technical issues such as automatic log-offs and forecast data flow interruptions noted. The retention rate was high (97.7% for the intervention group and 100% for the control group).

Conclusions:
The pilot trial highlighted the feasibility issues of using a mobile health application with air quality indicators to improve asthma control. Continuous monitoring and addressing data flow interruptions are crucial for app performance. Investigating the low utility issue may improve future app design.

Keywords: Air quality, Asthma, Mobile app

Free Paper Competition – Poster Presentation

Poster 17

Category 1: Primary Care Interventions and Advances

Comparing the Efficacies of Two HIV Self-testing Services with Real-time Counseling Provided by a Chatbot Versus a Human Administrator in Improving HIV Self-testing Uptake and Support for Users: A Non-inferiority Randomized Controlled Trial

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Introduction:
HIV self-testing (HIVST) with online real-time counseling by human administrators (HIVST-OIC) is an evidence-based HIV intervention for men who have sex with men (MSM) but required intensive resource to implement. This study evaluated a novel HIVST service with online real-time counseling provided by a natural language processing (NLP)-based chatbot (HIVST-Chatbot) in increasing HIVST uptake and user support.

Methods:
A parallel-group and non-inferiority randomized controlled trial (RCT) was conducted to compare the efficacies of HIVST-Chatbot versus HIVST-OIC in increasing HIVST uptake and proportion of HIVST users receiving counseling support. Participants were Hong Kong-based Chinese-speaking MSM aged over 18 years having access to WhatsApp. Participants were randomized to use either HIVST-Chatbot (n=266) or HIVST-OIC (n=265). A separate prospective cohort of MSM with similar eligibility criteria, who did not receive either intervention, was recruited as a non-randomized comparison group. Primary outcomes were self-reported HIVST uptake and the receipt of counseling support during a 6-month follow-up period. Intention-to-treat (ITT) analysis was used. The non-inferiority margin was set at 10%. The trial was registered at ClinicalTrials.gov (NCT05796622).

Results:
Between April 2023 and May 2024, HIVST-Chatbot was non-inferior to HIVST-OIC in improving HIVST uptake (ITT analysis: 81.2% [216/266] versus 85.7% [227/265], 95% confidence interval [CI] of proportion difference: -9.8%, 0.8%, one-sided p=0.10), and increasing the proportion of HIVST users receiving any counseling support (ITT analysis: 197/216 [91.2%] versus 142/227 [62.6%]; 95%CI of proportion difference: 22.5% to 34.8%, one-sided p<0.001). Compared to the comparison group, HIVST uptake was significantly higher in both the HIVST-Chatbot (ITT: 81.2% vs. 23.8%, two-sided p<0.001) and HIVST-OIC groups (ITT: 85.7% vs. 23.8%, two-sided p<0.001). Moreover, HIVST-Chatbot was more cost-effective than HIVST-OIC.

Conclusions:
HIVST-Chatbot is non-inferior to HIVST-OIC in increasing HIVST uptake and support for users. With some adaptions, the HIVST-Chatbot service can potentially be used in other key populations.

Keywords: HIV self-testing, Chatbot, Randomized controlled trial

Free Paper Competition – Poster Presentation

Poster 18

Category 1: Primary Care Interventions and Advances

DM Joint Clinic - Collaboration between Fanling Family Medicine Centre and Diabetes & Endocrine Team of North District Hospital

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Introduction:
Early intervention is crucial to achieve optimal therapeutic targets and prevent cardiovascular complications in diabetic patients. For cases showing early deterioration, timely endocrinologist input - rather than prolonged waiting for specialist outpatient clinics - can improve outcomes and cost-effectiveness. A joint clinic between Family Medicine (FM) and Endocrine Teams serves this purpose while enhancing knowledge transfer, empowering FM colleagues to manage complex cases, and facilitating early referral for patients requiring specialist (e.g. those needing intensive insulin therapy).

Methods:
Diabetic patients with challenging metabolic control (e.g. suboptimal HbA1c (>7.0%) despite maximal oral hypoglycemic agents, Stage 3A/B CKD, significant proteinuria, or frequent hypoglycemia) are recruited. Being held bimonthly, the clinic involves joint consultations with a FM specialist, Endocrinologist and DM Nurse Consultant. Continuous glucose monitoring (CGM) is provided when indicated.

Results:
The first joint clinic commenced on 13/06/2024 at FLFMC, with 3 new cases and 6 subsequent cases per session. After 4 sessions, 13 new cases were reviewed. 6 (46%) were age <60 years old. 4 (30%) were discharged after the first visit. Of these, 5 (56%) showed improved HbA1c (Mean HbA1c decreased from 10% to 8.2%). CGM and nurse counseling increased acceptance of insulin therapy in reluctant patients, preparing them for treatment escalation. We identified one patient who definitely needs GLP-1 agonist treatment to optimize her metabolic control, and another patient who requires the earliest nephrologist input for her rapidly deteriorating renal function.

Conclusions:
The DM Joint Clinic improves disease control for complex DM patients in primary care, fosters interdisciplinary learning, and aligns FM and endocrine management strategies. Early results demonstrate its potential to enhance patient outcomes and optimize resource utilization.

Keywords: DM, Joint clinic, Interdisciplinary

Free Paper Competition – Poster Presentation

Poster 19

Category 1: Primary Care Interventions and Advances

Enhancing Diabetes Self-Management: Evaluating Changes in Knowledge, Attitudes and Behaviors after Patient Empowerment Program Participation

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Introduction:
Patient Empowerment Program (PEP) is an effective approach in enhancing self-care of patients with chronic diseases. Kwun Tong District Centre Health Express (KTDHCE) has been collaborating with Hospital Authority (HA) in organizing PEP for Diabetes Mellitus (DM) patients since 2022. Starting from 2024, DM patients diagnosed via the Chronic Disease Co-care (CDCC) scheme were also invited to join the PEP. PEP including sessions related to disease-specific knowledge, self-efficacy enhancement and lifestyle modification information aiming to enhance patients' knowledge and ability in self-management of chronic diseases and to prevent possible complications.

Methods:
29 groups of DM PEP have been held from June 2022 to Dec 2024 with a total of 298 participants enrolled. Knowledge-Attitude-Behavioural (KAB) questionnaire was used for programme evaluation. The KAB consist of three parts including DM knowledge, attitude towards beliefs in self-managing DM and behavioral change in lifestyle modification.

Participants diagnosed with DM were identified and recruited from CDCC scheme or referred by HA. KAB questionnaires were distributed to participants before the 1st session and after the last session respectively. Participants with 70% of attendance or above were included in the analysis.

Results:
Paired samples t-test were used to compare the outcome parameters. Significant improvements were observed in all three aspects: knowledge scores improved from 64.0% to 83.8% ($p< 0.01$); attitude scores improved from 80.6% to 90.4% ($p<0.01$) and behavioural intention scores improved from 80.5% to 88.4% ($p<0.01$). Overall satisfaction on PEP were 89.6%.

Conclusions:
Through participating DM PEP, patients are empowered in managing the chronic disease. The program significantly improved knowledge, attitudes, and behavioral intentions regarding disease self-management. Moving forward, KTDHCE will consider the adoption of online channels or technology-driven applications to facilitate services for working-class individuals, aiming to achieve similar effective results as observed in PEP participation. KTDHCE remains committed to providing various PEPs for patients with chronic diseases.

Keywords: Chronic disease management, Self-management, Patient empowerment

Free Paper Competition – Poster Presentation

Poster 20

Category 1: Primary Care Interventions and Advances

Application of Chatbots to Promote Physical Activity among Older Adults: A Systematic Review and Meta-analysis

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Introduction:
Insufficient physical activity (PA) is a prevalent issue among older adults globally. Chatbot-deliverded interventions have emerged as a novel approach to promote PA. However, the effectiveness and usability of such interventions remain unclear. This systematic review and meta-analysis aimed to synthesize the literature using Chatbots to promote PA among older adults.

Methods:
A comprehensive literature search was conducted across EBSCOhost, Web of Science, PubMed, APA PsycArticles and APA PsycInfo. Standardized mean difference (SMD) with 95% confidence interval (CI) were calculated using random-effects models to estimate the overall effectiveness of Chatbot-delivered interventoins.

Results:
A total of 14 eligible studies published between 2007 and 2025 were included in the systematic review, among which four studies (pooled n =209 in the experimental group, n = 256 in the control group) were included in the meta-analysis. We found a significant increase in PA level by using Chatbots to deliver interventions, with a pooled SMD of 0.33 (95% CI: 0.14, 0.51). Heterogeneity was minimal (I2 = 0.0%). As for the usability, participants reported high levels of satisfaction and found that the Chatbots were easy to use.

Conclusions:
Chatbot-delivered interventions appear to be effective in promoting PA among older adults with high usability. These findings suggest that Chatbots may serve as a promising and cost-effective tool for future PA promotion interventions targeting older adults.

Keywords: Physical activity, Chatbot, Meta-analysis

Free Paper Competition – Poster Presentation

Poster 21

Category 1: Primary Care Interventions and Advances

Chronic Disease Care Program China's Primary Care Clinic: A Feasibility Study

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Introduction:
The high incidence and healthcare burden of hypertension and diabetes is an important public health challenge in China. This study proposes an improvement plan by optimising the process and adopting a holistic management model, where nurses and doctors collaborate to enhance the patient journey, thereby improving work efficiency and clinical outcome.

Methods:
The study population was divided into an intervention group and a control group in a community health service centre in Guangzhou. Data from 192 patients (89 hypertension (HT) only, 65 diabetes mellitus (DM) only, and 38 with both DM and HT) were analysed and compared with the data of the corresponding control group.

Results:
There were no significant differences in the number of visits between the intervention and control group. The intervention group had an overall reduced in healthcare cost (23.7% HT only group, 23.7% in DM only group, 33.7% in DM/HT group). The intervention group showed significantly greater reductions in SBP (6.5%), HbA1c (10.3%), FBG (7.0%) and LDL compared to the control group, where SBP decreased by 0.7%, HbA1c by 3.0%, and FBG by 3.4% ($p<0.05$).

Conclusions:
Poor compliance to protocol was evident in the control group, significantly affecting patient management. This study suggests that the existing management model in China has a large room for improvement. Healthcare services administrators should consider measures to implement ideas from this model so as to enhance primary care's affordability and improve patient health outcomes.

Keywords: Greater Bay Area, Chronic disease management, Diabetes

Free Paper Competition – Poster Presentation

Poster 22

Category 1: Primary Care Interventions and Advances

Empowerment Program on Osteoporotic patients at General Out-Patient Clinic (GOPC)

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Introduction:
Osteoporosis is a chronic condition characterized by diminished bone density and quality, significantly heightening the risk of fractures. Multifactorial in its etiology, which is influenced by age, endocrine imbalances, nutritional deficits, and genetic predispositions. The burden of osteoporosis is not only from an economic perspective but also in terms of individual impact, including diminished quality of life, altered self-image, and increased dependency. Traditional management involves ensuring adequate dietary calcium and vitamin D, maintaining physical activity, and initiating pharmacological treatments. Complementary educational strategies are critical in improving patient awareness and compliance, which can prevent fractures and progression of the disease.

Methods:
The empowerment program is underpinned by the Knowledge, Attitude, and Practice (KAP) model, tailored to the cultural context of Hong Kong. A nurse-led osteoporosis clinic in GOPC was provided standard osteoporosis information covering diet, sunlight exposure, exercise, fall prevention, and medication for those target patients aged 60 or above with osteoporotic problem. Health literacy was assessed using the Risk Estimate of Inadequate Health Literacy (REIHL) tool, with individualized coaching offered to patients with adequate health literacy scores.

Results:
From June 1, 2024, to August 15, 2024, 47 patients visited the osteoporosis clinic, with 39 patients completing the KAP questionnaire. Results demonstrated a significant improvement in knowledge scores from 18.03 to 21.13 out of 25 post-educations. Patients also showed a high level of agreement regarding the importance of managing their condition, reflected in their positive attitudes towards lifestyle modifications and adherence to prescribed medications. Notably, physical activity and dietary changes emerged as crucial areas where patient education was most impactful.

Conclusions:
The empowerment program at GOPC successfully reduced waiting times for osteoporosis management and enhanced patient knowledge, attitudes, and practices. The initiative effectively promoted positive lifestyle changes and improved overall patient satisfaction, reflecting its potential for broader application in osteoporosis care frameworks.

Keywords: Empowerment Program, Osteoporosis, General out-patient clinic

Free Paper Competition – Poster Presentation

Poster 23

Category 1: Primary Care Interventions and Advances

Self-stigma and Psychological Well-being in Men who Have Sex with Men in Hong Kong: The Mediating Roles of Emotional Dysregulation and Resilience

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Introduction:
Evidence has suggested that self-stigma will lead to poor psychological well-being among men who have sex with men (MSM). However, the psychological mechanisms underlying this association remain poorly understood. This study aimed to investigate the mediating role of emotional dysregulation and resilience in the association between self-stigma and psychological well-being among Chinese MSM.

Methods:
A cross-sectional study was conducted among 420 MSM in Hong Kong. Participants completed self-reported questionnaires assessing sociodemographic characteristics, self-stigma, emotional dysregulation, resilience, and psychological well-being. Structural equation modeling (SEM) was used to examine the associations among the mental health variables.

Results:
Self-stigma was positively associated with emotional dysregulation ($\beta = 0.357$, $p < 0.001$), which in turn was negatively associated with psychological well-being ($\beta = -0.379$, $p < 0.001$). Self-stigma was also negatively associated with resilience (($\beta = -0.220$, $p = 0.015$), which positively related to psychological well-being ($\beta = 0.365$, $p < 0.001$). Additionally, resilience had a statistically negative association with emotional dysregulation ($\beta = -0.502$, $p < 0.001$). Emotional dysregulation and resilience fully mediated the association between self-stigma and psychological well-being, with a mediation proportion of 44.9%.

Conclusions:
Self-stigma indirectly impacts psychological well-being through increasing emotional dysregulation and reducing resilience among MSM. Interventions targeting emotional regulation and fostering resilience may help mitigate the negative effects of self-stigma on psychological well-being in this population.

Keywords: Self-stigma, Psychological well-being, MSM

Free Paper Competition – Poster Presentation

Poster 24

Category 1: Primary Care Interventions and Advances

Using WhatsApp Method to Follow-up can Effectively Improve the Success Quit Rate of Smoking Cessation

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Introduction:
The Smoking Counselling and Cessation Program (SCCP) has been operating in the General Out-patient Clinics (GOPCs) since 2003. However, due to an increase in phone fraud cases, patients often avoid answering unknown calls leading to a rise in the lost to follow-up rate. This challenge has adversely affected the success quit rate among patients. According to SCCP statistics of NTEC from 1/2023 to 12/2023, the lost to follow-up rate increased 2.5 % in the 1st month follow-up, 9% in 6th month follow-up and 13.5% in 12th month follow-up. At the same period the quit rate dropped by 1% ,6.2% and 15.7% in the 1st month, 6th month and 12th month follow up respectively. To address these issues, the WhatsApp follow up method was implemented in SCCP starting on the 17th of June 2024.

Methods:
The WhatsApp follow-up method was implemented in the Smoking Counselling and Cessation Centers in NTEC. The workflow was redesigned to allow patients to follow-up via WhatsApp. Patient with poor vision, illiteracy or those unfamiliar with WhatsApp were excluded from this follow-up method.
During the first visit, nurse counselor invited patients to use the WhatsApp follow-up method if they were unreachable by telephone. If patient accepted, verbal consent was obtained. The nurse counselors would guide them to activate the communication function on WhatsApp.

Results:
The results significant showed that the WhatsApp follow-up method may contribute to reduce lost to follow-up and improve success quit rate. Comparison with 2023 and 2024, the lost follow-up rate was reduced to 8.6% (12.3% to 3.7%), 14.8% (26.7% to 11.9%) and 6,8% (26.5 % to 19.7%) in 1st, 6th and 12th month and the quit rate was increased 10% (85.3% to 95.3%),12.5% (63.4% to 75.9%) and 6.5% (60% to 66.5%) in 1st, 6th and 12th month follow-up after using the WhatsApp follow-up method.

Conclusions:
The integration of the WhatsApp follow-up method into the Smoking Counseling and Cessation Program enhanced communication and accessibility, nurse counselors can provide ongoing support and encouragement to patients. It may strengthen patients striving to quit smoking.

Keywords: Smoking Counselling and Cessation Program, Using WhatsApp method to follow up cases, Improve quit rate

Free Paper Competition – Poster Presentation

Poster 25

Category 1: Primary Care Interventions and Advances

Improving Key Performance Indicators for Poorly Controlled Diabetes Patients Living in Rural Areas through Teleconsultation

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Introduction:
Teleconsultation has emerged during COVID to improve healthcare services in rural areas. In Hong Kong East Cluster, three clinics are located on outlying islands (OLI). Patients need long travel to access programs that are only available in urban clinics. The Risk Assessment and Management Program (RAMP) for poorly controlled diabetes (DM) patients has been in operation in urban clinics for years.

Methods:
A workgroup was established to discuss the logistics and setup teleconsultation service in OLI clinics. Staff training and drill was conducted, a guidebook was prepared for reference. Tele-RAMP doctor consultations were commenced in Peng Chau (PC) and North Lamma (NL) GOPC from 2/2024. Poorly controlled OLI DM cases were referred to Tele-RAMP doctor. Patients would continue to attend the OLI clinic as usual but managed by an Associate Consultant from urban clinic through Tele-RAMP consultations.

On follow-up days, staff assisted patients in logging into HA Go, OLI nurses provided nursing interventions after teleconsultation.

Results:
From 2/2024 to 3/2025, 18 and 13 patients received teleconsultation in PC and NL GOPC, respectively. Among the 31 patients, 87.1% had post-teleconsultation HbA1c checked., 67.7% showed improvement in HbA1c, with an average reduction of 0.93%, 38.1% of patients decreased HbA1c by 0.1% to 0.9%, 28.6% by 1% to 1.9%, and 33.3% by 2.0% to 5.0%. Furthermore, 45.2% patients rechecked lipid profiles; among these, 57.1% improved low-density lipoprotein levels. Additionally, a patient experience survey was conducted with positive results.

Conclusions:
Teleconsultation has enabled healthcare providers to fill existing service gaps.

Keywords: Teleconsultation in rural areas, Poorly controlled diabetes patients, Improving key performance indicators

Free Paper Competition – Poster Presentation

Poster 26

Category 1: Primary Care Interventions and Advances

Improving Mental Wellness in Family Caregivers through Community Paediatric Palliative Support Care Approach

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Introduction:
Caring for a child with life-limiting conditions is often a devastating and stressful experience for parents. Non-governmental organisations (NGOs) play an important role in providing palliative care support to paediatric patients and their families, both in hospital settings and within the community. The study aims to measure improvements in mental health and loneliness among family caregivers. This is a preliminary analysis of the ongoing study focused on evaluating how the community support care approach enhances mental wellness in family caregivers.

Methods:
A longitudinal intervention-controlled study design has been employed since February 2024. The intervention group consisted of 120 family caregivers who joined the community paediatric palliative care programme, while the control group comprised 120 family caregivers who received routine community support. Caregivers' mental wellness was measured using the Kessler Psychological Distress Scale (K10), and the UCLA-3 Loneliness Scale over three time points: baseline (T0), the fourth month (T1), and the eighth month (T2) of the study period. Difference-in-Differences (DID) regression models were conducted to evaluate the impact of community support on the mental wellness of family caregivers between T0 and T1 during the preliminary analysis. The average intervention effect is significant at $P<0.05$.

Results:
So far, 101 family caregivers have been recruited at T0, with 70 in the control group and 31 in the intervention group. The preliminary findings show that the caregiver's psychological distress ($\beta=-1.734$, $P=0.555$) and loneliness ($\beta=-0.102$, $P=0.904$) can be alleviated in the treatment group, and the improvement effect is superior to that of the control group. However, the DID changes between T0 and T1 were not statistically significant, probably due to the minimum sample size not being met yet.

Conclusions:
The findings suggest that the community support care approach plays an important role in supporting caregivers along their caregiving journey. Additional data collection is necessary to draw a definitive conclusion.

Keywords: Community paediatric palliative support care approach, Stress level, Well-being

Free Paper Competition – Poster Presentation

Poster 27

Category 1: Primary Care Interventions and Advances

Screening for Colorectal Cancer among Ethnic Minorities: An Innovative Approach

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Introduction:
To prevent colorectal cancer, the Colorectal Cancer Screening Program in Hong Kong subsidizes screening tests every two years for asymptomatic residents aged 50 to 75. A fecal occult blood test (FOBT) is offered free, and if the result is positive, a colonoscopy is offered.
In May 2024, UCN started a new service to promote awareness of colorectal cancer and help the EM population join the DH Colorectal Cancer Screening Program.

Methods:
- Health talks in various EM languages were given to EM groups in collaboration with NGOs, EM religious centers, and via Zoom. Four hundred sixteen participants attended the talks, with a KAP improvement (pre- and post-questionnaire) of 87%.
- Volunteers supported the spread of awareness and assisted in enrolling participants for CRC screening.
- The UCN collaborated with ethnic minority shops, NGOs, and religious places to promote the CRC program by distributing leaflets inviting EM contacts and service users to participate.
- Promotions were also conducted through EM social media, such as Facebook and Instagram.

Results:
From May 2024 to March 2025, UCN carried out 104 colorectal screenings among ethnic minorities, which included 80 female participants and 24 male participants. The screenings featured participants from various nationalities: twelve Indians, eighty-five Nepalese, six Pakistani, and one from Thailand.
Nine results tested positive, while 90 tested negative. Five patients underwent colonoscopies in the nine positive cases.

Conclusions:
From the last one-year initiative, it was observed that if health education and promotions were done in a linguistic and culturally appropriate manner, with innovative partnerships with various stakeholders, they could be highly effective in educating and motivating the EMs to participate in colorectal cancer screening and making the CRC program a success in EM population.

Keywords: Ethnic minority, Colorectal cancer, CRC screening programme

Free Paper Competition – Poster Presentation

Poster 28

Category 1: Primary Care Interventions and Advances

Effectiveness of Peer-Trained Community Health Worker Intervention on Obesity Management in Chinese Adults Living in Informal Houses: A 6-Months Preliminary Investigation

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Introduction:
To evaluate the six-month effectiveness of weight management in housing insecure populations using habit-based interventions provided by trained peers.

Methods:
Community health workers (CHWs) are personals who provide health screening and care without formal medical education. Services provided by CHWs are more accessible and culturally-sensible to usual care for their lower cost and higher availability in low-income areas. In an open-labelled, three-arm, parallel cluster randomized controlled trial conducted in inadequately housed population in Hong Kong (HK), we evaluated the impacts on obesity prognosis using CHW intervention in comparing to nursing/dietetics care in Chinese adults (aged 18 year-old or above). Administrative data (including number of sessions conducted, loss-to-follow-up rates etc.) of the trial was reported for feasibility assessment. Anthropometric measurements such as waist circumference (WC) and body mass index (BMI) were used to measure obesity prognosis. Multivariate mixed effect models, using family cluster as fixed effect term, were used to evaluate effectiveness of CHWs intervention.

Results:
This preliminary investigation included 185 obese individuals, mean age [SD] = 48.97 [11.543], 73% female) between 25th June 2023 and 14th April 2025, recruited through a primary screening programme. Most of the families earn less than HKD 24999 a month, compared to 49.8% of the general population in HK. The loss-to-follow-up rates was 1.6%. During the period, there were 744 follow-up sessions being conducted. Regression showed that CHWs intervention could reduce waist circumference and reduce in BMI in an interim reporting of six months.

Conclusions:
CHWs intervention is a feasible and effective healthcare intervention with Chinese, housing vulnerable adults living in HK.

Keywords: Communit health worker, Weight management, Randomised controlled trial

Free Paper Competition – Poster Presentation

Poster 29

Category 1: Primary Care Interventions and Advances

Predicting 6-month Reversion to Normoglycemia in a Digital Diabetes Prevention Program Targeting Adults with Obesity and Pre-diabetes in Hong Kong

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Introduction:
Lifestyle modification is the first-line intervention for individuals at risks for type 2 diabetes. However, the response to lifestyle interventions varies across individuals. This study aims to evaluate predicting effects of baseline participant characteristics on 6-month reversion to normoglycemia in a digital lifestyle intervention for adults with obesity and pre-diabetes.

Methods:
Data were from an ongoing 12-month digital diabetes prevention program with a pre-post study design in Hong Kong. Individuals were eligible if they were aged 40-60 years and had obesity (body mass index [BMI] >25kg/m2) and pre-diabetes based on the American Diabetes Association criteria. During the intensive phase (0-6 months), participants received a weekly online video on nutrition, exercise, weight management, and/or diabetes prevention and used the smartphone application to set goals and action plans for weight loss and behavior change and self-monitor the progress. During the maintenance phase (7-12 months), participants received a monthly online video and continued to use the smartphone application. Potential predictors included demographics (age, sex, education, and employment), baseline anthropometry (BMI, waist circumference, and body fat percentage), and clinical measures (fasting and 2h plasma glucose, systolic and diastolic blood pressure, lipid profiles, and family history of diabetes). Univariate and multivariate logistic regression analyses were performed to identify predictors of 6-month reversion to normoglycemia.

Results:
A total of 290 individuals with HbA1c-defined pre-diabetes enrolled. Of 252 participants who completed the 6-month blood test, 40 (15.9%) reverted to normoglycemia. Univariate logistic regressions identified age, systolic and diastolic blood pressure, and 2h plasma glucose as significant predictors. In multivariate logistic regressions, only age (OR=0.93 [0.88, 0.99]; p=0.021) and systolic blood pressure (OR= 0.95 [0.92, 0.98]; p<0.001) remained as significant independent predictors.

Conclusions:
Participants with younger age and lower systolic blood pressure were more likely to benefit from the digital diabetes prevention program and revert to normoglycemia.

Keywords: Diabetes prevention, Lifestyle intervention, Pre-diabetes

Free Paper Competition – Poster Presentation

Poster 30

Category 1: Primary Care Interventions and Advances

Effects of Community-based Primary Prevention Interventions on Preventive Behaviours of Osteoporosis among Older Adults: A Systematic Review

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Introduction:
Osteoporosis-related programmes primarily focus on the rehabilitation and fracture recovery, with limited emphasis on early prevention. Community-based primary prevention interventions may promote behavioural changes to reduce osteoporosis risk, yet its effectiveness remains unclear. This systematically review evaluates the effectiveness of community-based primary prevention interventions on modifiable factors, osteoporosis-related knowledge, and perceptions.

