Hong Kong Primary Care Conference
香港基層醫療會議
& 暨
4-Party General Practice / Family Medicine Conference 2014
兩岸四地全科/家庭醫學學術研討會議 2014

"With The Patients, For The Patients: Achieving Health Equity in Primary Care"
「齊心惠民 — 探討基層醫療的健康平等概念」

Program and Abstract Book
會議目錄及論文摘要

6-9 June 2014
2014年6月6日至9日

Collaborated with:
協辦單位：

Chinese Medical Doctor Association – Branch of General Practitioner
中國醫師協會 – 全科醫師分會

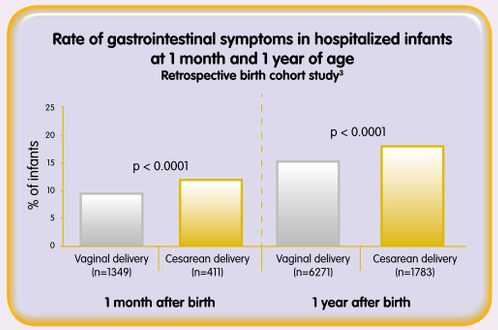
Macau Association of General Practitioners
澳門全科醫生學會

Taiwan Association of Family Medicine
臺灣家庭醫學醫學會

Cesarean Delivery vs Vaginal Delivery - Are There Any Differences?

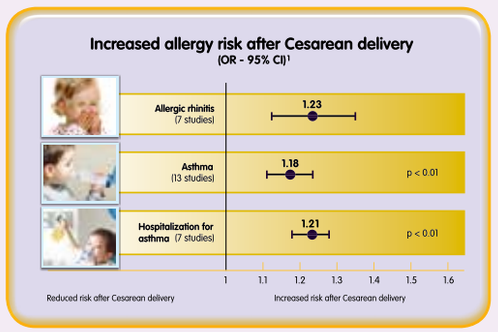
Gastrointestinal symptoms are more prevalent in Cesarean-born infants[3]

up to **1 year** of age



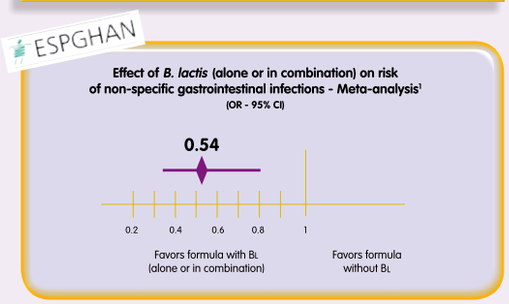
A meta-analysis confirms that Cesarean delivery is a specific risk factor for allergies[1]

up to **23%** more risk



ESPGHAN recognizes the efficacy of *B. lactis* for the prevention of gastrointestinal infections[1]

46% risk reduction[1]



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^ "Source Euromonitor International Limited; company shares by global brand owner, per milk formula definitions, retail value rsp, 2013"

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REFERENCE:
1. Chang JH, Hsu CY, Lo JC, Chen CP, Huang FY, Yu S. Comparative analysis of neonatal morbidity for vaginal and caesarean section deliveries using hospital charge. Acta Paediatr 2006; 95(12): 1561-6.
2. Bager P, Wohlfahrt J, Westergaard. Caesarean delivery and risk of atopy and allergic disease: meta-analyses. Clin Exp Allergy 2008; 38(4): 634-42.
3. Braegger C, Chmielewska A, Decsi T, Kolacek S, Mihatsch W, Moreno L, Piescik M, Puntis J, Shamir R, Szajewska H, Turck D, van Goudoever J. Supplementation of Infant Formula With Probiotics and/or Prebiotics: A Systematic Review and Comment by the ESPGHAN Committee on Nutrition JPGN 2011; 52: 238-50.

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The Hong Kong College of Family Physicians

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Welcome Message

On behalf of the Organizing Committee, we are delighted to welcome you all to the 4th Hong Kong Primary Care Conference (HKPCC) of the Hong Kong College of Family Physicians (HKCFP) to be held on 6-9th June 2014.

This year, the Organizing Committee has chosen "With the Patients, For the Patients- Achieving Health Equity in Primary Care" as the theme of the conference, highlighting the importance in aspiring to achieve health equity in healthcare delivery at both personal and structural levels. There is an indissoluble link between health equity/ social justice and our success as a discipline in making a difference for our patients.

Our WONCA President, Prof. Michael Kidd remarked in his keynote speech in Prague (2013), "As family doctors we have social responsibilities. Each of us needs to be an advocate for social justice and human rights… We need to speak out for what is right, to say "this is not OK", and in so doing contribute to social change." And the benefits of this approach are mutual: "The perceived rewards that support and sustain our continuing engagement include the motivation presented by the challenges, feeling that we are able to make a difference, and enhanced professional identity as a result of our meaningful work."

This year marks a special occasion for HKCFP as we are also hosting the 4-Party Conference with our fellow colleagues from China, Macau and Taiwan with varying clinical needs and health systems. In memory of our founding father Dr. Peter CY Lee who has sadly left us, the first plenary session will be delivered by Dr. York Chow JP on "Health Equity in the Design of Primary Care". In addition, the program features an exciting blend of plenary sessions, workshops, seminars, symposia, discussion forum and clinical case presentations. We have free paper presentations as well as poster displays from medical doctors, nurses and allied health practitioners. Our conference will once again be a stimulating platform for over 400 international experts, family physicians, nurses and allied health practitioners to promote collaborative and networking opportunities in addressing present and future challenges of care. It will offer a fertile environment for sharing latest scientific updates, research activities as well as open exchange of experiences and views on recent developments and trends in primary care.

We would like to take this opportunity to express our sincere appreciation to all the speakers and facilitators for their valuable support; sponsors for their generous sponsorship, and all the hardworking members of the Organizing Committee, Conference Secretariats from HKCFP and Conference Organizers from HKAM for their commitment towards this event ensuring it an exciting and successful event of our discipline. We are confident that this conference will once again be a fruitful and memorable experience for you all!

Dr. Lorna NG **Dr. William WONG**

Co-Chairmen, Organizing Committee

Hong Kong Primary Care Conference 2014 and 4-Party General Practice / Family Medicine Conference 2014

歡迎辭

我們在此謹代表籌備委員會，歡迎各位參加於 2014 年 6 月 6-9 日由香港家庭醫學學院主辦的第四屆香港基層醫療會議 暨 兩岸四地家庭醫學 / 全科醫學學術研討會 2014。

本年度研討會主題為「齊心惠民 - 探討基層醫療的健康平等概念」。健康平等 (Health Equity) 是一個嶄新而又值得思索的議題。健康平等 / 社會公義與我們能否成功地普澤病人是密不可分的。世界家庭醫生組織 (WONCA) 總裁 Michael Kidd 教授於布拉格 (2013) 時的演講中提到：「作為家庭醫生，我們有社會責任，應該主張社會公義及人權。為了推進社會的進步，對於關乎普羅大眾的事情，我們應該勇於發聲，是其是，非其非。」這個取向的好處是相互的：「我們看到參與的益處是挑戰會帶來動力，使我們能夠有所作為，惠民解困；另一方面，有意義的工作也能提升我們的專業形象。」

對我們來說，今年是很特別的一年，因為本次會議是跟中國內地、台灣及澳門一同協辦。為了紀念不久前離開了我們的本學院創辦人李頌賢醫生，會議的第一場演講特意命名為李頌賢醫生紀念演講，將由周一嶽醫生太平紳士跟我們探討「基層醫療設計中的健康平等概念」。是次研討會形式多元化，議題承前啟後，其中包括主題演講、專題講座、工作坊、論文匯報、海報展覽和臨床案例匯報等。是次會議將成為各地醫生、護士及醫療專家交流的平台，一同集思廣益，共同面對現在和將來醫療界所面臨的挑戰。透過分享最新的學術及研究成果，加上各地專家互相交流經驗，與會者定必更了解基層醫療目前的發展和未來趨勢。

我們想藉此機會，衷心感謝各講者及主持人的支持，和贊助商的慷慨贊助。此盛會能夠成功舉行，眾籌委、香港家庭醫學學院及香港醫學專科學院的同事們亦應記一功。相信是次會議將會再一次帶給大家一個難忘的體驗！

吳蓮蓮醫生 **黃志威醫生**

聯席主席

籌備委員會

香港基層醫療會議 2014 暨兩岸四地全科 / 家庭醫學學術研討會議 2014

Welcome Message 歡迎辭

This is a very special year for our Hong Kong Primary Care Conference as it will be held together with the bi-annual 4-Party (Hong Kong, Macau, Mainland China & Taiwan) General Practice/Family Medicine Conference on June 6-9, 2014.

Primary care is the work of healthcare professionals who act as a first point of consultation for all patients. Central to the concept of primary care is the patient. It involves the widest scope of health care, including all ages of patients, patients of all socioeconomic groups, patients seeking to maintain optimal health, and patients with all manners of acute and chronic physical, mental and social health issues, including multiple chronic diseases. Family physicians provide not only services commonly recognized as primary care, but are also coordinators of our patients' overall health care.

Primary care strives to achieve health equity. This year, the Organizing Committee has chosen "With the Patients, For the Patients – Achieving Health Equity in Primary Care" as the theme of the conference. This conference will serve as a platform to address present and future challenges, provide an opportunity for family doctors in the region to network and learn.

Last but not least, I would like to thank our sponsors for their support, our organizing committee, local & international advisors and secretariat for their hard work to make this Conference possible.

Dr. LEE Siu Yin Ruby
President,
The Hong Kong College of Family Physicians

Welcome Message 歡迎辭

本院之「香港基層醫療會議」今年有幸與每兩年舉行的「兩岸四地（中國大陸，香港，澳門及台灣）家庭醫學 / 全科醫學學術研討會」於 6 月 6 日至 9 日一併舉行，實榮耀之至。

基層醫療的醫護人員往往是病患者的第一個接觸點。無論任何年齡、任何社會經濟群體、為健康而求診的病患者、患有急性和慢性病 (包括生理，心理和社會健康問題) 的患者，基層醫療人員都永遠將病人放於第一位。家庭醫生不單提供基層醫療所須的治療，他們往往亦是病患者的健康協調員。

基層醫療力求全人擁有平等健康。籌委會是次選擇了「齊心惠民 - 探討基層醫療的健康平等概念」為題，籍此為兩岸四地的醫科專家、學者和醫護人員提供一個彙集交流的平台，深入探討如何在社區內拓展健康平等的基層醫療概念。

是次研討會得以成功舉行，有賴贊助商的鼎力支持、籌委會，大會顧問和秘書處的辛勤努力，我衷心感謝各位。希望大家可以集思廣益，齊心惠民。

李兆妍醫生
香港家庭醫學學院院長

Congratulatory Message 賀辭

The healthcare system is facing unprecedented challenges arising from changes in population demography and advancement in medical technology leading to ever increasing healthcare demand. The case for enhancing primary and preventative care and the role of family physicians cannot be over-emphasised.

In Hong Kong, a Strategy Document on Primary Care Development in Hong Kong was published in 2010, setting out the major strategies to enhance primary care in the community, in particular to promote the concept of family doctor and a multi-disciplinary approach involving a combination of healthcare professionals across different sectors. Under the Strategy Document, reference frameworks have been developed for specific diseases and population groups as common reference by healthcare professionals. An electronic-based Primary Care Directory has also been established to provide the public with a convenient tool to search for their suitable primary care providers. In addition to the above, there is an urgent need for pragmatic service models to be designed so as to enable the delivery of community-based primary care services, including development of community health centres and piloting outpatient clinic services under the public-private-partnership approach.

The Hong Kong College of Family Physicians has all along been taking the lead in enhancing and developing family medicine in Hong Kong through organising training activities and encouraging continuing education. The Hong Kong Primary Care Conference 2014 and 4-Party General Practice / Family Medicine Conference, themed "With the Patients, For the Patients: Achieving Health Equity in Primary Care", would certainly be a good opportunity in bringing together experts, clinicians and healthcare professionals from across the Strait to share experience and views on the latest practice and development in the field, as well as to address present and future challenges in achieving health equity as a goal. I look forward to this fruitful and inspiring event by the College.

Dr. KO Wing-man, BBS, JP
Secretary for Food and Health, HKSAR

Congratulatory Message 賀辭

It is my great pleasure to congratulate and thank the Hong Kong College of Family Physicians for organising the Hong Kong Primary Care Conference 2014 and 4-Party General Practice / Family Medicine Conference 2014, with the theme of "With the Patients, For the Patients – Achieving Health Equity in Primary Care".

Evidence shows that good primary care leads to improved population health outcomes. Being the first point of contact to the healthcare system, primary care doctors, who encounter people from all walks of life in their daily practice, are playing a pivotal role in improving the health of the population. The theme of this conference - "with the patients" and "for the patients" – precisely describes the important nature of family doctors in providing continuing, patient-centred and comprehensive care. By empowering primary care doctors to work more closely with and for their patients, I have confidence that our population as a whole will be able to enjoy better healthcare which will ultimately lead to improvement of the health of our community.

Through the years, the Hong Kong College of Family Physicians has been very enthusiastic in promoting high quality family medicine practice. I would like to take this opportunity to thank the College for the unfailing endeavour and their valuable partnership with the Department of Health in promoting primary care and the family doctor concept. I trust that the synergy generated from our collaborative efforts will contribute to achieving health equity.

May I wish this Conference every success, every participant an inspirational experience and every overseas visitor an enjoyable stay in Hong Kong!

Dr. Monica Wong
Head, Primary Care Office
Department of Health, HKSAR

Congratulatory Message 賀辭

博學而後成醫，厚德而後為醫，謹慎而後行醫。

除人類之病痛、助健康之完美，集思廣益、齊心惠民，攜手共建基層醫療健康之平等！

預祝大會圓滿成功！

杜雪平教授

中國醫師協會 - 全科醫師分會會長

Congratulatory Message 賀辭

親愛的各位來自兩岸四地之家庭醫學同道們：

大家好！

欣聞 2014 年兩岸四地家庭醫學 / 全科醫學學術研討會在香港舉行，這是海峽兩岸全科及家庭醫師交流的盛會。感謝香港家庭醫學學院為這次會議的細心預備，處處令人倍感溫馨。

世界衛生組織 (WHO) 的實證研究結果，良好的基層醫療服務與家庭醫師制度，不但可促進醫療可近性與公平性，更可減少醫療費用，同時更發現可減少各種疾病的罹病率與致死率。各國也陸續聲明未來更要合作推展家庭醫學的服務、教學與研究品質，期使各國民眾獲得更公平更有效率的健康照顧，使各國醫療體系可藉由家庭醫學的推展得以永續。其研究結果與本次研討會主題「齊心惠民 - 探討基層醫療的健康平等概念」相符，透過本次研討會為兩岸四地的家庭醫學專家、學者和醫護人員提供之彙集交流平台，深入探討如何在社區內拓展健康平等的基層醫療概念，分享有關健康不平等、醫療服務不均等問題的成因、處理時遇到的困難，以及相應的解決方法和對策，相信對促進海峽兩岸民眾之健康福祉會有更進一步的提升。

在此先預祝大會順利成功！

邱泰源教授

台灣家庭醫學醫學會理事長

Congratulatory Message 賀辭

本人謹代表「澳門全科醫生學會」衷心祝賀「香港基層醫療會議暨兩岸四地全科／家庭醫學學術研討會議 2014」在香港舉行，並預祝是次會議圓滿成功。

吳蓮蓮醫生、黃志威醫生和「香港家庭醫學學院」的領導和工作人員，為籌辦本次會議作出了長時間和辛勤的努力，使會議能夠按原定的計劃舉行。我相信每一位與會者都對他們的精心安排和熱情的接待留下愉快的印象。

余兆安醫生
澳門全科醫生學會理事長

Congratulatory Message 賀辭

My congratulations to everyone involved in the organization of the Hong Kong Primary Care Conference 2014 and 4-party General Practice / Family Medicine Conference 2014.

I commend you on the conference theme of "With the Patients, For the Patients: Achieving Health Equity in Primary Care". The only way that each country can achieve health equity and universal health coverage is through strengthening primary care. And this care needs to be patient-centred and developed in partnership with our communities.

I hope that all delegates find the conference a rewarding and enjoyable experience as your explore the latest developments in family medicine and primary care in Hong Kong and around the world.

Wonca

Professor Michael Kidd AM
President
World Organization of Family Doctors (WONCA)

Congratulatory Message 賀辭

On behalf of the Hong Kong Academy of Medicine, it gives me great pleasure to extend our heartiest congratulations to you on the organization of the Hong Kong Primary Care Conference 2014 in conjunction with the cross straits 4-party General Practice /Family Medicine conference 2014.

Healthcare reform in Hong Kong has placed emphasis on enhancing primary care through the training of family doctors. The specialty of family medicine has been gaining recognition by the Hong Kong public over the past few years as the community began to appreciate the concept of having trained and qualified professionals in family medicine to provide comprehensive care, whole person care to patients on a continuous basis, whilst playing a coordinating role in organizing specialized health care.

The theme of this year's conference "With the patients, For the patients: Achieving Health Equity in Primary Care" is a most appropriate one reflecting the needs of our community and the dedication of family doctors to address present and future challenges in achieving health equity. This can be achieved through strengthening primary care which requires the efforts of the primary care providers as well as the administration and policy makers. I look forward to some active discussions during the conference.

The HKPCC 2014 will provide a great platform for exchange of expertise in the field of primary care and sharing of knowledge in the latest developments and world trends. The cross straits 4 party meeting will also bring together colleagues from mainland, Macau and Taiwan and foster closer cooperation and academic exchanges for the future.

May I wish the Organizing Committee a most successful conference and wish all the participants a fruitful gathering. To the overseas delegates, I wish you a most pleasant stay in our vibrant city! I look forward to meeting all of you at the conference!

Dr. Donald Li
President
Hong Kong Academy of Medicine

Congratulatory Message 賀辭

This year Primary Care conference of the HK College of Family Physicians has an important theme – that of the need to achieve health equity in primary care. We are increasingly aware that health is not just related to the health services, and not just related to what doctors do. The WHO commission on social determinants of health highlighted the importance of education, employment, tackling poverty and providing safe and health promoting environments if we are to promote the well being of our populations. There is a consensus that health systems that are primary health care oriented achieve better health and greater health equity than systems that are specialty care oriented. Primary care that focuses on meeting peoples' needs is the key to a successful health care system.

Hong Kong's population is ageing, and it is increasingly common for people to have multiple chronic conditions especially for those who are socially deprived. Helping people with complex bio-psycho-social needs to achieve good quality of life is an important goal for any primary care professional. By uniting efforts and working with various primary care partners to provide accessible primary care that meets peoples' needs, we can ensure that better population health is achieved.

I congratulate the College in choosing this important theme and inviting a range of excellent speakers from China, Taiwan, Macau and Hong Kong with diverse backgrounds and experiences. I am sure this will be a profitable four days for all those attending and I wish you all every success in establishing further partnerships for health in the future.

Professor EK Yeoh, OBE, G.B.S., JP
Director, The Jockey Club School of Public Health and Primary Care
Head, Division of Health System, Policy and Management
Faculty of Medicine
The Chinese University of Hong Kong

Congratulatory Message

賀辭

I am excited that the Hong Kong College of Family Physicians 2014 Hong Kong Primary Care Conference (HKPCC) is held together with the 4-party General Practice / Family Medicine Conference this year. There are a lot of new concepts, skills, experience and knowledge to share among primary care workers from Hong Kong, Mainland China, Taiwan and Macau because our people share the same Chinese culture. The conference theme “With the Patient, for the Patient: Achieving Health Equity in Primary Care” brings out the challenges of modern-day health care in the allocation of new but expensive interventions with limited resources. Primary care plays a key role to work with patients in selecting the best interventions for them base on need rather than demand. We can assure equity of care by reaching out to people who have difficulty in accessing and affording health care because of poverty, cultural difference, language barriers, a lack of information or poor motivation. I wish the conference every success and many happy returns.

Professor Cindy L.K. Lam
Danny D. B. Ho Professor in Family Medicine,
Head, Department of Family Medicine and Primary Care
The University of Hong Kong

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	Professor Ai Min GUO *(Chinese Medical Doctor Association - Branch of General Practitioner)*	郭愛民教授 （中國醫師協會 - 全科醫師分會）
	Dr. Zhao Xia YIN *(Chinese Medical Doctor Association - Branch of General Practitioner)*	尹朝霞醫生 （中國醫師協會 - 全科醫師分會）
Poster Presentation Coordinator 海報展覽活動統籌	Dr. Kevin Bong Yin FOO	傅邦彥醫生
Clinical Case Presentation Coordinator 臨床個案匯報活動統籌	Dr. Yu KWAN	關　宇醫生
Publication Coordinators 出版統籌	Dr. Judy Ghar Yee CHENG	鄭嘉怡醫生
	Dr. Dana Sze Mon LO	羅思敏醫生
Venue Coordinator 場地統籌	Dr. Vienna Cheuk Wing LEUNG	梁卓穎醫生
Members 成員	Dr. Man Yuk CHONG	莊文煜醫生
	Dr. Wendy Wing Yan KWAN	關詠欣醫生
Nurse Planners 護士策劃代表	Ms. Samantha Yuen Chun CHONG	莊婉珍護士
	Professor Wan Yim IP	葉雲艷教授
	Ms. Margaret Choi Hing LAM	林賽卿護士

Scientific Programme 會議時間表

6 June 2014 (Friday) 6 月 6 日 (星期五)

18:00 - 19:00	**Registration 到場登記 - G/F Exhibition Hall 大堂 (地下)**

7 June 2014 (Saturday) 6 月 7 日 (星期六)

08:15 - 09:00	**Registration 到場登記 - G/F Exhibition Hall 大堂 (地下)**			
09:00 - 10:30	**Seminar A** **專題講座 A***	Pao Yue Kong (G/F) 包玉剛演講廳 (地下)	Positive Psychology with Emphasis on Humour 正向心理學 : 幽默的功效	**Dr Xiao Dong YUE 岳曉東博士** *(Associate Professor, Department of Applied Social Studies, City University of Hong Kong* *香港城市大學應用社會科學系副教授)* *Chairperson: Dr Lorna NG 吳蓮蓮醫生*
	MPS Medicolegal Seminar **醫學法律講座**	Lim Por Yen (G/F) 林百欣演講廳 (地下)	MPS Medicolegal Seminar for Family Physician and GPs: A safe and happy practice 醫學法律講座	**Dr Ming Keng TEOH** *(Head of Medical Services - Asia, Medical Protection Society, London* ***Dr David KAN 簡錦輝醫生*** *(Panel Lawyer, Medical Protection Society, London; Honorary Associate Professor of Li Ka Shing Faculty of Medicine, HKU)* ***Mr Woody CHANG 張華恩律師*** *(Panel Lawyer, Medical Protection Society, London)* *Chairperson: Prof Samuel WONG 黃仰山教授*
10:30 - 11:00	**Poster Presentation - 1/F Foyer 海報展覽 - 前堂 (1 樓)** **Coffee Break - G/F Exhibition Hall 茶聚小歇 - 大堂 (地下)**			
11:00 - 13:00	**Seminar B** **專題講座 B*** ***[11:00-12:30]***	Pao Yue Kong (G/F) 包玉剛演講廳 (地下)	Providing Sexual Health in Socially Marginalised Groups 如何向為邊緣社群提供性健康服務	**Dr Francois Y FONG 方陽醫生** *(Private Practitioner; Medical Director, Neo-Health Care* *私人執業醫生，香港情性健康中心醫學總監)* *Chairperson: Dr William WONG 黃志威醫生*
	Satellite Seminar I **小組講座一** ***[12:30-13:00]***		Helping the Man with Premature Ejaculation: Our Responsibility 我們的責任 – 幫助有早洩問題的男士	**Dr Angela WY NG 吳顯英醫生** *(Vice-chairperson of the End Child Sexual Abuse Foundation and The Hong Kong Association of Sexuality Educators, Researchers & Therapists* *護苗基金副主席；香港性教育、研究及治療專業協會副會長)* *Chairperson: Ms Margaret LAM 林賽卿護士*
	Free Paper Presentation - Part I **論文匯報 (第一節)**	Lim Por Yen (G/F) 林百欣演講廳 (地下)		*Chairperson: Dr. Catherine CHEN 陳曉瑞醫生*
13:00 - 14:30	**Lunch Symposium** **午餐座談會**	Run Run Shaw Hall (1/F) 邵逸夫堂 (1 樓)	- Update in the Management of Chronic Obstructive Pulmonary Disease (COPD) 慢性阻塞性肺病 (COPD) 的醫療新知 -The Role of the Incretin Axis in Type 2 Diabetes Management 二型糖尿病管理模式中的腸促胰島素治療	**Dr Johnny WM CHAN 陳偉文醫生** *(Consultant Physician; Head of Medical Team C and Respiratory Division, Department of Medicine, Queen Elizabeth Hospital, HA* *香港醫院管理局伊利沙伯醫院，內科系顧問醫生，呼吸系統科系主管)* **Dr Peter CY TONG 唐俊業醫生** *(Specialist in Endocrinology, Diabetes & Metabolism* *內分泌及糖尿科專科醫生)* *Chairperson: Ms Samantha CHONG 莊婉珍護士*
14:30 - 15:00	**Opening Ceremony 開幕典禮 - G/F Pao Yue Kong Auditorium 包玉剛演講廳 (地下)**			
15:00 - 15:45	**Dr Peter CY LEE LECTURE (Plenary Session I)** **李頌賢醫生紀念演講 (主題演講 一)**	Pao Yue Kong (G/F) 包玉剛演講廳 (地下)	Health Equity in the Design of Primary Care 基層醫療設計中的健康平等概念	**Dr York YN CHOW 周一嶽醫生** *(Chairperson, Equal Opportunities Commission, HKSAR* *香港特別行政區平等機會委員會主席)*

Scientific Programme 會議時間表

7 June 2014 (Saturday) 6 月 7 日 (星期六)

15:45 - 16:30	**Plenary Session II** **主題演講 二 ***	Pao Yue Kong (G/F) 包玉剛演講廳 (地下)	The Analysis of Health Equity in the Community Healthcare of China 中國大陸地區社區衛生服務公平性分析	**Prof Zuxun LU 盧祖洵教授** *(Dean and Director of the Institute of Community Medicine,* *Tongji Medical College of Huazhong University of Science and Technology; Executive Director of the Hubei General Medical Training Centre* *華中科技大學同濟醫學院社會醫學與衛生管理系主任，社會醫學研究所所長；* *湖北省全科醫學培訓中心常務執行主任)* *Chairperson:* *Dr CHANG Huan-Cheng 張煥禎院長* *Dr Stephen FOO 傅鑑蘇醫生*
16:30 - 18:00	**Workshop 1** **工作坊 (一)**	Function Room 2 (2/F) 宴會廳 2 (2 樓)	The Applications of Positive Psychology in Improving the Mental Wellness of Patients with Chronic Diseases 正向心理學在慢性病患者心理健康上的應用	**Dr Anthony KK TONG 湯國鈞博士** *(Registered Clinical Psychologist; Department of Clinical Psychology, Kowloon East Cluster, HA; Honorary Associate Professor, Department of Psychology, HKU* *註冊臨床心理學家；* *香港醫院管理局九龍東臨床心理學家；* *香港大學心理學系榮譽副教授)* *Chairperson: Dr Mary KWONG 鄺碧絲醫生*
	Seminar C **專題講座 C**	James Kung (2/F) 孔祥勉會議室 (2 樓)	Updates on Diagnosis and Treatment of Dementia 關於腦退化症診治的最新進展	**Prof Timothy CY KWOK 郭志銳教授** *(Professor, Department of Medicine & Therapeutics Prince of Wales Hospital, CUHK* *威爾斯親王醫院，香港中文大學內科及藥物治療學系教授)* *Chairperson: Prof IP Wan Yim 葉雲艷教授*
	Discussion Forum - Health Service/ Access in Minority Groups **研討會** **關注少數族群的健康**	Pao Yue Kong (G/F) 包玉剛演講廳 (地下)	- 骨質疏鬆症的防治 - Embrace All: Role of Family Physicians in Addressing Health Inequality - 少數民族保健 - 以「埔里基督教醫院」執行「整合性醫療服務」為例	*Prof DU Xue Ping 杜雪平教授* *(President, Chinese Medical Doctor Association - Branch of General Practitioner* *中國醫師協會 - 全科醫師分會會長)* *Dr William CW WONG 黃志威醫生* *(Clinical Associate Professor, Department of Family Medicine & Primary Care, University of Hong Kong; Convenor, Health Equity Special Interest Group, WONCA* *香港大學醫學院 家庭醫學及基層醫療學系臨床副教授；* *WONCA 世界家庭醫生組織 健康平等特別小組召集人)* *Dr Chao-Yu HSU 許釗諭醫生* *(Physician in Family Medicine, Puli Christian Hospital, Taiwan* *台灣埔里基督教醫院 - 家庭醫學科醫師)* *Chairperson:* *Prof Cindy Lam 林露娟教授* *Prof Zhu Shan Zhu 祝塽珠教授*
	Free Paper Presentation - Part II **論文匯報 (第二節)**	Lim Por Yen (G/F) 林百欣演講廳 (地下)		*Chairperson: Dr. CHIANG Lap Kin 蔣立建醫生*
18:00 - 21:00	**Dinner Symposium** **晚餐座談會**	Run Run Shaw Hall (1/F) 邵逸夫堂 (1 樓)	New Guidelines on the Prevention of Pneumococcal Disease in Adults - an Interactive Forum 成年人預防肺炎球菌新指引 – 互動論壇	**Prof Albert LEE 李大拔教授** *(Professor (Clinical) of the School of Public Health and Primary Care and the Founding Director of Centre for Health Education and Health Promotion; Former Head of Division of Family Medicine and Primary Care, CUHK)* *香港中文大學公共衛生及基層醫療學院臨床教授；健康教育及促進健康中心總監；香港中文大學家庭醫學及基層醫療學部前任主管)* **Dr Ivan Fan Ngai HUNG 孔繁毅醫生** *(Clinical Associate Professor and Honorary Consultant, Department of Medicine, Queen Mary Hospital, HKU* *香港大學醫學院內科學系臨床副教授；* *瑪麗醫院榮譽顧問醫生)* *Chairperson: Dr LAU Ho Lim 劉浩濂醫生*

Scientific Programme 會議時間表

8 June 2014 (Sunday) 6 月 8 日 (星期日)

08:15 - 09:00	**Registration 到場登記 - G/F Exhibition Hall 大堂 (地下)**			
09:00 - 11:00	**Workshop 2** **工作坊 (二)**	James Kung (2/F) 孔祥勉會議室 (2 樓)	Conducting a Complex Intervention Trial in General Practice: Lessons Learnt from the Patient Engagement and Coaching for Health (PEACH) Study in Patients with Type 2 Diabetes 關於二型糖尿病患者的基層醫療科學研究 (PEACH)	**Prof Doris YOUNG** *(Professor of General Practice; Associate Dean (Academic) & Assistant Dean (China), Faculty of Medicine, Dentistry and Health Sciences The University of Melbourne* *澳洲墨爾本大學醫學院副院長 (學術) 及助理院長 (中國) ; 全科醫學學系教授)* *Chairperson: Dr William WONG 黃志威醫生*
	Workshop 3 **工作坊 (三)**	Function Rooms 1 & 2 (2/F) 宴會廳 1, 2 (2 樓)	Common Office Procedures in Dermatology for General Practitioners 家庭醫學皮膚問題的臨床診斷及治療	**Dr David CK LUK 陸志剛醫生** *(Associate Consultant, Department of Paediatrics and Adolescent Medicine, United Christian Hospital, HA* *醫管局聯合基督教醫院，兒童及青少年科副顧問醫生)* *Chairperson: Dr Vienna LEUNG 梁卓穎醫生*
	Clinical Case Presentation **臨床案例匯報**	Pao Yue Kong (G/F) 包玉剛演講廳 (地下)		*Chairperson:* *Dr KWAN Yu 關宇醫生* *Dr U Siu On 余兆安醫生*
	Free Paper Presentation - Part III **論文匯報 (第三節)**	Lim Por Yen (G/F) 林百欣演講廳 (地下)		*Chairperson: Dr Dana LO 羅思敏醫生*
11:00 - 11:15	**Poster Presentation - 1/F Foyer 海報展覽 - 前堂 (1 樓)** **Coffee Break - G/F Exhibition Hall 茶聚小歇 - 大堂 (地下)**			
11:15 - 12:00	**Seminar D** **專題講座 D**	Pao Yue Kong (G/F) 包玉剛演講廳 (地下)	Quaternary Prevention - First, Do Not Harm 第四級預防：第一戒，毋傷害	**Dr Gene WW TSOI 蔡惠宏醫生** *(Honorary Treasurer of WONCA Asia Pacific Region; Immediate Past President and Chairman of External Affairs Committee, The Hong Kong College of Family Physicians* *世界家庭醫生組織亞太區義務司庫；香港家庭醫學學院前任院長及對外事務委員會主席)* *Chairperson: Dr Angus CHAN 陳銘偉醫生*
	Satellite Seminar II **小組講座二**	Lim Por Yen (G/F) 林百欣演講廳 (地下)	Using Basal Insulin in Patients with Type 2 Diabetes 關於基礎胰島素在二型糖尿病患者上的應用	**Dr Chi Kin YEUNG 楊智堅醫生** *(Associate Consultant, Department of Medicine, Tseung Kwan O Hospital, HA* *香港醫管局將軍澳醫院內科部副顧問醫生)* *Chairperson: Dr Judy CHENG 鄭嘉怡醫生*
	Poster Presentation **海報展覽**	Foyer (1/F) 前堂 (1 樓)		

Scientific Programme 會議時間表

8 June 2014 (Sunday) 6 月 8 日 (星期日)

12:00 - 13:30	**Lunch Symposium** **午餐座談會**	Run Run Shaw Hall (1/F) 邵逸夫堂 (1 樓)	- Early Insulin Use in Management of T2DM 為二型糖尿病患者提早採用胰島素注射 - Individualized Care in Diabetes Management 個人化的糖尿病管理模式	**Dr Man Wo TSANG 曾文和醫生** *(Specialist in Endocrinology, Diabetes & Metabolism* *內分泌、糖尿病及代謝學專科醫生)* **Dr Wing Bun CHAN 陳穎斌醫生** *(Specialist in Endocrinology, Diabetes & Metabolism* *內分泌、糖尿病及代謝學專科醫生)* *Chairperson: Dr CHU Wai Sing, Daniel 朱偉星醫生*
13:30 - 14:15	**Plenary Session III** **主題演講 三 ***	Pao Yue Kong (G/F) 包玉剛演講廳 (地下)	The Implementation of Taiwan Family Doctor System 台灣家庭責任醫師制度之實施	**Prof Tai-Yuan CHIU 邱泰源教授** *(Professor at the Department of Family Medicine, College of Medicine National Taiwan University;* *President of the Taiwan Association of Family Medicine;* *Director, Department of Ambulatory Care Service, National Taiwan University Hospital;* *Attending Physician, Outpatient Clinic, National Taiwan University Hospital* *台大醫學院家庭醫學科教授 ;* *台灣家庭醫學醫學會理事長 ;* *台大醫院家庭醫學部主治醫師 ;* *台大醫院門診部主任)*
14:15 - 15:00	**Plenary Session IV** **主題演講 四 ***		The Introduction of Primary Care and Health Benefit System in Macau 澳門的基層醫療與衛生福利制度簡介	**Dr Chau Sha KWOK 郭秋莎醫生** *(General Practice Consultant, Health Bureau, Macao SAR;* *Chief Officer, General Health Office, Health Bureau, Macao SAR;* *Chairman, Health Inspection Committee, Health Bureau, Macao SAR;* *Vice Chairman, Macao Association of General Practitioners* *澳門特區政府衛生局 全科顧問醫生* *澳門特區政府衛生局 一般衛生副體系 技術協調辦公室主任* *健康檢查委員會主席* *澳門全科醫生學會 副理事長)* *Chairperson: Dr Ruby Lee 李兆妍醫生* *Prof Guo Ai Min 郭愛民教授*
15:00 - 15:15	**Closing Ceremony 閉幕典禮 - G/F Pao Yue Kong Auditorium**			