Methods:
We systematically searched 5 electronic databases to identify English studies published from inception to November 1, 2024. Randomized controlled trials (RCTs) evaluating community-based primary prevention interventions for adults aged 60 or above were included. Outcomes include preventive behaviours (e.g. exercise levels, calcium intake), knowledge, and perceptions. Study quality was assessed using the Cochrane risk-of-bias tool (RoB 2). The study was registered with PROSPERO (CRD42024605226).

Results:
Of 2463 records screened, 11 papers reporting findings from 9 RCTs (N=38,115) were included. Interventions included physical exercise (3 studies), education (3 studies), and mixed programs (3 studies). Changes in preventive behaviours, such as exercise level and calcium intake were inconclusive, though 3 studies on behaviour to perform significant increases in screening. Osteoporosis knowledge, self-efficacy, health-belief and self-perceived preventive behaviour showed limited improvement, except for perceived susceptibility, which increased significantly. Notably, all 3 studies measuring bone mineral density reported significant increases.

Conclusions:
There is a lack of structured and large-scale community preventive interventions to address osteoporosis risk in older adults. despite the potential health risks posed by osteoporosis in this vulnerable population. Future research should focus on standardized interventions and validated measurement tools to better evaluate the impact on preventive behaviours and related outcomes.

Keywords: Osteoporosis, Primary prevention, Older people

Free Paper Competition – Poster Presentation

Poster 31

Category 1: Primary Care Interventions and Advances

Translation and Validation of Supportive and Palliative Indicators Care Tool (SPICT) into the Filipino Language

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Introduction:
The growing need for palliative care, particularly among individuals with chronic and life-limiting conditions, underscores the importance of early identification and timely referral. The Supportive and Palliative Care Indicators Tool (SPICT) is a validated instrument that supports healthcare providers in recognizing patients who may benefit from palliative care. In the Philippines, where access to palliative care is limited due to systemic, cultural, and policy challenges, the SPICT-LIS—adapted for low- and middle-income settings—will be highly relevant. Developing a Filipino-translated, culturally adapted, and validated version of SPICT-LIS is crucial to addressing cultural and linguistic barriers in the Philippines, while aligning with national health goals set out in the Universal Health Care Law in the country.

Methods:
This cross-sectional study will focus on translating and validating the SPICT-LIS. Forward translation will be conducted by the Center for Filipino Language, followed by backward translation by the University of the Philippines–Department of Linguistics. An expert panel, including palliative and family medicine specialists, will assess content and construct validity while ensuring linguistic, clinical relevance, and cultural appropriateness. A pilot test with ten palliative care providers will be followed by pretesting with 129 healthcare workers at the Philippine General Hospital using systematic sampling. Participants will evaluate clinical vignettes and provide feedback through open-ended and Likert-scale items assessing clarity, relevance, and usability.

Results and Conclusion:
Feedback from these steps will form iterative revisions, culminating in the final version—SPICT-PH. The finalized tool may be integrated alongside the existing frameworks, such as the Department of Health Manual of Procedures, which will enhance the quality and accessibility of palliative care in the Philippine healthcare system. This will support national health goals under the Universal Health Care Law, advancing equitable access to palliative care across the country.

Keywords: Palliative care, SPICT, Tool translation and validation

Poster Presentation – Case Report

Poster 32

Category 1: Primary Care Interventions and Advances

Case Discussion on Primary Care Physicians' Role in Partnership for End-of-life Care Provision in Residential Care Homes for Elderly

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2. *Private practice in residential care home for the elderly*

Introduction:

Two cases and care profile will be shared in this discussion illustrating the primary care physicians role in developing and strengthening the end-of -life care (EOLC) provision in residential Care Homes for Elderly (RCHEs) through providing direct patient/ family care and promoting multi-sectoral collaboration emphasizing public-private-partnership.

Quality EOLC is much needed in community including RCHEs in meeting the challenge of the rapidly ageing population which has high prevalence of chronic diseases in Hong Kong. We have seen that initiatives and efforts have been put in by different professionals, Government statuary bodies, new legislations, public and private organisations in overcoming various barriers in implementing EOLC in community.

Established in 2023, KSG Contract (Nursing) Home (HTE) is a RCHE serving 100 elders on nursing-care level with no visiting CGAT service. The Visiting Medical Practitioner (VMP) together with the privately-run subsidised residential home provider aimed to provide comprehensive EOLC to the needed residents through providing holistic care with good symptom management and on-going communication with the elderly and their families in shared decision making approach. Effective partnership with various NGOs such as JCECC, Society for the Promotion of Hospice Care and local HA hospital (Caritas Medical Centre) Geriatrics and Palliative Care Teams were developed. After discussion with families in sensitive manner, ACP/ DNACPR (non-hospitalised) order completion were accomplished for respecting residents wishes and minimising unnecessary suffering. VMP and elderly care home also provide continual training to care -staff. Families expressed their appreciation. Since establishment two years ago, KSG Contract Home has 25 DNACPR (non-hospitalised) orders completed after referral to CMC Team. Detailed clinical profile in this cohort will be shared.

In future, primary care Physicians may further strengthen EOLC provision in RCHEs by education to more public, local community and professionals. Liaison with local DHCs with network of interested parties enhancing the EOLC commitment is proposed.

Methods:

N/A

Results:

N/A

Conclusions:

N/A

Keywords: Primary care physicians, End-of-life care, Residential care homes for elderly

Poster Presentation – Case Report

Poster 33

Category 1: Primary Care Interventions and Advances

Primary Care Palliative Management of Dyspnea in Glottic Squamous Cell Carcinoma with Lung Metastases

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Introduction:
In advanced cancer, dyspnea is a multifactorial and distressing symptom that often indicates the transition to end-of-life care. In these situations, primary care physicians, function as central coordinators of palliative care, integrating the medical, emotional, and ethical components of care. This case emphasizes the importance of primary care in the management of complex cancer symptoms and the facilitation of advance care planning in the context of changing family dynamics.

Methods:
A 73-year-old widowed male with glottic squamous cell carcinoma (Stage IVA) and lung metastases presented with tracheostomal hemorrhage and worsening dyspnea. He had previously undergone bilateral neck dissection, chemotherapy, radiation, thyroidectomy, and total laryngectomy. Despite the fact that he had executed advance care directives, he was neglected for more than a year. At first, his daughter, who served as the principal caregiver, elected to implement aggressive measures. The plan was to guide the family through shared decision-making and primary care-led counseling and reorient toward palliative goals.

Results:
The patient demonstrated indicators of respiratory failure (RR: 31/min, SpO2: 67–75%, RDOS: 6). However, dyspnea persisted in spite of antibiotics and intubation. Subjective relief and objective improvement were achieved when the primary care team initiated intravenous morphine (2 mg) (SpO2 80–90%, RDOS: 3). The patient's wishes were ultimately fulfilled following extensive family discussions, despite their ongoing clinical decline. The family was provided with bereavement support following the patient's peaceful departure, and palliative care measures were maintained.

Conclusions:
This case accentuates the central role of primary care in end-of-life care and underscores the effective use of opioids in managing cancer-related dyspnea. In emotionally complex situations, family physicians are well-positioned to offer compassionate guidance, symptom control, and continuity. Our comprehensive approach guarantees that patients and their families in able to navigate terminal illness with dignity and support.

Keywords: Palliative care, Dyspnea, Primary care

Poster Presentation – Case Report

Poster 34

Category 1: Primary Care Interventions and Advances

Ascariasis in Pregnancy: Clinical Case, Management, and Public Health Perspective

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Introduction:

Ascariasis, caused by the intestinal roundworm Ascaris lumbricoides , remains a prevalent soil-transmitted helminthiasis (STH) worldwide, especially in regions with inadequate sanitation. The World Health Organization (WHO) estimates over one billion people are infected globally, with pregnant women among the vulnerable groups due to increased nutritional demands and immune modulation during pregnancy. This case involves an 18-week pregnant woman, G2P1 (1001), with a suspected Ascaris infection, managed at Tondo Foreshore Health Center. The patient was assessed to be clinically stable with a single, live, cephalic in presentation fetus and was advised on a balanced diet (Pinggang Pinoy), routine prenatal supplements ($FeSO_4$, $CaCO_3$, and multivitamins), and further laboratory testing including fecalysis for diagnosis. In accordance with public health guidelines, a single 500 mg dose of Mebendazole was administered as prophylaxis, as endorsed by WHO and the Department of Health (DOH) for pregnant women in their second and third trimesters.

Ascariasis during pregnancy poses significant risks, including maternal anemia, protein-energy malnutrition, and adverse fetal outcomes such as intrauterine growth restriction and low birth weight. Contributing factors include poverty, lack of sanitation, poor hygiene, and limited health literacy. Studies in endemic countries like the Philippines and Nigeria report prevalence rates of 31.5% and 8.4%, respectively, among pregnant women, with clear associations between helminth infections and lower maternal hemoglobin levels, reduced maternal weight, and poorer neonatal outcomes.

Diagnosis typically relies on stool microscopy using conventional methods such as the Kato-Katz technique, recommended for its simplicity and cost-effectiveness in low-resource settings. Although molecular techniques offer improved sensitivity, they remain inaccessible in many rural areas due to resource constraints. Prevention and control of STH require a multifaceted approach—health education, improved sanitation, periodic mass deworming, and robust maternal care services.

Methods:

N/A

Results:

N/A

Conclusions:

This case emphasizes the importance of integrating clinical care with public health strategies to effectively address helminth infections in pregnancy. Preventive deworming, early screening, nutritional support, and hygiene promotion are critical to safeguarding maternal and fetal health, particularly in underserved communities.

Keywords: Ascariasis, Prenatal, Maternal

Poster Presentation – Case Report

Poster 35

Category 1: Primary Care Interventions and Advances

The Patient-centered, Family-focused and Community-oriented (PFC) Approach in Bereavement Care

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Introduction:
Grief is a complex and multifaceted emotional response typically elicited by the death of a significant individual. Its intensity, duration, and manifestation vary considerably among individuals. While some experience a relatively uncomplicated grieving process, others may present with persistent and potentially pathological grief, negatively impacting their overall quality of life.

This is a case of a 52-year-old, female, widowed, Jehovah's Witness from the Philippines who initially presented with intermittent nape pain. PFC assessment revealed a complex psychosocial context characterized by her role as sole caregiver for her daughter, who had Autism Spectrum Disorder (ASD) and recently exhibited disruptive behaviors, significantly impacting their relationship. Outpatient consultations employed comprehensive screening and family assessment tools to evaluate family dynamics and the impact of the daughter's ASD. Interventions addressed both the patient's physical symptoms and the psychosocial challenges, including the mother-daughter relationship, the burden of chronic caregiving, and resource availability. Tragically, during this process, her daughter passed away unexpectedly, leaving her alone. The daughter's unexpected death during treatment necessitated a shift in support, focusing on the patient's grief processing and fostering acceptance. Her strong faith and the unwavering support of her religious community proved instrumental in her healing journey.

Methods:
Employing a PFC approach, both biomedical and psychosocial factors were addressed through early interventions designed to mitigate potential adverse outcomes. This case powerfully illustrates the resilience of the human spirit and the critical importance of community support in coping with profound loss, serving as a testament to the enduring strength of the Filipino concept of bayanihan, or communal unity.

Results:
N/A

Conclusions:
The PFC approach provides a comprehensive care that extends beyond biomedical interventions to encompass the broader social, psychological, and community contexts impacting the health of families facing multiple adversities. This holistic approach leads to better patient outcomes, strengthens families, and promotes healthcare equity.

Keywords: Grief, Prevention, PFC approach

Free Paper Competition – Poster Presentation

Poster 36

Category 2: Healthcare System Improvements

Why Do Patients Seek Emergency Care for Problems that Could be Managed in Primary Care? A Scoping Review

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Introduction:
A significant number of patients are turning to emergency care settings, including ambulance services and emergency departments, for conditions that could be managed in primary care. This global phenomenon is creating unnecessary strain on the emergency care system, leading to overcrowding, inefficient use of healthcare resources, and inadequate access to emergency care for those most in need.

Methods:
This scoping review of the literature aimed to explore existing evidence considering the multifaceted factors contributing to patients' decisions to seek emergency care for conditions manageable in primary care. A comprehensive search of 'PubMed,' 'Embase,' 'MEDLINE,' 'CINAHL,' and 'the Cochrane Library' was conducted, including peer reviewed articles published from Jan 1st 2004 until June 15th 2024 in order to provide a recent and comprehensive overview of the literature. This review was conducted using the methodological framework presented by Arksey and O'Malley.

Results:
A total of 44 studies conducted in 21 different countries were included in the final analysis. Key data were extracted and analysed using thematic analysis, and the following themes have been identified: [1] accessibility and convenience, [2] health anxiety, [3] uncertainty and knowledge gaps in healthcare services available, [4] external advice from other parties, and [5] personal influences.

Conclusions:
Our study maps the existing international literature that can inform future research and policy implementation in terms of efficient alternative care pathways and programmes designed to alter emergency care utilisation behaviours, ultimately reducing unnecessary visits and ensuring efficient care is provided for true emergencies.

Keywords: Primary care, Emergency care, Healthcare decision-making

Free Paper Competition – Poster Presentation

Poster 37

Category 2: Healthcare System Improvements

Optimizing the Frequency of Lipid Testing for Cardiovascular Disease Prevention in Adults with Type 2 Diabetes

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Introduction:
This study examines how frequently lipid profiles should be monitored in adults with type 2 diabetes mellitus (T2DM) without cardiovascular disease (CVD) at different LDL cholesterol (LDL-C) levels.

Methods:
Adults with T2DM and no CVD history from 2009–2012 were identified using electronic health records and stratified by baseline LDL-C levels (<1.8, 1.8–2.59, ≥2.6 mmol/L). Different testing intervals (2–8, 9–15, 16–24 months) were compared within each group using a target trial emulation framework. The main outcomes were all-cause mortality and new CVD events. Pooled logistic regression was performed to estimate hazard ratios (HRs) with 95% confidence intervals (CI) for each outcome. Participants were followed from baseline until the first occurrence of an outcome event, death, or the administrative end of the study (December 31, 2021).

Results:
A total of 153,341 individuals were included in the analysis. Among participants with LDL-C levels below 1.8 mmol/L, extending the interval for lipid profile monitoring to 16–24 months did not increase the risk of all-cause mortality or cardiovascular disease (CVD) compared to monitoring every 2–8 months (all-cause mortality HR: 1.094 [0.948, 1.263]; CVD HR: 1.002 [0.846, 1.187]). In contrast, those with LDL-C levels between 1.8 and 2.59 mmol/L had a significantly higher risk of all-cause mortality when monitored every 16–24 months versus every 2–8 months (HR: 1.154 [1.069, 1.245]). For individuals with LDL-C of 2.6 mmol/L or above, extending the monitoring interval to 9–15 months was significantly associated with a higher risk of both all-cause mortality and CVD, compared to more monitoring every 2–8 months (all-cause mortality HR: 1.263 [1.174, 1.359]; CVD HR: 1.060 [1.017, 1.105]).

Conclusions:
For individuals with T2DM and LDL-C below 1.8 mmol/L, lipid profile checks may be safely conducted every 16–24 months. Those with LDL-C levels between 1.8–2.59 mmol/L should undergo monitoring at least every 9–15 months, while patients with LDL-C of 2.6 mmol/L or higher require testing every 2–8 months.

Keywords: Lipid monitoring interval, Target trial emulation, Primary prevention of cardiovascular diseas

Free Paper Competition – Poster Presentation

Poster 38

Category 2: Healthcare System Improvements

Lifetime Cost-effectiveness of the Risk Assessment and Management Programme for Hypertension (RAMP-HT)

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Introduction:
The risk-stratified multidisciplinary Risk Assessment and Management Programme for Hypertension (RAMP-HT) significantly reduced the risk of cardiovascular diseases and all-cause mortality in primary care settings. This study aimed to evaluate the cost-effectiveness of RAMP-HT over a lifetime.

Methods:
A Markov model was developed to evaluate the lifetime cost-effectiveness of RAMP-HT from the perspective of healthcare service providers. The model simulated the progression from no complication to the development of related complications (coronary heart disease, stroke, heart failure and end-stage renal disease), death or until after 60 years for 10,000 patients with hypertension (HT). Transition probability for each state of complication was estimated from 90,656 propensity-score matched RAMP-HT participants and usual care-only patients over 10 years of follow-up. The death, direct medical cost and health utility for patients with HT were estimated from models which included 252,416, 180,659 and 873 patients with HT, respectively. Annual direct medical costs and quality-adjust life years (QALYs) were calculated according to the age, gender, and complication status of each individual annually. Cost and effectiveness parameters were discounted at a 3.5% annual rate. A probability sensitivity analysis was also conducted to assess the cost-effectiveness with different willingness-to-pay (WTP) thresholds.

Results:
RAMP-HT supplementing usual care was associated with reduced direct medical cost and increased QALYs compared with usual care only, in which each RAMP-HT participant gained 0.51 QALYs and saved HK$29,814 over a lifetime. Probabilistic sensitivity analysis demonstrated that RAMP-HT was 100% cost-effective over usual care only, regardless of WTP threshold.

Conclusions:
RAMP-HT supplementing usual care was cost-saving in managing patients with HT over a lifetime. The results support the integration of RAMP-HT in primary care for patients with HT.

Keywords: Hypertension, Primary care, Multidisciplinary

Free Paper Competition – Poster Presentation

Poster 39

Category 2: Healthcare System Improvements

To Evaluate the Feasibility and Satisfaction of Using Teleconsultation in Managing Call Back of Abnormal Investigation Result in Staff Clinic

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Introduction:
Teleconsultation is becoming more popular nowadays. It would be very much useful for patient's education, informing results, which don't need physical examination and many follow up actions. When doctors call back patients for informing minor abnormal investigation result, patients would think that it is time consuming and it takes long travelling time for in-person consultation. As such, teleconsultation is provided as another option of consultation.

Methods:
Doctors had screened for all investigation results. If doctors noticed the case was suitable for teleconsultation (no need for physical examination and few follow up actions), the patients would be invited to join. Data was collected from September 2024 to February 2025. Teleconsultation was conducted through HA Go.
Feasibility of teleconsultation was considered good if 80% or more of the consultations were completed. Patient's satisfaction was assessed by the telemedicine Satisfaction Questionnaire (TSQ). Question 2 was cancelled as it would be quite similar to question 10.

Results:
51 patients were invited to join teleconsultation, 30 patients refused to use teleconsultation (58.8%). The main reasons for refusal use were: Not familiar with telehealth/HA Go (33.3%), preferred face to face consultation (33.3%), inconvenient time (16.6%).

For 21 patients joined telemedicine service, 2 cases had been converted to phone consultation as the technical problem of using HAGo. The completion rate would be 90.5%.

The response rate to TSQ was 95.2% (20/21). The average TSQ score would be 53.8/65. The satisfaction was high. Patients most satisfied with "saving the travelling time" (average 4.7/5). Most unsatisfied with "cannot see the healthcare provider as if met in person" (average 3.6/5).

Conclusions:
Managing call back of abnormal investigation by using teleconsultation would be feasible and the satisfaction is high.

Keywords: Call back abnormal result, Teleconsultation, Feasibility and satisfaction

Free Paper Competition – Poster Presentation

Poster 40

Category 2: Healthcare System Improvements

Assessing the Adoption and Feasibility of the Hong Kong Reference Framework for Preventive Care for Older Adults: A Cross-Sectional Survey of Primary Care Physicians

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Introduction:
The Hong Kong Reference Framework (RF) for Preventive Care for Older Adults in Primary Care provides evidence-based guidelines to enhance preventive care. This study evaluates PCPs' awareness, adoption, and perceived barriers and enablers to RF implementation.

Methods:
A cross-sectional survey was conducted among 484 PCPs across different practice settings. The questionnaire assessed demographics, adoption of RF recommendations, and perceptions of implementation barriers and enablers. Logistic regression was used to identify key factors influencing RF appropriateness, acceptability, and feasibility.

Results:
Among 484 respondents, 49.59% practiced in private settings, and 23.76% had 21-25 years of experience. the most frequently adopted recommendations from the RF included seasonal influenza vaccination (450/484, 93.98%), routine tobacco use screening (430/484, 88.84%), and annual hypertension screening (429/484, 88.64%). In contrast, certain recommendations were rarely implemented, with 401/484 (82.85%) physicians seldom or never conducting opportunistic screening for urinary incontinence and 390/484 (80.58%) infrequently recommending opportunistic screening for hearing impairment. About 66% (≥320/484) acknowledged guideline-related barriers, primarily resource constraints and clinical integration challenges. Perceived lack of allied health support ($p<0.001$) and difficulty integrating RF into clinical practice ($p<0.001$) significantly affected appropriateness. Acceptability was influenced by consultation time limitations ($p=0.022$), while feasibility was associated with the inclusion of essential clinical information ($p=0.005$).

Conclusions:
Despite broad support for RF recommendations, practical barriers hinder full implementation. Strengthening allied health support, improving workflow integration, and addressing time constraints may enhance adoption in primary care.

Keywords: Primary care, Guideline adherence, Geriatrics

Free Paper Competition – Poster Presentation

Poster 41

Category 2: Healthcare System Improvements

Adoption of the Hong Kong Reference Framework for Preventive Care in Older Adults: A Qualitative Study Using the Consolidated Framework for Implementation Research

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Introduction:
The Hong Kong Government has developed a Reference Framework (RF) to provide evidence-based recommendations for preventive care for older adults in primary care settings. This study aimed to explore the awareness, adoption, and integration of the Reference Framework for Preventive Care for Older Adults from the perspectives of primary care physicians (PCPs).

Methods:
A qualitative study was conducted using in-depth individual interviews with 40 primary care physicians to gain a comprehensive understanding of RF adoption. The Consolidated Framework for Implementation Research (CFIR) was employed to analyze key determinants of implementation across five domains: intervention characteristics, outer setting, inner setting, individual characteristics, and implementation processes.

Results:
The RF's evidence-based foundation and comprehensive design were viewed positively by physicians. However, barriers to adoption included its complexity, limited adaptability to individual patient needs, and resource constraints. While governmental support and policy facilitation encouraged engagement, clearer integration into clinical workflows and more robust promotional strategies were needed. Physicians recommended tailored updates, technological enhancements, and training initiatives to improve usability and ensure the framework's continued relevance in clinical practice.

Conclusions:
The RF was generally well-received for its potential to enhance preventive care for older adults. However, challenges such as time constraints, limited awareness, and insufficient promotional efforts hindered its full implementation. Strengthening engagement through targeted promotion, workflow integration, and ongoing user-centered refinements could enhance its adoption in primary care settings.

Keywords: Primary care, Guideline adherence, Implementation science

Free Paper Competition – Poster Presentation

Poster 42

Category 2: Healthcare System Improvements

From a Little Acorns to a Great Oaks- Transforming Patient Own Health Management by HA Go Promotion in Primary Health Care, Hong Kong East Cluster

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Introduction:
By leveraging the Hospital Authority mobile app "HA Go" to expedite the use of Smart Care throughout the entire patient journey. Patients and carers are able to manage health care at fingertips, from managing appointment, registration, queue enquiry, tele-consultation, e-payment, drug delivery to personalized health monitoring. HA Go proactively promoted in Family Medicine and Primary HealthCare (FM&PHC), Hong Kong East Cluster (HKEC) since September 2023.

Methods:
HA Go promotion is the cornerstone of patient application in smart clinic measures, a three-tier promotion structure was adopted in the department since September 2023. A Smart Clinic Workgroup with medical, nursing and clerical staff was established as advisor in third-tier. Workgroup members developed promotion strategies, produced education material and conducted training. Clinics assigned staff as HA Go link persons, the link persons would act as bridge between workgroup and frontline to maintain effective communication as second-tier. All staff in clinics also promote the new implement as first-tier. 3 clerical members in the workgroup were assigned to different clinics for staff enquiries and assisted them for the promotion.

In early 2024, a Smart Clinic Train-The-Trainer Lunch Forum was conducted for clinic link persons, individual staff training was also launched in clinics. Smart Clinic workshops for clinic volunteers were conducted regularly for those volunteers' assigned duty with HA Go promotion.

Results:
From October to December 2023, all link person, 98% of staff (including nursing, supporting and clerical) and volunteers were trained how to use and promote HA GO.

From April to December 2024, 130 HA Go promotion small classes were conducted with 243 participants in clinics with different languages including Cantonese, English and Mandarin. The promotion was extended to outlying islands, 3 sessions of HA Go workshops collaborated with district councils' members in Peng Chau & North Lamma were completed with 75 residents attended.

From October 2023 to November 2024, cash payment decreased from 21.4% to 11.7%. From February 2023 to November 2024, patients used HA Go for appointment registration increased from 0.1% to 16.6%.

Conclusions:
A three-tier promotion structure and proactive promotion approach increased HA Go utilization. Patients are benefit from those functions of the app to better manage their health. The formation of Smart Clinic Workgroup not only enhance HA Go promotion; also facilitates the implementation of other smart initiative services e.g. teleconsultation.

Keywords: Smart clinic, Self health management, Smart initiative services

Free Paper Competition – Poster Presentation

Poster 43

Category 2: Healthcare System Improvements

Enhancement of Service for Patients with Lower Urinary Tract Symptoms in Shau Kei Wan Family Medicine Specialist Triage Clinic (SKW FMSC)

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Introduction:

In the public healthcare system, majority of patients with lower urinary tract symptoms (LUTS) are managed in the primary care setting. Despite the availability of different alpha-blockers for the treatment of Benign Prostatic Hypertrophy in the primary care setting, it is common to encounter patients who are not satisfied with the symptoms control. Before the service enhancement, these patients would be referred to the Urologists for further investigations and management.

Methods:

Patients with LUTS having suboptimal symptoms control while on medical treatment are referred to SKW FMSC Triage Clinic. After doctor consultation, selected patients will be arranged Uroflowmetry and bladder scan performed by trained staff. These objective measurements, together with the International Prostate Symptom Score (IPSS), help doctors identify patients who need early referral to the Urologists.

Results:

From 29 May 2024 to 31 Mar 2025, 68 male patients aged 50 or older attended the designated clinic sessions. Trained staff performed Uroflowmetry, post-void residual volume measurement using bladder scan, and IPSS assessment according to the structured workflow. Three out of 68 patients had post-void residual urine of more than 200ml while a total of 27 (40%) patients had a maximum urine flow rate of less than 10ml/sec. Regarding the IPSS, 26 (38%) patients had severe LUTS while 41 (60%) were not satisfied with the symptoms control. Eventually, 19 (28%) out of 68 patients were referred to the Urologists for further management.

Conclusions:

The new case waiting time of SOPD Urology service is usually around 1-2 years while that of SKW FMSC Triage clinic is around 6 months. FMSC service enhancement engages nurses in the assessment of patients with LUTS, thereby assisting doctors to decide the onward management. Furthermore, it provides the fast-track management to patients with LUTS in primary health care setting.

Keywords: Uroflowmetry, LUTS, IPSS

Free Paper Competition – Poster Presentation

Poster 44

Category 2: Healthcare System Improvements

Medical A.I. Transcription: Speech to Record to Documents

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Introduction:
In the rapidly evolving landscape of healthcare, the integration of artificial intelligence (AI) has emerged as a transformative force. The Hong Kong University of Science and Technology (HKUST) has pioneered groundbreaking research in AI-assisted medical transcription, offering promising advancements for primary care consultations. This innovative approach not only enhances the accuracy of medical documentation but also significantly improves efficiency of clinical consultations. By leveraging AI technology, HKUST's research streamlined the consultation process, reduced administrative burdens on healthcare providers, and ensured more precise and comprehensive patient records. This paper explores the profound impact of AI-assisted medical transcription on primary care, highlighting HKUST's contributions to this vital field.

Methods:
HKUST's research on AI-assisted medical transcription involved collecting anonymized patient records and consultation transcripts, developing advanced Natural Language Processing algorithms, and integrating the system into clinical consultations for pilot testing. The study evaluated the system's accuracy, efficiency, and impact on patient satisfactions through quantitative and qualitative analyses. This comprehensive approach demonstrated significant improvements in documentation accuracy, reduced administrative workload, and enhanced consultation quality, providing valuable insights for future implementation in primary care.

Results:
The multicentered pilot study, conducted across primary care and specialty care settings, yielded promising results for HKUST's AI-assisted medical transcription system. The system demonstrated an impressive transcription accuracy of 96.5%, significantly reducing errors compared to manual documentation. On average, healthcare providers saved 50 to 70% of their documentation time, allowing them to focus more on patient care. Independent reviewers noted significant improvement in documentation quality, highlighting enhanced clarity and comprehensiveness in the event of future disputes. These findings underscore the potential of AI-assisted medical transcription to revolutionize primary care consultations by improving efficiency and accuracy.

Conclusions:
HKUST's AI-assisted medical transcription is a breakthrough in healthcare, offering high accuracy, time savings, and improved documentation quality. This technology reduces administrative burdens, allowing healthcare providers to focus more on patient care and improve outcomes. The positive pilot study results highlight its feasibility and benefits. We urge the primary care community to adopt this innovation, setting a new standard for efficiency and accuracy in medical documentation.

Keywords: AI-Assisted, Documentation, HKUST

Free Paper Competition – Poster Presentation

Poster 45

Category 2: Healthcare System Improvements

Strong Need for Registered Dietitian Home Visit Services among Those Receiving Home-based Community Care Services

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Introduction:
Home-based community care services like EHCCS and IHCS (Frail Cases) serve the elderly aged 60 and above, aiding them to age in place by maintaining functionality. While the care team includes various professionals, the absence of dietitians is notable despite nutrition's critical role in elderly health.

Methods:
A non-governmental organization (NGO) delivering expansive EHCCS and IHCS within regions including Tseung Kwan O, Kwun Tong, Tai Wo Hau, Tsuen Wan, and Cheung Sha Wan collaborated with CNS, UCNCHS to provide home visit dietetic services to eligible cases throughout the period of 2024-2025. Cases referred for reasons such as being overweight, diagnosed with conditions like diabetes, hyperlipidemia, hyper-tension, impaired renal function, underweight, or experiencing reduced appetite were attended to. The NGO referred new cases to CNS bi-monthly, with two Community Dietitians conducting visits alternately.

Results:
Over the service duration, 101 cases received home visits, with a subset of 25 participants surveyed. Results indicated that 88% of respondents reported being either "Satisfied" or "Very satisfied" with the dietetic home visit service. Furthermore, 72% of respondents expressed either "Agreement" or "Strong agreement" on the usefulness of the dietetic home visit service for both the cases and caregivers. Additionally, 76% of respond-ents expressed a desire to continue receiving the dietetic home visit service.

Limitations: Due to high referral numbers, most cases had only one dietitian visit, limiting dietary support and progress monitoring. Some cases may not fully appreciate sustained dietetic care benefits.

Conclusions:
Dietitians play a crucial role in optimizing nutrition-related care for the elderly in community settings. The sur-vey demonstrates strong satisfaction and support for dietetic home visits, underscoring the need to integrate dietitians into care teams to enhance elderly well-being. Addressing visit frequency limitations could further improve service effectiveness.

Keywords: Home-based community care services, Community dietitian, Home visit

Free Paper Competition – Poster Presentation

Poster 46

Category 2: Healthcare System Improvements

Bridging the Divide: Interoperability Challenges and Future Hope in Health Informatics for Family Doctor-Community Partnerships

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Introduction:
Synergizing primary care outcomes relies on robust health informatics, yet interoperability gaps between family doctors and community care teams persist in daily practice. This study explores current barriers in data exchange between private doctors, the District Health Centre operation system (CMS On-ramp), and the Electronic Health Record (eHR) platform, while assessing the prospects of a planned system upgrade.

Methods:
We reviewed workflows in Tai Po District Health Centere Express over 6 months, focusing on CMS On-ramp and eHR integration, supplemented by feedback from staff and private sector stakeholders.

Results:
Key challenges include: (1) Private doctors seldom upload to eHR due to incompatible systems and duplicate data entry, leaving community teams with incomplete records; (2) Databases of different operating systems (CMS On-ramp and eHR) not syncing creates discrepancies in information, undermining care continuity; (3) CMS On-ramp's design prevents real-time, processable statistics for service review, posing difficulties in monitoring DHCE operations. Meanwhile, the government's plan for a unified eHR system offers hope, with modular upgrades in progress. However, implementation remains distant, and private sector criticism—citing slow progress and added burdens—complicates adoption.

Conclusions:
Interoperability issues hinder effective family doctor-community partnerships, yet a unified eHR promises future synergy. While modular upgrades signal progress, bridging today's gaps requires interim solutions to align systems and address private sector concerns. These insights highlight the need for integrated IT solutions to empower family doctor-community partnerships in real-world practice.

Keywords: Health informatics, Clinic operation system, eHealth

Free Paper Competition – Poster Presentation

Poster 47

Category 2: Healthcare System Improvements

Developing a Conceptual Framework for Patient-reported Experience Measure in Community Mental Health Services: A Qualitative Study of Hong Kong Service Users

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Introduction:
Community mental health services (CMHS) are becoming a major focal point for managing mental illnesses. A standardised patient-reported experience measure (PREM) is important in the healthcare system enabling the evaluation of services for continued improvement. The study aimed to develop a local conceptual framework to define the domains and care aspects that should be included in describing the experience of CMHS among the Chinese adult population.

Methods:
An exploratory qualitative approach was used to study the experiences of CMHS. Semi-structured focus groups were conducted between September and November 2023. Twenty-five service users of CMHSs were purposively sampled from three local non-profit organisations. Participants reported their CMHS experiences and their main concerns about the experience. Transcripts were analysed using a thematic approach to identify key themes and subthemes for the conceptual framework. The findings were compared with selected international frameworks to reinforce the analysis. The resulting framework guided the development of evaluative items in the final PREM.

Results:
Thematic analysis generated a conceptual framework with 6 key themes: (1) accessing care, (2) environment, (3) collaboration and inclusivity, (4) effectiveness, (5) continuity, and (6) information. Environment was separated into 3 subthemes: personal safety, privacy, and user engagement. Collaboration and inclusivity was separated into 2 subthemes: positive relationships, and user involvement. Continuity was separated into 3 subthemes: emotional relief, rehabilitation, and crisis management. A total of 17 evaluative items were subsequently developed, measuring experiences in CMHS user experience.

Conclusions:
The findings suggested a culturally-adjusted framework and PREM that could be used to evaluate the experiences of local CMHS users. The key themes suggested that service users placed emphasis on the organisation's respect for autonomy and collaboration in care plans. Data collected could be used to inform public policy on the enhancement of person-centred care, especially within the mental illness afflicted population.

Keywords: Patient experience, Community mental health services, Patient-report experience measure

Poster Presentation – Case Report

Poster 48

Category 2: Healthcare System Improvements

Caring for the Carers: An Advocacy Proposal for Family Caregiver Capacitation, Well-being and Support in a Tertiary Government Hospital

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Introduction:
Family caregivers are essential partners in the care system, providing crucial support for vulnerable individuals. The informal care, encompassing physical, medical, psychological, financial, and social needs, often leads to caregiver burden, a multifaceted strain with adverse effects on both caregiver and patient outcomes. Thisproposal outlines an advocacy strategy to promote caregiver health and well-being within the Philippine General Hospital (PGH), a tertiary government hospital.

Methods:
Situation analysis was conducted through assessment of social needs, epidemiological data, educational and ecological contexts, and existing policies. Factors influencing caregiver burden were analyzed using Pearlin's Caregiver Stress Process model. Force field analysis identified enabling and restraining forces to inform opportunities for intervention.

Results:
Caregiver burden manifests as emotional, social, financial, physical, and spiritual strain, increasing the risk of chronic illnesses and mental health problems. Local data demonstrates its prevalence in the Philippines, with PGH medical records showing caregivers presenting with stress-related symptoms. Key stressors such as high care hours, complex care recipient needs, and coordination tasks are relevant in the Philippines, where caregiving hours are substantial and training is limited. Current support in the country is fragmented, with limited national policies, inadequate hospital infrastructure, and lack of accessible information resources. Support groups primarily target formal caregivers or specific conditions. Four intervention areas were identified: caregiver-centered health through targeted screening and counseling, accessible information via standardization and dissemination of materials, social organization through peer and facilitated support groups, and mobilization for a more supportive environment.

Conclusions:
This advocacy proposal aims to establish a protocol for caregiver health promotion within a tertiary government hospital, focusing on high-impact areas affecting the caregiver, their family, and the environment. Collaboration from hospital administrators, healthcare providers, and caregivers is crucial to achieve improved caregiver well-being and care outcomes.

Keywords: Family caregiver support, Multidisciplinary care, Family wellness

Free Paper Competition – Poster Presentation

Poster 49

Category 3: Medical Education

The Impact of a Well-structured Family Medicine Placement Programme on Hong Kong's Medical Student's Skills, Understanding of Primary Care and their Career Aspiration

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Introduction:
The Hong Kong's Primary Healthcare Blueprint aims to provide accessible and comprehensive healthcare, increasing the demand for well-trained family physicians. The Hospital Authority is the primary site for Family Medicine (FM) training, with medical students from the University of Hong Kong and the Chinese University of Hong Kong participating in a one-week placement programme. This includes supervised consultations and exposure to nursing and allied-health clinics. This study evaluates whether the programme enhances students' skills, their understanding of primary care, and aspirations to pursue FM as their career. The Hong Kong's Primary Healthcare Blueprint aims to provide accessible and comprehensive healthcare, increasing the demand for well-trained family physicians. The Hospital Authority is the primary site for Family Medicine (FM) training, with medical students from the University of Hong Kong and the Chinese University of Hong Kong participating in a one-week placement programme. This includes supervised consultations and exposure to nursing and allied-health clinics. This study evaluates whether the programme enhances students' skills, their understanding of primary care, and aspirations to pursue FM as their career.

Methods:
From January to November 2024, 49 medical students completed a 5-point scale six questions identical pre- and post-programme surveys. The survey assessed consultation skills, understanding of nursing and allied-health roles, inter-professional collaboration, comfort in managing mood disorders, patient-centred care, and their interest in FM as a career. Pre- and post-programme scores were compared to identify significant differences.

Results:
The survey results demonstrated significant improvements in all areas ($p < 0.001$). Consultation skills improved from 3.39 to 4.12, understanding of allied-health roles from 3.37 to 4.35, and inter-professional collaboration from 3.31 to 4.29. Comfort in managing mood problems increased from 3.20 to 3.92, and understanding of patient-centred care rose from 3.69 to 4.41. Consideration of FM as a career increased from 3.08 to 3.50.

Conclusions:
The study highlights the value of a well-structured FM placement programme in improving medical students' skills, understanding of primary care, and encouraging career aspirations in FM. These findings underscore the importance of such programmes in addressing the growing need for family physicians in Hong Kong.

Keywords: Family medicine, Medical students, Career aspiration

Free Paper Competition – Poster Presentation

Poster 50

Category 3: Medical Education

The Effectiveness of Enhancing Skills of Patient Care Assistants through Simulation Training Workshop

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Introduction:

The turnover rate among all staff in HA is high, and this trend is also observed in PCA positions within KWC FM&PHC. New comers are deployed across 12 different clinics, each with potentially diverse practices. A training needs analysis was conducted to identify key competencies required for PCAs, highlighting the necessity skills development. A tailored in-service simulation training workshop, integrating both clinical and interpersonal aspects, can enhance consistency across different clinics.

Methods:

The workshop included 6 sessions: 1) Pre-training questionnaire; 2) Communication skills simulation training; 3) 6 simulation stations covering the areas of clinical skills, documentation, general clinic operation workflow, infection control issue and introduction of smart initiatives; 4) Post-training questionnaire/assessment; 5) Satisfaction survey and 6) Debriefing.

Pre-test and post-test results were compared by the difference in mean score. Results of satisfaction survey were evaluated by mean scores and percentage.

Results:

52 PCAs attended the workshop with 100% responding rate on pre- and post- questionnaire. There was slight increase in the mean score of questions answered correctly from 90.31 to 91.77.

Highly positive feedback was received from the satisfaction survey. Mean score was around 5.5 out of 6 in all aspects including practicality of the training, degree of enhancement of knowledge, as well as suitability of venue and duration of the course.

Conclusions:

The minimal change in mean scores between pre- and post-questionnaire indicates that the baseline knowledge level of PCAs is already advanced. The goals set for the workshop have been successfully achieved, affirming the effectiveness of the training in preparing PCAs for their critical roles in healthcare. To maintain standards and ensure compliance, continuous monitoring and auditing remain essential.

Keywords: PCA, Simulation training, Effectiveness

Free Paper Competition – Poster Presentation

Poster 51

Category 3: Medical Education

Empowering Future Healthcare Professionals in Evidence-Based Diabetes Prevention Program

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6. *Health in Action*

Introduction:
Type 2 diabetes is a major non-communicable disease with high disease burden. This paper showcases the results of empowering nursing and nutrition students in supporting the implementation of evidence-based diabetes prevention program in community settings.

Methods:
The research team trained and supported five NGOs to deliver a 12-month evidence-based diabetes prevention program to 670 Chinese adults with obesity and prediabetes in the community. Participants receive structured lifestyle interventions in a small group of 15 to 20 participants during the first 6 months (one session/month), followed by monthly telephone support during the subsequent 6 months. Forty nursing and nutrition students were recruited and trained as health buddies to support programme implementation. Training and ongoing coaching were provided by the research team and the NGOs on the principles of pre-diabetes management, and skills for supporting participants to achieve diabetes prevention goals. Each student health buddy was responsible for supporting 4-5 participants during group sessions and providing telephone supports during the maintenance phase under the guidance and supervision of the NGO project coordinator.

Results:
37 health buddies (41% nursing and 59% nutrition students) completed an online anonymous evaluation form on their experience in serving as a healthy buddy. 97% of health buddies reported that this project significantly enhanced their knowledge, perception, and motivation for promoting diabetes prevention initiatives within the community. Furthermore, 92% acknowledged that the project improved their competency in health promotion, communication and leadership skills. Health buddies rated their performance in fulfilling their roles within the project at an average of 7.5 out of 10 and the project's effectiveness in enhancing health awareness among participants at 8.2 out of 10.

Conclusions:
This joint venture community empowerment project offers a model for equipping future healthcare professionals with skills and confidence to implement evidence-based diabetes prevention program within the community.

Keywords: Diabetes prevention program, Healthcare professional, Evidence-based intervention

Free Paper Competition – Poster Presentation

Poster 52

Category 3: Medical Education

Supporting those on the Final Lap: A Pilot Course in Primary Palliative Care in Hong Kong

Venus W. LAM, Y.K. YIU

Introduction:
People who run or swim long distance will tell you that the final lap is often the hardest. In medicine, at one end of life we pour a lot of resources and expertise into supporting women and their families through pregnancy and birth. At the other end of life, how well are we supporting patients and their families through the final lap and death? As Family Doctors whose job it is to look after patients from the "cradle to grave", are we sufficiently equipped to care for patients in their final lap?

Methods:
In order to meet this gap, we developed a competency-based curriculum for training Family Doctors in palliative care. The curriculum is innovative in a number of ways: it is designed by Family Doctors for Family Doctors in Hong Kong; over 50% of the course content is designed and taught by Family Doctors; it seeks to develop essential competencies through a spiral modular design; it caters for learning needs of the adult professional through the extensive use of self-directed e-learning, small group learning, practical workshops, and experiential learning through guided home visits.

Results:
A pilot course was conducted in 2024-25 for 12 Family Doctors from a variety of clinical workplaces: private practice, GOPC, NGO clinic, RCHE, and hospice. Through participation in this course, individual clinicians developed confidence and competence in order to look after their own patients with palliative care needs in the community.

Conclusions:
This pilot course in primary palliative care in Hong Kong equips Family Doctors with the competencies and confidence they need to look after palliative care patients in the community. The next steps are to involve participants from the pilot course as trainers of the course in the future, and to develop feasible models for multidisciplinary teams in palliative care in the community.

Keywords: Primary palliative care, Competency based curriculum, Andragogical methods

Free Paper Competition – Poster Presentation

Poster 53

Category 4: Primary Care Epidemiology

Moderate Depression in Obstructive Sleep Apnoea (OSA) Patients with Diabetes in Hong Kong; A Local Study (MoDOSA-HK)

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Introduction:
The rate of moderate depression in the general population in Hong Kong was 10.7% (1). In diabetic patients, the prevalence of moderate depression accounted for 18.3% (2), almost double the prevalence of depression compared to the general population. A Korean study showed that the prevalence of moderate-severe depression in obstructive sleep apnoea patients was 15.5% (3).
This study aimed to assess the local prevalence of moderate depression in patients with obstructive sleep apnoea and diabetes altogether.

Methods:
Patients were retrospectively recruited from 15/09/2022 to 28/02/2023 after confirmation of OSA by polysomnography. OSA was defined as an apnoea-hypopnoea index (AHI) >= 5 events/hour (4). Patient Health Questionnaire-9 (PHQ-9) is a reliable and valid tool to evaluate depression in Hong Kong (5). Moderate depression was defined by a PHQ-9 >9 (1).

Results:
There were 276 patients with OSA recruited. And amongst them, 96 patients (34.8%) were diabetic with 20 patients (20.8%) suffered from moderate depression (PHQ-9 > 9). Non-diabetic patients with moderate depression accounted for 16.1% (29/180 patients).

With the same BMI, AHI, STOP-BANG, ESS and PHQ-9, the rate of moderate depression in diabetic and OSA patients is two time higher than the general population in Hong Kong (10.7%). However, the rate of moderate depression in OSA patients with or without diabetes is not statistically different. In addition, non-diabetic patients in the OSA group with moderately depressive symptoms are significantly younger ($p<0.05$).

Conclusions:
About less than one fifth of patients with OSA suffered from moderate depression, regardless of diabetes or not. Moreover, non-diabetic patients are younger. Primary care physicians should consider administrating screening tools to detect depression in OSA patients for early detection and treatment.

Keywords: Obstructive sleep apnoea, Depression, Diabetes

Free Paper Competition – Poster Presentation

Poster 54

Category 4: Primary Care Epidemiology

How information Exposure Shapes Risk Perceptions and Vaccination Intentions Among Gay, Bisexual, and Other Men Who Have Sex With Men

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Introduction:
Vaccination is our best resource in combating mpox outbreaks. However, mpox vaccination in Hong Kong is much lower than surrounding regions (e.g., Taiwan). While risk communication to raise vaccination intentions is a crucial step in any vaccination campaigns. This area of research is understudied among gay and bisexual and other men who have sex with men (GBMSM) in Asia, where stigma and discrimination prevail. This study examined how mpox information exposure and perceptual processes influence mpox vaccination intention among GBMSM in Beijing and Hong Kong.

Methods:
Data were obtained from a cross-sectional survey of mpox unvaccinated GBMSM in Hong Kong (n=470) and Beijing (n=519) conducted between November 2023 and March 2024. Multigroup structural equation modeling was performed to estimate the direct and indirect effects and effect measure modification by city. Confounding control was determined using directed acyclic graphs (DAGs) for each endogenous variable.

Results:
Although levels of behavioral intention to vaccinate against mpox did not differ significantly between Hong Kong and Beijing (X2= 0.36, p=0.580). Exposure to positive mpox information significantly enhanced perceived control (standardized direct effect: 0.42, 95%CI: 0.18-0.66) and increased vaccination intention via higher perceived risk for mpox in the following 6 months, particularly among participants in Hong Kong (unstandardized indirect effect: 0.023, 95% CI: 0.002-0.109). Conversely, negative information increased threat perceptions but did not consistently raise perceived risk for contracting mpox. Differences between Beijing and Hong Kong participants were notable, with those in Beijing showing weaker associations between information exposure and perceived risk for mpox (standardized direct effect: -0.02, 95%CI: -0.26-0.22), despite higher levels of information exposure (mean score: 20.4 vs. 18.9, $p < 0.001$) and more non-regular sex partners (mean: 2.20 vs. 1.65, $p = 0.023$), but the associations between information exposure, perceived risk, and vaccination intent were weaker compared to Hong Kong participants.

Conclusions:
Positive mpox information contents significantly boost vaccination intent by increasing perceived control and risk perceptions, particularly where vaccination programs are available, such as in Hong Kong. Tailored, stigma-free communication is crucial for improving vaccination uptake, especially in Mainland China, where subsidized vaccines are limited.

Keywords: Mpox, Vaccination intent, Gay and bisexual and other men who have sex with men

Free Paper Competition – Poster Presentation

Poster 55

Category 4: Primary Care Epidemiology

Sex-Specific Blood Pressure Cut-Offs Associated with Cardiovascular Events: A Real-World Cohort Study of 1,931,155 Chinese Individuals

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Introduction:
Cardiovascular disease (CVD) is the leading cause of death. Elevated systolic blood pressure (SBP) is the main modifiable risk factor and is more closely linked to CVD in women than in men. In Western populations, CVD occurs at lower SBP levels in women, suggesting a lower diagnostic and treatment cutoffs. However, sex-specific differences in other populations such as Chinese have not been reported. This study aims to explore the association between blood pressure (BP) and CVD in a general Chinese population using data from the Hong Kong Hospital Authority.

Methods:
This retrospective cohort study included 1,931,155 patients (1,113,662 women and 817,493 men) who visited public health services from 1997 to 2021. Patients with a history of CVD, those under 18, and those with extreme BP (SBP/DBP>=250/140 or <70/40 mmHg) readings were excluded. The primary outcome was a composite CVD event, including CVD mortality, non-fatal coronary heart disease, heart failure, and stroke. We used sex-stratified, multivariable-adjusted accelerated failure time models to examine the association between SBP categories (defined by 10 mmHg increment from <110 to >=160) and CVD outcomes.

Results:
Over a median follow-up of 9.2 years, 146,249 women and 152,120 men experienced a CVD event. Figure 1summarises our analysis. Compared to SBP<110 mmHg, the median time to CVD events was significantly decreased in all higher SBP categories among both men and women. In men, the time ratio (TR) ranged from 0.96 for SBP 110-119 to 0.69 for SBP>=160; In women, TR ranged from 0.86 for SBP 110-119 to 0.66 for SBP>=160. In particular, the magnitude of TR observed in women (TR: 0.86 [0.84-0.89]) with SBP 110-119 was comparable to that observed in men with SBP 130-139 (TR: 0.87 [0.84-0.90]).

Conclusions:
CVD risk rises steeply starting at a lower SBP level in Chinese women (110-119 mmHg) and CVD risk associated with SBP of 130-140mmHg in men is comparable to that of an SBP of 110-120mmHg in women, suggesting a lower diagnostic and treatment thresholds for women, comparable to studies in Western studies and require further investigation.

Keywords: Blood pressure, Cardiovascular disease, Sex difference

Free Paper Competition – Poster Presentation

Poster 56

Category 4: Primary Care Epidemiology

Altered DNA Methylation and Gut Microbiota Mediate the Effect of Smoking on Obesity: Implications for Public Health Interventions

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Introduction:
Smoking and obesity are amongst the leading modifiable contributors to global mortality and disease burden. While complex epidemiological associations are observed, the causality and underlying pathways remain elusive. Epigenetic modifications (e.g., DNA methylation) and gut microbiota are hypothesized mediators. Here, we assess causalities and explore mediation roles of DNAm and gut microbiota between smoking and obesity using genetic variants.

Methods:
Published data from genome-wide association analysis studies of European ancestry were used. Cross-trait linkage disequilibrium score (LDSC) regression analysis assessed shared genetic architecture between smoking and obesity. Bidirectional two-sample Mendelian Randomization (MR) evaluated causation, adjusting for confounders via multivariable MR. A two-step MR followed to identify potential mediators among 2,084 smoking-related CpGs, 105 microbial species, and 205 microbial pathways. Mediation analysis quantified indirect effects and co-localization analysis probed shared causal variants.

Results:
All traits related to smoking and obesity were heritable with significant genetic correlations (all $P<0.05$). Bidirectional MR revealed smoking initiation and lifetime smoking causally increase body mass index (BMI; ß=0.08-0.062, $P<1.8\times10^{-6}$) , and BMI elevated smoking likelihood (OR=1.07-1.13, $P<1.5\times10^{-10}$), with robustness in sensitivity analyses across age/sex-stratified and body fat distribution data. Multivariable MR demonstrated independence from other smoking-related traits and alcohol use ($P<9.1\times10^{-8}$). Seven smoking-related CpGs [e.g. cg08548559 (PIK3IP1), cg15963913 (ZFYVE21), cg01127300 (TMEM184B)], five microbial species (e.g., Eubacterium siraeum) and five microbial pathways (e.g., vitamin B6 biosynthesis), were found to be mediators between smoking and obesity. Notably, smoking may indirectly increase obesity risk by reducing the abundance of E. siraeum (proportion mediated: 7.23%), and methylation levels at cg08548559 (64.65%) ($P<0.05$). Co-localization identified shared causal variants (PPH4 >0.75) and a causal direction from DNAm to microbial alterations was established.

Conclusions:
By advancing the understanding of the epigenetic and microbial drivers of smoking-related adiposity, we identified new intervention targets to mitigate smoking-aggravated obesity.