9 June 2014 (Monday) 6 月 9 日 (星期一)

10:30 - 13:00	**Site Visit** **香港醫療機構考察及參觀**	*1. HKWC Tsan Yuk CHC network model (including the Nurse & Allied Health Clinic and Risk Assessment & Management Clinic)* *贊育醫院護理及專職醫療診所 及 風險評估及治理診所* *2. Family Medicine & Primary Care Centre in Hong Kong Sanatorium & Hospital* *養和醫院家庭醫學及基層醫療中心*

*The session will be conducted in Mandarin. 該節目將以普通話進行。

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.
聲明：
本學院將盡力確保會議中的所有節目如期進行。節目之內容及時段，將以網站最後更新為準，若有任何變更將不作另行通知。如有任何爭議，本學院將保留一切最終決定權。

Conference Information 研討會詳情

Date 日期：
6 - 9 June 2014 (Friday - Monday)
2014 年 6 月 6 至 9 日 (星期五至一)

Venue 地點：
Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong
香港香港仔黃竹坑道 99 號香港醫學專科學院賽馬會大樓

Official Language 官方語言：
English and/or Chinese 英語及中文

Hosted by 主辦單位：
The Hong Kong College of Family Physicians 香港家庭醫學學院

Collaborated with 協辦單位：
- Chinese Medical Doctor Association - Branch of General Practitioner
  中國醫師協會 - 全科醫師分會
- Macau Association of General Practitioners
  澳門全科醫生學會
- Taiwan Association of Family Medicine
  臺灣家庭醫學醫學會

Academic Accreditation 持續醫學進修學分：
Details is listed in following page 詳情列印於下頁

Conference Secretariat 大會秘書處：
The Hong Kong College of Family Physicians 香港家庭醫學學院

- Registration and QA Accreditation 個人或團體報名及持續醫學進修：
  Ms. Lenora YUNG 容楚怡小姐 / Ms. Justin NG 吳宇婷小姐 / Ms. Toki CHAN 陳凱琪小姐

- Exhibition & Advertisement 展覽及廣告 :
  Ms. Teresa LIU 廖廸芬小姐

- Other Details 其他查詢：
  Mr. Oscar KWAN / Ms. Crystal YUNG / Ms. Erica SO
  關天豪先生 / 容慧欣小姐 / 蘇薇小姐

Academic Accreditations 持續醫學進修學分

College/Programme	7/6/2014 Whole Day	8/6/2014 Whole Day	CME/CPD Category
Anaesthesiologists	6.5	4.25	Non-Ana
Community Medicine	6	3	
Dental Surgeons	6.5	4.5	Cat B
Emergency Medicine	6	4	PP
Family Physicians	5	5	Cat 5.2
MCHK CME Programme	5	4	Passive
Occupational Therapists	3	2.5	
Obstetricians & Gynaecologists	5	4	Non-OG
Ophthalmologists	3	2	Passive
Orthopedic Surgeons	Nil	Nil	
Otorhinolaryngologists	3.5	2.5	Cat 2.2
Paediatricians	6	3	Cat A
Pathologists	6.5	4	PP
Physicians	3	2	
Physiotherapists	5	4	1C
Podiatrists	5	5	
	5	5	
Prosthetist-Orthotists	5	5	Cat A.1
Psychiatrists	6	4	PP/OP
Radiologists	Nil	Nil	
Surgeons	6	4	Passive
CNE	5	5	

Acknowledgement 鳴謝

The Organizing Committee wishes to express our sincere thanks to the following sponsors for their generous support to make the Hong Kong Primary Care Conference and the 4-Party General Practice/ Family Medicine Conference 2014 a success.

籌備委員會衷心感謝以下贊助商對是次「香港基層醫療會議 暨 兩岸四地家庭醫學 / 全科醫學學術研討會 2014」的慷慨支持。

Dinner Symposium 晚餐座談會

Pfizer Corporation Hong Kong Limited 美國輝瑞科研製藥有限公司

Lunch Symposia 午餐座談會

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Satellite Seminars and Coffee Breaks 小組講座及茶聚小歇

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The Hong Kong Institute of Musculoskeletal Medicine 香港肌胳醫學研究中心
Nestle Hong Kong Limited 雀巢產品有限公司
Actavis Hong Kong Limited 阿特維斯 (香港) 有限公司
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Special thanks to 特別鳴謝

The Shun Tak District of Min Yuen Tong of Hong Kong 旅港順德綿遠堂

Abstract 演講及論文摘要

Dr. Peter CY Lee Lecture (Plenary Session I)

Dr. York YN CHOW

Chairperson
Equal Opportunities Commission
HKSAR

Health Equity in the Design of Primary Care

Dr. York YN CHOW is an orthopaedic surgeon by profession and was appointed as the Chairperson of Equal Opportunities Commission in April 2013. Prior to joining the EOC, Dr. Chow was appointed by the Chief Executive of HKSAR and the Central Government to be the Secretary for Health, Welfare and Food from 2004 to 2007, and again the Secretary for Food and Health from 2007 to 2012.

No country can claim to have "the" perfect healthcare system, but all should strive for it. Primary care is considered the most important component of healthcare, and it is widely considered to be the Government responsibility to provide adequate policy, regulations and resources to ensure healthcare is accessible to all citizens, irrespective of their background or status.

Primary health care today should also include appropriate preventive care, patient empowerment, health education, and treatment of episodic illnesses and chronic diseases, plus the secure upkeep of sufficiently detailed health records of all citizens. As the first point of contact in the healthcare service, each primary carer should be equipped with the necessary multi-disciplinary network of services, so that additional or specialist services are made available to patients with reasonable ease, and in a timely manner.

With an increasingly ageing population and the availability of modern communication technology, doctor-patient relationships have also evolved. Patients are more empowered to monitor their own health status, but carers need to make themselves available for advice, treatment, or out-reaching services within the multi-disciplinary team. Primary health care professionals also need to update their knowledge and skills regularly to ensure they are able to master the increasingly complex diagnostic and treatment technologies and pharmaceuticals.

To ensure quality services are available to all citizens, the Government needs to set out appropriate policies, develop a desired service model and funding system, and initiate planning for appropriate facilities and human resources.

Specific populations at risk, e.g. people living in poverty, people with disabilities or chronic diseases, and ethnic minorities are often the groups marginalized in public services. Appropriate affirmative policies are therefore required to ensure they can also enjoy the same level of care as all other citizens in society.

李頌賢醫生紀念演講 (主題演講一)

周一嶽醫生

香港特別行政區平等機會委員會主席

基層醫療設計中的健康平等概念

周一嶽醫生為一名骨科醫生，於 2013 年 4 月起擔任平等機會委員會主席。履新前，周醫生於 2004 及 2007 年分別擔任香港特別行政區衛生福利局局長及食物及衛生局局長。

沒有一個國家能聲稱擁有「完善」的醫療保健體系，但任何國家都應該為之而爭取。基層醫療被廣泛認同為醫療保健的最重要元素，每個政府都有責任提供充份的政策、法規和資源，以確保所有市民，不論任何背景或狀態都可享用。

現時的基層醫療應該還包括預防醫學、病人自強計劃、健康教育、偶發病和慢性疾病治療及保持詳細的市民健康記錄系統。由於基層醫護團隊是接觸患者的先鋒，因此他們必須做好裝備，隨時為病人提供額外及專科治療。

隨著人口老化及現代通信科技的發達，醫生和病人的關係也發生演變。病人更有能力監察自己的健康狀態，而基層醫護團隊則更需要為患者提供諮詢，治療及外展服務。因此基層醫護團隊要精益求精，不斷更新知識和技能，確保能夠掌握越來越複雜的診斷和治療。

為確保市民獲得高質素的醫療服務，政府需要制定適當的政策、規劃相關的服務及經費資助模式，並統籌有關設施及人力資源。

貧困、殘障、慢性病患者及少數族裔往往是在公共醫療服務中被忽略的群體，因此必須規劃適當的政策以確保他們亦能接受同等的醫療服務。

Plenary Session II

Professor Zuxun LU

Dean and Director of the Institute of Community Medicine
Tongji Medical College of Huazhong University
of Science and Technology

The Analysis of Health Equity in the Community Healthcare of China

Professor Zuxun LU is currently the Dean and Director of the Institute of Community Medicine at the Tongji Medical College of Huazhong University of Science and Technology. He is also the Executive Director of the Hubei General Medical Training Centre. Professor Lu research interests include primary healthcare policy, administration and relations between social factors and health.

Professor Lu has also trained more than 90 doctorate researchers and published over 500 papers. He is also the editor for the national's teaching materials, including community medicine, social health insurance, introduction to general practice and many others.

Professor Lu received a number of achievements in scientific research, including the provincial science and technology improvement prize. He teaches part time Prevention Medicine and General Medicine at the National Education Department. He is also the Steering Committee Member of the Chinese Academy of Preventive Medicine and Community Medicine; President of the Wuhan Community Health Association; Vice Chairman of the State Natural Science Fund Committee; and Community Health Specialist at the Health Department. Last but not least, Professor Lu is also the editor for the Chinese Community Medical Journal and the World Medical and Health Policy.

Since the implementation of community health service in Mainland China in 1999, it has already covered most of the well established communities. Each province (municipalities) has setup at least one key city to monitor the development of community health services since 2007.

Annual surveys have been taken place between 2008 to 2011, involving: 6,519 organizations, 20,013 patients in 2008; 8,278 organizations and 22,711 patients in 2009; 8,130 organizations and 22,430 patients in 2010; 8,244 organizations and 23,328 patients in 2011. We compared the government involvement between different regions (West, Central and East) of China; compared the equity in the distribution of resources using the GINI coefficient analysis; analysed the equity for service users by comparing the characteristics of patients receiving community healthcare to the patients receiving government healthcare service (representing the overall medical treatment in all level of medical units).

Results showed that average funding for community health services in the West, Central and East regions was ¥413.7229M, ¥99.0026M and ¥95.9734M respectively(F=2.33, P=0.1155); special medical fund was ¥61.8902M, ¥15.4571M and ¥14.0664M respectively (F=17.09, P<0.0001). The equity for allocating human resources in different regions between 2008 and 2011 has declined. The distribution equity of human resources according to population distribution was between normal to alert status in 2011. The equity for general practitioners (G=0.3290) and nurses (G=0.3697) are the best, followed by doctors (G=0.3877) and health technicians (G=0.3919), Chinese medicine practitioners (G=0.4153) and public health doctors (G=0.4310) are the worst. Human resources are relatively evenly distributed after accounting for gross area of the different regions.

The GINI coefficient distribution in order of increasing value is as follows: general practitioners (G=0.1803) < nurses (G=0.2242) < health technicians (G=0.2511) < Doctors (G=0.2524) < Chinese medicine practitioners (G=0.2833) < Public health doctors (G=0.2954).

The proportion of paediatric patients attending community health clinics from 2008 to 2011 were: 2.35%, 2.06%, 0.46% and 2.07%. The proportion of geriatric patients were 22.7%, 23.4%, 22.8% and 23.3% respectively. The proportion of pediatric and geriatric patients were significantly lower than the corresponding proportion of national health services survey of 9.8% and 38.8% respectively. Whilst the proportion of low income population were 26.41%, 20.94%, 16.7% and 18.99% respectively which was drastically higher than the corresponding proportion of national health services study of 12.52%.

In conclusion, equity of community health services varies in different regions. There is a difference between health care services in the West region in comparison to that in the East/ Central regions. Health services and related human resources should align with population and regional needs for an equal distribution to ensure the achievement of health equity. Low-income population are more likely to utilize community health services, hence, the development of community health services can improve health service utilization to a certain extent but development in geriatric and paediatric health services should be reinforced.

主題演講二

盧祖洵教授

華中科技大學同濟醫學院社會醫學與衛生管理系主任
社會醫學研究所所長
湖北省全科醫學培訓中心常務執行主任

中國大陸地區社區衛生服務公平性分析

盧祖洵，醫學博士、教授、博士生導師，現任華中科技大學同濟醫學院社會醫學與衛生管理系主任、社會醫學研究所所長、湖北省全科醫學培訓中心常務執行主任。長期從事教學和科研工作，主要研究方向 : 基層衛生政策與管理、社會因素與健康。已栽培 90 多名博士研究生，主持完成國家級、省部級課題 40 多項（包括科技部科技攻關項目 2 項、國家自然科學基金項目 4 項），發表 500 多篇學術論文，其中 SCI 收錄論文 30 多篇。主編教材及專著 9 部，包括主編全國規劃教材《社會醫學》、《社會醫療保險學》、《全科醫學概論》等。獲得多項科研成果，包括省級科技進步二等獎 2 項。享受國務院政府特殊津貼。主要學術兼職：教育部預防醫學與全科醫學指導委員會委員、中華預防醫學會社會醫學學會副主任委員、武漢市社區衛生協會會長、國家自然科學基金委員會管理科學部終審專家、衛生部社區衛生專家、《中國社會醫學雜誌》主編、美國《World Medical & Health Policy》雜誌編委。

大陸地區自 1999 年正式啟動城市社區衛生服務，目前已建成覆蓋比較全面的社區衛生服務網絡。2007 年起在每個省（直轄市）至少設立一個重點聯繫城市，監測社區衛生服務的發展情況。

於 2008 年至 2011 年每年分別調查 6,519 個社區衛生服務機構、20,013 位就診者，8,278 個機構、22,711 位就診者，8,130 個機構、22,430 位就診者，8,244 個機構、23,328 位就診者。利用這 4 年的監測資料，採用方差分析法比較東中西部社區衛生服務政府投入情況，採用 Gini 係數分析東中西部社區衛生服務人力資源配置的公平性，通過比較社區衛生服務機構就診人員和全國衛生服務調查中（代表全國所有各級醫療機構就診的總體情況）就診人群的特點，對服務利用的公平性進行分析。

結果顯示，2011 年東中西部地區市級平均社區衛生服務經費分別為 41,372.29 萬元、9,900.26 萬元和 9,597.34 萬元（F=2.33，P=0.1155）；轄區平均社區衛生服務專項經費分別為 6,189.02 萬元，1,545.71 萬元和 1,406.64 萬元（F=17.09，P<0.0001）。2008 年至 2011 年，東中西部社區衛生服務機構人力資源配置的公平性有所下降，2011 年各項人力資源按人口分佈的公平性處於正常狀態和警戒狀態。其中全科醫師 (G=0.3290) 和護士 (G=0.3697) 的公平性較好，其次為醫師 (G=0.3877)< 和衛技人員 (G=0.3919)，中醫師（G=0.4153）、公衛醫師 (G=0.4310) 的公平性較差；而各項人力資源按轄區面積分佈的公平性均處於相對公平狀態。Gini 係數由小到大排序為：全科醫師 (G=0.1803)< 護士 (G=0.2242)< 衛技人員 (G=0.2511)< 醫生 (G=0.2524)< 中醫醫師（G=0.2833）< 公衛醫師 (G=0.2954)。2008 至 2011 年社區衛生服務機構就診人群中兒童所佔比例分別為 2.35%、2.06%、0.46% 和 2.07%，老年人所佔比例分別為 22.7%、23.4%、22.8% 和 23.3%，兒童和老年人所佔比例均明顯低於全國衛生服務調查中的相應比例（9.8% 和 38.8%）；2008 年至 2011 年低收入人群所佔比例分別為 26.41%、20.94%、16.7% 和 18.99%，遠高於全國衛生服務調查中低收入人群的比例 (12.52%)。

可見，近年來，東中西部地區在政府投入方面的公平性欠佳，西部地區投入與東中部地區比較仍存在一定差距。衛生人力資源按人口分佈的公平性較差，應統籌兼顧人口與地域，合理佈局，進一步提高人力資源配置的公平性。低收入人群更傾向到社區衛生服務機構尋求衛生服務，發展社區衛生服務在一定程度上能提高衛生服務利用的公平性，但其針對兒童和老年人的服務仍需加強。

Plenary Session III

Professor Tai-Yuan CHIU M.D

Professor at the Department of Family Medicine, College of Medicine National Taiwan University
President of the Taiwan Association of Family Medicine
Director, Department of Ambulatory Care Service, National Taiwan University Hospital
Attending Physician, National Taiwan University Hospital

The Implementation of Taiwan Family Doctor System

Professor Tai-Yuan CHIU graduated from China Medical University and received Master in Medicine from the School of International Health of the University of Tokyo, Japan. He is currently the Professor at the Department of Family Medicine, National Taiwan University; President of the Taiwan Association of Family Medicine; attending physician of the Family Medicine Department at the National Taiwan University Hospital and Director of Outpatient Department of National Taiwan University.

Professor Chiu is currently also the Director of the Hospice and Palliative Care Division, and Director of Committee of Health Policy in the Taiwan Medical Association. His research interests includes family medicine, community medicine and palliative medicine.

Family medicine is based on a patient centered care model and aims to promote preventive medicine, to act as a collaborator amongst the medical system, improve quality of care and improve doctor-patient relationship. The health services provided by Family Medicine and its emphasis is compatible with the development needs of the healthcare system of the 21st century which is based on patient centered care with a community model, localized care and self care management in chronic illnesses.

International studies show that countries with a primary healthcare system have a healthier population. In practical terms, improving accessibility of health services, providing comprehensive and integrated holistic care are the cornerstones of primary care. A primary care based structure can rebuild a healthcare system to achieve health for all under limited resources.

The Patient-centered medical home (PCMH) in the United States is based on the 4 cornerstones of: primary healthcare, patient centred care, innovative healthcare systems and self sustained reform. Although the community based primary healthcare systems in Taiwan are based on the same core principles (Taiwan has 360 community primary care healthcare models), the relative small scale of these models imposes a high financial risk due to the difficulties of individually operated capitation models. By means of the self sustaining National Health Insurance, the future of the Taiwan health system depends on individual vigorous community healthcare systems built on the basis of primary healthcare providers, incentives for public stakeholders and healthcare providers, government promotion, improvement in quality of services and care and integration of community resources financed with an appropriate payment system such as universally paid premiums for a self sustaining model.

In order to implement the primary care system, we should restructure the healthcare system according to three aspects: medical function, the structure of the healthcare system and public healthcare management. To ensure an efficient implementation, the gap between the pilot scheme and the existing healthcare system should be reduced via: establishment of priorities, lineup community healthcare support networks and infrastructures, establish network resources, primary prevention of non communicable diseases, intensify community capital and implementation of graded system transfer.

Disclaimer:
This abstract was originally submitted in Chinese and was translated into English by the Secretariat. In case of any discrepancy between the two versions, the Chinese version shall prevail.

主題演講三

邱泰源教授

台大醫學院家庭醫學科教授
台灣家庭醫學醫學會理事長
台大醫院家庭醫學部主治醫師
台大醫院門診部主任

台灣家庭責任醫師制度之實施

邱泰源教授畢業於中國醫藥大學，並取得日本國立東京大學／醫學研究所醫學碩士。現任國立台灣大學醫學院家庭醫學科教授、國立台灣大學醫學院附設醫院家庭醫學部主治醫師、國立台灣大學醫學院附設醫院緩和醫療科主任、台灣家庭醫學醫學會理事長、中華民國醫師公會全聯會常務理事和臺北市醫師公會常務理事。

邱教授研究領域包括家庭醫學、社區醫學、安寧緩和醫學。

家庭責任醫師制度是以人為中心的醫療照護理念，目的為促進預防醫學、自然落實轉診制度、提升醫療品質與醫病關係。其所提供的服務內容和強調項目，符合二十一世紀健康照護體系所要求的發展方向：以人為中心、以社區醫療為導向、以在地健康照護為模式、以慢性疾病管理為優先。

國際研究指出：基層照護較佳的國家，才有更好的整體健康。在實務面向上，提升醫療服務的可近性、提供以病人為中心的周全性照護，以及跨院所的合作都是不可或缺的元素。家庭責任醫師制度可以協助重新建構醫療體系，在有限的資源中，邁向全民均健的目標。

美國的「以病人為中心的醫療家園」（Patient-centered medical home, PCMH）模式的四大基石分別為：基層醫療照護、以病人為中心的照護、創新照護模式、支付制度改革。台灣的社區醫療群式的家庭醫師制度雖然具有相同的核心理念，雖已有 360 群，但是規模上卻仍太小，規模小導致財務風險的變異大，這很可能是社區醫療群單獨執行論人計酬（capitation）模式的困境。台灣面對全民健保論人計酬試辦計劃的持續推展，未來擬先從制度面健全社區醫療群的體制，提供初級醫療照護工作者與民眾積極參與的誘因，輔以政府的政令宣導，加上照護能力與品質的提升，結合社區資源，再透過適當的給付機制加入體系如全人照護支付來整合論人計酬模式。

為了落實家庭責任醫師制度，我們必須從三方面重建醫療體系，包括了醫療功能、醫療體系架構與衛生行政管理體制。而在支付制度方面，必須縮短試辦計畫與現行體系的差距：包括了建立優先次序、依序完成社區健康支持網絡的建置、人力資源管道的建立、針對急慢性問題佐以預防醫學、加強社區力量，與落實分級轉診制度。

Plenary Session IV

Dr. Chau Sha KWOK

Consultant, Health Bureau, Macao SAR
Chief Officer, General Health Office, Health Bureau, Macao SAR
Chairman, Health Inspection Committee, Health Bureau, Macao SAR
Vice Chairman, Macao Association of General Practitioners

The Introduction of Primary Care and Health Benefit System in Macau

Dr. Chau Sha KWOK graduated from Jina University and is currently Consultant of Family Medicine of the Health Bureau, Macao SAR. Dr. Kwok is also Chief Officer of the General Health Office, Health Bureau, Chairman of the Health Inspection Committee and Vice Chairman of the Macau Association of General Practitioners.

Medical service in Macau is primarily run by the government, including clinics providing primary care treatment – Government Health Centres and the Centro Hospitalar Conde de São Januário which provides specialist treatment. It is supplemented by services including treatment beyond Macau and a medical subsidy system. Macau has a comprehensive health care policy with a combined public and private medical system.

The Health Bureau in Macau upholds the principle “universal, justice and fairness” and focuses its resources on primary care and prevention of serious diseases.

Residents can receive free medical treatment from 6 Health Centres and 3 Health Stations which includes family medicine, obstetrics and gynaecology, paediatrics, oral health and acupuncture. They can also receive health education, home visits, smoking cessation counselling, vaccination, psychological counselling and social services.

Resident enjoy a 30% exemption on medical expenditure at the Centro Hospitalar Conde de São Januário. Certain groups of the population are even fully exempt from payment.

According to statistics, there have been 493,000 attendances at Health Centres in 2013, accounting for 82.36% of the total population. The number has increased by 1.06% on comparison with figures from 2012. More than 80% of the patients receive free specialist treatment from public hospital. This high coverage reflects most residents are able to receive primary care in Macau, especially the under-privileged groups and patients with chronic diseases. This ensures that no person will be denied necessary medical treatment due to insufficient means.

主題演講四

郭秋莎醫生

澳門特區政府衛生局 全科顧問醫生
澳門特區政府衛生局 一般衛生副體系 技術協調辦公室主任
健康檢查委員會主席
澳門全科醫生學會 副理事長

澳門的基層醫療與衛生福利制度簡介

郭秋莎醫生畢業於暨南大學醫學院，並取得澳門醫生執照。澳門特區政府衛生局全科顧問醫生、衛生局 一般衛生副體系 技術協調辦公室主任及健康檢查委員會主席。

郭醫生於澳門全科醫生學會擔任副理事一職。

前澳門所推行的是以政府為主導，包括：初級衛生保健 - 衛生中心、專科醫療服務 - 仁伯爵綜合醫院；輔以送外診治制度及醫療補貼計劃，並結合非牟利和私人醫療機構的發展模式，是一種綜合性的健康服務政策。

衛生局秉持 “ 全民、公道、公平 ” 的原則，將資源主要投放在初級衛生保健和嚴重疾病的防治上。

現時居民可於全澳共 6 間的衛生中心及 3 間的衛生站享有免費的初級衛生保健服務，包括成人、婦女、產前、兒童、口腔、中醫針灸等保健，以及健康教育、家庭訪視、戒煙諮詢、疫苗接種、心理及社工等服務。

仁伯爵綜合醫院方面則向本澳居民提供 30% 的醫療費用減免，部份特定人士醫療費用更是全免。

據統計，2013 年，已在衛生中心登記的求診者約為 49.3 萬人，佔全澳人口的 82.36%，較 2012 年增加 1.06%；另外，八成以上的醫院病人享有免費的公立醫院專科醫療服務；由此反映本澳居民接受公共醫療的覆蓋率已達較高水平，大部份居民都能得到基本醫療保障，特別是充分保障了弱勢群體和長期病患，讓他們可以適時獲得醫療服務，確保沒有人因為付不起錢而得不到合理的醫療照顧。

Seminar A

Dr. Xiaodong YUE

Associate Professor
Department of Applied Social Studies
City University of Hong Kong

Positive Psychology with Emphasis on Humour

Dr. Xiaodong YUE, Ed.D (Harvard University), has worked at City University of Hong Kong since 1997. He has published widely on issues of creativity, humor, resilience, and adolescent idol worship in Chinese society. He is an adjunct professor of over 20 universities in China and an ad hoc reviewer of 10 international journals of psychology and education. He has successfully applied for and completed as a Principal Investigator (PI) 18 projects at City University of Hong Kong, totalling HK$ 2.8 million. He is also the founding chair of the Division of Counselling Psychology of Hong Kong Psychological Society.

In modern medical practices, use of relevant psychological concepts, interventions and services has become increasingly popular, particularly with the recent development of positive psychology movement. Prevention and cure of illnesses are not only medically based, but are psychologically facilitated as well. Dr. Yue will introduce and exemplify the power of key concepts of positive psychology (such as subjective happiness, gratitude, humour, optimism, and flow) on maintaining people's mental health and personal growth.

The seminar will be conducted in Putonghua and will make references to Chinese cultural contexts whenever and wherever appropriate. Class exercises will be given to stimulate teaching as well as thinking. Audio-visual materials will be presented to demonstrate the argued points. Out of this seminar, the audience will be able to (1) understand the key concepts of positive psychology addressed; (2) apply these concepts in their medical practices; (3) foster positive emotions and traits for the benefit of personal and institutional thriving.

專題講座 A

岳曉東博士

香港城市大學應用社會科學系副教授

正向心理學：幽默的功效

岳曉東博士是中國著名的心理學家，大學畢業後赴美國深造，並獲得哈佛大學心理學博士學位。岳博士治學涉獵甚廣，發表多份學術文獻，闡述華人社會的「創造性」、「幽默」、「心理韌性」以至青少年偶像崇拜現象。岳博士自九七年起於香港城市大學任教，並擔任中國二十多所大學的客座教授及十份國際心理學雜誌的客席編輯。岳博士於香港城市大學負責及完成的研究項目多達十八個，研究經費總額高達二百八十萬港元。此外，岳博士是香港心理學會臨床心理學組的創組主席，積極推動香港心理學之發展。

於現今的醫療，運用心理學原理、採用心理學治療日見普及，其中以正向心理學尤為當前顯學。醫藥及心靈治療俱是防治疾患的要素。岳博士將介紹並舉例說明正向心理學的基本概念，包括主觀感、感恩、幽默、樂觀及福流（心流），並詳述正向心理學如何能促進心理健康及個人成長。

研討會將以普通話進行，內容盡力切合中國文化背景。當中將有課堂練習，以誘發參與者思考，在互動的討論下，各參加者將能 (1) 認識正向心理學的基本概念；(2) 適當地在治療患者過程中運用這些概念 ；(3) 擁有正面積極的情緒，增進個人成長。

Seminar B

Dr. Francois Y FONG

Private Practitioner
Medical Director, Neo-Health Care

Providing Sexual Health in Socially Marginalised Groups

Dr. Francois Y FONG graduated from Monash University in Australia with MBBS and Medical Science degree. He received his further training in family medicine and sexual health in Australia. He obtained Master in Family from Monash University, Master in Sexual Health from University of Sydney and FRACGP. He had been a lecturer in General Practice and post-graduate supervisor in counseling for Monash University; post-graduate supervisor for sexual health program for University of Sydney.

Dr. Fong is currently in private practice and is medical director of Hong Kong Sexual Health Centre, subspecializing in the area of sexual health which involves managing sexual dysfunctions in both male and female; relationship and sexual counseling and STI/HIV screening, education and treatment. Dr Fong has been working with different non-government organizations for marginalized groups such as LGBT (Lesbian, Gay, Bisexual and Transgender) and sex workers. Apart from private clinical practice, Dr. Fong is also actively involved in teaching family medicine at The University of Hong Kong and The Chinese University of Hong Kong, as well as co-investigator in a number of HIV, STI, HPV and cervical cancer research studies.

The prevalence of sexual problems is high in the general population; however primary care doctors generally are reluctant to initiate sexual issues in consultations. Patients often feel embarrassed to bring up their issues and expect doctors to ask. Patient sexual needs are often neglected by health professionals as being considered of lesser priority. However, at an individual level, sexual issues may lead to mental health, relationship and marital problems. At the public health level, it can affect the control of sexual transmitted infections and HIV. Primary care/community-based doctors should be more proactive in "screening" patients with sexual issues with a more empathetic and destigmatized approach.

Doctors need to feel comfortable to talk about sexual issues with patients without feeling embarrassed. Technical and professional terms as well as layman terms should be used appropriately to facilitate communication and develop doctor-patient relationship. Sexual perceptions varies widely among patients based on their personal, cultural, education, family and social backgrounds. Primary care doctors should be sensitive to these important variances and tailor their consultations to individual patients.

The quality of sex life is a good reflection of the overall health status of an individual. An integrative approach not only involves dealing with erection but the bio-psycho-social aspects of the patients. When sex life is affected, it often indicates certain problem have raised in the patients overall health status, either physical, mental or relationship issues. Focus of management should go beyond "treating" sexual diseases but emphasize on overall sexual well-being. Special attentions should also be placed on sexual minority groups including LGBT and sex workers which have an even higher incidence of sexual related issues.

專題講座 B

方陽醫生

私人執業醫生
香港情性健康中心醫學總監

如何向邊緣社群提供性健康服務

方陽醫生畢業於澳洲蒙納殊大學並進一步接受家庭醫學和性衛生學的培訓。方醫生其後於蒙納殊大學取得家庭醫學碩士、於悉尼大學取得性健康醫學碩士，並被授予澳洲皇家全科醫學院院士資格。方醫生曾任蒙納殊大學全科學系講師、輔導學研究生導師及悉尼大學性健康教育研究生導師。

方醫生現時於香港私人執業並擔任香港情性健康中心的醫學總監，主要醫治男性及女性的性功能障礙、提供性關係輔導及性傳播感染／愛滋病毒篩查、教育和治療等。方醫生一直參與各組織活動，為邊緣社群（同／雙性戀、跨性別及性工作者）提供性健康服務。此外，方醫生參與香港大學及香港中文大學的家庭醫學教學及參加性傳播感染、人類乳頭瘤病毒和宮頸癌的研究工作。

性健康問題於社群中常見；然而基層醫療醫生慣常不會主動提及性健康問題，患者亦會因尷尬而難於啟齒。醫療人員住往視病人的性需求為次要的健康問題，因而有所忽略。其實性方面的不健康可導致個人的精神、親密關係和婚姻出現問題，在公共衛生層面上，亦可導致性傳播感染和愛滋病毒的散播。基層醫療／社區醫生應以同理心及接納的態度，積極主動關顧病患的性健康。

醫生與患者談論性問題時務要態度自然，不應感到尷尬。而適當地運用專業術語及患者慣常用語能促進醫生和病人的溝通，建立良好醫患關係。醫生亦應就不同病患的文化、教育、家庭和社會背景的差異，來制定適切的治療方案。

由於優質的性生活會反映於個人的健康上，因此當性生活受到影響時，病患者將出現不同類型的身體、精神或人際關係的問題。除治療性健康問題時，尤須採用全人醫治。除了醫治性方面的疾患，推廣健康性生活亦同樣重要，由於邊緣社群（同／雙性戀、跨性別及性工作者）有較多性健康問題，於此社群的性生活健康推廣尤為緊要。

聲明：
以上中文版摘要為大會秘書處所翻譯。如有任何與原文不符之處，請以英文版本為準。

Seminar C

Professor Timothy CY KWOK

Professor, Department of Medicine & Therapeutics
Prince of Wales Hospital
The Chinese University of Hong Kong

Updates in Diagnosis and Treatment of Dementia

Professor Timothy Kwok had undergraduate medical education and postgraduate training in Geriatric Medicine in the United Kingdom. He joined the Department of Medicine & Therapeutics in the Chinese University of Hong Kong in 1994, and became professor in 2006. He has been director of the Hong Kong Jockey Club Centre for Positive Ageing, a comprehensive care centre for people with dementia, since 2004. His research interests include dementia, nutrition in old age, osteoporosis and health service models.

Dementia is a common condition in older people. With the expected rapid ageing of the Hong Kong population, one could expect a continual rise of people with dementia in the coming years. Prof. Kwok will discuss with us updates in the diagnosis and treatment of dementia. The diagnosis of dementia is based on history of progressive cognitive decline and objective evidence of cognitive impairment. Alzheimer disease (AD) and cerebrovascular disease are the main contributory causes of dementia in old age. Investigations are helpful to screen for factors which may contribute to cognitive decline, but they have little diagnostic value. There are two classes of drugs for AD i.e. cholinesterase inhibitors and memantine. They have modest effects on cognitive function, self care ability and possibly neuropsychiatric symptoms. SSRI and anti-psychotic drugs may have a role in controlling anxiety, aggression and depression. But long term use of anti-psychotic drugs should be avoided because of parkinsonism and increased risk of mortality and stroke.

Psychosocial problems contribute greatly to the cognitive decline and apparent “behavioral problems” in people with dementia. Caregiver training and social stimulation in the older patients can reduce behavioral problems and cognitive decline. The family medicine approach is most appropriate for older people with dementia. But doctors should work closely with social care providers in the holistic care of people with dementia.