Keywords: Obesity and metabolic disorders, Smoking, Gut microbiota

Free Paper Competition – Poster Presentation

Poster 57

Category 4: Primary Care Epidemiology

Intergenerational Transmission of Internet Gaming Disorder in Hong Kong Adolescents

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Introduction:
Parental factors are closely linked to adolescent Internet gaming disorder (IGD). However, no longitudinal study has directly examined whether and how parental IGD influences adolescent IGD.

Methods:
A one-year two-wave longitudinal study was conducted in Hong Kong. Secondary school students and one of their parents (the main caregiver) were included. Adolescent and parental data were collected through classroom-based and WhatsApp-administered questionnaire surveys, respectively. IGD was measured by the DSM-5 IGD checklist. Potential mediators included adolescent-reported parental modeling (i.e., parental Internet gaming (IG) time and gaming attitudes) and parent-reported parenting practices (i.e., parental mediation of their child's behavior and general parenting practices). The cross-lagged panel model (CLPM) was used to examine the longitudinal relationship between parental IGD symptoms at baseline (T1) and adolescent IGD symptoms at follow-up (T2). Structural equation modelling (SEM) was used to test the mediating roles of parental modeling and parenting practice.

Results:
A total of 712 parent-child dyads were included (adolescents: mean (SD) age: 12.28 (1.35), 50.8% male; parents: 45.41(5.41) years, 81.5% mothers). The prevalence of adolescent and parental IGD was 10.1% and 1.1%, respectively. Both tested CLPM and SEM demonstrated good model fits (all RMSEA < 0.08, all SRMR < 0.06, all CFI and TLI > 0.90). Parental IGD symptoms at T1 positively predicted adolescent IGD symptoms at T2 (β= 0.383, $p<0.001$), which adolescents significantly mediated perceived parental IG time at T1 (β=0.365, $p<0.001$). The indirect effect accounted for 13.84%.

Conclusions:
Parental IGD symptoms significantly contribute to the development of adolescent IGD symptoms. Parental modeling (i.e., parental IG time perceived by adolescents) partially mediates this relationship. These findings highlight the importance of parents regulating their gaming time and minimizing gaming in front of their children. Family-based interventions may be more effective in reducing the high prevalence of adolescent IGD.

Keywords: Internet gaming disorder, Intergenerational transmission, Adolescent

Free Paper Competition – Poster Presentation

Poster 58

Category 4: Primary Care Epidemiology

Exploring the Impact of Environmental Factors on Sleep Quality and Mental Health Among Nurses in Hong Kong: A Pilot Study

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Introduction:
Shift work among nurses often leads to sleep disorders and mental health concerns. Modifying environmental factors might help alleviate these issues. This study explores the relationships between environmental factors, sleep and well-being in nurses.

Methods:
We plan to recruit a total of 364 nurses. Data on environmental conditions including light, noise, green/blue spaces, and air pollution were gathered using a comprehensive questionnaire and real-time device-based measurements. Sleep patterns were evaluated through the Pittsburgh Sleep Quality Index (PSQI) and Insomnia Severity Index (ISI), while depression and anxiety levels were assessed using the Hospital Anxiety and Depression Scale (HADS). Higher scores indicate greater severity. We employed multiple linear regression analyses to investigate the associations between environmental factors, sleep quality, and psychological health issues.

Results:
To date, we have recruited 81 nurses. Preliminary data reveal that 72.8% experienced poor sleep quality, and 59.3% reported insomnia symptoms. Additionally, 44.4% exhibited signs of anxiety and depression. Increased satisfaction with light quality and noise levels at work correlated significantly with lower PSQI (adjusted β: -0.162, -0.196) and ISI scores (adjusted β: -0.209, -0.252). Furthermore, those satisfied with workplace noise levels had notably reduced anxiety symptom scores (adjusted β: -0.227). However, perceptions regarding the positive impact of green/blue spaces, and air pollution did not show significant associations with sleep or mental health outcomes

Conclusions:
These preliminary findings suggest that environmental factors, particularly lighting and noise, may be related to sleep quality and mental health among nurses. Future publications will include real-time environmental tracking, circadian rhythm metrics, and biomarker data.

Keywords: Environmental factors, Mental health, Sleep health

Free Paper Competition – Poster Presentation

Poster 59

Category 4: Primary Care Epidemiology

Incidence, Risk Factors, and Epidemiological Trends of Tracheal Cancer: A Global Analysis

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Introduction:
Tracheal cancer is a rare malignancy with limited research but high mortality rates. This study aims to analyse recent data to understand the global burden, trends, and risk factors for tracheal cancer, facilitating improved prevention and treatment strategies.

Methods:
We conducted a study on tracheal cancer using data from the Global Cancer Observatory and the Cancer Incidence in Five Continents databases. We collected information on the incidence of tracheal cancer, risk factors, and the Human Development Index (HDI) at the country level. The univariate linear regression was used to explore the relationship between tracheal cancer and the various risk factors. We utilised joinpoint regression analysis to calculate the Average Annual Percentage Change (AAPC) in tracheal cancer incidence.

Results:
The global age-standardised rate of incidence of tracheal cancer was 2.9 per 10 million (3,472 cases in total) in 2022, with the highest regional incidence observed in Central and Eastern Europe (ASR = 9.0) and the highest national incidence in Hungary (12.5). Higher incidence was found among the males (3.8) than females (2.0); among the older adults aged 50-74 (11.9) than the younger population aged 15-49 (1.2). A higher tracheal cancer incidence ratio was associated with higher levels of smoking, alcohol drinking, diabetes, lipid disorders, and HDI. Despite the overall decreasing trends for all population groups (highest decrease in Thailand; AAPC: -15.06, 95% CI: -21.76 to -7.78, $p = 0.002$), there was an increase in some female populations (highest increase in Colombia, AAPC: 19.28, 95% CI: 16.48 to 22.15, $p < 0.001$) and younger populations (highest increase in Ireland; AAPC: 29.84, 95% CI: 25.74 to 34.06, $p < 0.001$).

Conclusions:
This study provides a comprehensive analysis of tracheal cancer, focusing on risk factors and population-level trends. There has been an overall decreasing trend in the incidence of tracheal cancer, particularly among males and older adults, while the decline is less pronounced in females and younger individuals. Further research is needed to explore the underlying drivers of these epidemiological trends.

Keywords: Tracheal cancer, Epidemiology, Risk factors

Free Paper Competition – Poster Presentation

Poster 60

Category 4: Primary Care Epidemiology

Global Burden, Risk Factors, and Temporal Trends of Ureteral Cancer: A Comprehensive Analysis of Cancer Registries

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Introduction:
Ureteral cancer is a rare cancer. This study aimed to provide an up-to-date and comprehensive analysis on the global trends of ureteral cancer incidence and its association with lifestyle and metabolic risk factors.

Methods:
The incidence of ureteral cancer was estimated from the Cancer Incidence in Five Continents Plus and Global Cancer Observatory databases. We analyzed the (1) global incidence of ureteral cancer by region, country, sex, and age group by age-standardized rates (ASR); (2) associated risk factors on a population level by univariable linear regression with logarithm transformation; and (3) incidence trend of ureteral cancer by sex and age group in different countries by Average Annual Percentage Change (AAPC).

Results:
The global age-standardized rate of ureteral cancer incidence in 2022 was 22.3 per 10,000,000 people. Regions with higher human development index (HDI), such as Europe, Northern America, and East Asia, were found to have a higher incidence of ureteral cancer. Higher HDI and gross domestic product (GDP) and a higher prevalence of smoking, alcohol drinking, physical inactivity, unhealthy dietary, obesity, hypertension, diabetes, and lipid disorder were associated with higher incidence of ureteral cancer. An overall increasing trend of ureteral cancer incidence was observed for the past decade, especially among the female population.

Conclusions:
Although ureteral cancer was relatively rare, the number of cases reported was rising over the world. The rising trends among females were more evident compared with the other subgroups, especially in European countries. Further studies could be conducted to examine the reasons behind these epidemiological changes and confirm the relationship with the risk factors identified.

Keywords: Ureteral cancer, Burden, Risk factors

Free Paper Competition – Poster Presentation

Poster 61

Category 4: Primary Care Epidemiology

Increasing Incidence of Pancreatic Cancer in Hong Kong: A Population-based Study

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Introduction:
Globally, pancreas cancer is a growing public health concern due to its expanding incidence and poor prognosis. The study aims to assess the burden of pancreas cancer in Hong Kong by estimating its incidence and trends.

Methods:
The study obtained pancreas cancer incidence data from 1990 to 2022 from the Hong Kong Cancer Registry. The World Health Organization 2000 standard population was used to calculate age-standardized rate (ASR) of incidence. Joinpoint regression was conducted to evaluate the sex- and age- specific trends of pancreas cancer incidence by calculating the annual average percentage change (AAPC). Age-period-cohort analysis was performed to evaluate the effects of aging, period variations, and birth cohort differences.

Results:
In 2022, there were 1,037 incident cases (ASR = 6.3 per 100,000) of pancreas cancer. The risk of pancreas cancer surged with increasing age, peaking at the 80-84 age group (ASR = 62.8). Males (ASR = 7.1) were more likely to develop pancreas cancer than females (ASR = 5.7). Between 1990 and 2022, there was a significant increasing trend of pancreas cancer incidence (AAPC: 1.81%, 95% CI: 1.30% to 2.27%; $p < 0.001$). Females experienced a larger increasing trend (AAPC: 2.01%, 95% CI: 1.30% to 2.66%; $p < 0.001$) than males (AAPC: 1.62%, 95% CI: 1.20% to 2.05%; $p < 0.001$). The 10-14 age group showed the most substantial increasing trend (AAPC: 4.37, 95% CI: 3.81 to 4.94; $p < 0.001$). A significant age-associated increase in pancreatic cancer incidence was observed beyond the 45-49 age group, with upward trends evident across later periods and birth cohorts.

Conclusions:
Our findings highlighted a rising trend in pancreatic cancer incidence, particularly among younger and female populations. Future studies should focus on identifying risk factors attributable to the persistent increase in pancreatic cancer burden among Hong Kong population to guide targeted strategies.

Keywords: Incidence, Pancreatic cancer, Hong Kong

Free Paper Competition – Poster Presentation

Poster 62

Category 4: Primary Care Epidemiology

Risk Factors for All-cause and Cause-specific Mortality in Patients with Chronic Kidney Disease: Age-Specific Associations and Attributable Burden

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Introduction:
Chronic kidney disease (CKD) significantly contributes to global mortality; however, age-specific associations between risk factors and mortality, along with their attributable burden, remain poorly characterized. This study investigated age-specific associations and the population-attributable mortality burden of risk factors in CKD patients.

Methods:
In this retrospective cohort study, we analyzed territory-wide electronic medical records from Hong Kong (2008-2020), including 576,677 adults with incident CKD. Evaluated risk factors included four comorbidities (diabetes, cardiovascular disease [CVD], heart failure, cancer) and six modifiable factors (smoking, suboptimal control of blood pressure, glucose/HbA1c, LDL cholesterol, and BMI). We estimated hazard ratios and population-attributable fractions (PAFs) for mortality across five age groups (18–54, 55–64, 65–74, 75–84, and ≥85 years).

Results:
The mean age of patients CKD patients at diagnosis was 73.5 ± 13.8 years. Over a median 4.8-year follow-up, 329,098 deaths (57.1%) occurred, primarily caused by cardiovascular diseases (9.9%), cancer (9.9%), and kidney diseases (4.7%). While absolute mortality rates increased with age, the relative risks for most risk factors declined in older groups. All assessed risk factors collectively accounted for 44.3% (PAF, 95% CI: 35.3–52.0%) of deaths in the youngest cohort compared with 22.6% (14.6–29.7%) in the oldest. Cancer (PAF: 13.4%, 95% CI: 13.3%-13.5%) and suboptimal LDL-C (PAF: 12.0%, 95% CI: 8.0%, 15.8%) were the leading contributors in younger patients, while CVD (PAF: 12.6%, 95% CI: 12.1%-13.1%) predominated in the oldest age strata.

Conclusions:
Younger CKD patients demonstrated higher relative mortality risks from modifiable factors than older individuals, with distinct leading risk factors across age groups. These findings underscore the clinical importance of early risk factor control and age-tailored management strategies to reduce mortality in CKD populations.

Keywords: Chronic kidney disease, Mortality, Age-specific risk factors

Free Paper Competition – Poster Presentation

Poster 63

Category 4: Primary Care Epidemiology

Preliminary Findings on Social Determinants and Gender Differences in Sleep Health Disparities: A Descriptive Analysis in Hong Kong 2024

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Introduction:
Sleep health is influenced by social and structural factors such as income, housing, commuting, and noise. These factors may affect men and women differently, especially in urban settings like Hong Kong. This study examines how these factors affect sleep duration, time to fall asleep, and sleep adequacy, while exploring gender differences.

Methods:
A survey was conducted with 500 adults in Hong Kong, 2024. Descriptive statistics (mean, standard deviation, and frequencies) summarized sleep data: (1) sleep duration, (2) time to fall asleep, and (3) sleep adequacy. Other factors like income, sex, housing, commuting time, noise, and health behaviors were also examined. Comparisons were made between gender groups and income levels to identify patterns in sleep disparities.

Results:
Preliminary findings show that income impacts sleep. People with lower income reported shorter sleep duration (mean = 6.10 hours, SD = 1.47), longer time to fall asleep (mean = 38.75 minutes, SD = 30.60), and lower sleep adequacy (mean = 7.57 hours, SD = 0.59). Women had shorter sleep duration (mean = 5.91 hours, SD = 1.34), longer sleep latency (mean = 36.93 minutes, SD = 31.09), and lower sleep adequacy (mean = 7.53 hours, SD = 0.60) compared to men. Noise disturbances were more common in lower-income groups, worsening sleep outcomes.

Conclusions:
Income and environmental factors contribute to sleep health disparities in Hong Kong. Women and those with lower income are more affected, indicating a need for targeted interventions to address these inequalities.

Keywords: Sleep health, Social determinants, Gender differences

Free Paper Competition – Poster Presentation

Poster 64

Category 4: Primary Care Epidemiology

Prevalence of Chronic Kidney Disease in Atrial Fibrillation Patients and its Relationship with CHA2DS2-VASc Score

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Introduction:

Chronic kidney disease (CKD) is a common comorbidity in patients with atrial fibrillation (AF), increasing the risk of adverse cardiovascular outcomes. Understanding the prevalence of CKD in AF patients is essential for improving clinical care. The CHA2DS2-VASc (congestive heart failure, hypertension, age ≥ 75 years, diabetes, prior stroke, vascular disease, age 65–74 years, and sex) score was originally formulated to predict thromboembolic risk in patients with nonvalvular AF.

Methods:

AF patients who attended Lek Yuen General Outpatient Department (GOPD) between September 2024 and February 2025 were identified from the Clinical Data Analysis and Reporting System (CDARS). Clinical and laboratory data from January 2023 to February 2025 were analyzed. A cross-sectional analysis was conducted in 419 AF patients. CKD was defined as an eGFR < 60 mL/min/1.73 m^2. CHA2DS2-VASc score were categorized into low risk (0-2), medium risk (3-4), and high risk (5-9). Descriptive statistics were used to calculate CKD prevalence, and association between CKD and CHA2DS2-VASc score was assessed using Chi-square tests.

Results:

Among 419 AF patients (mean age 77.1 ± 9.3 years, 45.6% female, mean BMI 25.4 ± 4.3 kg/m^2), comorbidities included congestive heart failure (7.6%), hypertension (83.1%), Type 2 diabetes (37.9%), prior stroke (14.8%) and ischemic heart disease (10.0%).

CKD was present in 33.4% (n = 140) in AF patients. CKD prevalence increased significantly with higher CHA2DS2-VASc scores: 18.6% for low risk (score 0-2), 29.9% for medium risk(score 3-4),and 51.7% for high risk(scores 5-9) (P<0.001).

Conclusions:

CKD is highly prevalent in AF patients, with a higher CHA2DS2-VASc score significantly associated with increased CKD prevalence. Regular CKD screening in AF patients, particularly those with high CHA2DS2-VASc score, may improve clinical outcomes.

Keywords: Atrial fibrillation, CHA2DS2-VASc score, CKD

Free Paper Competition – Poster Presentation

Poster 66

Category 4: Primary Care Epidemiology

The Association between Obesity Index and Cardiovascular Risk Factors in Chinese Primary Care Adults

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Introduction:
The objective of this study was to explore the associations between different obesity-related indicators (ORIs) and cardiovascular risk factors (CRFs) including hypertension, hyperlipidemia, and diabetes, in Chinese adults

Methods:
The data were derived from the 2024 chronic disease and risk factor surveillance program in Wuhan City, China. Blood pressure, fasting blood lipid, and glucose levels were measured. There were eight ORIs in this study including Body Roundness Index (BRI), Triglyceride-Glucose Index (TYG), Conicity Index (CI), Chinese Visceral Adiposity Index (CVAI), Metabolic Syndrome-Insulin Resistance (METS-IR), Metabolic Syndrome-Visceral Fat (METS-VF), Triglyceride-Glucose-Body Mass Index (TYG-BMI), and Triglyceride-Glucose-Waist-to-Height Ratio (TYG-WHtR). The ability of different ORIs to predict CRFs was assessed by calculating the area under the receiver operating characteristic (ROC) curves (AUCs) with 95% confidence intervals (CIs). Logistic regression model was used to evaluate the associations between ORIs and CRFs.

Results:
A total of 741 primary care adults were included in this study, with a mean age of 49.11±15.74years. The prevalence of hypertension, hyperlipidemia, and diabetes was 267 (36.03%), 337 (45.48%), and 124 (16.73%), respectively. In the total population, CVAI was the best predictor of hypertension (AUC = 0.755), METS-IR was the best predictor of hyperlipidemia (AUC = 0.669), and CVAI was the best predictor of diabetes (AUC = 0.727), respectively. Stratified analysis showed that in the male group, CVAI (AUC=0.759), METS-IR (AUC = 0.700), and CVAI (AUC = 0.673) were the best predictor of hypertension, hyperlipidemia, and diabetes, respectively. While in the female group, CVAI (AUC = 0.750), METS-VF (AUC = 0.651), and CVAI (AUC = 0.775) were the best predictor of hypertension, hyperlipidemia, and diabetes, respectively.

Conclusions:
Different obesity indices can predict cardiovascular risk factors in Chinese adults. Early screening for obesity indices may help for cardiovascular diseases prevention and control.

Keywords: Cardiovascular risk factors, Obesity index, Adults

Free Paper Competition – Poster Presentation

Poster 67

Category 4: Primary Care Epidemiology

Assessment of CKD Risk Among Patients with Impaired Fasting Glucose in a Primary Care Setting

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Introduction:
Chronic Kidney Disease (CKD) is a progressive condition defined by persistent kidney damage or reduced estimated glomerular filtration rate (eGFR <60 mL/min/1.73 m^2). Patients with Impaired Fasting Glucose (IFG) are at increased risk of renal and cardiovascular complications. However, the burden of CKD in this group remains under-recognized in primary care. This study aimed to assess the CKD risk and its associated clinical factors among IFG patients in primary care setting.

Methods:
IFG patients who attended Lek Yuen General Outpatient Department (GOPD) between July and December 2024 were identified from the Clinical Data Analysis and Reporting System (CDARS). Clinical and laboratory data from July 2023 to December 2024 were analyzed. CKD was staged using KDIGO guidelines based on eGFR and urine albumin-to-creatinine ratio (urine ACR). Multiple linear regression was used to identify factors associated with eGFR.

Results:
Among 4,309 IFG patients, mean age was 68.9 ± 10.2 years, 56.2% were female, and mean BMI was 25.6 ± 3.9 kg/m^2. Mean systolic/diastolic BP was 133.5 ± 12.1 / 74.4 ± 9.8 mmHg; LDL 2.59 ± 0.79 mmol/L; HbA1c 6.1 ± 0.3%. Hypertension and hyperlipidemia were present in 84.7% and 64.7%, and 44% were prescribed angiotensin-converting enzyme inhibitors (ACEIs) or angiotensin II receptor blockers (ARBs). Among 3,749 patients with valid eGFR, 88.2% were in G1–G2 and 11.8% in G3a–G5. Of 2,030 with both eGFR and ACR data, 66.9% were low risk, 12.3% moderate, and 6.9% high to very high risk of CKD progression. Older age, female sex, higher systolic BP, lower HDL, and higher BMI were significantly associated with lower eGFR.

Conclusions:
Reduced eGFR is common among IFG patients in GOPD. Although most are at low risk of progression, early kidney damage may go undetected due to limited diagnostic data. Regular monitoring and kidney-protective strategies are crucial to reduce long-term risk.

Keywords: Chronic kidney disease, Impaired fasting glucose, Primary care

Free Paper Competition – Poster Presentation

Poster 68

Category 4: Primary Care Epidemiology

Prevalence of Nocturnal Hypertension and Associated Factors: A Cross-sectional Study among Hypertensive Patients Attending a Public Primary Care Clinic in Singapore

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Introduction:
Nocturnal hypertension (NH), defined as blood pressure (BP) ≥ 120/70 mmHg, is associated with adverse cardiovascular events and organ damage. The prevalence of NH has been found to vary across countries, populations and lifestyles. This ongoing study aimed to determine the prevalence of NH among patients with treated hypertension in a Singapore primary care setting and the factors associated with it.

Methods:
This cross-sectional study was conducted in July 2024 - March 2025. Adult patients with hypertension managed in primary care were recruited via convenience sampling. All participants underwent standardised 24-hour ambulatory BP monitoring (ABPM) using a clinically-approved oscillometric device (SpaceLabs). Multivariable logistic regression analyses were conducted to identify sociodemographic, clinical and lifestyle factors associated with NH.

Results:
Out of 126 participants recruited, 103 (81.7%) had valid ABPM readings. Prevalence of NH and isolated NH (night-time BP ≥ 120/70 mmHg, day-time BP < 135/85 mmHg) were 71.8% (95% CI: 62.2% - 79.8%) and 23.3% (95%CI: 16.0% - 32.6%), respectively. The prevalence of dipper (night-time BP drop 10-20%), non-dipper (drop <10%), extreme dipper (drop >20%) and reverse dipper (night-time BP increase) were 36.9% (95%CI: 28.0% - 46.8%), 40.8% (95%CI: 31.6% - 50.7%), 8.7% (95%CI: 4.6% - 16.1%) and 13.6% (95%CI: 8.1% - 21.8%), respectively. Participants with morning hypertension (morning BP ≥135/85 mmHg) were six times more likely to also have NH (aOR 5.94; 95% CI: 2.12 - 16.63).

Conclusions:
This study found a high prevalence of NH and isolated NH among patients with treated hypertension managed in primary care in Singapore; this is higher than the prevalence reported in other studies. Those with morning hypertension were more likely to have NH; there was no association with other sociodemographic, clinical and lifestyle factors. However, the findings should be interpreted with caution due to small sample size.

Keywords: Nocturnal hypertension, Hypertension phenotype, Prevalence

Free Paper Competition – Poster Presentation

Poster 69

Category 4: Primary Care Epidemiology

The Impact of the COVID-19 Pandemic on the Willingness of Citizens to Receive Influenza Vaccines

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Introduction:
Influenza is an acute respiratory disease caused by the influenza virus and is a common upper respiratory tract infectious disease during the winter flu season. Pre-COVID-19 pandemic, the public's willingness to receive the influenza vaccine was not high. However, after the COVID-19 pandemic, the public's acceptance of the influenza vaccine has significantly increased.

Methods:
The injection rates from October 2016 to March 2025 were investigated in our four main medical clinics. Correlated samples T-test (Two-tailed) was used for comparison before, existing and after COVID-19 pandemic. The null hypothesis (H0) was that there was no correlation between covid-19 pandemic and influenza injection rate while the alternative hypothesis (H1) was that there was a correlation between COVID-19 pandemic and influenza injection rate. Therefore, if the P-value was less than 0.05, then it suggested that the observed data provided evidence against the H0, indicating a statistically significant relationship between COVID-19 pandemic and influenza injection rates.

Results:
First, an evaluation of the data from October 2016 to March 2025 was conducted. The resulting P-value of 0.189, exceeding the significance level of 0.05, indicated no significant correlation between the pre - and during - COVID - 19 pandemic phases. Subsequently, comparisons were made between the during - and post - COVID - 19 pandemic periods, yielding a P-value of 0.025 (less than 0.05). This outcome suggested a statistically significant association between the COVID - 19 pandemic and influenza vaccination rates. Finally, when assessing the vaccination rates between the pre - and post - COVID - 19 pandemic periods, a P-value of 0.021 was obtained. This value further confirmed the presence of a statistically significant relationship between these two periods.

Conclusions:
In this study, two-tailed t test on 9 years data showed no pre-COVID-19 and during-COVID correlation. But there were significant relationships between during/after and pre-/after COVID-19 regarding influenza injection rates. Pandemic improved the intention of influenza injection rates.

Keywords: Preventive medicine, Epidemiology, Primary care intervention

Free Paper Competition – Poster Presentation

Poster 70

Category 4: Primary Care Epidemiology

The Silent Epidemic: Low Muscle Mass and Its Growing Threat Among South Asians

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Introduction:
Low muscle mass percentage is a significant public health concern across different populations, with distinctive patterns observed in South Asians(SA). Due to their unique body composition profiles, they are at heightened vulnerability. This study aimed to evaluate prevalence of low muscle mass percentage across South Asian ethnicities stratified by age and sex and provide insights into culturally appropriate recommendations for interventions.

Methods:
Between June 2022 and March 2025, 1659 SA participants (802 Pakistani, 309 Indians, 472 Nepalese, and 76 other South Asian groups) were recruited via territory-wide outreach health assessments. Muscle mass percentage was assessed through bioelectrical impedance analysis, with use of age and gender-specific cut-off values to define low muscle mass percentage.

Results:
Among females (n=1,274), except in other SA group (68.4%), low muscle mass prevalence was highest in Pakistanis (65.1%), followed by Indians (59.8%) and Nepalese (51.5%). Prevalence increased with age, although notably high in young adulthood (18-40 years) at 50% or above. In contrast, males (n=385) had lower prevalence, Indians 56.0%, Pakistanis 47.1%, Nepalese 40.4%, and others 42.1%. Significant age-related increase was noted, given low prevalence in young adulthood (11.3-37.8% in the 3 main SA groups) but high prevalence in older adulthood (50.0-86.4%), especially among Pakistanis and Indians. In local HK population, prevalence of sarcopenia among community-dwelling people aged 65 and above was 9.0%.