It is now recognized that obesity and vascular risk factors in mid-life are major risk factors of dementia in old age. Strenuous efforts in promoting healthy lifestyle, particularly in physical exercise, and in controlling diabetes and hypertension at all ages will help to prevent dementia.

專題講座 C

郭志銳教授

威爾斯親王醫院
香港中文大學內科及藥物治療學系教授

關於腦退化症診治的最新進展

郭志銳教授於英國接受醫學培訓，主修老年醫學。他於 1994 年加入香港中文大學醫學院及於 2006 年晉升為教授。郭教授現時兼任香港賽馬會耆智園主席；耆智園乃香港首間專為腦退化症患者而設的綜合服務中心。郭教授的研究包括腦退化症、老年營養學、骨質疏鬆症和醫療服務體制。

腦退化症是老年人常見的疾病。由於香港人口不斷老化，老年腦退化症患者的人數亦不斷上升。郭教授將會討論腦退化症最新的診斷和治療方法。腦退化症的診斷主要依靠病史和客觀的認知功能評估，血液化驗及影像檢查雖有助尋找某些病因，但不能單靠此來斷症。阿爾茨海默病 (AD) 和腦血管病是老年腦退化症的主要病因，現時有兩種藥物 – cholinesterase inhibitors and memantine – 可改善腦退化症患者的認知及自理能力，或甚至神經精神的癥狀，但成效有限。而血清素及抗精神病藥物則可控制焦慮和抑鬱，但由於抗精神病藥物會增加中風和死亡風險，及導致帕金遜症，患者應避免長期使用。

由於患者的心理和社交問題也會導致認知功能衰退及衍生出行為問題，因此培訓照顧者和加強老年患者的社交能力有助減慢患者認知功能下降。家庭醫學的全人治療方案是最適合醫冶老年腦退化症患者，但醫生需要與護理者緊密合作，方能達到效益。

現時已確定中年肥胖和心血管病皆是導致老年出現腦退化症的重要因素，故此促進健康生活模式，適量的運動與及控制糖尿病和高血壓是預防腦退化症的方法。

Seminar D

Dr. Gene WW TSOI

Honorary Treasurer of WONCA Asia Pacific Region
Immediate Past President,
The Hong Kong College of Family Physicians
Chairman of External Affairs Committee,
The Hong Kong College of Family Physicians

Quaternary Prevention: First, Do Not Harm

Dr. Gene WW TSOI graduated from the University of Hong Kong in 1980. He joined the Hong Kong College of Family Physicians in 1982 and is actively involved with various College activities in education and training.

He had been appointed as Chairman of Membership Committee, Board of Education, Board of Vocational Training and Standards, Hon. Treasurer before taking the Presidency in 2008. He obtained Fellowship of The Hong Kong College of Family Physicians in 1987 and then Fellowship of Hong Kong Academy of Medicine in Family Medicine in 1993. He started general practice in the private sector in 1987. Dr Tsoi has been Chairman of External Affairs Committee since 2010 after he stepped down from Presidency. He is now also the representative of HKCFP in Wonca International Classification Committee.

He is appointed by the Department of Medicine, University of Hong Kong as Honorary Clinical Associate Professor and engaged in part-time teaching of medical students. He is also appointed by the Hospital Authority as part-time Consultant in Family Medicine for the training of vocational trainees in Family Medicine from 2000-2003. He holds appointments of the Food and Health Bureau as member of Health and Medical Development Advisory Committee, member of Steering Committee on eHR Record Sharing, member of Working Group on eHR & Information Standards. Also, he is a member of Licentiate Committee of the Medical Council of Hong Kong.

Dr. Gene Tsoi is the Life Direct Member of WONCA, and currently, he has been appointed as the Hon. Treasurer of WONCA Asia Pacific Region 2013.

Background

Clinical prevention has been organized in a chronological manner since the middle of the 20th century. A paradigmatic shift from a chronological to a relationship-based prevention organization offers new insights into the work and, specifically, into the preventive activities of doctors, and brings to light the concept of quaternary prevention, a critical look at medical activities with an emphasis on the need not to do harm.

Objective

1. Introduction of Quaternary Prevention (QP), a new term for an old concept: First, do not harm.
2. The international impact of the concept of QP puts a cap on a set of disciplines and attitudes such as evidence-based medicine, quality assurance, defensive medicine, abusive nosographic proposals and ethical issues linked to the heartsink patient.
3. Examining a doctor's job in GP/FM: how to not harm? Good medicine, bad medicine, the good path.
4. Dealing with clinical prevention, from communicable diseases to managed care, the mainstream of GP/FM.
5. Teaching of QP to medical students, postgraduate training for Family Physicians are equally important in the promotion of QP. For Family Physicians to assume the explicit role to practise QP, there must be a critical mass of Family Physicians with the attitude and consensus about what is a safe practice.

Conclusion

There is a global trend in the development of QP, especially in countries where resources on medical expenditure is limited. Health equity, medical ethics are philosophical issues which need to be addressed by medical educators and policy makers.

專題講座 D

蔡惠宏醫生

世界家庭醫生組織亞太區義務司庫
香港家庭醫學學院前任院長
香港家庭醫學學院對外事務委員會主席

第四級預防：第一戒，毋傷害

蔡惠宏醫生於 1980 年香港大學醫學院畢業，在 1987 取得香港家庭醫學學院院士頭銜，同年，蔡醫生開始私人執業。在 1993 年，蔡醫生取得香港醫學專科學院院士和家庭醫學專科醫生頭銜。

蔡醫生自 1982 開始加入香港家庭醫學學院，曾經擔任過會員委員會，教育理事會，培訓理事會的會員及主席，並於 2006-2008 年間擔任香港家庭醫學學院義務司庫。在 2008 年，蔡惠宏醫生被選為香港家庭醫學學院院長。蔡惠宏醫生於 2010 年卸任院長職務，卸任後，蔡醫生擔任對外事務委員會主席，以及作為世界家庭醫生組織基層醫療國際分類委員會香港地區聯絡人。2013 年在布拉格世界家庭醫生組織大會獲選為亞太區義務司庫。

除了香港家庭醫學學院內務工作以外，蔡醫生在 2000-2003 年間獲香港醫管局聘任為兼職家庭醫學顧問。同時蔡醫生獲香港大學委任為醫學院榮譽臨床教授，經常為大學授課。

近兩年，蔡醫生獲邀加入了特區政府食物及衛生局轄下的多個特別任務組，研究現行的醫療政策，以及相關的改革措施和問題，並特別代表香港醫學專科學院出任電子病歷辦公室委員。

自 20 世紀中以來，預防醫學循序漸進地應用於臨床醫學上。循序式的預防逐漸演化成醫患關係為本的模式，為醫療機構工作提供新思維，特別是醫生對預防疾病的工作上，同時帶出第四層預防的概念，重點原則是所有預防醫療的活動，不會對病人造成傷害。

目的：

1. 介紹第四層預防 (QP) － 一個舊倫理新名稱：第一戒條，毋傷害
2. 第四層預防對制訂國際性醫療準則的衝擊，例如實證醫學、品質保證、防禦性醫療、濫用病學名詞 (abusive nosographic proposals) 以及於治療「心沉病人」時，關於醫療道德的問題
3. 審視基層 / 家庭醫生的工作：如何能不造成傷害？藥物的好壞，以及良好治療的方向
4. 基層 / 家庭醫生的主流工作：如何處理臨床預防工作，由傳染病至慢性疾病的管理
5. 推廣第四層預防的概念，教育醫學生和在職醫生的培訓，同樣重要。為了要安全及有效地實踐第四層預防，必須要有相當數目的家庭醫生具備相若的取態和標準。

總結：

現時全球都有發展第四層預防的趨勢，尤其是在醫療資源緊絀的國家。健康平權，醫學倫理等都是一些哲學性的議題，醫學教育家和政策制定者都必須關注。

聲明：
以上中文版摘要為大會秘書處所翻譯。如有任何與原文不符之處，請以英文版本為準。

Workshop 1

Dr. Anthony KK TONG

Registered Clinical Psychologist
Department of Clinical Psychology, Kowloon East Cluster, Hospital Authority
Honorary Associate Professor, Department of Psychology, University of Hong Kong

The Application of Positive Psychology in Improving the Mental Wellness of Patients with Chronic Diseases

Dr. Anthony KK TONG is a registered clinical psychologist with over 25 years of clinical experience. He obtained his M.Soc.Sc. (Clin. Psy.) from the University of Hong Kong and his Ed.D. (Coun. Psy.) from the University of Toronto. He is now working in the Department of Clinical Psychology, Kowloon East Cluster, Hospital Authority, Hong Kong. He is also an honorary associate professor of the Department of Psychology, University of Hong Kong and clinical supervisor of the clinical psychology programs of both HKU and CUHK. He is a Fellow of the Hong Kong Psychological Society.

Dr. Tong is one of the pioneers who introduced Positive Psychology to the public as well as the helping professionals in Hong Kong. He teaches post-graduate courses in positive psychology in university. He is also the founder and chairman of the United Centre of Emotional Health and Positive Living (聯合情緒健康教育中心) for the promotion of mental health and positive psychology. He has conducted numerous workshops and training for both professionals and laymen.

Dr. Tong is the co-author of a number of popular books including《回到開心時》《抑鬱自療》《焦慮自療》《走進 360 度的幸福》《活著，痛而不苦》《喜樂工程》。

It is well known in the literature that patients with chronic diseases often suffer not just from physical symptoms but also psychological problems such as stress, anxiety, and depression as a result of burdens of the disease with a compromised quality of life. Traditional psychological treatments, such as cognitive-behavioral therapy and problem solving therapy, focus on the relief of mental symptoms. Evidence shows that such problem-focused interventions can be quite effective but also have their limitations. For instance, they cannot provide positive emotions and hope for the patients in their struggle with their disease.

In recent years Positive Psychology has arisen as an important new movement in the field of psychology. Dr. Martin Seligman, the previous President of the American Psychological Association and usually known as the founder of the movement, advocated that therapy is not just fixing what is wrong, but also enhancing what is right. A strength-based approach to problems is deemed as being complementary to the problem-focused approach; integrating the positive and the negative in life presents a more holistic model for illness and suffering.

In this workshop, Dr Tong will introduce the basic concepts of Positive Psychology with reference to illness and suffering, and then present various evidence-based positive psychological interventions for chronic patients to improve their mental wellness. Interventions of gratitude, savoring, positive reappraisal, hope, and meaning seeking will be highlighted with experiential practice in the workshop. The applications of such interventions in clinical settings will also be discussed.

工作坊一

湯國鈞博士

註冊臨床心理學家
香港醫院管理局九龍東臨床心理學家
香港大學心理學系榮譽副教授

正向心理學在慢性病患者心理健康上的應用

湯國鈞博士早年畢業於香港大學和加拿大多倫多大學，分別取得臨床心理學碩士及輔導心理學博士學位。他具有超過 25 年臨床心理治療經驗，現為香港醫院管理局九龍東臨床心理學家及香港大學心理學系榮譽副教授，亦為香港大學及香港中文大學心理學碩士課程的臨床督導。

湯博士是香港正向心理學發展的先驅，並且成立聯合情緒健康教育中心，透過舉辦不同的課程與工作坊，向大眾及專業人士推廣精神健康及正向心理學。

湯博士著作豐富，包括《回到開心時》、《抑鬱自療》、《焦慮自療》、《走進 360 度的幸福》、《活著，痛而不苦》及《喜樂工程》等。

根據醫學文獻記載，除身體上的病徵，慢性病患者往往出現不同類型的心理問題，如緊張，焦慮及抑鬱等。傳統心理治療，例如認知行為治療法和問題解決治療法，都集中紓緩精神病徵。研究顯示，以上的療法雖然頗為有效，但亦有不少的限制，例如未能提升患者的正面情感和希望。

近年來，正向心理學的出現為心理學家帶來新動向。美國心理學會前會長，被稱為正向心理學之父的 Dr Martin Seligman 認為治療不僅只注重解決問題，更要提高病人心理質素。提升心理正量的治療取向應該與解決問題的治療取向相輔相成。統合人生中的起與跌能帶出對疾病和苦難更全面的醫學觀。

這個工作坊將以病例介紹正向心理學可以如何提升病人心理健康，以互動形式去體驗及帶出感恩、欣賞、正面評價、希望和意義尋索在正向心理治療的應用和成效。工作坊亦將討論如何在臨床上應用正向心理學。

聲明：
以上中文版摘要為大會秘書處所翻譯。如有任何與原文不符之處，請以英文版本為準。

Workshop 2

Professor Doris YOUNG

MBBS, MD, FRACGP
Professor of General Practice
Associate Dean (Academic) & Assistant Dean (China)
Faculty of Medicine, Dentistry and Health Sciences
The University of Melbourne

Conducting a Complex Intervention Trial in General Practice: Lessons Learnt from the Patient Engagement and Coaching for Health (PEACH) Study in Patients with Type 2 Diabetes

Professor Doris YOUNG graduated from the Faculty of Medicine, University of Melbourne in 1972 and completed Family Medicine training in 1979. She did further postgraduate training in Academic Family Medicine and Adolescent Medicine at University of Washington, Seattle USA from 1979-82. She worked as a Primary Care Adolescent Medicine Physician at the Royal Children's Hospital for 3 years before joining the University of Melbourne Department Of Community Medicine in 1984. In 1997, she was appointed to the Foundation Chair of General Practice at the University of Melbourne and from 2001-8, Head of the Department of General Practice. In 2009, Doris was appointed as Associate Dean (Academic) within the Faculty of Medicine, Dentistry and Health Sciences.

Over the last 30 years, Professor Young has been involved extensively in educating and training medical students, registrars, general practitioners and other health professionals in adolescent medicine, general practice and primary care research. In 2004-5, she was a Visiting Professor of Family Medicine to the University of Hong Kong and delivered the 16th Dr. Sun Yat Sen Oration for the Hong Kong College of Family Physicians. She has been the External Exit examiner for HKCFP since 2007 and in 2012, was awarded an Honorary Fellowship of the HKCFP.

Developing and conducting a complex intervention trial in general practice is expensive and challenging, yet it is often perceived as the gold standard for the clinical researcher. Because of its complexity and costs, researchers often avoid conducting a properly designed randomised controlled trial (RCT). Some researchers design and implement a RCT in haste without the rigour and fidelity of the intervention which are required for the trial results to be meaningful and be able to be published in a high impact journal.

Utilising the UK Medical Research Council (MRC) framework of design and evaluation of complex interventions to improve health, a multidisciplinary team of researchers led by the General Practice and Primary Health Care research unit at The University of Melbourne developed and conducted a clustered randomised controlled trial aiming to improve the health outcomes of patients with poorly controlled type 2 Diabetes in a disadvantaged community. The PEACH intervention trial involved training practice nurses based in general practices to telephone and coach the patients over 18 months to improve their Diabetes care.

This research workshop will showcase the journey of the PEACH study from the design to the implementation and reporting of the results which was published in the 2013 September edition of the British Medical Journal. Participants of this workshop will be able to engage in critical analysis of the different phases of this trial. Finally lessons learnt from conducting such a large scale trial in general practice and primary care will be shared.

工作坊二

Professor Doris YOUNG MBBS, MD, FRACGP

澳洲墨爾本大學醫學院副院長（學術）及助理院長（中國）
全科醫學學系教授

執行 PEACH：一項關於二型糖尿病患者的基層醫療科學研究

Professor Doris YOUNG 畢業於澳洲墨爾本大學，並於 1979 年完成家庭醫學培訓。她其後往美國西雅圖華盛頓大學進修家庭醫學及青少年醫學。Professor Young 從 1984 年開始任教於墨爾本大學醫學院，於 1997 年為醫學院創立全科醫學學系，2001-08 年度獲委任為全科醫學學系系主任，並於 2009 年進升為醫學院副院長。

Professor Young 擁有超過 30 年的教學及培訓經驗。她於 2004 至 05 年度擔任香港大學醫學院客席教授，並為香港家庭醫學學院第 16 屆孫中山先生紀念演講演說，也於 2007 至 2012 年度為香港家庭醫學學院的家庭醫學評核試擔任考官；香港家庭醫學學院於 2012 年頒授榮譽院士予 Professor Young。

作為亞太地區家庭醫學副主編，Professor Young 為 BioMedical Central (BMC) 一系列期刊擔任編輯委員。她曾主持澳洲皇家全科醫學院全國常委會的研究會議達 3 年，也曾擔任國家健康和醫學研究委員會科學院及健康委員會委員。

Professor Young 對基層醫療研究作出巨大的貢獻，她廣泛發表基層醫療與保康的綜合模式，而現時正研究有關如何改善二型糖尿患者的健康。作為學術副院長，Professor Young是大學聯院副院長成員和學院執行委員會的成員。她廣泛制定和實施不同方案，以提高教學和學習質量。

儘管發展和執行家庭醫學複雜的治療效應研究不但昂貴且具挑戰性，臨床研究學者卻一直視這種研究方法為黃金標准。由於研究方式複雜和成本高昂，研究人員經常避免執行隨機對照試驗 (RCT)。研究員有時因匆匆設計和執行 RCT 而忽略了嚴謹及精確的科研原素，令試驗結果不具代表性及未能於重點期刊發表。

利用英國醫學研究理事會（MRC）對改善健康研究的設計和分析所設定的框架，墨爾本大學的全科及基層醫療研究組展開廣範疇的隨機對照試驗 (PEACH Study)。研究目的是如何能夠改善居於條件欠佳社區中的二型糖尿病患者的健康。這研究涉及培訓全科診所內基層護士用超過十八個月的時間，以電話跟進及指導患者，改進他們的糖尿病護理。

這工作坊將介紹如何設計、進行、總結及發表 PEACH 這研究於 2013 年 9 月號的英國醫學期刊。參與這工作坊的人士可以對該研究的各階段進行批判性分析。最後，大家可以分享在大型基層醫療研究中學習到的重點。

聲明：
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Workshop 3

Dr. David CK LUK

Associate Consultant
Department of Paediatrics and Adolescent Medicine
United Christian Hospital, Hospital Authority

Common Office Procedures in Dermatology for General Practitioners

Dr. David CK LUK graduated from the Chinese University of Hong Kong and obtained Fellowship of the Hong Kong College of Paediatricians in 2001. He also received overseas training in dermatology in Singapore and United Kingdom with concentration in the treatment of Resistant Port Wine Stain, dermatological emergencies, morbidity of lupus nephritis in Chinese children and S. Pneumoniae associated haemolytic uraemic syndrome.

Dr. Luk joined the Department of Paediatrics and Adolescent Medicine of United Christian Hospital in 1995 and is currently the Associate Consultant of the Department.

In this two-hour workshop, we will discuss three office procedures for skin which have the following features:

- evidenced-based
- quick and safe
- no installation of expensive equipment
- wide applications to various common skin conditions like nevus, seborrhoeic keratosis, skin tag, eczema, viral wart, etc.

These procedures are:

1. dermoscopy
2. ready-to-use patch test
3. cryotherapy

Dr Luk will discuss the background, the evidence, the safe practice of these procedures with the support of videos and real equipment.

工作坊三

陸志剛醫生

香港醫管局基督教聯合醫院
兒童及青少年科副顧問醫生

家庭醫生常用的臨床皮膚科醫療程序

陸志剛醫生於香港中文大學醫學院畢業並期後取得香港醫學專科學院院士（兒科）、英國威爾斯大學皮膚科學文憑及英國卡的夫大學皮膚科碩士。陸醫生曾於英國伯明罕市醫院及威爾斯大學醫學院接受皮膚科學培訓。

陸醫生現任香港聯合基督教醫院兒童及青少年科副顧問醫生。

這兩小時的工作坊將講解三種皮膚科醫療程序，它們都具備以下特徵：

- 實證依據
- 快捷和安全
- 不需要昂貴的醫學儀器
- 可以應用於常見的皮膚問題，如痣、皮脂角化症、表皮瘤、濕疹、病毒疣等等

這些醫療程序包括：

- 皮膚鏡檢查
- 即用皮膚敏感測試
- 液態氮冷凍治療

陸醫生將會通過播放錄像及展示各種儀器，討論如何能夠安全地進行以上的醫療程序，及講述它們的背景與實證。

Discussion Forum 研討會

Date : 7 June 2014 (Saturday)
Time : 16:30 – 18:00
Venue : Pao Yue Kong Auditorium

日期：2014 年 6 月 7 日（星期六）
時間：16:30 – 18:00
地點：包玉剛演講廳

骨質疏鬆症的防治

杜雪平教授

中國醫師協會 — 全科醫師分會會長

杜雪平教授、主任醫師，首都醫科大學全科醫學與繼續教育學院副院長、首都醫科大學附屬復興醫院月壇社區衛生服務中心主任，全科醫學博士研究生導師。兼任原衛生部全科醫學培訓中心副主任、中國醫師協會全科醫師分會會長、中國社區衛生協會副秘書長、中華醫學會全科分會常委、北京市高級職稱評審委員會成員、全國教材指導委員會專家、中華全科醫師雜誌副主編。享受國務院政府特殊津貼、北京市第十一次黨代會代表、獲世界衛生組織 2010 年度笹川衛生獎、全國衛生系統先進工作者、第一屆、第二屆、第四屆 " 首都建康衛士 "、2009 年中國醫師獎獲得者。近五年主持世界衛生組織、北京市科技計劃項目等課題 4 項，發表第一和責任作者論文 30 餘篇，" 復興社區衛生服務模式的建立和效果效益評價 " 獲中華醫學科技三等獎。擔任國家衛生計生委全科醫生轉崗培訓教材《全科醫生基層實踐》、全科醫生規範化培訓教材《全科醫生基層實踐》、社區護理培訓教材《實用社區護理》及《全科醫學科診療常規》書籍的主編，並承擔國家衛生計生委《全科醫生規範化培養標準》主編工作。主要研究領域：全科醫學教育、社區衛生服務管理、社區慢性病管理、社區衛生人力資源配置等研究。她擔任月壇社區衛生服務中心主任 19 年來，帶領團隊為轄區 14 萬居民提供綜合性基本醫療和公共衛生服務，取得了明顯的成效。目前指導碩士研究生 35 名，已畢業 19 名。

原發性骨質疏鬆症是社區常見慢病之一，起病隱匿，早期不易發現。主要臨床表現是疼痛、脊柱變形和骨折，骨折尤其是髖部骨折致殘率和死亡率高，嚴重影響老年人身體健康。社區醫生應該應掌握應用 IOF 骨質疏鬆症一分鐘測試題、亞洲人骨質疏鬆自我篩查工具（OSTA）、骨質疏鬆性骨折的風險預測（FRAX）、X 線攝片等工具，對居民進行篩查，及早發現骨量減少和骨質疏鬆症患者並給予規範社區管理，包括基礎措施、藥物干預、康復治療，使尚無骨質疏鬆但具有骨質疏鬆症危險因素者，應防止其發展為骨質疏鬆症並避免發生第一次骨折；已有骨質疏鬆症或已發生過脆性骨折者，避免發生骨折或再次骨折。

Discussion Forum 研討會

Embrace All: Role of Family Physicians in Addressing Health Inequality

Dr. William CW WONG

Clinical Associate Professor, Department of Family Medicine & Primary Care, University of Hong Kong
Convenor, Health Equity Special Interest Group, WONCA

Dr. William CW Wong is a family doctor graduated from the University of Edinburgh and vocationally trained at Guy's and St. Thomas' Hospital, London. For the last 20 years, he has worked in many places including England, Scotland, Australia, China and Hong Kong and, now at HKU and HKU-Shenzhen Hospital. He is currently working as Clinical Associate Professor where his research is mainly focused on sexual health, health equity and primary care. He has published over 100 manuscripts in peer-reviewed journals including British Medical Journal and been awarded as PI of external competitive research grants exceeding HK$10 million, including GRF and HMRF. He is an Associate Editor for STI and as temporary advisor for WHO on HIV issues.

There is a clear link between poverty and poor health. What is more is that health inequities are not simply dichotomously distributed among the rich and the poor, but also occur within socioeconomic classes. A wealth of evidence by the late Barbara Starfield has shown that inequity is built into health systems and the strength of a country's primary health care system will significantly improve health of the people. The role and achievements of primary care in reducing inequity uniquely positions us as important advocators for expansion of primary care services for marginalized groups.

In this Discussion Forum, Dr. Wong will share, with evidence and some of his own work in working with female sex workers, gay community, migrants and recently African refugees in Hong Kong, that there is an indissoluble link between health equity and our success as a discipline in making a difference for our patients that heavily relies on all frontline doctors and health professionals to advocate for greater socioeconomic equity and the health rewards that would follow; and, to provide a commentary on the challenges faced and how we could address them as a profession and institution.

Discussion Forum 研討會

少數民族保健 - 以「埔里基督教醫院」執行「整合性醫療服務」為例

許釗諭醫生
Dr. Chao-Yu HSU

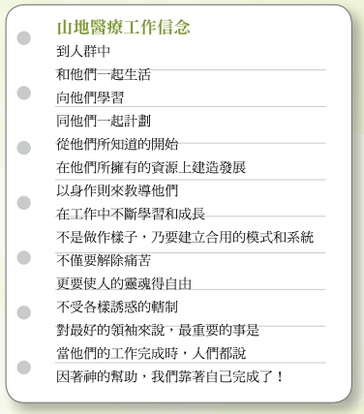
台灣埔里基督教醫院 家庭醫學科 / 教學研究部

許釗諭醫生擁有比利時魯汶大學醫學博士學位並於英國牛津大學取得診斷影像學碩士學位。許醫生已取得多項專科醫師執照，包括家庭醫學科、泌尿科、外科、老人急重症專科、青少年醫學暨保健專科及醫用超音波專業。現任埔里基督教醫院家庭醫學科醫師、國立台中科技大學兼任助理教授、私立朝陽科技大學兼任助理教授、國立勤益科技大學兼任助理教授、私立中台科技大學兼任助理教授及國立暨南大學兼任助理教授。

Dr Chao-yu Hsu achieved his PhD degree from the KU Leuven, Belgium and received his master degree in Diagnostic Imaging at Oxford University, UK. Dr Hsu specializes in family medicine, urology, surgery, geriatric emergency and critical care, adolescent medicine and ultrasound medicine and is currently a physician in Family Medicine at the Puli Christian Hospital. Dr Hsu is also an Assistant Professor at the National Taichung University of Science and Technology, Chaoyang University of Technology, National Chin-Yi University of Technology, Central Taiwan University of Science and Technology and National Chi Nan University.

台灣健保署於 1997 年 3 月起，首先在花蓮縣秀林鄉辦理「整合性醫療保健服務改善計畫」，並推出「偏遠地區健康保險多元支付方案」，透過放寬多項醫療給付及特約管理規定，以鼓勵各醫療院所能到這些山地離島地區提供醫療服務。1999 年 11 月的「山地離島地區醫療給付效益提升計劃」（IDS）全面性推動。

埔里基督教醫院於 2000 年 7 月起執行仁愛鄉醫療給付效益提昇計劃。目前已進入第七期，當地居民對 IDS 計劃之滿意度甚高。



Clinical Case Presentation 臨床案例匯報

Date : 8 June 2014 (Sunday) **日期：2014 年 6 月 8 日（星期日）**
Time : 9:00 – 11:00 **時間：9:00 – 11:00**
Venue : Pao Yue Kong Auditorium **地點：包玉剛演講廳**

1. **Manipulation as a diagnostic tool for low back pain caused by Deranged Tibiofibular joint biomechanics**
   手法治療作為脛腓骨關節失調引發下背痛的診斷方法
   Dr Andrew KK IP（葉傑權醫生）and Team（及組員）
   Hong Kong 香港

2. **Dawn Phenomenon In Diabetes**
   糖尿病黎明現象
   Dr. Lily ZHOU（周文利醫生）and Team（及組員）
   Beijing 北京

3. **A Clinical Case about Health Inequity and Primary Care In Macau**
   澳門的基層醫療與健康平等的病例討論
   Dr. Terence Tak Wai AU（區德偉醫生）and Team（及組員）
   Macau 澳門

4. **Comprehensive Care in a Diabetic Patient: Diabetic Share Care Plan in Taiwan**
   一個糖尿病患的整合照護 - 以台灣健保署糖尿病照護網為例
   Dr. Brian Bih-Jeng CHANG（張必正醫生）and Team（及組員）
   Taiwan 台灣

5. **Screening of Obstructive Sleep Apnea for At Risk Adult Patients in Primary Care Setting: Sharing of Case Scenarios**
   基層醫療風險病人篩檢阻塞性睡眠窒息症：案例分享
   Dr. Lap Kin CHIANG（蔣立建醫生）and Team（及組員）
   Hong Kong 香港

Satellite Seminar I

Helping the Man with Premature Ejaculation: Our Responsibility

Speaker : **Dr. Angela WY NG**

Private Practitioner
Certifed Sex Therapist
Vice-chairperson of the End Child Sexual Abuse Foundation
Vice-chairperson of The Hong Kong Association of Sexuality Educators, Researchers and Therapists

Dr. Angela WY NG is currently Vice-chairperson of The End Child Sexual Abuse Foundation and Vice-chairperson of the Hong Kong Association of Sexuality Educators, Researchers & Therapists. She is a certified sex therapist in Hong Kong and is also honorary speaker in the University of Hong Kong. She is very active in "training the trainers" in sex education for primary and secondary schools and she also co-hosted the radio program "Healing Passion" on sexual problems for 18 years.

Premature ejaculation (PE) is one of the commonest male sexual dysfunctions, affecting about one in three men worldwide. It is more common than erectile dysfunction. Besides a short intra vaginal ejaculatory latency time of one to two minutes, these men have no control over ejaculation, and are frustrated and distressed by the condition. A lot of these men have low self-esteem and some avoided having sex altogether. Their partners are also adversely affected in sexual satisfaction and interpersonal relationships. In fact, studies showed that PE could lead to breakdown of the relationship or divorce.

PE can be lifelong or acquired. Diagnosis can be made by administering the five questions in the Premature Ejaculation Diagnostic Tool (PEDT). Traditionally, therapy consisted of behavioral exercises like the squeeze technique or stop-start method and the application of local anesthetic gel to the penis. The effectiveness of these treatment left much to be desired. Now the treatment of choice is pharmacotherapy by taking oral dapoxetine, a short-acting SSRI specially indicated for the treatment of PE. It is taken on demand and has few side-effects. Dapoxetine has been tried in clinical trials involving over 16,000 men globally, including 1,000 men in the Asia-Pacific. It lengthens time to ejaculation significantly and improves control over ejaculation in 70% of men, being effective from the first dose and its efficacy improves with continued use.

In practice, most men with PE did not seek treatment due to embarrassment or ignorance of available treatment. But sexual health is an integral part of general health, therefore, it is the responsibility of primary care physicians to take the initiative to engage patients in a conversation about PE when they come for any health problem or just for physical checkup. It is possible for such opportunistic promotion of health even when the woman partner comes alone for a routine vaginal examination and Pap smear. Real clinical examples are discussed, with practical tips to primary care doctors on asking some key questions in their time-pressed environment.

小組講座一

我們的責任 - 幫助有早洩問題的男士

吳頴英醫生

私人執業家庭醫生及性治療師
護苗基金副主席
香港性教育、研究及治療專業協會副會長

吳頴英醫生畢業於香港大學醫學院，並取得英國皇家全科醫學院院士，現為私人執業家庭醫生及性治療師，護苗基金副主席，香港性教育、研究及治療專業協會副會長。吳醫生一直致力推廣性教育及性健康，並參與教授香港大學醫學院人類性學課程，又經常發表醫學文章、主持講座及對「性教育」課題作研究工作，而且擔任了電台節目「醫情醫性」客席主持十八年。她希望透過不同的渠道向市民灌輸正確性知識，及建立正確的性觀念。

早洩是男性最常見的性功能障礙，全球每三名男士便有一位有早洩的問題。它比勃起功能障礙更為常見，患者有較短的陰道射精時間 (有時會短至一至兩分鐘)，並且不能自我控制射精，往往會因早洩問題而感到沮喪和苦惱。很多男士因為自尊心作祟而避免與伴侶發生性關係，間接影響伴侶的性生活滿意度和人際關係。事實上，有研究顯示早洩可以導致雙方關係破裂，甚至離婚。

無論是天生或後天形成，早洩是可以透過早洩診斷問卷 (PEDT) 診斷。傳統上，早洩的性治療包括行為治療，如擠壓技術，停止 / 啟動方法，以及在陰莖上塗上麻醉劑葯等。但這些治療方法成效多欠理想。現時，治療多採用口服藥物 達泊西汀 (Dapoxetine) - 一種專為治療早洩的血清素再吸收抑制劑；是一種按需要時服用，副作用較少的藥物。全球超過 16,000 男士 (包括 1000 名在亞太區) 進行了臨床測試，服用 達泊西汀 (Dapoxetine) 後，七成患者能明顯地延長射精時間，並且提升了自我控制射精能力。早洩情況可在初次服用達泊西汀 (Dapoxetine) 便能改善，而且持續使用，療效會更佳。

臨床顯示，大部份患者會因尷尬或對治療不瞭解而沒有尋求治療。性健康是身心健康重要的一部份，因此，基層醫生有責任主動跟病人討論及瞭解他是否有早洩的問題。無論病人求診的原因與泌尿系統有關與否，或只是作體檢，甚至在健康婦女普查時，醫生也可趁機向病人瞭解他或她的伴侶是否患上早洩。

課堂上將討論臨床個案，同時介紹實用竅門，供各基層醫生參考。

Satellite Seminar II

Using Basal Insulin In Patients with Type 2 Diabetes

Speaker : **Dr. Chi Kin YEUNG**

Specialist in Endocrinology, Diabetes and Metabolism
Associate Consultant, Tseung Kwan O Hospital,
Hospital Authority

Dr. Chi Kin YEUNG is currently associate consultant in the Department of Medicine, Tseung Kwan O Hospital. He is a specialist of endocrinology and a certified clinical densitometrist. Dr. Yeung obtained his medical degree from the University of Hong Kong and is currently Fellow of Hong Kong College of Physicians and Hong Kong Academy of Medicine (Medicine) and member of the Royal College of Physicians.

Type 2 diabetes mellitus (T2DM) is associated with insulin resistance and slowly progressive beta-cell failure. Patients with T2DM often need insulin therapy at some point after diagnosis. Insulin therapy may be initiated as supplementation or as replacement. Besides the exact treatment goals, the choice of insulin regimen highly depends on individual patients' aspirations. For most of the patients, starting with once daily intermediate- or long-acting insulin as basal insulin is a more readily acceptable method. The goal of basal insulin is to suppress hepatic glucose production and improve fasting hyperglycemia. Clinical trials show that the use of insulin analogue regimen enable glycaemic targets to be achieved with potentially less risk of hypoglycaemia. In an retrospectively analysis of medical records using Hospital Authority electronic medical records database, use of insulin glargine is associated with statistically significantly reductions in mean HbA1c after 12 months (1.2%; $p<0.05$). Fasting blood glucose was reduced by 2.9 mmol/L ($p<0.05$). 26% of T2DM patients were able to reach an HbA1c goal of less than 7%. T2DM who were insulin-naive experienced greater HbA1c reduction (1.7%; $p<0.05$) than patients who have received once daily NPH or basal bolus insulin (0.7%; $p<0.05$ and 0.2%; NS respectively). The improvement in glycemic control was achieved without any significant change in insulin dose and weight. Insulin Glargine was very well tolerated with only 4% of patients discontinued glargine after 12 months of therapy.