Conclusions:
South Asians in Hong Kong tend to have high prevalence of low muscle mass percentage. Compared to males, females of SA descent, particularly in young adulthood, appear to have increased risk. Nonetheless, older males of Indian and Pakistani descent were found to be high-risk group. Culturally tailored interventions highlighting importance of nutrition (vegetarian protein sources), culturally adapted physical activity and strength training, gender sensitive health education emphasizing muscle health, and mobile health app solutions may have significant positive effect on the health of this group.

Keywords: Low muscle mass percentage, South Asians, Interventions

Free Paper Competition – Poster Presentation

Poster 71

Category 4: Primary Care Epidemiology

Comparative performance of the Osteoporosis Self-Assessment Tool for Asians (OSTA), Chinese Osteoporosis Screening Algorithms (COSA), and Fracture Risk Assessment Tool (FRAX®) for stratifying osteoporosis risk among free-living older adults in Hong Kong

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Introduction:
The Osteoporosis Self-assessment Tool for Asians (OSTA), Chinese Osteoporosis Screening Algorithm (COSA), and Fracture Risk Assessment Tool (FRAX®) are simple tools for identifying individuals at risk of osteoporosis and fragility fractures. This study compares the effectiveness of OSTA and FRAX in stratifying osteoporosis risk among older adults in Hong Kong.

Methods:
A total of 376 community-dwelling older adults (mean(SD) age 71.6(4.6) years; 76.1% females) without osteoporosis were recruited. Participants completed questionnaires on FRAX risk factors and bone mineral density (BMD) measurements at the non-dominant hip and lumbar spine. OSTA, COSA scores and 10-year FRAX® risks for major osteoporotic fracture (MOF) and hip fracture (HF), with and without BMD, were calculated. Treatment eligibility was defined as osteoporosis (T-score≤-2.5) at any site or osteopenia with FRAX-MOF≥20% or FRAX-HF≥3% (i.e. high-risk osteopenia). The predictive abilities of OSTA, COSA, and FRAX were evaluated using the area under the receiver operating characteristic curves (AUC).

Results:
Among all participants, 77 (20.5%) were normal, 142 (37.8%) had low-risk osteopenia, 64 (17.0%) had high-risk osteopenia, and 93 (24.7%) had osteoporosis, with a significantly higher prevalence of osteoporosis in females than males (30.4% and 6.7%, respectively). Parental hip fracture was the most prevalent FRAX risk factor, identified among 12.0% of all participants. All three predictive tools had limited predictability for osteoporosis (AUC 0.552-0.698) and treatment eligibility (AUC 0.636-0.692). OSTA (AUC 0.698) slightly outperformed FRAX-without BMD and COSA in predicting osteoporosis. If DXA screening were limited to women in the OSTA high-risk category per local guidelines, about two-thirds of osteoporosis cases would go undetected.

Conclusions:
Routine screening identified about 40% of older adults as having osteoporosis or qualifying for treatment. OSTA, COSA and FRAX without BMD showed comparable but limited effectiveness for stratifying osteoporosis risk and treatment eligibility.

Keywords: Osteoporotic fracture, Fracture risk assessment, Osteoporosis

Free Paper Competition – Poster Presentation

Poster 72

Category 4: Primary Care Epidemiology

Exploring of Social Isolation Trend in Hong Kong SAR, China Community-dwelling Older Adults

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Introduction:
As a state of lacking social connections, social isolation is considered as an emerging public health concern which affects the older adult group notably. This study aims to elucidate the trend of social isolation prevalence in Hong Kong SAR, China community-dwelling older adults from year 2017 to 2025.

Methods:
Three cross-sectional studies of January 2017 to December 2018 (n=1586), June 2021 to December 2022 (n=939), and September 2023 to February 2025 (n=596) were used to demonstrate the social isolation trend. Community-dwelling Chinese older adults of aged ≥ 65 were considered eligible and recruited upon referral by elderly centres organised by local Non-governmental Organizations. Social isolation was assessed by the abbreviated version of Lubben Social Network Scale (LSNS-6), and participants were regarded as social isolated if their LSNS-6 scored below 12 out of 30. To enhance the representativeness of the prevalence, demographic weightings of age groups (aged 65-74, aged ≥ 75) and gender were applied to the corresponding dataset based on the local population data. Logistic regressions were modelled identified potential demographic risk factors leading to social isolation.

Results:
The adjusted social isolation prevalence of 2017-2018, 2021-2022 and 2023-2025 were 42.8%, 42.7% and 45.1% respectively, showing a surge in recent years. Across the three studies, male older adults (OR: 1.50-2.00) and those living alone (OR: 1.30-2.24) had demonstrated significant increased risk of social isolation ($p<0.05$). Unmarried older adults (OR: 1.28-2.36) in the 2017-2018 and 2021-2022 data, as well as the participants holding primary education or below (OR: 1.77) in 2023-2025 data had significant elevated risks in experiencing social isolation ($p<0.05$).

Conclusions:
The high social isolation prevalence revealed in the Hong Kong SAR, China community is concerning. With the anticipated ageing population, effective policies and interventions to prevent and mitigate social isolation should be designed and promoted to enhance healthy ageing.

Keywords: Social isolation, Social connectedness, LSNS-6

Free Paper Competition – Poster Presentation

Poster 73

Category 5: Others

A Patient with Ankles Edema

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Introduction:
Bilateral ankles swelling is a common problem encountered in primary care. This abstract presents a patient with an uncommon cause.

The Case:
A 63-year-old woman with hypertension on amlodipine 2.5mg daily and losartan 75mg daily attended a General Outpatient Clinic complained of progressive bilateral ankles edema for 6 months. She was otherwise asymptomatic. She was initially managed as calcium-channel-blocker-related ankles edema and the amlodipine was stopped. However, the swelling persisted even after 1 month of the regimen change. Her spot urine Protein/Creatinine ratio was 607mg/mmol Cr. Subsequent 24-hour urine showed she was losing 4.75g of protein per day. She was referred to the Renal specialist immediately.

Results:
Renal biopsy was performed on the patient. Periodic Schiff-Methenamine (PASM) staining revealed the presence of epimembranous spikes with 'cock's comb' appearance suggestive of amyloidosis. Further workup showed skewed serum free Kappa/Lambda ratio of 0.02 with monoclonal IgA/Lambda detected. CA 125 was also elevated to 204U/mL (Ref:<35). With further investigations by Haematology, Cardiac, Neurology and Dental specialists, the patient was finally diagnosed to have AL (amyloid light chain) amyloidosis and she was started on chemotherapy.

Conclusions:
Amyloidosis is a generic term for extracellular tissue deposition of fibrils composed of low molecular weight subunits of a variety of proteins, many of which circulate as constituents of plasma. There are different forms of amyloidosis. In this patient, the AL amyloidosis affected the kidneys most which resulted in nephrotic syndrome. Treatment is aimed at the underlying plasma cell dyscrasia.

Family physicians should be aware of the possibility of this rare, sinister cause of lower limbs edema and initiate investigations timely.

Keywords: Amyloidosis, Nephrotic syndrome, Bilateral ankles edema

Free Paper Competition – Poster Presentation

Poster 74

Category 5: Others

Willingness of COVID-19 Booster Vaccination Among High-Risk Groups in Hong Kong Residents: A Post-Pandemic Evaluation

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Introduction:
The ongoing effects of COVID-19 in the post-pandemic period underscore the need for promoting vaccine boosters to ensure public health. This study aimed to evaluate the willingness of residents in Hong Kong to receive COVID-19 booster vaccinations and identify the associated factors.

Methods:
A cross-sectional study was carried out through an online survey in August 2024 in Hong Kong. Data were gathered on seven constructs of the Health Belief Model (HBM), along with participants' sociodemographic information and their willingness to receive COVID-19 vaccine boosters. Chi-square tests and logistic regression analyses were utilized to identify factors linked to the willingness to receive a booster within the next six months. A parallel multiple mediation model was employed to explore the mediation effects of the HBM constructs.

Results:
Among 5,524 adults invited, 2,099 completed the survey, with 549 (26.2%) indicating a willingness to receive a COVID-19 vaccine booster in the next six months. The multivariable logistic regression analysis showed that individuals who regularly took medications, belonged to priority groups, experienced multiple infections, or reported higher levels of perceived susceptibility ($p< 0.001$), perceived severity ($p=0.015$), perceived benefits ($p=0.024$), and cues to action ($p<0.001$) were more likely to intend to receive a booster. Cues to action revealed both direct effects ($p<0.001$) and indirect effects on willingness to vaccinate through perceived susceptibility, severity, benefits, and self-efficacy.

Conclusions:
The willingness to receive COVID-19 vaccine boosters among the general population in Hong Kong is still insufficient. Targeted efforts by government and healthcare professionals are vital to improve booster uptake by enhancing cues to action and perceptions of susceptibility, severity, and benefits, especially among individuals with lower vaccination intentions. Further research is required to investigate causal relationships and validate these findings across various settings.

Keywords: COVID-19 vaccines, Health knowledge, attitudes, practice, Health belief model

Free Paper Competition – Poster Presentation

Poster 75

Category 5: Others

Adherence to the DASH and Mediterranean Diet and the associations with Depressive and Anxiety Symptoms in Hong Kong Middle-aged Adults

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Introduction:
Depression and anxiety are among the most prevalent psychiatric conditions. Studies have demonstrated that adherence to dietary patterns such as the DASH diet and the Mediterranean diet can alleviate depressive and anxiety symptoms in Western populations. However, these associations have not been investigated in the Chinese middle-aged population.

Methods:
The current study was conducted involving 7,157 middle-aged Chinese adults from Hong Kong who exhibited elevated cardiovascular risk. The Mediterranean and DASH dietary adherence were assessed using the Mediterranean Diet Assessment Tool and a previously published scoring system, respectively. Anxiety and depressive symptoms were evaluated using the 7-item Generalized Anxiety Disorder Assessment (GAD-7) and the Patient Health Questionnaire-9 (PHQ-9), respectively.

Results:
Results revealed significant inverse associations between DASH diet adherence and depression and anxiety symptoms. Notably, Mediterranean diet adherence was only associated with depression and anxiety symptoms, and potential gender differences were observed.

Conclusions:
This study provides evidence of inverse associations between adherence to the DASH and Mediterranean diets and depression and anxiety in the Hong Kong Chinese population. Future research should explore the cultural adaptation of these anti-inflammatory diets and establish the causal relationship between these dietary patterns and mental health outcomes.

Keywords: Dietary pattern, Depression, Anxiety

Free Paper Competition – Poster Presentation

Poster 76

Category 5: Others

Effectiveness of Psychosocial Intervention to Improve the Mental Health in Men who Have Sex with Men (MSM): A Systematic Review and Meta-analysis

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Introduction:
Men who have sex with men (MSM) are vulnerable to mental health problems. Some psychosocial interventions showed different effects on various mental health aspects, but the exact pooled effect size was uncertain. This study aimed to evaluate the effectiveness of psychosocial interventions for mental health among MSM.

Methods:
We searched six databases (PubMed, PsycINFO, EmBase, Cochrane Library, ClinicalTrials and ICTRP) from database inception to March 4, 2024. We included randomised controlled trials and quasi-experimental studies of psychosocial interventions aimed at improving the mental health of MSM. The outcomes were the effect sizes of overall mental health and specific aspects (depressive symptoms, anxiety symptoms, substance abuse, suicidal ideation, stress, coping, emotion, social function and identity). The fixed-effect or random-effect model was adopted to calculate the effect sizes. The study was registered with PROSPERO (CRD42024551392).

Results:
We included 14 studies conducted between 2010 and 2024. The effect size of intervention for overall mental health status was 0.14 (95%CI: 0.08-0.21, n=14, I2=28.23%). The interventions had positive effects in depressive symptoms (Hedges'g=0.25, 95%CI: 0.09-0.41), anxiety symptoms (Hedges'g=0.20, 95%CI: 0.12-0.29), substance abuse (Hedges'g=0.19, 95%CI: 0.10-0.28), stress (Hedges'g=0.18, 95%CI: 0.03-0.33), coping (Hedges'g=0.21, 95%CI: 0.06-0.36), emotion (Hedges'g=0.16, 95%CI: 0.06-0.25), and identity (Hedges'g=0.19, 95%CI: 0.07-0.30). There was no publication bias.

Conclusions:
Psychosocial interventions have a small-to-moderate effect on improving the mental health status of the MSM. Our study provides a comprehensive evaluation of the intervention effect, with estimations of overall mental health status and some specific aspects.

Keywords: Mental health, Men who have sex with men, Psychosocial intervention

Free Paper Competition – Poster Presentation

Poster 77

Category 5: Others

Comparative Analysis of Fat Particle Size in Commercial Infant and Growing Up Formulas in Hong Kong

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Introduction:
Human milk (HM) is recognized as the optimal source of nutrition for infants. According to the 'Breastfeeding Survey 2023' by the Department of Health, only 18.2%[1] of infants in Hong Kong are exclusively breastfed at six months, suggesting a high prevalence of mixed feeding involving formula. Fat is a crucial energy source in early infancy, yet there are distinct differences in lipids characteristics between HM and infant formula[2]. HM contains large lipid globules, with a mode diameter averaging 3-5 μm surrounded by a complex triple layered phospholipid native membrane[3]. By contrast, lipids droplets in most conventional infant formula are much smaller, with a mode diameter of 0.5 μm and are mostly protein coated[3,4]. This study aims to evaluate the fat particle size in commercially available infant formula powders.

Methods:
A total of 27 brands of formula, including infant formula for 0-6 months (Stage 1, S1) and growing-up formula for 1-3 years (Stage 3, S3), were tested. Samples were prepared according to the instructions on pack. Fat particle size was measured using the Mastersizer MAZ3000 laser particle size analyzer. The mean size of formula samples was characterized by the D [4,3] and the size distribution was characterized by the size-intensity form.

Results:
The average volume fat particle size (mean±SD) of S1 formula ranged from 0.39 to 2.00 μm, while S3 formulas ranged from 0.37 to 1.61 μm. One brand exhibited a larger average volume fat particle size of 3.26±0.03 μm for S1 and 3.92±0.01 μm for S3.

Conclusions:
Most commercial formulas contain small lipid particles, with the exception for one brand that utilizes a patented controlled process (Nuturis®) resulting in larger lipid globules size, which is closer to the reported size of human milk fat globule.

Keywords: Infant formula, Early nutrition, Milk fat globule

Free Paper Competition – Poster Presentation

Poster 78

Category 5: Others

Translation and Validation of the Pharmacy Services Questionnaire (PSQ) in a Chinese Population

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Introduction:
The Pharmacy Services Questionnaire(PSQ) was developed to measure patient satisfaction with pharmaceutical care. However, it has not been translated into Chinese and validated in the Hong Kong population. This study aims to develop and validate a Chinese-translated PSQ among native Chinese patients who have used pharmacy services at community pharmacies in Hong Kong.

Methods:
The PSQ was developed and translated to Chinese using iterative forward-backwards translation. Subjects were recruited by convenience sampling at three community pharmacies. Internal consistency, construct validity, discriminant validity, known-group comparison and Confirmatory Factor Analysis(CFA) were performed to confirm that the Chinese-translated PSQ is a valid measure of its intended constructs. Qualitative think-aloud interviews were carried out to test for comprehension and content validity. The subjects' views and interpretation of each questionnaire item were also explored to determine the relevance, comprehensiveness, and adequacy of the response options.

Results:
A total of 236 adult subjects were recruited to complete the Chinese PSQ and the Chinese 5-Level EuroQol 5-Dimension (EQ-5D-5L HK) questionnaire. Additionally, think-aloud interviews were carried out with 15 subjects. Most subjects were able to understand and interpret the Chinese PSQ with relative ease. The internal consistency of Chinese PSQ was excellent (Cronbach's $\alpha > 0.96$) for the full-scale, Friendly explanation (FE) subscale and Managing therapy (MT) subscale. CFA confirmed the hypothesised two-factor structure of the Chinese PSQ. Individuals with higher education levels showed statistically significantly higher satisfaction levels in the overall PSQ score and MT scale score compared to those with lower levels of education. Additionally, there was no statistically significant correlation between the Chinese PSQ and EQ-5D-5L HK scores, demonstrating discriminant validity.

Conclusions:
The Chinese translation of the PSQ is a validated, reliable, and semantically equivalent instrument used to assess satisfaction towards services provided by community pharmacies.

Keywords: Community pharmacies, Patient satisfaction, Questionnarie validation

Free Paper Competition – Poster Presentation

Poster 79

Category 5: Others

The Prevalence of Chronic Kidney Disease among Patients with Gout in Primary Care

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Introduction:
Gout is one of the most common non-communicable disease and chronic kidney disease (CKD) are prevalent in gout patients. We aim to identify the prevalence of CKD in gout patient managed in a local primary care clinic and explore its associated risk factors.

Methods:
This was a retrospective cross-sectional study. Gout patients who had been followed up in Lek Yuen general outpatient clinic from 1/1/ 2023 to 31/12/ 2023 were included. Patient demographics, clinical and biochemical parameters were extracted from Clinical Data Analysis and Reporting System. Data collection included hypertension (HT), diabetes (DM), ischemic heart disease (IHD), stroke, lipid profile, prescription of urate lowering therapy (ULT), urate level and CKD (defined as estimated glomerular filtration rate <60 mL/min/1.73 m2 on at least 2 occasions more than 90 days apart within 1 year). Multivariate logistic regression was used to examine the association between CKD and risk factors.

Results:
Among 1102 gout patients, 425 patients (38.6%) were found to have CKD stage 3 or above. 490 gout patients (44.5%) were receiving ULT and 477 patients (97.3%) were taking Allopurinol. Among patient with CKD, 142 patients (33.4%) reached a target urate level ≤ 0.36 mmol/L; whereas 239 out of 677 patients without CKD (35.3%) were treat-to-target. In multivariate analysis, older age [Odd ratio (OR)=1.10; 95% confidence interval (CI) 1.09-1.12], DM (OR=1.39, 95% CI 1.03-1.89) and stroke (OR=2.63; 95% CI 1.28-5.41) were independent risk factors for CKD, whereas urate to target and male sex were protective factors with OR of 0.68 (95% CI 0.51-0.92) and 0.67 (95% CI 0.48-0.92), respectively.

Conclusions:
Family physicians should raise their awareness of the high prevalence of CKD in gout patients. Older age, DM and stroke were independent risk factors for CKD, whereas urate to target and male patients were less likely to develop CKD.

Keywords: CKD, Gout, Risk factors

Poster Presentation – Case Report

Poster 80

Category 5: Others

Factors Correlated with Low Workplace Well-being in Hong Kong

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Introduction:
Hong Kong is well-known as a city with long work hours, heavy job demands and concomitant levels of occupational stress and burnout. This study aims to examine levels of workplace well-being (WWB) and the factors associated with low WWB in Hong Kong.

Methods:
A cross-sectional analysis of Cantonese-speaking workers (n=1270) was conducted using an anonymous random telephone survey between November 2022 and March 2024. Data were collected using a newly developed 31-item, 6-domain Chinese language WWB instrument that has been validated for Hong Kong. Using multivariable regression analyses, the study identified variables independently associated with WWB.

Results:
The results shows that approximately one-fifth of the sample reported "low" or "very low" levels of WWB across the various domains of WWB (Physical Work Environment, Feelings of Exploitation, Pay/Benefits, Spillover Effects, Work Flexibility and Meaningfulness of Work). Overall WWB was signficantly correlated with WHO-5 Well-being Index score and self-rated physical health. The correlates of low overall WWB included: white-collar occupation, higher educational attainment, long commute time (> 30 minutes), lack of time off in past month and absence of dependent children (OR: 1.57- 1.90, $p<0.05$). However, lack of job security was the strongest predictor of low WWB (OR = 41.6). Intention to quit one's job was associated with higher levels of Spillover Effects and lower levels of Work Flexibility. Working in a better physical environment also predicted quit intentions but the majority of these workers were employed in industries such as hospitality, education and retail. Although 6.9% reported improved WWB during the COVID-19 pandemic, 33.6% reported a decline.

Conclusions:
Our findings provide insight on the WWB domains and risk groups that can be targeted for improving WWB in Hong Kong. These insights contribute to the broader literature on workplace well-being and inform strategies for fostering healthier work environments in the region.

Keywords: Well-being, Workplace, Hong Kong

Poster Presentation – Case Report

Poster 81

Category 5: Others

Heart-to-Heart: Cardiovascular Palliative Care in Adolescent with Rheumatic Heart Disease & Thoracoabdominal Aortic Aneurysm

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Case Report:

Rheumatic heart disease (RHD), results from valve damage from acute rheumatic fever, primarily affects the mitral valve, leading to stenosis or regurgitation. As the disease progresses, it causes heart failure symptoms and often necessitates valve surgery, ultimately becoming life-threatening. While the optimal timing for surgery remains uncertain, recent evidence supports early intervention—before irreversible myocardial damage or severe valve changes—particularly in young patients with a longer life expectancy, to improve surgical outcomes.

Thoracoabdominal aortic aneurysm (TAAA) results from progressive dilation of the descending thoracic aorta extending into the abdominal aorta, with potential complications such as rupture or dissection. Symptoms may include chest, back, or abdominal pain, shortness of breath, or hypotension. Early studies recommend repair in symptomatic patients and before the aneurysm reaches 7.0 cm. Open surgical repair remains the definitive treatment due to its long-term durability, particularly in patients with a life expectancy over 10 years, but carries significant risks, including death, spinal cord injury, renal failure requiring dialysis, and stroke.

An 18-year-old female, admitted under the Pediatric service, was diagnosed with fusiform TAAA with multiple thrombi, congestive heart failure (NYHA IV) due to RHD (severe mitral regurgitation, mild aortic insufficiency, severe tricuspid regurgitation), and atrial fibrillation. The Thoraco-vascular Surgery team recommended open TAAA repair and mitral valve repair. However, noted with strong hesitation from the patient, largely due to anxiety stemming from poor communication with the surgical team. On her 9th hospital day, she was referred to the Palliative Medicine service for cardiovascular palliative care: including goals-of-care discussions, symptom management, shared decision-making, psychosocial support, and care coordination.

By employing principles of effective communication, a patient-centered, and goal-concordant cardiovascular palliative care was rendered. Shared decision-making with the patient and her family ensured management aligned with the principles of autonomy, beneficence, non-maleficence, and justice.

Keywords: Cardiovascular, Primary Palliative Care, Rheumatic Heart Disease, Abdominal Aortic Aneurysm

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Presentation: Budesonide/Formoterol Turbuhaler. **Indications:** In adults and adolescents (12 years and older), for the treatment of asthma, to achieve overall asthma control, including the relief of symptoms and the reduction of the risk of exacerbations. Symptomatic treatment of moderate to severe COPD in adults. **Dosage:** **Asthma** ***1) Symbicort anti-inflammatory reliever therapy (patients with mild disease) 160/4.5 mcg Turbuhaler*** *Adult & Adolescent ≥ 12yr:* 1 inhalations as needed in response to symptoms. If symptoms persist after a few minutes, 1 additional inhalation should be taken. No more than 6 inhalations should be taken on any single occasion. A total daily dose of more than 8 inhalations is normally not needed, however a total daily dose of up to 12 inhalations can be used temporarily. ***2) Symbicort maintenance and reliever therapy*** *Adult & Adolescent ≥ 12yr:* Patients should take 1 inhalation of Symbicort Turbuhaler 160/4.5 mcg as needed in response to symptoms to control asthma. If symptoms persist after a few minutes, 1 additional inhalation should be taken. No more than 6 inhalations should be taken on any single occasion. Recommend maintenance dose is 1 inhalation b.d. and some may need 2 inhalations b.d.. A total daily dose of more than 8 inhalations is normally not needed, however a total daily dose of up to 12 inhalations can be used temporarily. ***3) Symbicort maintenance therapy 160/4.5 mcg Turbuhaler*** *Adult & Adolescent ≥ 12yr:* 1-2 inhalations b.d.. Max daily dose is 4 inhalations. **COPD** ***160/4.5 mcg Turbuhaler*** *Adult:* 2 inhalations b.d.. Max daily dose is 4 inhalations. **Contraindications:** Hypersensitivity to budesonide, formoterol or lactose. **Precautions:** Should be used for the shortest duration of time required to achieve control of asthma symptoms. Should only be used long-term in patients whose asthma cannot be adequately controlled on asthma controller medications. Not be used to initiate treatment with inhaled steroids in patients being transferred from oral steroids. It is recommended that the maintenance dose be tapered when long-term treatment is discontinued. Potential systemic effects of ICS, HPA axis suppression and adrenal insufficiency, bone density, growth, visual disturbance, infections/tuberculosis, sensitivity to sympathomimetic amines, cardiovascular disorders, hypokalaemia, diabetes, pneumonia, lactose, pregnancy & lactation. Not recommended for children below 12 years of age. Incidence of candidiasis can be minimized by having patients rinse their mouth out with water after inhaling their maintenance dose. **Interactions:** CYP3A4 inhibitors, beta-receptor blocking agents, other sympathomimetic agents, Xanthine derivatives, mineralocorticosteroids and diuretics, Monoamine oxidase inhibitors, tricyclic antidepressants, quinidine, disopyramide, procainamide, phenothiazines and antihistamines. **Undesirable effects:** Palpitations, Candida infections in the oropharynx, headache, tremor, mild irritation in the throat, coughing, hoarseness. **Full local prescribing information is available upon request.** API.HK.SYM.0721

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Powerful protection against exacerbations[1]

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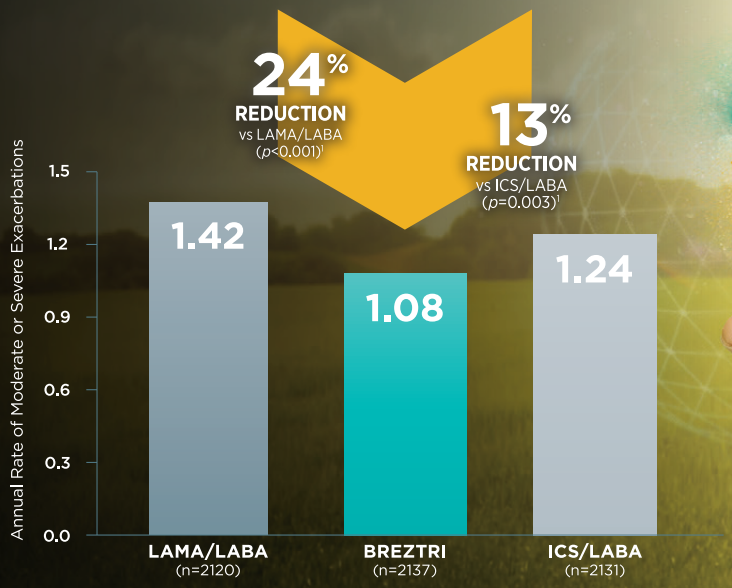
(budesonide, glycopyrronium, and formoterol fumarate) Inhalation Suspension

BREZTRI significantly **reduces the rate of moderate or severe exacerbations** vs both **LAMA/LABA** and **ICS/LABA**[1]



BREZTRI is indicated as a maintenance treatment in adult patients with moderate to severe chronic obstructive pulmonary disease who are not adequately treated by a combination of an inhaled corticosteroid and a long-acting $beta_2$-agonist or combination of a long-acting $beta_2$-agonist and a long-acting muscarinic antagonist.[2]

The most commonly reported adverse reactions in patients receiving this medicinal product were pneumonia (4.6%), headache (2.7%), and urinary tract infection (2.7%).[2]

Study Design:
ETHOS is a 52-week, phase 3, randomized trial to evaluate the efficacy and safety of triple therapy at two dose levels of inhaled glucocorticoid in patients with moderate-to-very-severe COPD and at least one exacerbation in the past year. 8,588 patients were assigned in a 1:1:1:1 ratio to receive twice-daily inhaled doses of triple therapy (inhaled glucocorticoid [320 µg or 160 µg of budesonide], a LAMA [18 µg of glycopyrrolate], and a LABA [9.6 µg of formoterol]) or one of two dual therapies (18 µg of glycopyrrolate plus 9.6 µg of formoterol or 320 µg of budesonide plus 9.6 µg of formoterol). The primary end point was the annual rate (the estimated mean number per patient per year) of moderate or severe COPD exacerbations, as analyzed in the modified intention-to-treat population with the use of on-treatment data only.