小組講座二

二型糖尿病患者之基礎胰島素應用

楊智堅醫生

內分泌及糖尿科專科醫生
香港醫管局將軍澳醫院內科部副顧問醫生

楊智堅副顧問醫生現任職於將軍澳醫院內科部。楊醫生畢業於香港大學醫學院，現為香港內科學院院士、香港醫學專科學院院士及英國皇家內科學院成員。楊醫生更取得內分泌科專科醫生及臨床骨質密度專家的資格。

二型糖尿病 (T2DM) 與胰島素抗性和 beta 細胞慢性衰竭有莫大關係。患者於確診後的某個階段往往需要接受胰島素作為補充劑或取代品。除了明確的治療方向外，選擇胰島素治療的方案往往是基於患者的取向。大多數患者，比較容易接受初期每日一次的中效或長效基礎胰島素注射。使用基礎胰島素的目的是要抑制肝臟生產葡萄糖及改善空腹血糖。臨床試驗顯示，使用胰島素類似物治療能有效控制血糖，並減低血糖過低的風險。

在一項利用醫院管理局病歷數據庫的回顧性分析顯示，患者在使用甘精胰島素 12 個月後，血糖控制明顯改善，HbA1c 下降 1.2％ ($p<0.05$)；空腹血糖減低 2.9mmol/L ($p<0.05$)，26％患者能夠將 HbA1c 降至低於 7%。在剛開始使用胰島素的患者中，使用甘精胰島素患者 HbA1c 下降率為 1.7%，對比使用每日一次 NPH(下降 0.7%) 或基礎加餐前胰島素 (下降 0.2%) 為高。使用甘精胰島素患者，於胰島素劑量和體重亦沒有產生大變化。患者對甘精胰島素的耐受性非常好，只有 4％患者在治療後 12 個月終止使用。

Lunch Symposium I (Saturday)

Update in the Management of Chronic Obstructive Pulmonary Disease (COPD)

Dr. Johnny WM CHAN

Consultant Physician
Head of Medical Team C and Respiratory Division
Department of Medicine, Queen Elizabeth Hospital,
Hospital Authority

Dr. Johnny WM CHAN graduated from the University of Hong Kong in 1990 and has worked in Queen Elizabeth Hospital (QEH) since 1992. He is now the Consultant physician and Head of Medical Team C and Respiratory Division in Department of Medicine, QEH. Apart from being the Immediate Past President of American College of Chest Physicians (Hong Kong & Macau Chapter), he is currently the Co-convener of the Special Interest Group in Interventional Pulmonology under the Hong Kong Thoracic Society and Respiratory Representative in HA CCIDER. He is also the Council Member of Hong Kong College of Physicians and Hong Kong Lung Foundation, as well as Honorary Associate Professor, Faculty of Medicine, HKU. He has about 30 publications in local and international peer-reviewed journals, with major interests in the fields of pleural diseases and interventional pulmonology.

COPD is an important local and global top killer and contributes to significant disease burden worldwide. Being a largely irreversible disease that is caused mainly by smoking, only smoking cessation and long-term oxygen therapy possess the clinical evidence that can alter the disease prognosis. However, instead of the traditional short-acting oral or inhaled bronchodilators, many other pharmacological treatment options have appeared in recent years. These include inhaled corticosteroids, inhaled long-acting beta agonists (LABA), inhaled long-acting muscarinic antagonists (LAMA) and oral PDE4 inhibitor. These agents can generally achieve variable degrees of desirable treatment outcomes such as reduced exacerbations, improvement of lung function, exercise tolerance and quality of life measures. Combination preparations and once/twice daily dosing formulations have also been created to improve compliance and convenience of medication administration. On the other hand, non-pharmacological interventions such as vaccinations, pulmonary rehabilitation programs, smoking cessations and long-term oxygen therapy are also important components in COPD management.

While surgical options such as lung volume reduction surgery and lung transplantation are major operations with high risks for most patients, preliminary evidence suggests that bronchoscopic lung volume reduction might be an encouraging and less invasive interventional option for severe cases. Last but not least, early diagnosis with spirometry and advice to quit smoking in early cases would remain the most important management strategy.

午餐座談會一（星期六）

慢性阻塞性肺病 (COPD) 的醫療新知

陳偉文醫生

香港醫管局伊利沙伯醫院
內科系顧問醫生
呼吸系統科系主管

陳偉文醫生 1990 年畢業於香港大學並由 1992 年起於伊利沙伯醫院行醫。現時，陳醫生是內科系顧問醫生及呼吸系統科系主管。

陳醫生身兼多項公職，包括香港胸科協會 (介入性肺病委員會) 召集人、醫院管理局 (傳染病及應急委員會) 呼吸科委員、香港內科醫學院委員、香港胸肺基金會委員及香港大學醫學院名譽副教授。陳醫生的研究集中於胸膜疾病及介入性肺病學，於本港及國際醫療雜誌內發表了大概三十篇論文。

慢性阻塞性肺病是本港及全球的其中一項頭號殺手，亦是全球一個重要的疾病負擔。病因主要與吸煙有關。臨床實證指出，只有患者戒煙及接受長期氧氣治療，才可以改變疾病的預後。除傳統的短效口服或吸入支氣管擴張藥物，近幾年出現許多其他藥物治療方案，包括吸入激素、吸入長效 β 促效劑 (LABA)，吸入長效毒蕈鹼拮抗劑 (LAMA) 及口服 PDE4 抑製劑。這些藥物一般可以達到不同程度的治療效果，如減少病情發作，改善肺功能及運動耐量和提高生活質量。除了簡化服藥次數及採用複方藥物外，非藥物治療如接種疫苗，胸肺復康計劃，戒煙和長期氧療也是慢性阻塞性肺病管理的重要部分。而手術方面，切除部份肺氣腫組織 (肺減容) 以及肺部移植手術往往有較高風險。初步證據顯示，支氣管鏡肺減容手術成效也頗為理想，而且創傷性較低。最後，以肺功能檢查及早診斷和戒煙仍是最重要的處理策略。

Lunch Symposium II (Saturday)

The Role of the Incretin Axis in Type 2 Diabetes Management

Dr. Peter CY TONG

Specialist in Endocrinology, Diabetes and Metabolism
Clinical Associated Professor (Honorary),
The Chinese University of Hong Kong

Dr. Peter CY TONG is the Head of Qualigenics Medical Limited, a technology transfer and health promotion programme company established by an academic–industrial collaboration between The Chinese University of Hong Kong (CUHK) and GenRx Healthcare Ltd, Hong Kong, China; he is also the Chief of Medical Affairs of GenRx Healthcare Ltd. Dr Tong is a Clinical Associate Professor (Honorary) in the Department of Medicine and Therapeutics at CUHK, and is the immediate Past President of the Hong Kong Society of Endocrinology, Metabolism and Reproduction.

Dr Tong obtained a first class Honours degree in Pharmacy from The University of Bradford, UK, and 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 also 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.

With increasing consumption of animal fat and simple carbohydrate, the prevalence of diabetes mellitus has increased rapidly over the past 3 decades. The change in lifestyle and the inheritance of genetic traits leads to specific phenotype of type 2 diabetes. It is characterized by an early age of onset for diabetes, weight loss at presentation and central obesity. These features are indicative of underlying mechanisms of predominantly defects in insulin secretion by pancreatic beta cells.

With the availability of different classes of pharmacological agents, a new approach on the management of diabetes has been proposed. Recent guidelines and position statement by International Diabetes Federation, American Association of Clinical Endocrinologists, American Diabetes Association and European Association for the Study of Diabetes emphasized on the individualization of treatment for patients with diabetes. An incretin-based therapy provides an opportunity of addressing the problem of pancreatic dysfunction. Newer agent allows the use of oral anti-diabetes medication in patients with diabetes and renal impairment. The challenge for clinicians is to select the appropriate class of drugs that would target on specific defects in individuals with diabetes.

午餐座談會二（星期六）

腸促胰島素軸藥物在二型糖尿病治療中的應用

唐俊業醫生

內分泌及糖尿科專科醫生
中文大學內科學系客席臨床副教授

唐俊業醫生現任職於「確進醫療」，一所由香港中文大學與香港興業國際集團合辦的醫療機構，主管集團的醫療事務。唐醫生同時兼任香港中文大學內科學系客席臨床副教授，亦是香港內分泌，代謝及生殖學會前主席。

唐醫生於英國布拉德福大學藥劑學系畢業，其後轉到紐卡斯爾大學深造，並獲得醫學哲學博士學位。唐醫生曾擔任英國醫學研究委員會所屬的臨床研究學者，並榮獲研究獎學金，於加拿大多倫多兒童醫院進行博士後研究。

唐醫生的主要研究領域包括糖尿病管理模式、糖尿病腎病、肥胖症、胰島素抵抗性的細胞機理，以及中醫藥在糖尿病的應用等。他的論文著作被許多國際知名科研期刊發表。

隨著生活模式的轉變，人們不斷攝取過量的動物脂肪和碳水化合物，糖尿病的患病率在過去 30 年迅速增加。生活方式的轉變和遺傳因素皆導致特定的二型糖尿病表型，包括發病年紀較青，病發時體重驟降及中央型肥胖。這些特徵顯示 β 細胞的胰島素分泌出現了問題。

隨著不同類別藥物的出現，糖尿病的管理模式發生了新的改變。國際糖尿病協會、美國臨床內分泌專家協會、英國糖尿病協會及歐洲糖尿病協會主張以個體化模式來治療糖尿病患者。腸促胰島素軸藥物能針對糖尿病患者的胰腺分泌功能障礙。新一代藥物讓有腎功能障礙的糖尿病患者仍可使用口服藥物治療。為不同的糖尿病患者擇適當的藥物，是對臨床醫生的挑戰。

Saturday, 7 June 2014 • 18:00 – 21:00 • 1/F, Run Run Shaw Hall

Dinner Symposium (Saturday)

New Guidelines on the Prevention of Pneumococcal Disease in Adults - an Interactive Forum

Speakers:

Professor Albert LEE

Professor (Clinical) of the School of Public Health and Primary Care
Founding Director of Centre for Health Education and Health Promotion & Former Head, Division of Family Medicine and Primary Care, Chinese University of Hong Kong

Dr. Ivan HUNG

Clinical Associate Professor and Honorary Consultant, Department of Medicine, Queen Mary Hospital, University of Hong Kong

Professor Albert LEE graduated as medical doctor from University of London (University College London-Middlesex), UK in 1984. He holds higher academic qualifications at doctoral and master level, and professional qualifications at Fellowship level in Family Medicine, Public Health and Education awarded by global leading universities in UK and Hong Kong, and Royal Academic Colleges in UK, Ireland and Australia. He was elected as member (Foreign Associate) of Institute of Medicine (IOM), National Academy of Science, USA in 2012. Election to the IOM is considered one of the highest honours in the fields of health and medicine and Albert is the first foreign associate elected from Hong Kong.

Apart from his current post as Professor (Clinical) of the School of Public Health and Primary Care and the Founding Director of Centre for Health Education and Health Promotion, and former Head of Division of Family Medicine and Primary Care of the Chinese University of Hong Kong (CUHK); he also holds Honorary/Adjunct/Visiting professorship in many local and international well known Institutions. He was the Chairman of Organizing Committee of the International Conference on Promoting Chronic Care: Towards a Community-based Chronic Care Model for Asia in 2010 officiated by WHO/WPRO Regional Director. He is Chairman of Scientific Committee of Global Conference of Alliance for Health Cities to be held in Hong Kong, November 2014.

He has published over 180 articles in peer reviewed journals and has been invited as key speaker (over 100 invited presentations) in many international conferences/workshops/special lectures worldwide. He has received research fund over HK$100 million (US$12.5 million). He was appointed as First Editor of Lancet Hong Kong Edition and Honorary Editor of Lancet Local Edition.

Dr. Ivan FN HUNG is currently clinical associate professor and honorary consultant in the Department of Medicine, Queen Mary Hospital, University of Hong Kong. He is a dual specialist in infectious disease and gastroenterology & hepatology. He obtained his medical degree from the University of Bristol Medical School, England in 1996. After working in the University of Cambridge Medical School and Charing Cross Hospital, the Imperial College Medical School, London, he returned to Hong Kong in 1999 and joined the Department of Medicine, Queen Mary Hospital. After obtaining his MRCP, he underwent subspecialty training in infectious diseases, followed by gastroenterology and hepatology. He was a Visiting Fellow at the Division of Geographical Medicine and Infectious Diseases, Tufts-New England Medical Center, Boston, USA. He obtained his M.D. degree from the University of Hong Kong in 2011 and was awarded the Sir Patrick Manson Gold Medal award for best M.D. thesis. He is currently the Fellow of Royal Colleges of Physicians of London and Edinburgh.

He has published more than 110 international peer reviewed original articles, including research articles in the Lancet and the Clinical Infectious Diseases. His research interest includes vaccine, innovative treatment of severe influenza and pneumococcal infection, treatment of resistant Helicobacter pylori infection, novel endoscopy techniques, and hepatitis B related hepatocellular carcinoma. He is ranked as University of Hong Kong top 1% scientists in 2013, with an H-index of 24. He is a regular reviewer for journals including the Lancet, Annals of Internal Medicine, Vaccine, Clinical Vaccine and Immunology, Endocrine, Clinical Obesity, Gastrointestinal Endoscopy, Helicobacter, Journal of Gastroenterology and Hepatology, Digestion and the Hong Kong Journal of Medicine. He is the editorial board member of the Journal of Gastroenterology and Hepatology, BMC Infectious Diseases, and the Scientific World Journal.

The WHO in 2008 has stated the need of conjugate vaccines for adults, however, pneumococcal conjugate vaccines (PCV) adopting the latest conjugate technology is only being used in NIP for children and has not been included in the government subsidy program for adults aged 65 years old and above. Whilst the US CDC Advisory Committee on Immunization Practices (ACIP) has recommended the use of conjugate vaccine prior to polysaccharide vaccine in immunocompromised patients, new country guidelines are also being established globally and locally in the Asia region. The provision of a better option should be considered to achieve equity in patients. This forum aims to provide a platform to interactively discuss and to seek advice on the need of new guidelines on the prevention of pneumococcal disease in adults from the panels in different perspectives as well as from the audience.

2014 年 6 月 7 日 星期六 • 18:00 – 21:00 • 邵逸夫堂 (1 樓)

晚餐座談會（星期六）

成年人預防肺炎球菌疾病的新指引 – 互動論壇

李大拔教授

香港中文大學公共衛生及基層醫療學院臨床教授
健康教育及促進健康中心總監
香港中文大學家庭醫學及基層醫療學部前任主管

孔繁毅醫生

香港大學醫學院內科學系臨床副教授
香港大學瑪麗醫院榮譽顧問醫生

李大拔教授於 1984 年畢業於英國倫敦大學 (大學學院)。其後取得英國、香港、愛爾蘭及澳洲，包括家庭醫學，公共醫療及教育的專業資格。李教授於 2012 年獲美國國家醫學研究院選為外籍院士，一個被視為健康及醫學界的最高榮譽，李教授是第一位獲得這項殊榮的香港學者。

現時李教授是香港中文大學公共衛生及基層醫療學院臨床教授、健康教育及促進健康中心總監、曾任中文大學家庭醫學及基層醫療學部主管，並為本港及國際知名機構擔任名譽 / 客席教授。

李教授致力推廣健康教育。他於 2010 年為國際慢性疾病研討會擔任籌委會主席。是次研討會是由世界衛生組織 - 西太洋總監擔任主禮嘉賓。而李教授現正為 2014 年舉行的世界健康城市聯盟會議擔任學術委員會主席。

李教授於各醫學雜誌發表論文累計一百八十餘篇；亦為許多國際會議 / 工作坊 / 主題講座擔任主講百餘次。在學術研究方面，他曾獲得超過港幣一億元 (約 1250 萬美元) 的科研基金。李教授是刺針 (Lancet) 醫學期刊 (香港版) 的首席主編及英倫版的名譽主編。

孔繁毅醫生於 1996 年畢業於英國布裡斯托醫科大學，並曾於劍橋大學醫學院及倫敦帝國學院工作。他 1999 年加入瑪麗醫院，現任香港大學醫學院內科學系臨床副教授及瑪麗醫院榮譽顧問醫生。孔醫生同時擁有傳染病科及胃腸、肝膽病科兩項專科資格。他曾於美國塔夫斯 - 新美倫醫學研究中心擔任訪問學者。於 2011 年取得香港大學醫學博士學位並憑該畢業論文得榮獲白文信爵士獎 - 金獎。孔醫生亦獲得英國 (倫敦及愛丁堡) 皇家內科醫學院院士等資格。

孔醫生於各醫學雜誌如刺針 , 臨床傳染病雜誌等發表經國際評審的原著及研究論文多達一百一十餘篇。孔醫生的研究範疇包括疫苗，流感及肺炎球菌的最新治療、幽門螺旋桿菌的最新治療、內窺鏡技術，乙型肝炎相關性肝癌等。2013 年，孔醫生獲香港大學評為傑出科學家。孔醫生亦為包括刺針等醫學雜誌及醫學年鑒擔任審編。現時，孔醫生是腸胃肝臟醫學雜誌、英國醫學雜誌 - 傳染病及世界科學雜誌的編輯委員會成員。

世界衛生組織於 2008 年表示成年人需要使用肺炎球菌結合疫苗，惟香港政府現有的疫苗資助計劃，只為合乎「香港兒童免疫接種計劃」(NIP) 資格的嬰幼兒接種肺炎球菌結合疫苗 (PCV)，而適用於年齡 65 歲或以上人士的「長者疫苗資助計劃」則使用肺炎球菌多醣疫苗 (PPV)，尚未有提供肺炎球菌結合疫苗的選項。美國疾病控制及預防中心的免疫接種諮詢委員會 (US CDC ACIP) 建議免疫功能低下的患者，在接種肺炎球菌疫苗時，應以結合疫苗為先，上一代的多醣疫苗 (PPV) 為後。與此同時，世界各地及亞洲各個地區亦逐漸跟進其建議，制定成年人應採用肺炎球菌結合疫苗的方案。為了病人的權益，應考慮為病人提供一個選擇的權利。

本論壇為提供一個互動討論平臺，從不同的角度探討如何制訂成年人士預防肺炎球菌疾病的新方案。

Lunch Symposium I (Sunday)

Early Insulin Use in Management of T2DM

Dr. Man Wo TSANG

Specialist in Endocrinology, Diabetes & Metabolism

Dr. Man Wo TSANG is a specialist in Endocrinology, Diabetes & Metabolism. He graduated from the University of Hong Kong and completed his higher training in Endocrinology & Diabetes in the Department of Medicine, HKU and Joslin Clinic, Harvard University, Boston. He is a holder of M.R.C.P (UK), FRCP (Edinburgh, Glasgow and London), Fellow of Hong Kong College of Physicians and Fellow of Hong Kong Academy of Medicine. Dr. Tsang is also the Hon. Associated Professor of Department of Medicine, Li Ka Shing Faculty of Medicine, University of Hong Kong and Adjuvant Associated Professor of Department of Medicine and Therapeutic of Chinese University of Hong Kong.