Budesonide/glycopyrronium/formoterol fumarate dihydrate 160/14.4/10µg is not an approved dose.

In the clinical trial programme for BREZTRI, inhaled corticosteroid (ICS)/long-acting $beta_2$-agonist (LABA) refers to budesonide/formoterol fumarate, and long-acting muscarinic antagonist (LAMA)/LABA refers to glycopyrronium/formoterol fumarate.

COPD, chronic obstructive pulmonary disease; ICS, inhaled corticosteroid; LABA, long-acting $beta_2$-agonist; LAMA, long-acting muscarinic antagonist.

References: 1. Rabe KF, et al. N Engl J Med. 2020;383:35-48. **2.** Breztri Aerosphere. Hong Kong Summary of Product Characteristics. Version Oct 2022.

ABBREVIATED PRESCRIBING INFORMATION
Presentation: Aerosphere pressurised inhalation, suspension budesonide 160µg/glycopyrronium 7.2µg/formoterol fumarate dihydrate 5µg per inhalation. **Indications:** As a maintenance treatment in adult patients with moderate to severe chronic obstructive pulmonary disease (COPD) who are not adequately treated by a combination of an inhaled corticosteroid and a long-acting $beta_2$-agonist or combination of a long-acting $beta_2$-agonist and a long-acting muscarinic antagonist. **Dosage:** Two inhalations twice daily (two inhalations in the morning and two inhalations in the evening). **Contraindications:** Hypersensitivity to the active substances, norflurane, 1,2-distearoyl-sn-glycero-3-phosphocholine, calcium chloride. **Precautions:** Not for acute use. Should be discontinued immediately if paradoxical bronchospasm occurs. It is recommended that treatment should not be stopped abruptly. Caution in patients with clinically significant uncontrolled and severe cardiovascular disease. Potential systemic effects of inhaled corticosteroid. Particular care is needed in patients transferring from oral steroids. Increase in the incidence of pneumonia in patients with COPD. Risk in visual disturbance, hypokalaemia, hyperglycaemia. Used with caution in patients with thyrotoxicosis, symptomatic prostatic hyperplasia, urinary retention or with narrow-angle glaucoma, severe renal impairment and severe hepatic impairment. Co-administration with other anticholinergic is not recommended. No or limited data on pregnancy, breast-feeding & fertility. **Interactions:** Strong CYP3A inhibitors, itraconazole, cimetidine, not recommended other anticholinergic and/or long-acting β2-adrenergic agonist. Other beta-adrenergic, xanthine derivatives, steroids and non-potassium sparing diuretics, β-adrenergic blockers, quinidine, disopyramide, procainamide, antihistamines, monoamine oxidase inhibitors, tricyclic antidepressants, phenothiazines. L-dopa, L-thyroxine, oxytocin and alcohol. **Undesirable effects:** Pneumonia, headache, urinary tract infection, oral candidiasis, hyperglycaemia, anxiety, insomnia, palpitations, dysphonia, cough, nausea, muscle spasms. **Full local prescribing information is available upon request.** API.HK.BRE.1022

Please visit contactazmedical.astrazeneca.com, for (1) enquiring Medical Information (MI), (2) reporting Individual Case Safety Report (ICSR) and/or (3) reporting Product Quality Complaint (PQC) to AstraZeneca Hong Kong Limited.

Intended for healthcare professionals.

AstraZeneca Hong Kong Limited
Unit 01-03, 11/F, 18 King Wah Road, North Point, Hong Kong. Tel: (852)2420 7388, Fax: (852)2422 6788

HK-9411 12/09/2023

forxiga
(dapagliflozin)

ONCE-DAILY
xigduo XR
(dapagliflozin/metformin HCl extended-release) tablets

LIVE BETTER, LONGER

FORXIGA - your choice of SGLT2i with mortality benefits in CKM management[1*]

CKD:

Forxiga reduces kidney function decline, ESKD, and renal or CV death

39% RRR[2]

vs placebo
(HR 0.61 (95% CI:0.51, 0.72); P<0.001; N=4304)

Heart failure:

Forxiga reduces time to the first occurrence of hospital admission for worsening HF or death from CV causes **across the range of EF**[3]

22% RRR[3]

vs placebo
(HR 0.78 (95% CI 0.72–0.86); P < 0.001)

T2D:

Xigduo XR provides powerful glycaemic control in **once daily combination**

1.9%[4]

HbA1C from baseline

*Forxiga (dapagliflozin) is indicated for chronic kidney disease, heart failure and type 2 diabetes

CI=Confidence interval; CKD=Chronic kidney disease; CKM=Cardiovascular-kidney-metabolic; CV=Cardiovascular; EF=Ejection fraction; ESKD=End-stage kidney disease; HbA1C=Glycated Hemoglobin; hHF= hospitalization for heart failure; HF=heart failure; HR=Hazard ratio; RRR=Relative risk reduction; SGLT2i=sodium-glucose co-transporter 2 inhibitors; T2D=Type 2 diabetes.

References: 1. Forxiga Hong Kong Prescribing Information December 2023 **2.** Heerspink HJL, et al. N Engl J Med. 2020 Oct 8;383(15):1436-1446. **3.** Jhund PS, et al. Nat Med. 2022;28(9):1956–1964 **4.** Henry RR, et al. Int J Clin Pract. 2012 May:66(5):446-56.

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HK-11317 (03/2025)

Please scan the QR code for API

FORXIGA XIGDUO XR

10 YEARS ANNIVERSARY forxiga

AstraZeneca 阿斯利康

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Unit 1-3, 11/F, China Taiping Finance Centre, 18 King Wah Road, North Point, Hong Kong.
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NEVER STOP EXPLORING with CRESTOR® 5mg

45%
LDL-C REDUCTION
IN 6 WEEKS*1

With similar rates of drug-related AEs

20.2% vs. 22.7% with statin comparators across phase II/III trials [1]

STATINS: YOUR FIRST-LINE DRUG OF CHOICE[2,3]

Statin therapy is recommended by both the AHA/ACC and ESC guidelines

Consider initiating CRESTOR at 5mg once daily in Asian patients[4]

*In hypercholesterolemia patients

Abbreviations: ACC: American College of Cardiology; AE: Adverse events; AHA: American Heart Association; ESC: European Society of Cardiology; HDL-C: High-density lipoprotein cholesterol; LDL-C: Low-density lipoprotein cholesterol; TG: Triglycerides

Study Design[1]: In a randomized, placebo-controlled, dose-ranging program, 206 patients with LDL-C >160 and <220mg/dL and triglycerides <300mg/dL received double-blind placebo or rosuvastatin at 1, 2.5, 5, 10, 20, or 40 mg or open-label atorvastatin which was used as a benchmark, with no statistical comparisons performed) for 6 weeks.

References: 1. Olsson AG, et al.Rosuvastatin: A Highly Effective New HMG-CoA Reductase Inhibitor. *Cardiovascular Drug Reviews*. 2002;20(4):303-328. **2.** Arnett DK, et al. 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation*. 2019;140:e563–e595. **3.** Visseren F, et al. 2021 ESC Guidelines on cardiovascular disease prevention in clinical practice. *European Heart Journal*. 2021;42:3227-3337. **4.** CRESTOR (rosuvastatin) Hong Kong Prescribing Information. Doc ID-002889139 (version 5).

For healthcare professionals only

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Abbreviated Prescribing Information (API)
Crestor (rosuvastatin)

AstraZeneca 阿斯利康

AstraZeneca Hong Kong Limited
Unit 1-3, 11/F,
18 King Wah Rd, North Point, Hong Kong
Tel: 2420 7388 Fax: 2422 6788

CRESTOR® rosuvastatin 冠脂妥®

HK-10307 28/05/2024

The Power of Protection

Jardiance® (empagliflozin)

EXPANDING PROTECTION

for a broad range of cardio-renal-metabolic conditions[1-5]

Renal

protection in CKD

⇩ eGFR decline **across the broadest range of CKD among SGLT2i**[#8,9]

NOW APPROVED FOR CKD[*1]

CKD[9]

28% RRR

In kidney disease progression or CV death

HR=0.72; 95% CI: 0.64 to 0.82

Cardiac

protection in HF across LVEF spectrum[6,7]

HFrEF[6]	HFpEF[7]
25% RRR	**21% RRR**
In CV death or HHF	In CV death or HHF
HR=0.75; 95% CI: 0.65 to 0.86	HR=0.79; 95% CI: 0.69 to 0.90

Metabolic

control with CV protection[10,11]

T2DM[10]

38% RRR

In CV death

HR=0.62; 95% CI: 0.49 to 0.77

The only OAD reducing CV death[^10]

[#]In the EMPA-KIDNEY trial, Jardiance was demonstrated to effectively slow eGFR decline in CKD patients with eGFR ≥20 to <45 mL/min/1.73m² regardless of albuminuric status, and in CKD patients with eGFR ≥ 45 to <90 mL/min/1.73m² and uACR ≥200mg/g. EMPA-KIDNEY trial includes the broadest spectrum of CKD patients compared to existing dedicated SGLT2i trials in CKD.

[*]Jardiance® 10mg is indicated to reduce the risk of kidney disease progression in adults with CKD (CKD Stages 2 and 3A with uACR ≥30mg/g, or CKD Stages 3B, 4 and 5 irrespective of uACR)

[^]In T2DM patients with established CVD

Abbreviations: CKD: Chronic kidney disease; CI: Confidence interval; CV: Cardiovascular; CVD: Cardiovascular disease; eGFR: Estimated glomerular filtration rate; HF: Heart failure; HFpEF: Heart failure with preserved ejection fraction; HFrEF: Heart failure with reduced ejection fraction; HHF: Hospitalisation for heart failure; HR: Hazard ratio; LVEF: Left ventricular ejection fraction; OAD: Oral antidiabetic drug; RRR: Relative risk reduction; SGLT2i: Sodium-glucose cotransporter-2 inhibitor; T2DM: Type 2 diabetes mellitus; uACR: Urine albumin-creatinine ratio

References: 1. Jardiance® (Empagliflozin) Hong Kong Prescribing Information. **2.** Okovityy S, et al. Can Empagliflozin be a Candidate for the Role of a Universal Cardio- and Nephroprotective Drug in Chronic Heart Failure without Diabetes Mellitus?. *Nephrol Dial Transplant*. 2020; 35(Supplement 3): P0965. **3.** Shi Z, et al. Comparative Efficacy of Dapagliflozin and Empagliflozin of a Fixed Dose in Heart Failure: A Network Meta-Analysis. *Front Cardiovasc Med*. 2022;9:869272. **4.** Sharaf El Din UAA, et al. Sodium-Glucose Cotransporter 2 Inhibitors as the First Universal Treatment of Chronic Kidney Disease. *Nefrologia (Engl Ed)*. 2021:S0211-6995(21)00143-0. **5.** Płodkowski RA, et al. SGLT2 Inhibitors for Type 2 Diabetes Mellitus Treatment. *Fed Pract*. 2015;32(Suppl 11):8S-15S. **6.** Packer M, et al. Cardiovascular and Renal Outcomes with Empagliflozin in Heart Failure. *N Engl J Med*. 2020;383(15):1413-1424. **7.** Anker SD, et al. Empagliflozin in Heart Failure with a Preserved Ejection Fraction. *N Engl J Med*. 2021;385(16):1451-1461. **8.** Fernández-Fernandez B, et al. EMPA-KIDNEY: expanding the range of kidney protection by SGLT2 inhibitors. *Clin Kidney J*. 2023;16(8):1187-1198. **9.** Herrington WG, et al. Empagliflozin in Patients with Chronic Kidney Disease. *N Engl J Med*. 2023;388(2):117-127. **10.** Zinman B, et al. EMPA-REG OUTCOME Investigators. Empagliflozin, Cardiovascular Outcomes, and Mortality in Type 2 Diabetes. *N Engl J Med*. 2015;373(22):2117-28. **11.** Roden M, et al. Safety, Tolerability and Effects on Cardiometabolic Risk Factors of Empagliflozin Monotherapy in Drug-Naïve Patients with Type 2 Diabetes: A Double-Blind Extension of a Phase III Randomized Controlled Trial. *Cardiovasc Diabetol*. 2015;14:154.

Abbreviated Prescribing Information
JARDIANCE® (aPI-JARD-05)

Boehringer Ingelheim

Boehringer Ingelheim (HK) Ltd.
1504-9, Great Eagle Centre, 23 Harbour Road, Wanchai, Hong Kong Tel: (852) 2596 0033 Fax: (852) 2827 0162

PC-HK-101507 (Jan 2025)

Consistent Benefits Over ICS/LABA[1]

- ↓ 78% risk of escalating to triple therapy
- ↓ 24% risk of COPD exacerbation
- ↓ 26% risk of pneumonia requiring hospitalization

COPD: chronic obstructive pulmonary disease; ICS: inhaled corticosteroid; LABA: long-acting beta$_2$ agonist; LAMA: long-acting muscarinic antagonist.

Reference: 1. Quint JK, et al. Adv Ther. 2021;38:2249-2270.

SPIOLTO API [API_SPIO_02&04_V1]
Presentation: 2.5 microgram tiotropium (as bromide monohydrate) and 2.5 microgram olodaterol (as hydrochloride) per puff. Indications: Maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD). Dosage and administration: The recommended dose is 5 microgram tiotropium and 5 microgram olodaterol given as two puffs from the Respimat inhaler once daily, at the same time of the day. Contraindication: Hypersensitivity to the active substances, atropine or its derivatives, e.g. ipratropium or oxitropium, or any of the excipients. Special warnings and precautions: Should not be used in asthma. Not for the treatment of acute episodes of bronchospasm, i.e. as rescue therapy. Inhaled medicines may result in paradoxical bronchospasm and should be discontinued immediately and alternative therapy substituted. Caution in patients with narrow-angle glaucoma, prostatic hyperplasia or bladder-neck obstruction. Caution to avoid getting the spray into their eyes. Dry mouth, which has been observed with anti-cholinergic treatment, may in the long term be associated with dental caries. In patients with moderate to severe renal mpairment (creatinine clearance of ≤ 50 ml/min), use only if the expected benefit outweighs the potential risk. Caution in patients with a history of myocardial infarction during the previous year, unstable or life-threatening cardiac arrhythmia, hospitalized for heart failure during the previous year or with a diagnosis of paroxysmal tachycardia (> 100 beats per minute). Beta2-adrenergic agonists may produce a clinically significant cardiovascular effect as measured by increases in pulse rate, blood pressure and/or symptoms. Caution in patients with cardiovascular disorders, especially ischaemic heart disease, severe cardiac decompensation, cardiac arrhythmias, hypertrophic obstructive cardiomyopathy, hypertension, and aneurysm, in patients with convulsive disorders or thyrotoxicosis, in patients with known or suspected prolongation of the QT interval (e.g. QT > 0.44 s), and in patients who are unusually responsive to sympathomimetic amines. Beta2-adrenergic agonists may produce significant hypokalaemia in some patients, which has the potential to produce adverse cardiovascular effects. Inhalation of high doses of beta2-adrenergic agonists may produce increases in plasma glucose. Caution needs to be taken in case of a planned operation with halogenated hydrocarbon anaesthetics. Should not be used in conjunction with any other medications containing long-acting beta2-adrenergic agonists. As with all medications, immediate hypersensitivity reactions may occur after administration. Should not be used more frequently than once daily. Interactions: Concomitant administration of other adrenergic agents (alone or as part of combination therapy) may potentiate the undesirable effects. Concomitant treatment with xanthine derivatives, steroids, or non-potassium sparing diuretics may potentiate any hypokalemic effect of adrenergic agonists. Beta-adrenergic blockers may weaken or antagonise the effect of olodaterol. Monamine oxidase inhibitors or tricyclic antidepressants or other drugs known to prolong the QTc interval may potentiate the action of SPIOLTO RESPIMAT on the cardiovascular system. Adverse reactions: Uncommon: Dizziness, headache, tachycardia, cough, dysphonia, dry mouth. Rare: Insomnia, vision blurred, atrial fibrillation, palpitations, supraventricular tachycardia, hypertension, laryngitis, pharyngitis, epistaxis, bronchospasm, constipation, oropharyngeal candidiasis, gingivitis, nausea, stomatitis, hypersensitivity, angioedema, urticaria, pruritus, rash, arthralgia, back pain, joint swelling, urinary retention, urinary tract infection and dysuria. Storage conditions: Please refer to outer packaging. Note: Before prescribing, please consult full prescribing information (SPIO_02&04_V1).

Boehringer Ingelheim (HK) Ltd. Suites 1504-9, Great Eagle Centre, 23 Harbour Road, Wanchai, Hong Kong
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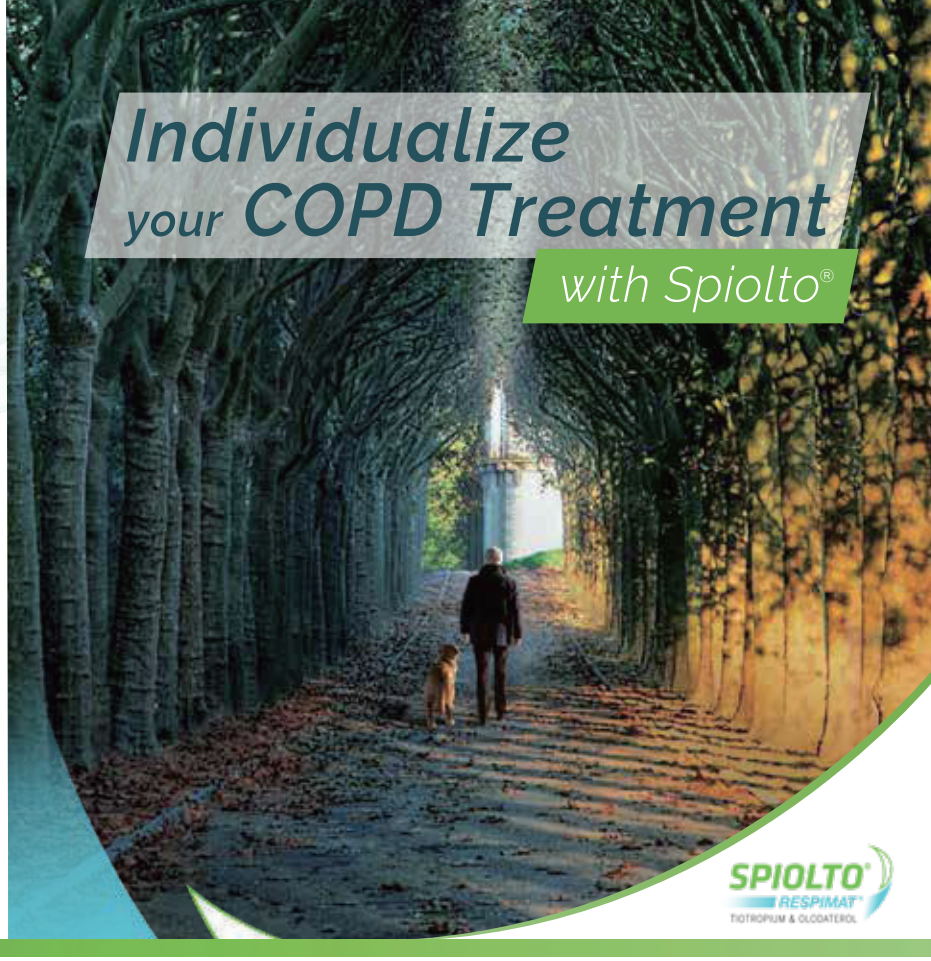

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Partner with
Spiriva to Combat Asthma
for Your Patients

SPIRIVA® RESPIMAT® (tiotropium)

- Recommended in GINA 2021[1] & the Single LAMA Indicated for Severe Asthma in Hong Kong[2]
- Improved Peak FEV Up to 152mL[3,*,†,1]
- Well Tolerated Safely Profile[3,4]

*Adjusted mean difference peak FEV$_1$ versus placebo. †Duplicated PrimoTinA-asthma study[3].
LAMA: long-acting muscarinic antagonist; peak FEV$_1$: peak forced expiratory volume in 1 second.
References: 1. GINA Main Report 2021. Available at: https://ginasthma.org/wp-content/uploads/2021/04/GINA-2021-Main-Report_FINAL_21_04_28-WMS.pdf. Accessed on: 05 May 2021. **2.** Spiriva Respimat Hong Kong Prescription Information. 16 Dec 2022. **3.** Kerstjens, HAM, et al. N Engl J Med 2012;367:1198-1207. **4.** Hamelmann E. et al. Journal of Allergy and Clinical Immunology 2016;138(2):441-50. e8.

SPIRIVA® RESPIMAT® API [aPI-SPIR-RMT-01]
Presentation: 2.5 microgram tiotropium (as bromide monohydrate) per puff. **Indications:** COPD: SPIRIVA® RESPIMAT® is indicated for the long term maintenance treatment of bronchospasm and dyspnoea associated with chronic obstructive pulmonary disease (COPD). SPIRIVA® RESPIMAT® is indicated for the reduction of COPD exacerbations.Asthma: SPIRIVA® RESPIMAT® is indicated as add-on maintenance bronchodilator treatment in patients aged 6 years and older with severe asthma. **Dosage and administration:** The recommended dose is 5 microgram tiotropium given as two puffs from the Respimat inhaler once daily, at the same time of the day. Contraindication: Hypersensitivity to the tiotropium bromide, atropine or its derivatives, e.g. ipratropium or oxitropium, or any of the excipients. **Special warnings and precautions:** Should not be used for the treatment of acute episodes of bronchospasm or for the relief of acute symptoms. Should not be used as (first- line) monotherapy for asthma. Asthma patients must be advised to continue taking anti-inflammatory therapy, i.e. inhaled corticosteroids, unchanged after the introduction of SPIRIVA® RESPIMAT®. Immediate hypersensitivity reactions may occur after administration of tiotropium bromide solution for inhalation. Should be used with caution in patients with narrow-angle glaucoma, prostatic hyperplasia or bladder-neck obstruction. Inhaled medicines may cause inhalation-induced bronchospasm. Should be used with caution in patients with recent myocardial infarction < 6 months; any unstable or life threatening cardiac arrhythmia or cardiac arrhythmia requiring intervention or a change in drug therapy in the past year; hospitalisation of heart failure (NYHA Class III or IV) within the past year. Should be monitored closely in COPD and asthma patients with moderate to severe renal impairment (creatinine clearance ≤ 50 mL/min). Patients should be cautioned to avoid getting the spray into their eyes. Dry mouth, which has been observed with anti-cholinergic treatment, may in the long term be associated with dental caries. Should not be used more frequently than once daily. Interactions: Although no formal drug interaction studies have been performed, tiotropium bromide has been used concomitantly with other drugs commonly used in the treatment of COPD and asthma, including sympathomimetic bronchodilators, methylxanthines, oral and inhaled steroids, antihistamines, mucolytics, leukotriene modifiers, cromones, anti- IgE treatment without clinical evidence of drug interactions. Use of long-acting beta- agonist (LABA), inhaled corticosteroids (ICS) and their combinations were not found to alter the exposure to tiotropium. Limited information about co-administration of SPIRIVA® RESPIMAT® with other anticholinergic containing drugs is available from a clinical trial and therefore is not recommended. **Adverse reactions:** COPD: Common: Dry mouth, usually mild. Uncommon: Dizziness, cough, pharyngitis, dysphonia, constipation, oropharyngaeal candidiasis, rash, pruritus, urinary retention and dysuria. Rare: Insomnia, glaucoma, intraocular pressure increased, vision blurred, atrial fibrillation, palpitations, supraventricular tachycardia, tachycardia, epistaxis, bronchospasm, laryngitis, dysphagia, gastrooesophageal reflux disease, gingivitis, glossitis, angioneurotic oedema, urticaria, skin infection/skin ulcer, dry skin and urinary tract infection. Asthma: Uncommon: Dry mouth, dizziness, insomnia, palpitations, cough, pharyngitis, dysphonia, bronchospasm, oropharyngaeal candidiasis and rash. Rare: Epistaxis, constipation, gingivitis, stomatitis, pruritus, angioneurotic oedema, urticaria, hypersensitivity (including immediate reactions) and urinary tract infection. **Special precautions for storage:** Do not freeze. **Note:** Before prescribing, please consult full prescribing information (SPI-RES_11 & 12_V1).

Boehringer Ingelheim

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PC-HK-101618 (May 2025)

FreeStyle
Libre 2

Streamline Everyday Diabetes Care:

The No.1 iCGM for Smarter, Simpler Practice

PATIENT TO YOU

Patients can share glucose data from their FreeStyle LibreLink app to your LibreView practice, facilitating virtual or in-person consultations.

PATIENT TO CAREGIVER

FreeStyle LibreLink app users can share their glucose readings with loved ones, with or without alarms, via the LibreLinkUp app†

* The FreeStyle LibreLink app is only compatible with certain mobile devices and operating systems. Please check the website for more information about device compatibility before using the app. Use of FreeStyle LibreLink requires registration with LibreView.

† The LibreLinkUp app is only compatible with certain mobile device and operating systems. Please check www.librelinkup.com for more information about device compatibility before using the app. Use of LibreLinkUp and FreeStyle LibreLink requires registration with LibreView. The LibreLinkUp mobile app is not intended to be a primary glucose monitor: home users must consult their primary device(s) and consult a healthcare professional before making any medical interpretation and therapy adjustments from the information provided by the app.

‡ The LibreView data management software is intended for use by both patients and healthcare professionals to assist people with diabetes and their healthcare professionals in the review, analysis and evaluation of historical glucose meter data to support effective diabetes management. The LibreView software is not intended to provide treatment decisions or to be used as a substitute for professional healthcare advice. The LibreView website is only compatible with certain operating systems and browsers. Please check www.LibreView.com for additional information.

References: 1. Edge, J. Arch Dis Child. (2017): https://doi.org/10.1136/archdischild-2016-311530.

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FreeStyle
Libre 2

Uncompromising quality.

Your patients trust your recommendations, and you can trust Abbott's commitment to quality and patient safety

STATE-OF-THE-ART MANUFACTURING

- Precise factory-calibration—so your patients don't have to do it themselves
- Every sensor conducts over 20,000 self-checks during its wear period

PROVEN PERFORMANCE

- Peer-reviewed clinical studies demonstrating real-world results[2-4]
- Routine post-market quality monitoring

ENHANCED WEAR TIME AND COMFORT

- Small, discreet[12], sensors with 50% longer wear times than other brands[13,14]
- Unlike many other CGM brands[12,15-18], Libre 2 sensors[12] are free of IBOA and MBPA skin irritants

IBOA & MBPA FREE*

Trust in quality. Act on insights. Use Time in Range to guide safer, smarter glucose management.

1. FDA iCGM special controls https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/cfrsearch.cfm?fr=862.1355. iCGM is a US Only classification and regulation 2. Klonoff DC, Gabbay M, Moon SJ, Wilmot EG. Importance of FDA-Integrated Continuous Glucose Monitors to Ensure Accuracy of Continuous Glucose Monitoring. Journal of Diabetes Science and Technology. 2024;0(0). https://journals.sagepub.com/doi/10.1177/19322968241250357 3. Mathieu, C. Diabetes,Obesity & Metabolism (2024): https://doi.org/10.1111/dom.16153. 4. Klono, D. C. Journal of Diabetes Science and Technology (2024): https://journals.sagepub.com/doi/10.1177/19322968241250357. 5. Heinemann, L. Journal of Diabetes Science and Technology (2020): https://doi.org/10.1177/1932296819855670. 6. iCGM is a US FDA regulatory designation that is only applicable in the US. 7. Data on File, Abbott Diabetes Care, Inc 8. Based on FDA iCGM special controls. Accessed August 2023 from: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/cfrsearch.cfm?fr=862.1355 9. Evans M, Welsh Z, Ells S, Seibold A. The Impact of Flash Glucose Monitoring on Glycaemic Control as Measured by HbA1c: A Meta-analysis of Clinical Trials and Real-World Observational Studies. doi:10.1007/s13300-019-00720-0. 10. Carlson AL, Daniel TD, DeSantis A, et al. Flash glucose monitoring in type 2 diabetes managed with basal insulin in the USA: a retrospective real-world chart review study and meta-analysis. doi:10.1136/bmjdrc-2021-002590. 11. Riveline JP, Roussel R, Vicaut E, de Pouvourville G, Detournay B, Emery C, Levrat-Guillen F, Guerci B. Reduced Rate of Acute Diabetes Events with Flash Glucose Monitoring Is Sustained for 2 Years After Initiation: Extended Outcomes from the RELIEF Study. doi:10.1089/dia.2022.0085 12. Sensor replacement policies may vary by country. Please visit local FreeStyle Libre website for more information. 13. Data on file, Abbott Diabetes Care, Inc. 14. 50% longer wear times applies to FreeStyle Libre 2 Plus sensors only. 15. Dexcom G7 and ONE+ User Guide. Among CGMs approved for people with diabetes of all age groups. FreeStyle Libre 2 Plus sensors are indicated forchildren with diabetes ages 2 and above. 16. Cichon, M. International Journal of Molecular Sciences (2023): https://doi.org/10.3390/ijms241310697. 16. Mowitz, M. Contact Dermatitis (2024): https://doi.org/10.1111/cod.14514. 17. Svedman, C. Contact Dermatitis (2021): https://doi.org/10.1111/cod.13781. 18. Oppel, E. Contact Dermatitis (2022): https://doi.org/10.1111/cod.14141.

Abbott

FOR ADULTS WITH OBESITY OR OVERWEIGHT AND A WEIGHT-RELATED COMPLICATION[1]

once weekly
mounjaro®
(tirzepatide) injection

NOW APPROVED FOR WEIGHT MANAGEMENT[1]

Help your patients experience a significant weight loss[1†,‡]

GIP/ GLP-1

Novel mechanism of action[1,2]:
The **first-and-only treatment** activating both **GIP and GLP-1** receptors to target the pathophysiology of obesity.

Powerful weight loss[1,3]:
People taking Mounjaro® **significantly reduced their body weight** by up to an average of 22.5% (23.6 kg).[†,§]

Cardiometabolic improvements[3]:
As demonstrated across key parameters, including **blood pressure, waist circumference, triglycerides, HDL cholesterol,** and **LDL cholesterol.**[‖,¶]

WEIGHT MANAGEMENT

*Hypothetical patient image.

† In SURMOUNT-1 efficacy estimand, the weight loss of Mounjaro® was superior and clinically meaningful compared to placebo (p<0.001). The mean change in weight at end of treatment (week 72) was -16.0% (a reduction of 16.1kg) with Mounjaro® 5-mg dose; -21.4% (a reduction of 22.2kg) with Mounjaro® 10-mg dose; -22.5% (a reduction of 23.6kg) with Mounjaro® 15-mg dose and the mean change with placebo was -2.4% (a reduction of 2.4kg), and included a reduced-calorie diet and increased physical activity.[1,3]

‡ Individual results may vary.

§ Efficacy estimand, MMRM analysis, mITT population (efficacy analysis set).[1,3]

‖ The efficacy estimand for individual doses was not adjusted for multiplicity, with the exception of waist circumference 10 mg and 15 mg.[3]

¶ Mounjaro® is not indicated to reduce cardiometabolic parameters. In SURMOUNT-1 trial, reductions in blood pressure, waist circumference, triglycerides, HDL cholesterol, and LDL cholesterol were secondary endpoints.[1,3]

Mounjaro® was evaluated in a phase 3 trial for 72 weeks. SURMOUNT-1 included 2539 adults with a BMI of ≥30 kg/m^2 or a BMI of ≥27 kg/m^2 and at least 1 weight-related complication, excluding type 2 diabetes. Participants in all arms, including placebo, received instructions for a reduced-calorie diet and increased physical activity. Included were counseling by a dietitian or qualified healthcare professional, a deficit of 500 calories per day, and at least 150 minutes of physical activity per week. Coprimary endpoints (10 mg and/or 15 mg): percentage change in weight from baseline at week 72; percentage of population with weight reduction of ≥5% at week 72. Key secondary endpoints: change from baseline to week 72 in systolic blood pressure, fasting insulin, and lipid levels (triglycerides, HDL cholesterol, non-HDL cholesterol) (all doses combined); percentage of population with weight reduction of ≥10%, ≥15%, and ≥20% at week 72 (10 mg and/or 15 mg); change from baseline to week 72 in waist circumference (10 mg and/or 15 mg); physical function score on the 36-Item Short Form Health Survey (SF-36), version 2, acute form (10 mg and 15 mg); percentage change in body weight from baseline and percentage of population with weight reduction of ≥5% at week 72 (5 mg). Mounjaro® and placebo were administered QW subcutaneously as an adjunct to a reduced-calorie diet and increased physical activity.[1,3]

BMI=body mass index; GIP=glucose-dependent insulinotropic polypeptide; GLP-1=glucagon-like peptide-1; HDL=high-density lipoprotein; LDL=low-density lipoprotein; mITT=modified intent-to-treat; MMRM=mixed model for repeated measures; QW=once weekly.

INDICATION[1]

Mounjaro® is indicated:
1. For the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise:
• as monotherapy when metformin is considered inappropriate due to intolerance or contraindications
• in addition to other medicinal products for the treatment of diabetes.
2. For weight management, including weight loss and weight maintenance, as an adjunct to a reduced-calorie diet and increased physical activity in adults with an initial Body Mass Index (BMI) of ≥ 30 kg/ m^2 (obesity) or ≥ 27 kg/m^2 to < 30 kg/m^2 (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, prediabetes, or type 2 diabetes mellitus).

SAFETY PROFILE[1,3-9]

Type 2 diabetes mellitus:
In 7 completed phase 3 studies, 5119 patients were exposed to Mounjaro® alone or in combination with other glucose lowering medicinal products. The most frequently reported adverse reactions were gastrointestinal disorders, including nausea (very common), diarrhoea (very common) constipation (common), and vomiting (common). In general, these reactions were mostly mild or moderate in severity and occurred more often during dose escalation and decreased over time.
Weight management:
In 2 completed phase 3 studies, 2519 patients were exposed to Mounjaro® alone or in combination with other glucose lowering medicinal products. The most frequently reported adverse reactions were gastrointestinal disorders, including nausea (very common), diarrhoea (very common), constipation (very common), and vomiting (very common). In general, these reactions were mostly mild or moderate in severity and occurred more often during dose escalation and decreased over time.

References: 1. Mounjaro® Hong Kong Prescribing Information. **2.** Willard FS, et al. JCI Insight. 2020; 5(17): e140532. **3.** Jastreboff AM, et al. N Engl J Med. 2022;387(3):205-216. **4.** Garvey WT, et al. Lancet. 2023;402(10402):613-626. **5.** Frías JP, et al. N Engl J Med. 2021 Aug 5;385(6):503-515. **6.** Rosenstock J, et al. Lancet. 2021 Jul 10;398(10295):143-155. **7.** Ludvik B, et al. Lancet. 2021 Aug 14;398(10300):583-598. **8.** Del Prato S, et al. Lancet. 2021 Nov 13;398(10313):1811-1824. **9.** Dahl D, et al. JAMA. 2022 Feb 8;327(6):534-545.

Scan to Access the Full Prescribing Information of Mounjaro®

Lilly
A MEDICINE COMPANY

Eli Lilly Asia, Inc.
Unit 3203-06, 32/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong
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PP-TR-HK-0010 09/2024

GSK

特尿通
DUODART
(dutasteride/tamsulosin HCl) Capsules

DUODART TURNS YOU INTO A SUPERHERO FOR YOUR BPH PATIENTS

Reduce relative risk of:

- BPH-related surgery by **70.6%**^*1
- AUR by **67.6%**^*1

DUAL PROTECTION

Superior symptoms improvement[1]

Reduce 20% total prostate volume in 6 months[2]

For Hong Kong healthcare professionals only

DUODART Safety Information: • Renal impairment: Patients with creatinine clearance of less than 10 mL/min should be approached with caution as these patients have not been studied. • Hypotension: Patients beginning treatment with Duodart should be cautioned to sit or lie down at the first signs of orthostatic hypotension until the symptoms have resolved. Concomitant use of alpha1-adrenoceptor antagonists and PDE5 inhibitors can potentially cause symptomatic hypotension. • Fertility in men: Dutasteride has been reported to affect semen characteristics (reduction in sperm count, semen volume and sperm motility) in healthy men. The possibility of reduced male fertility cannot be excluded. Effects of tamsulosin hydrochloride on sperm counts or sperm function have not been evaluated. • Common adverse events: Dizziness, Impotence, Altered libido, Ejaculation disorders, Breast disorders • Contraindication: Hypersensitivity to dutasteride, other 5-alpha reductase inhibitors, tamsulosin or any component of the preparation; Women, adolescent and children; A history of orthostatic hypotension; Severe hepatic impairment.

^ The CombAT study was a 4-year, multicenter, randomised, double-blind, parallel-group study in 4844 men ≥50 years of age with BPH. Eligible subjects were randomised to receive one of following treatments orally once daily for 4 years: dutasteride 0.5mg and tamsulosin 0.4mg, dutasteride 0.5mg and tamsulosin-matched placebo, or dutasteride-matched placebo and tamsulosin 0.4mg.

* Relative Risk of AUR and BPH-related surgery was reduced by 67.6% [p<0.001] and 70.6% [p<0.001] respectively with combination therapy vs. tamsulosin. [combination: n=1610, tamsulosin: n=1611]

Mean adjusted change in IPSS from baseline to year 4 was -6.3 points for combination therapy versus -3.8 points for tamsulosin [p<0.001]; Change from baseline to year 4 in total prostate volume was -27.3% for combination therapy vs. +4.6% for tamsulosin [p<0.001] [Combination: n=1575, Tamsulosin: n=1582]

† The 2-year Phase III clinical studies were randomized, double-blind, placebo-controlled of the efficacy and safety of dutasteride 0.5mg once daily in the treatment of men with symptomatic BPH. 4325 patients were randomized to dutasteride 0.5mg/day or placebo. Pooled data from 3 Phase III studies.

AUR: Acute Urinary Retention; **BPH:** Benign Prostatic Hyperplasia. **References: 1.** Roehrborn CG, et al. Eur Urol 2010;57(1):123-31. **2.** Roehrborn CG, et al. Urology. 2002;60:434–441.

Duodart Prescribing Information:

HK61184-Duodart capsules 0.5mg/0.4mg

GlaxoSmithKline Limited Suites 1004-10, 10/F, Tower 6, The Gateway, 9 Canton Road, Tsimshatsui, Kowloon, Hong Kong

PM-HK-DTT-JRNA-240001 (07/2026) Date of preparation: 05/08/2024

For patients living with heart failure,

Time is essential. So is starting with ENTRESTO®.

Make ENTRESTO your first choice in place of an ACEi/ARB to help patients stay out of the hospital, live longer, and feel better right from the start [1-4,12]

Change the heart. Change heart failure [1,4,7,9]

Reverse cardiac remodelling, improve cardiac structure and function, and target HF via a unique dual MOA that inhibits neprilysin and RAAS

Provide the HF treatment superior to ACEi in all stages of the HFrEF patient journey [4-6,8]

Your first choice in the hospital or outpatient setting, whether patients are newly diagnosed or have worsening symptoms

Make a lasting difference patients can feel [2-5,11]

Help your patients stay out of the hospital, live longer, and feel better, so they have more time for what matters

*In place of an ACEi or ARB **ACEi**=angiotensin-converting enzyme inhibitor; **ARB**=angiotensin II receptor blocker; **HF**=heart failure; **MOA**=mechanism of action; **ESC**=European Society of Cardiology; **AHA**=American Heart Association; **ACC**=American College of Cardiology; **HFSA**=Heart Failure Society of America

REFERENCES: 1. McDonagh TA, Metra M, Adamo M, et al. 2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: Developed by the Task Force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC) With the special contribution of the Heart Failure Association (HFA) of the ESC. *Eur Heart J.* 2021;00:1-128. **2.** Claggett B, Packer M, McMurray JJV, et al; for the PARADIGM-HF Investigators. Estimating the long-term treatment benefits of sacubitril–valsartan. *N Engl J Med.* 2015;373(23):2289-2290. **3.** Lewis EF, Claggett BL, McMurray JJV, et al. Health-related quality of life outcomes in PARADIGM-HF. *Circ Heart Fail.* 2017;10(8):e003430. **4.** ENTRESTO Summary of product characteristics. European Medicines Agency website. http://www.ema.europa.eu. Accessed 2018. **5.** Solomon SD, Claggett B, Packer M, et al. Efficacy of sacubitril/valsartan relative to a prior decompensation: The PARADIGM-HF trial. *JACC Heart Fail.* 2016;4(10):816-822. **6.** Velazquez EJ, Morrow DA, DeVore AD, et al; for the PIONEER-HF Investigators. Angiotensin–neprilysin inhibition in acute decompensated heart failure. *N Engl J Med.* 2019;380(6):539-548. **7.** Desai AS, Solomon SD, Shah AM, et al; for the EVALUATE-HF Investigators. Effect of sacubitril-valsartan vs enalapril on aortic stiffness in patients with heart failure and reduced ejection fraction: a randomized clinical trial. *JAMA.* 2019;322(11):1077-1084. **8.** Wachter R, Senni M, Belohlavek J, et al; on behalf of the TRANSITION Investigators. Initiation of sacubitril/valsartan in haemodynamically stabilised heart failure patients in hospital or early after discharge: primary results of the randomised TRANSITION study. *Eur J Heart Fail.* 2019;21(8):998-1007. **9.** Januzzi JL Jr, Prescott MF, Butler J, et al; for the PROVE-HF Investigators. Association of change in N-terminal pro–b-type natriuretic peptide following initiation of sacubitril-valsartan treatment with cardiac structure and function in patients with heart failure with reduced ejection fraction. *JAMA.* 2019;322(11):1085-1095. **10.** Ramani GV, Uber PA, Mehra MR. Chronic heart failure: contemporary diagnosis and management. *Mayo Clin Proc.* 2010;85(2):180-195. **11.** Chandra A, Lewis EF, Claggett BL, et al. Effects of sacubitril/valsartan on physical and social activity limitations in patients with heart failure; a secondary analysis of the PARADIGM-HF trial. *JAMA Cardiol.* 2018;3(6):498-505. **12.** Heidenreich P, Bozkurt B, Aguilar D, et al. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. Circulations. 2022;10116ICIR0000000000001062.

Entresto®
sacubitril/valsartan

The Essential HF Intervention

ENTRESTO tablets Important note: Before prescribing, consult full prescribing information. **Presentation: ENTRESTO 50 mg film-coated tablets** Each film-coated tablet contains 24.3 mg sacubitril and 25.7 mg valsartan (as sacubitril valsartan sodium salt complex). **ENTRESTO 100 mg film-coated tablets** Each film-coated tablet contains 48.6 mg sacubitril and 51.4 mg valsartan (as sacubitril valsartan sodium salt complex). **ENTRESTO 200 mg film-coated tablets** Each film-coated tablet contains 97.2 mg sacubitril and 102.8 mg valsartan (as sacubitril valsartan sodium salt complex). **Indications:** Treatment of symptomatic chronic heart failure (NYHA class II-IV) in adult patients with reduced ejection fraction to reduce the risk of cardiovascular death and hospitalization due to heart failure. **Dosage and administration: Adults:** •The recommended starting dose of ENTRESTO is 100 mg twice daily. The dose should be doubled at 2-4 weeks to the target dose of one tablet of 200 mg twice daily, as tolerated by the patient. •A starting dose of 50 mg twice daily is recommended for patients not currently taking an angiotensin-converting enzyme (ACE) inhibitor or an angiotensin II receptor blocker (ARB), and should be considered for patients previously taking low doses of these agents. **•Geriatric patients:** The dose should be in line with the renal function. **•Pediatric patients:** ENTRESTO has not been studied. Use of ENTRESTO is not recommended. **•Renal impairment:** No dose adjustment is required in patients with mild renal impairment (Estimated Glomerular Filtration Rate (eGFR) 60-90 ml/min/1.73 m^2); A starting dose of 50 mg twice daily is recommended in patients with moderate renal impairment(eGFR 30-60 ml/min/1.73 m^2); A starting dose of 50 mg twice daily and caution is recommended in patients with severe renal impairment (eGFR <30 ml/min/1.73 m^2). Not recommended for patients with end-stage renal disease. **•Hepatic impairment:** No dose adjustment is required in patients with mild hepatic impairment (Child-Pugh A classification). A starting dose of 50 mg twice daily is recommended in patients with moderate hepatic impairment (Child-Pugh B classification) or with AST/ALT values more than twice the upper limit of the normal range. In patients with severe hepatic impairment use of ENTRESTO is not recommended. **•Method of administration** For oral use. May be administered with or without food. **Contraindications:** •Hypersensitivity to the active substance, sacubitril, valsartan, or to any of the excipients. •Concomitant use with ACE inhibitors. ENTRESTO must not be administered until 36 hours after discontinuing ACE inhibitor therapy. •Known history of angioedema related to previous ACE inhibitor or ARB therapy. •Concomitant use with aliskiren in patients with diabetes mellitus or in patients with renal impairment (eGFR <60 ml/min/1.73 m^2). • Second and third trimester of pregnancy. •Hereditary or idiopathic angioedema •Severe hepatic impairment, biliary cirrhosis and cholestasis **Warnings and precautions: •Dual blockade of the Renin-Angiotensin-Aldosterone System (RAAS):** ENTRESTO must not be administered with an ACE inhibitor due to the risk of angioedema. ENTRESTO must not be initiated until 36 hours after taking the last dose of ACE inhibitor therapy. If treatment with ENTRESTO is stopped, ACE inhibitor therapy must not be initiated until 36 hours after the last dose of ENTRESTO. • The combination of ENTRESTO with direct renin inhibitors such as aliskiren is not recommended. The combination of ENTRESTO with aliskiren-containing products is contraindicated in patients with diabetes mellitus or in patients with renal impairment (eGFR <60 ml/min/1.73 m^2). • ENTRESTO contains valsartan, and therefore should not be co-administered with another ARB containing product. **•Hypotension:** If hypotension occurs, temporary down-titration or discontinuation of ENTRESTO is recommended. Dose adjustment of diuretics, concomitant antihypertensive drugs, and treatment of other causes of hypotension (e.g. hypovolemia) should be considered. Sodium and/or volume depletion should be corrected before starting treatment with ENTRESTO. **•Impaired renal function:** •Evaluation of patients with heart failure should always include assessment of renal function. Down titration of ENTRESTO should be considered in patients who develop a clinically significant decrease in renal function. Caution should be exercised when administering ENTRESTO in patients with severe renal impairment (eGFR <30 ml/min/1.73 m^2). **•Hyperkalemia:** Treatment should not be initiated if the serum potassium level is >5.4 mmol/l. Medications known to raise potassium levels (e.g. potassium-sparing diuretics, potassium supplements) should be used with caution. If clinically significant hyperkalemia occurs, measures such as adjustment of concomitant medicinal products, temporary down–titration or discontinuation should be considered. Monitoring of serum potassium is recommended especially in patients with risk factors such as renal impairment, diabetes mellitus, hypoaldosteronism, receiving a high potassium diet or mineralocorticoid antagonists. If serum potassium level is >5.4 mmol/l discontinuation should be considered. **•Angioedema:** If angioedema occurs, ENTRESTO should be immediately discontinued and appropriate therapy and monitoring should be provided until complete and sustained resolution of signs and symptoms has occurred. ENTRESTO must not be re-administered. Patients with a prior history of angioedema were not studied. As they may be at higher risk for angioedema, caution is recommended if ENTRESTO is used in these patients. ENTRESTO must not be used in patients with a known history of angioedema related to previous ACE inhibitor or ARB therapy. Black patients may have increased susceptibility to develop angioedema. **•Patients with renal artery stenosis:** Caution is required in patients with renal artery stenosis and monitoring of the renal function is recommended. **•Patients with NYHA functional classification IV:** Caution should be exercised. **•B-type natriuretic peptide (BNP):** BNP is not a suitable biomarker of heart failure in patients treated with ENTRESTO. **•Hepatic impairment:** Caution is recommended when using ENTRESTO in patients with moderate hepatic impairment (Child-Pugh B classification) or with AST/ALT values more than twice the upper limit of the normal range. ENTRESTO is contraindicated in patients with severe hepatic impairment, biliary cirrhosis or cholestasis (Child-Pugh C classification). **Pregnancy:** The use of ENTRESTO is not recommended during the first trimester of pregnancy and is contraindicated during the second and third trimesters of pregnancy. **Breast-feeding:** It is not known whether ENTRESTO is excreted in human milk. Because of the potential risk for adverse drug reactions in breastfed newborns/infants, ENTRESTO is not recommended during breastfeeding. **Adverse drug reactions:** ***Very common (≥1/10):*** Hyperkalemia, hypotension, renal impairment. ***Common (≥1/100 to <1/10):*** Anaemia, hypokalemia, Hypoglycaemia, Dizziness, Cough, Headache, Syncope, Vertigo, Orthostatic hypotension, Diarrhoea, Nausea, Gastritis, Renal failure (renal failure, acute renal failure), Fatigue, Asthenia ***Uncommon (≥1/1,000 to <1/100):*** Hypersensitivity, Dizziness postural, Pruritis, Rash, Angioedema. **Interactions:** ***•Concomitant use contraindicated:*** aliskiren in patients with diabetes mellitus or in patients with renal impairment (eGFR <60 ml/min/1.73 m^2); Use with ACE inhibitors: ENTRESTO must not be started until 36 hours after taking the last dose of ACE inhibitor therapy. ACE inhibitor therapy must not be started until 36 hours after the last dose of ENTRESTO. ***•Concomitant use not recommended:*** ARB containing products ***•Caution when used concomitantly*** with OAT1B1 and OATP1B3 substrates(e.g. statins), PDE5 inhibitors (e.g. sildenafil), lithium, potassium-sparing diuretics (triamterene, amiloride) , mineral corticoid antagonists (e.g. spironolactone, eplerenone), potassium supplements, salt substitutes containing potassium, other agents that may lead to increased serum potassium level (e.g. heparin), non-steroidal anti-inflammatory agents (NSAIDs) including selective cyclooxygenase-2 inhibitors (COX-2 Inhibitors), inhibitors of OATP1B1, OATP1B3, OAT3 (e.g. rifampin, cyclosporine),OAT1 (e.g. tenofovir, cidofovir) or MPR2 (e.g. ritonavir), furosemide, nitrates (e.g. nitroglycerine), metformin. **Packs:** 50mg: 28's; 100mg: 28's and 56's; 200mg: 56's. Not all pack sizes may be marketed. **Legal classification:** P1S1S3. **Ref:** EMA Nov 2015. **FULL PRESCRIBING INFORMATION IS AVAILABLE UPON REQUEST.**

NOVARTIS

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EVENITY®
(romosozumab) injection

prolia®
(denosumab)

Every patient has a different starting point

MEET HER THERE

and help make her bones stronger

For your patients with very low T-score (e.g. less than -3.0) or with other serious risk factors, start with EVENITY® followed by PROLIA® to help build and protect her bones.[1]

For your partients with history of fragility fracture or low T-score (e.g. less than -2.5) with other risk factors, start with PROLIA® to help strengthen her bones.[2,3]

* The risk of hip fracture was lowered by 38% (41 of 2046 patients [2.0%] vs. 66 of 2047 patients [3.2%]; P = 0.02) in the romosozumab-to-alendronate group than in the alendronate-to-alendronate group in ARCH Study.[1]

† Indicators of very high fracture risk in patients with low bone density would include advanced age, frailty, glucocorticoids, very low T-scores, or increased fall risk. Patients who have been diagnosed with osteoporosis but are not at very high fracture risk are defined as high risk.[3]

ARCH=Active-Controlled Fracture Study in Postmenopausal Women with Osteoporosis at High Risk; BMD=Bone mineral density.

References: 1. Evenity (romosozumab) Hong Kong prescribing information. March 2020. **2.** Prolia (denosumab) Hong Kong prescribing information. Jun 2022. **3.** Camacho PM, et al. Endocr Pract. 2020;26(Suppl 1).

Prolia® (Denosumab) Abbreviated Prescribing Information

PRESENTATION: Solution for Injection in Pre-filled Syringe 60 mg/mL.**INDICATIONS:** Prolia is indicated for: i) treatment of postmenopausal women with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy; ii) treatment to increase bone mass in men with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy; iii) treatment of glucocorticoid-induced osteoporosis in men and women at high risk of fracture who are either initiating or continuing systemic glucocorticoids in a daily dosage equivalent to 7.5 mg or greater of prednisone and expected to remain on glucocorticoids for at least 6 months; iv) treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer. In these patients Prolia also reduced the incidence of vertebral fractures; v) treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer. **DOSAGE AND ADMINISTRATION:** The recommended dose of Prolia is 60 mg administered as a single subcutaneous injection once every 6 months. Administer Prolia via subcutaneous injection in the upper arm, the upper thigh, or the abdomen. All patients should receive calcium 1000 mg daily and at least 400 IU vitamin D daily. **CONTRAINDICATIONS:** Hypocalcemia and pregnancy, as well as hypersensitivity to any component of the product. **SPECIAL WARNINGS AND PRECAUTIONS FOR USE:** Hypersensitivity: Clinically significant hypersensitivity including anaphylaxis has been reported with Prolia. Symptoms have included hypotension, dyspnea, throat tightness, facial and upper airway edema, pruritis, and urticaria. Hypocalcemia and Mineral Metabolism: Hypocalcemia may be exacerbated by the use of Prolia. Pre-existing hypocalcemia must be corrected prior to initiating therapy with Prolia. Hypocalcemia following Prolia administration is a significant risk in patients with severe renal impairment (creatinine clearance < 30 mL/min) or receiving dialysis. Concomitant use of calcimimetic drugs may worsen hypocalcemia risk and serum calcium should be closely monitored. Osteonecrosis of the Jaw (ONJ): ONJ has been reported in patients receiving Prolia. The start of treatment or of a new course of treatment should be delayed in patients with unhealed open soft tissue lesions in the mouth. A dental examination with preventive dentistry and an individual benefit-risk assessment is recommended prior to treatment with Prolia in patients with concomitant risk factors. All patients should be encouraged to maintain good oral hygiene, undergo routine dental check-ups, and immediately report any oral symptoms such as dental mobility, pain or swelling, or non-healing of sores or discharge during treatment with Prolia. While on treatment, invasive dental procedures should be performed with caution and avoided in close proximity to Prolia treatment. Atypical Subtrochanteric and Diaphyseal Femoral Fractures: Atypical low-energy or low trauma fractures of the shaft have been reported in patients receiving Prolia. Patients should be advised to report new or unusual thigh, hip, or groin pain. Multiple Vertebral Fractures (MVF) Following Discontinuation of Prolia Treatment: Following discontinuation of Prolia treatment, fracture risk increases, including the risk of multiple vertebral fractures. If Prolia treatment is discontinued, patients should be transitioned to an alternative antiresorptive therapy. Serious Infections: Serious infections leading to hospitalization were reported in clinical trial. Dermatologic Adverse Reactions: Dermatitis, eczema, and rashes. Most of these events were not specific to the injection site. Musculoskeletal Pain: Severe and occasionally incapacitating bone, joint, and/or muscle pain. Suppression of Bone Turnover: In clinical trials treatment with Prolia resulted in significant suppression of bone remodeling as evidenced by markers of bone turnover and bone histomorphometry. Osteonecrosis of the external auditory canal: Possible risk factors include steroid use and chemotherapy and/or local risk factors such as infection or trauma. Hypercalcemia in Pediatric Patients with Osteogenesis Imperfecta: Prolia is not approved for use in pediatric patients. Hypercalcemia has been reported in pediatric patients with osteogenesis imperfecta treated with denosumab products. **PREGNANCY AND LACTATION:** Pregnancy: Contraindicated. Breast-feeding: No information regarding the presence of denosumab in human milk, the effects on the breastfed infant, or the effects on milk production **UNDESIRABLE EFFECTS:** Back pain, pain in extremity, musculoskeletal pain, hypercholesterolemia, arthralgia, nasopharyngitis, hypertension, bronchitis, headache, constipation, and cystitis. Please read the full prescribing information prior to administration and full prescribing information is available on request. Version: HKPROPI104
Prolia® is a registered trademark owned or licensed by Amgen Inc., its subsidiaries, or affiliates.

EVENITY® (Romosozumab) Abbreviated Prescribing Information
EVENITY® Solution for Injection in Prefilled Syringe 105 mg/1.17 ml

INDICATIONS EVENITY is indicated in treatment of severe osteoporosis in postmenopausal women at high risk of fracture. **DOSAGE AND ADMINISTRATION** The recommended dose is 210 mg romosozumab (administered as two subcutaneous injections of 105 mg each) once monthly for 12 months. Patients should be adequately supplemented with calcium and vitamin D before and during treatment. Following completion of romosozumab therapy, transition to antiresorptive therapy is recommended in order to extend the benefit achieved with romosozumab beyond 12 months. Missed doses: If the romosozumab dose is missed, administer as soon as it can be feasible. Thereafter, the next romosozumab dose should not be given earlier than one month after the last dose. Elderly: No dose adjustment is necessary in elderly patients. Renal impairment: No dose adjustment is required in patients with renal impairment. Serum calcium should be monitored in patients with severe renal impairment or receiving dialysis. Hepatic impairment: No clinical trials have been conducted to evaluate the effect of hepatic impairment. Paediatric population: The safety and efficacy of romosozumab in paediatric patients (age <18 years) have not yet been established. No data are available. Method of administration: Subcutaneous use. To administer the 210 mg dose, 2 subcutaneous injections of romosozumab should be given into the abdomen, thigh, or upper arm. The second injection should be given immediately after the first one but at a different injection site. Administration should be performed by an individual who has been trained in injection techniques. **CONTRAINDICATIONS** Hypersensitivity to the active substance(s) or to any of the excipients. Hypocalcaemia. History of myocardial infarction or stroke. **SPECIAL WARNINGS AND PRECAUTIONS FOR USE** Myocardial infarction and stroke: In randomised controlled studies, an increase in serious cardiovascular events (myocardial infarction and stroke) has been observed in romosozumab treated patients compared to controls. When determining whether to use romosozumab for an individual patient, consideration should be given to her fracture risk over the next year and her cardiovascular risk based on risk factors (e.g. established cardiovascular disease, hypertension, hyperlipidaemia, diabetes mellitus, smoking, severe renal impairment, age). Romosozumab should only be used if the prescriber and patient agree that the benefit outweighs the risk. If a patient experiences a myocardial infarction or stroke during therapy, treatment with romosozumab should be discontinued. Hypocalcaemia: Transient hypocalcaemia has been observed in patients receiving romosozumab. Hypocalcaemia should be corrected prior to initiating therapy with romosozumab and patients should be monitored for signs and symptoms of hypocalcaemia. If any patient presents with suspected symptoms of hypocalcaemia during treatment, calcium levels should be measured. Patients with severe renal impairment (estimated glomerular filtration rate [eGFR] 15 to 29 ml/min/1.73 m²) or receiving dialysis are at greater risk of developing hypocalcaemia and the safety data for these patients is limited. Calcium levels should be monitored in these patients. Hypersensitivity: Clinically significant hypersensitivity reactions, including angioedema, erythema multiforme, and urticaria occurred in the romosozumab group in clinical trials. If an anaphylactic or other clinically significant allergic reaction occurs, appropriate therapy should be initiated and use of romosozumab should be discontinued. Osteonecrosis of the jaw: Osteonecrosis of the jaw (ONJ), has been reported rarely in patients receiving romosozumab. All patients should be encouraged to maintain good oral hygiene, receive routine dental check-ups, and immediately report any oral symptoms such as dental mobility, pain or swelling or non-healing of sores or discharge during treatment with romosozumab. Patients who are suspected of having or who develop ONJ while on romosozumab should receive care by a dentist or an oral surgeon with expertise in ONJ. Discontinuation of romosozumab therapy should be considered until the condition resolves and contributing risk factors are mitigated where possible. Atypical femoral fractures: Atypical low-energy or low trauma fracture of the femoral shaft, which can occur spontaneously, has been reported rarely in patients receiving romosozumab. Any patient who presents with new or unusual thigh, hip, or groin pain should be suspected of having an atypical fracture and should be evaluated to rule out an incomplete femur fracture. Patient presenting with an atypical femur fracture should also be assessed for symptoms and signs of fracture in the contralateral limb. Interruption of romosozumab therapy should be considered, based on an individual benefit-risk assessment. Sodium content: This medicinal product contains less than 1 mmol sodium (23 mg) per dose, that is to say essentially sodium-free. **INTERACTIONS** No drug interaction studies have been performed with romosozumab. No pharmacokinetic drug interactions are expected with romosozumab. **PREGNANCY AND LACTATION** Pregnancy: Romosozumab is not indicated for use in women of child-bearing potential or in pregnant women. There are no data from the use of romosozumab in pregnant women. A risk for malformations of developing digits in the human foetus is low following romosozumab exposure due to the timing of digit formation in the first trimester in humans, a period when placental transfer of immunoglobulins is limited. Breast-feeding: Romosozumab is not indicated for use in breast-feeding women. No data are available on excretion of romosozumab in human milk. Human IgGs are known to be excreted in breast milk during the first few days after birth, which is decreasing to low concentrations soon afterwards; consequently, a risk to the breast-fed infant cannot be excluded during this short period. Fertility: No data are available on the effect of romosozumab on human fertility. Animal studies in female and male rats did not show any effects on fertility endpoints. **ADVERSE REACTIONS** The most common adverse reactions were nasopharyngitis (13.6%) and arthralgia (12.4%). Hypersensitivity-related reactions occurred in 6.7% of patients treated with romosozumab. Hypocalcaemia was reported uncommonly (0.4% of patients treated with romosozumab). In randomised controlled studies, an increase in serious cardiovascular events (myocardial infarction and stroke) has been observed in romosozumab treated patients compared to controls. Adverse reactions are presented in order of decreasing seriousness by System Organ Class: *Infections and infestations:* Nasopharyngitis, Sinusitis; *Immune system disorders:* Hypersensitivity, Rash, Dermatitis, Urticaria, Angioedema. Erythema multiforme; *Metabolism and nutrition disorders:* Hypocalcaemia; *Nervous system disorders:* Headache, Stroke; *Eye disorders:* Cataract; *Cardiac disorders:* Myocardial infarction; *Musculoskeletal and connective tissue disorders:* Arthralgia, Neck pain, Muscle spasms; *General disorders and administration site conditions:* Injection site reactions **OVERDOSE** There is no experience with overdose in clinical trials.

Abbreviated Prescribing Information Version No.: HKEVEPI01

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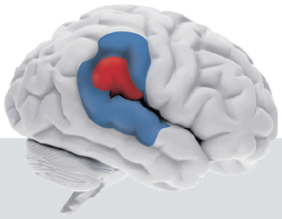
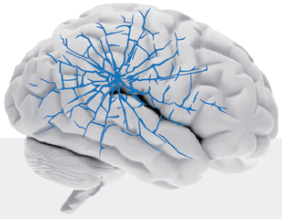
somazina® citicoline

the neuroprotection treatment for patients with brain damage



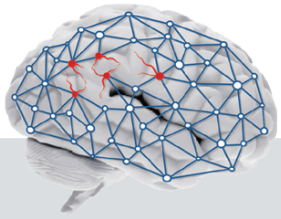
Acute ischaemic stroke

- Exerts a **neuroprotective** effect[1]
- Reduces the ratio of **long-term deaths and disabilities** in acute and subacute stroke[2]
- In acute ischaemic stroke, citicoline administration was associated **with a higher rate of independence**[3]



Traumatic brain injury

- Acceleration of **cerebral oedema resorption** and improvement in recovery of the **integrity of the blood-brain barrier** following a TBI[4]
- Significant **increase in rates of independence**[4]
- Following ICU admission, as well as 6 months after a severe TBI, citicoline is associated with a **higher survival rate**[5]



Mild cognitive impairment of vascular origin

- **Improvement of cognitive function (MMSE score) at 3 and 9 months** of treatment compared to the control group (p=0.0001)[6]
- Positive effect on **memory** and **behaviour** (p<0.005)[7]

Citicoline presents an excellent safety profile, good tolerability and almost no detrimental drug-drug interactions[1,8]

ABBREVIATED PRESCRIBING INFORMATION

1. NAME OF THE MEDICATION. SOMAZINA 100 mg/ml oral solution; SOMAZINA oral solution 1000mg in 10ml sachet. 2. QUALITATIVE AND QUANTITATIVE COMPOSITION. SOMAZINA 100 mg/ml oral solution is supplied in glass bottles containing 30ml of solution or in PET/PX/Aluminium/Surlyn sachet containing 10ml of solution. Each ml contains 100 mg of citicoline (as sodium salt). Excipient(s): Each ml of solution contains: 0.005 mg of Ponceau 4-R red colour; 0.4 mg of propyl parahydroxybenzoate; 1.6 mg of methyl parahydroxybenzoate; 200 mg of sorbitol and other excipients in q.s. 3. PHARMACEUTICAL FORM. Oral solution. SOMAZINA 100 mg/ml oral solution: Glass bottle containing 30ml or PET/PX/Aluminium/Surlyn sachet containing 10ml of a transparent and pink-coloured liquid, with strawberry smell and taste. 4. CLINICAL PARTICULARS. 4.1 Therapeutic indications. Treatment of cognitive and neurological disorders associated with acute and sub-acute stroke. Treatment of cognitive and neurological disorders associated with traumatic brain injuries. 4.2 Posology and method of administration. Posology: Adults: The recommended dose is from 500 to 2000 mg/day, depending on the severity of the symptoms to be treated. Elderly: SOMAZINA does not need any specific dose adjustment for this age group. Children: The experience in children is limited; therefore, it may only be administered when the expected therapeutic benefit is higher than any possible risk. Method of administration: It may be taken directly or dissolved in half glass of water (120 ml). 4.3 Contraindications. In case of allergy to Citicoline or any excipient. It must not be administered to patients with hypertonia of the parasympathetic. 4.4 Special warnings and precautions for use. Due to Ponceau 4-R red colour (or E-124), it may cause allergic reactions. It may cause asthma, especially in patients with allergy to acetylsalicylic acid. SOMAZINA contains Sorbitol (E-420) as excipients, because of that patients with rare hereditary problems of fructose intolerance should not take this medication. SOMAZINA contains Propyl parahydroxybenzoate (E-217) and Methyl parahydroxybenzoate (E-218) as excipients, because of that it may cause allergic reactions (possibly delayed). 4.5 Interaction with other medication and other forms of interaction. Citicoline potentiates the effects of the medication containing L-Dopa. It should not be administered concomitantly with medication containing Meclofenoxate. 4.6 Pregnancy and lactation. There are no adequate data from the use of Citicoline in pregnant women. SOMAZINA should not be used during pregnancy unless clearly necessary. 4.7 Effects on the ability to drive and use machines. SOMAZINA has no influence on the ability to drive and use of machines. 4.8 Undesirable effects. Very rare (<1/10,000) (include individual notifications). Psychiatric disorders: hallucinations. Nervous system disorders: cephalea, vertigo. Vascular disorders: arterial hypertension, arterial hypotension. Respiratory, thoracic and mediastinal disorders: dyspnoea. Gastrointestinal disorders: nausea, vomiting, occasional diarrhoea. Skin and subcutaneous tissue disorders: blush, hives, exanthemas, purpura. General disorders and administration site conditions: shiver, oedema. 4.9 Overdose. No case of overdose has been reported. 5. PHARMACEUTICAL PARTICULARS. 5.1 Special precautions for storage. Store in the original package. Store below 30°C. 5.2 Nature and contents of the container. SOMAZINA 100mg/ml oral solution is available in a pack containing a 30 ml glass bottle with sealed plastic cap and with syringe graduated in ml. SOMAZINA oral solution 100mg in 10ml sachet is available in PET/PX/Aluminium/Surlyn sachet containing 10 ml of 100mg/ml citicoline (as sodium) solution. 5.3 Special precautions for disposal and other handling (Only applicable to glass bottle containing 30ml of solution, but not applicable to sachet of 10ml solution). Handling instructions for the medication are the following: The product is administered with the aid of the dosing syringe, according to the following scheme: 1) Introduce the dosing syringe with the piston pressing to the bottom. 2) Aspirate the indicated dose making the piston turn, taking into account that the liquid contained in the syringe coincides exactly with the prescribed level. 3) Administer the preparation directly or dissolved in half glass of water (120 ml). After each administration, it is recommended to wash the dosing syringe with water.

REFERENCES: **1.** Secades JJ. Citicoline: pharmacological and clinical review, 2016 update. Rev Neurol. 2016;63(S03):S1-S73. **2.** Saver JL. Citicoline: Update on a Promising and Widely Available Agent for Neuroprotection and Neurorepair. Rev Neurol Dis. 2008;5(4):167-77. **3.** Secades JJ, Álvarez-Sabín J, Castillo J, Díez-Tejedor E, Martínez-Vila E, Ríos J, et al. Citicoline for Acute Ischemic Stroke: A Systematic Review and Formal Metaanalysis of Randomized, Double-Blind, and Placebo-Controlled Trials. J Stroke Cerebrovasc Dis. 2016;25(8):1984-96. **4.** Secades JJ. Citicoline for the Treatment of Head Injury: A Systematic Review and Meta-analysis of Controlled Clinical Trials. J Trauma Treat. 2014;4(1):227-231. **5.** Trimmel H, Majdan M, Wodak A, Herzer G, Csomor D, Brazinova A. Citicoline in severe traumatic brain injury: indications for improved outcome: A retrospective matched pair analysis from 14 Austrian trauma centers. Wien Klin Wochenschr. 2018;130(1-2):37-44. **6.** Cotroneo AM, Castagna A, Putignano S, Lacava R, Fantò F, Monteleone F, et al. Effectiveness and safety of citicoline in mild vascular cognitive impairment: the IDEALE study. Clin Interv Aging. 2013;8:131-137. **7.** Fioravanti M, Yanagi M. Cytidinediphosphocholine (CDP-choline) for cognitive and behavioural disturbances associated with chronic cerebral disorders in the elderly. Cochrane Database Syst Rev. 2004;(2):CD000269. **8.** Somazina Hong Kong Prescribing Information.

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HK-SM-PN-23K-02

BIKTARVY®

bictegravir 50mg/emtricitabine 200mg/
tenofovir alafenamide 25mg tablets

For today, tomorrow, and the days to come

With up to 5 years' demonstrated efficacy* and tolerability,† 0 treatment-emergent resistance‡ and ≤1% discontinuation in clinical trials,† you can be confident in BIKTARVY® data[1-10]

BIKTARVY® is indicated for the treatment of adults infected with human immunodeficiency virus-1 (HIV-1) without present or past evidence of viral resistance to the integrase inhibitor class, emtricitabine or tenofovir.[1]

* In clinical trials in treatment-naïve participants, efficacy at Week 48 (primary endpoint) was 91% for BIKTARVY® (pooled [n=634]); efficacy at Week 144 was 82%.[2-4] In the optional 96 week open-label extension phase, high rates of virologic suppression were achieved and maintained.[5] In clinical trials in virologically suppressed participants, efficacy at Week 48 (primary endpoint) was 94% in Study 1844 (n=282) and 92% in Study 1878 (n=290).[6,7] Efficacy defined as viral load <50 copies/mL.[2-7]

† In clinical studies of treatment-naïve participants receiving BIKTARVY®, the most frequently reported adverse reactions were headache, diarrhoea and nausea.[1] At Week 240, <1% (n=5/634) of participants initially randomised to BIKTARVY® discontinued treatment due to TRAEs.[8] In clinical studies in virologically suppressed participants, ≤1% of participants discontinued treatment with BIKTARVY® due to adverse events through the open-label extension phase of either study.[9,10]

‡ In pivotal Phase 3 trials, there was 0 treatment-emergent resistance in the final resistance analysis populations.[1-10]

TRAEs=treatment-related adverse events.

References: 1. BIKTARVY® Hong Kong Prescribing Information. (HK-SEP22-EU-JUN22-AU-MAR22). **2.** Gallant J, et al. Lancet. 2017;390(10107):2063-2072. 3. Sax PE, et al. Lancet. 2017;390(10107):2073-2082. **4.** Orkin C, et al. Lancet HIV. 2020;7(6):e389-e400. **5.** Wohl DA, et al. CROI 2022. 12-16 February 2022, virtual. Poster 494. **6.** Molina JM, et al. Lancet HIV. 2018;5(7):e357-e365. **7.** Daar ES, et al. Lancet HIV. 2018;5(7):e347-e356. **8.** Sax P, et al. International AIDS Conference 2022, 29 July–2 August; Montreal, Canada. Poster EPB150. **9.** Brar I, et al. Infectious Diseases (ID) Week 2020, 21–25 October. Poster 1028. **10.** Rockstroh JK, et al. HIV Glasgow 2020, 5–8 October; Glasgow, UK. Poster 036.

Pill not shown at actual size.

BIKTARVY Abbreviated Prescribing Information
(Version: HK-SEP22-EU-JUN22-AU-MAR22)

Presentation: Each film-coated tablet contains bictegravir sodium equivalent to 50 mg of bictegravir, 200 mg of emtricitabine, and tenofovir alafenamide fumarate equivalent to 25 mg of tenofovir alafenamide. Purplish-brown, capsule-shaped, film-coated tablet debossed with "GSI" on one side and "9883" on the other side of the tablet. Each tablet is approximately 15 mm x 8 mm. **Indications:** Biktarvy is indicated for the treatment of adults infected with human immunodeficiency virus 1 (HIV-1) without present or past evidence of viral resistance to the integrase inhibitor class, emtricitabine or tenofovir. **Dosage:** Adults: One tablet to be taken once daily with or without food. Elderly: No dose adjustment is required. Renal impairment: No dose adjustment for patients with estimated creatinine clearance (CrCl) ≥ 30 mL/min. No dose adjustment is required in adult patients with end stage renal disease (estimated CrCl < 15 mL/minute) who are receiving chronic haemodialysis. Not recommended in patients with estimated CrCl ≥ 15 mL/min and < 30 mL/min, or < 15 mL/min who are not receiving chronic haemodialysis. Hepatic impairment: No dose adjustment for patients with mild or moderate hepatic impairment (Child-Pugh-Turcotte [CPT] Class A or B). Not recommended in patients with severe hepatic impairment (CPT Class C). Paediatric population: The safety and efficacy in children and adolescents aged less than 18 years have not yet been established. **Contraindications:** Hypersensitivity to the active substances or to any of the excipients. Co-administration with rifampicin and St John's Wort (Hypericum perforatum). **Warnings and Precautions:** Patients co-infected with HIV and hepatitis B or C virus: Patients with chronic hepatitis B or C treated with antiretroviral therapy are at an increased risk for severe and potentially fatal hepatic adverse reactions. Discontinuation of Biktarvy therapy in patients co-infected with HIV and HBV may be associated with severe acute exacerbations of hepatitis. Patients co-infected with HIV and HBV who discontinue Biktarvy should be closely monitored with both clinical and laboratory follow up for at least several months after stopping treatment. Liver disease: Patients with pre-existing liver dysfunction, including chronic active hepatitis, have an increased frequency of liver function abnormalities during combination antiretroviral therapy (CART) and should be monitored according to standard practice. If there is evidence of worsening liver disease in such patients, interruption or discontinuation of treatment must be considered. Weight and metabolic parameters: An increase in weight and in levels of blood lipids and glucose may occur during antiretroviral therapy. Lipid disorders should be managed as clinically appropriate. Mitochondrial dysfunction following exposure in utero: Nucleos(t)ide analogues may impact mitochondrial function to a variable degree. The findings do not affect current national recommendations to use antiretroviral therapy in pregnant women to prevent vertical transmission of HIV. Immune Reactivation Syndrome: In HIV infected patients with severe immune deficiency at the time of institution of CART, an inflammatory reaction to asymptomatic or residual opportunistic pathogens may arise and cause serious clinical conditions, or aggravation of symptoms. Any inflammatory symptoms should be evaluated and treatment instituted when necessary. Autoimmune disorders have also been reported. Opportunistic infections: Patients should remain under close clinical observation by physicians experienced in the treatment of patients with HIV associated diseases. Osteonecrosis: Patients should be advised to seek medical advice if they experience joint aches and pain, joint stiffness or difficulty in movement. Use in Renal Impairment: Patients taking tenofovir prodrugs who have impaired renal function and those taking nephrotoxic agents, including non-steroidal anti-inflammatory drugs, are at increased risk of developing renal related adverse reactions. Prior to or when initiating Biktarvy, and during treatment with Biktarvy on a clinically appropriate schedule, assess serum creatinine, estimated creatinine clearance, urine glucose, and urine protein in all patients. In patients with chronic kidney disease, also assess serum phosphorus. Discontinue Biktarvy in patients who develop clinically significant decreases in renal function or evidence of Fanconi syndrome. Co-administration of other medicinal products: Biktarvy should be administered at least 2 hours before, or with food 2 hours after antacids containing magnesium and/or aluminium. Biktarvy should be administered at least 2 hours before iron supplements, or taken together with food. Biktarvy should not be co-administered with other antiretroviral medicinal products. **Adverse reactions:** Most frequently reported adverse reactions were headache, diarrhoea and nausea. Please refer to full prescribing information for full list of adverse reactions. **Drug interactions:** Interactions between Biktarvy and other medicinal products: St. John's wort, rifampicin, rifabutin, rifapentine, atazanavir ± cobicistat, azithromycin, clarithromycin, carbamazepine, oxcarbazepine, phenobarbital, phenytoin, magnesium/aluminium-containing antacid suspension, ferrous fumarate, sucralfate, ciclosporin and metformin.

Before prescribing, please consult full prescribing information which is available upon request.

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HK-BVY-0184_V1 05/02/2025

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