Dr. Tsang had served in the public sector for over 25 years and was consultant in the Department of Medicine & Geriatrics, United Christian Hospital since 1996 before his retirement in 2014. He was in charge of diabetes services development in East Kowloon for over twenty years. He has supervised training for over ten Endocrine and Diabetes fellows during his service in the United Christian Hospital. He also serviced as panel member in the Central Committee on Diabetes Services of Hospital Authority. He is one of the founding members of Diabetes Hong Kong. He served as the president of Diabetes Hong Kong in 2002-2004. He was the council member of Endocrine, Metabolism and Diabetes subspecialty board from 2002-2009.

He is well known for his effort in promoting patient education and diabetes prevention. He is a frequently invited speaker in workshops and symposia both locally and abroad. He has a long time interest in application of telemedicine in patient care. He had received the Best Paper Award at the International Hospital Federation Pan Regional Conference 1996, on Telemedicine: Diabetes Monitoring System. He also presented his latest data in American Diabetes Association Scientific Meeting 2013 on use of tele-monitoring system in care of diabetic patients in aged homes.

Oral antihypoglycaemic agents are still key players in day to day management of Type-2 Diabetes Mellitus (T2DM). Traditionally, insulin is used in acute decompensated state or as a last resort when oral antihyperglycaemic fails to achieve reasonable blood sugar control. The lesson from UKPDS tells that diabetes mellitus is a progressive disease and the progressive deterioration of HbA1c is due to beta-cell failure. Recent studies suggest that early insulin use preserves or at least retards progressive beta-cell failure. Initiation of early insulin use encounters hurdles from patients and physicians alike. With better pharmacokinetic profile basal insulin and insulin analogue, we can now achieve a similar diabetes control with less hypoglycaemia. Furthermore, with improvement in injection device and support of patient education, we are seeing better acceptance of insulin injection among patients and health care providers. In this symposium we will go through the rational of early insulin use and practical tips on initiation of insulin injection in an ambulatory care setting.

午餐座談會一（星期日）

為二型糖尿病患者提早採用胰島素注射

曾文和醫生

內分泌、糖尿病及代謝學專科醫生

曾文和醫生畢業於香港大學醫學院，主修內分泌及糖尿病。其後到美國哈佛大學深造。曾醫生是一名內分泌、糖尿病及代謝學的醫學專家。他擁有英國皇家內科醫學院會員、英國皇家內科醫學院 (愛丁堡，格拉斯哥及倫敦) 院士、香港內科醫學院院士及香港醫學專科學院 (內科) 院士的專業資格。

曾醫生於 2014 年初離開他服務 25 年的基督教聯合醫院。退休前，曾醫生是該院內科顧問醫生，並負責發展九龍東糖尿病的醫療服務及培訓出十多名內分泌與糖尿病專家。曾醫生亦兼任香港大學醫學院名譽副教授及香港中文大學名譽副教授，積極培育新一代。

曾醫生為預防糖尿病及教育工作不遺餘力，曾為醫院管理局糖尿病中央委員會擔任評委、香港糖尿聯會會長、香港內科醫學院內分泌、代謝及糖尿病委員會委員及為不同組織擔任講師。曾醫生亦積極利用電子科技為病人提供醫護服務。他的研究報告 “Telemedicine：Diabetes Monitoring System” 就為他取得 [1996 年國際醫院聯盟會議最佳論文] 獎。曾醫生最近期有關電子科技監控安老院糖尿病患者的研究，亦於 2013 年美國糖尿病協會週年大會內發表。

口服低血糖藥物仍然是治療二型糖尿病患者的主要方法。醫生往往在病人服食低血糖藥物後而未能有效控制血糖才給予胰島素注射。英國前瞻性糖尿病研究 UKPDS 指糖尿病是一種慢性疾病；是 β 細胞衰竭，導致 HbA1c 惡化。研究顯示，提早注射胰島素可以減慢 β 細胞衰竭的速度，但此舉得不到醫生與病患者的支持。隨著新的藥理，現在可以使用基礎胰島素和胰島素類似的藥物控制血糖。加上改良的 注射媒體及健康教育，病患者及醫護人員已開始接納胰島素注射。

是次座談會將分析早期使用注射胰島素的好與壞，以及如何推廣致日間醫療中心。

Lunch Symposium II (Sunday)

Individualized Care in Diabetes Management

Dr. Wing Bun CHAN

Specialist in Endocrinology, Diabetes & Metabolism

Dr. Wing Bun CHAN is a specialist in Endocrinology, Diabetes & Metabolism and is currently the Clinical Director of Qualiqenics Diabetes Centre. He graduated from The Chinese University of Hong Kong in 1992 and later completed his higher training in Endocrinology & Diabetes. He is a holder of FRCP (Glasgow), Fellow of Hong Kong College of Physicians (Endocrinology) and Hong Kong Academy of Medicine (Endocrinology) and a member of various international and local professional organizations, including Hong Kong Society for the Study of Endocrinology Metabolism and Reproduction, American Diabetes Association, European Association for the Study of Diabetes, Hong Kong Atherosclerosis Society and Hong Kong Association for the Study of Obesity.

Dr. Chan is involved in various teaching activities for medical students at the Chinese University of Hong Kong and often gives public talks on diabetes hypertension, hyperlipidaemia, coronary heart disease and osteoporosis. He was also the co-editor of Weight Reduction Mail Box in Mingpao (2002-2007).

In light of recent clinical trials, the impact of glycaemic control has variable effect on long term outcome depending on stage of disease, presence of complications and risk of hypoglycaemia. Recent American Diabetes Association (ADA) and European Association for the Study of Diabetes (EASD) guideline emphasizes not only on good glycaemic control, but also on individualizing treatment. However, no detailed frameworks were provided and the management of patients relies heavily on individual physician's judgment. The American Association of Clinical Endocrinologists (AACE) guideline takes into account the degree of hyperglycaemia at presentation to guide treatment and offers a more comprehensive framework for management of diabetes. Insulin treatment will be seriously considered in severe hyperglycemia while the number of oral agents on degree of hyperglycemia. Metformin remains the first line treatment while second line treatment will depend on patient characteristics. Asian diabetes patients, lean diabetes patients, elderly patients and patients with post-prandial hyperglycemia tend to respond better to DPP IV inhibitors; while patients with features of metabolic syndrome tend to respond better to glitazones. Both DPP IV inhibitors and glitazones have much lower risk of hypoglycaemia compared with sulphonyureas. Glitazones have much better durability in glycaemia control compared with sulphonyurea while alogliptin is the only DPP IV inhibitor which showed better glycaemic control in long run when compared with sulphonyureas. Recent trials also established good cardiovascular safety for two DPP IV inhibitors namely saxagliptin and alogliptin.

午餐座談會二（星期日）

個人化的糖尿病管理模式

陳穎斌醫生

糖尿及內分泌專科醫生

陳穎斌醫生為糖尿及內分泌專科醫生，現擔任確進醫療臨床主任。他於 1992 年畢業於香港中文大學，其後再接受內分泌與糖尿病的高級培訓。陳醫生是英國皇家內科醫學(格拉斯哥)院士，香港內科醫學院院士（內分泌科）及香港醫學專科學院院士（內分泌科），並參與國際和本地專業團體，包括香港內分泌代謝及繁殖研究中心，美國糖尿病協會、歐洲糖尿病研究中心、香港動脈硬化學會及香港糖尿病研究中心。

陳醫生除了為中文大學醫學系學生提供教學講座、小組導修和臨床培訓外，他亦參與公開講座，為普羅大眾講解有關糖尿病，高血壓，高血脂，冠狀動脈心臟疾病和骨質疏鬆症。他曾為明報「健康減肥信箱」的讀者提供專業意見及擔任 「活出積極人生 - 糖尿病全攻略」，「令人驚訝的減肥真相 – 你為何總是不成功 / 瘦身難，維持體重更難？」的聯編。

長遠血糖控制要考慮多方面因素，包括病人病情、其出現併發症和血糖過低的可能性。最近的 ADA 美國糖尿病協會和 EASD 歐洲糖尿病研究協會指引不僅要監控血糖，個人化的治療同樣重要。由於指引顯示並不詳盡，如何管理患者往往依賴醫生個人的專業判斷。AACE 美國臨床內分泌專家協會的指引，因應剛斷症時的血糖指數，來修訂一個更全面的糖尿病管理模式。胰島素無疑是治療嚴重糖尿病患者的方案，而口服藥物的數量則視乎病患者血糖的指數。Metformin 仍然是第一線藥物，而第二線藥物則取決於患者的特徵。亞洲糖尿病患者、身型比較瘦削者、年長的糖尿病患者，以及餐後血糖過高的糖尿病患者，對 DPP IV 抑製劑有較佳的成效；至於有代謝綜合症的病患者，glitazones 則對他們有更佳的效果。無論是 DPP IV 抑製劑或 glitazones，當與 sulphonyureas 相比，他們都較少導致出現低血糖的情況。glitazones 比 sulphonyureas 在血糖控制方面較為長效，而屬 DPP IV 抑製劑的 alogliptin 也比 sulphonyureas 更能有效地長遠控制血糖。在最近的測試中，同屬 DPP IV 抑製劑的 saxagliptin 與 alogliptin，對心血管健康的安全性也得到確認。

聲明：
以上中文版摘要為大會秘書處所翻譯。如有任何與原文不符之處，請以英文版本為準。

MPS Medicolegal Seminar for Family Physicians and GPs: A safe and happy practice 醫學法律講座

Date : 7 June 2014 (Saturday)
Time : 9:00 – 10:30
Venue : G/F, Lim Por Yen Lecture Theatre

日期：2014 年 6 月 7 日（星期六）
時間：9:00 – 10:30
地點：林百欣演講廳

Building trust and a healthy doctor-patient relationship 建立互信與良好的醫生 - 病人關係

Dr Ming Keng TEOH
Head of Medical Services - Asia, Medical Protection Society, London

Why keep good medical records? 為什麼要保持良好的醫療記錄？

Dr David KAN
Panel Lawyer, Medical Protection Society, London; Honorary Associate Professor of Li Ka Shing Faculty of Medicine, HKU

Common prescribing and dispensing problems in HK 香港常見的藥物處方及取藥問題

Mr. Woody CHANG
Panel Lawyer, Medical Protection Society, London

Panel discussion: Can complaints and claims be avoided? 小組討論：投訴和索賠可以被避免嗎？

(All speakers and HKCFP doctor)

Good clinical skills together with safe care pathways, systems and processes are all essential for avoiding medical mishaps, promoting patient safety and good clinical outcomes. However despite the highest standards of care we know that medical mishaps and adverse outcomes are never completely preventable. Many studies show that approximately 10% of treatment procedures or hospital admissions will result in a medical mishap.

It is therefore logical to also pay adequate attention to the following key essentials – building trust, good communication skills, manage patient expectations, maintain high professional and ethical standards, be open and adopt a no-blame culture. Dr. Teoh will discuss with us how to build trust and a healthy doctor-patient relationship. A Safe and happy practice is about that - staying out of trouble, avoiding disputes, and promoting good doctor-patient relationships.

We know that claims and complaints do not just result from negligence or poor outcomes. Since we cannot always prevent poor clinical outcomes or meet our patient's high expectations we need to remember a few simple tips to manage mishaps when they occur to avoid medical disputes; and when there is a dispute to manage them well to preserve trust and to prevent escalation into complaints and claims.

Dr. David Kan will explain why it is important and how to keep good medical records which ensures safe patient care and facilitates continuity of care. The Medical Council of HK has set out clearly what is expected of medical professionals in relation to medical records. The patient has a right to have his accurate medical history and records available when needed. Other agencies may well request records from time to time and Dr. Kan will explain about appropriate disclosure of records. Good records are also needed to defend a doctor when faced with a complaint or claim years later.

Mr. Woody Chang will talk about the common prescribing and dispensing problems in Hong Kong and give examples of medico-legal cases to alert doctors to these problems. Prescription and dispensing errors can have serious consequences to doctors regardless of whether the mistakes have caused actual harm to the patients. Mr. Chang will explain the criminal, civil and disciplinary implications due to these errors. Specialist status of a doctor may be permanently removed because of a single prescription error. Mr. Chang will also discuss the use of inappropriate drug labels and the consequences of dispensing expired drugs.

Free Paper - Oral Presentation 論文匯報

Saturday, 7 June 2014 • 11:00 - 13:00 • G/F, Lim Por Yen Lecture Theatre
2014 年 6 月 7 日星期六 • 11:00 - 13:00 • 林百欣演講廳 (地下)

FREE PAPER I – ORAL PRESENTATION 論文匯報 (第一節)

FP1.1	Geriatric Health Promotion and Integrated Care in Taipei	Ying-Hua HSIEH
FP1.2	血液透析老年患者正性情緒的影響因素研究	郭振霞
FP1.3	Prevalence of Anemia Amongst South Asia Adults in Hong Kong	Joyce SF TANG
FP1.4	What are the Obstacles to Promoting Mental Health Services in Primary Care? – A Study in Hong Kong	Kai Sing SUN
FP1.5	Clinical Benefits of the Multi-disciplinary Risk Assessment and Management Programme-Hypertension (RAMP-HT) for Patients with Hypertension in GOPC's – the First Year Experience	Esther YT YU
FP1.6	Elderly Fall Injuries in Hong Kong – Are They Inevitable?	Chin-chin YEUNG
FP1.7	Do Patients in GOPC Have Adequate Knowledge on Hypertension?	Samantha CHAU
FP1.8	Home Blood Pressure Monitoring Among Hypertensive Patients in a Primary Care Clinic of Hong Kong: A Cross Sectional Survey	Lap Kin CHIANG

Saturday, 7 June 2014 • 16:30 - 18:00 • G/F, Lim Por Yen Lecture Theatre
2014 年 6 月 7 日星期六 • 16:30 - 18:00 • 林百欣演講廳 (地下)

FREE PAPER II – ORAL PRESENTATION 論文匯報 (第二節)

FP2.1	北京某城區失能老人家庭照顧者生活質量現況及影響因素研究	杜娟
FP2.2	Long-Term Quality-of-Care Summary Score Predicts the Occurrence of Chronic Kidney Disease in Type 2 Diabetic Patients	Pi-I LI
FP2.3	Colorectal Cancer Screening in Middle Aged to Older Adults in Hong Kong	Joyce SF TANG
FP2.4	Management of Hypertension in Ethnic Minority Groups in Hong Kong	Catherine XR CHEN
FP2.5	A Pilot Study on the Effect of Chinese Pipa Music on Chronic Nonmalignant Pain Control in a University Community in Hong Kong	Dana SM LO
FP2.6	Menopausal Symptoms and Attitude of Midlife Women in Macao, China	Mei Fong CHOU

Free Paper - Oral Presentation 論文匯報

Sunday 8 June 2014 • 09:00 - 11:00 • G/F, Lim Por Yen Lecture Theatre
2014 年 6 月 7 日星期六 • 09:00 - 11:00 • 林百欣演講廳 (地下)

FREE PAPER III – ORAL PRESENTATION 論文匯報 (第三節)

FP3.1	應用系統動力學仿真方法預測社區衛生服務的未來發展趨勢	李麗清
FP3.2	The Impact of Haemoglobin A1c (HbA1c) Testing on the Occurrence of Chronic Kidney Disease in Type 2 Diabetes Patients	Chao Kai CHUANG
FP3.3	Audit on Secondary Prevention of Ischaemic Stroke in a General Outpatient Clinic	Wai On WONG
FP3.4	Occupational Therapy (OT) Service Outcome Reviews in General Outpatient Clinics (GOPC) in 7 clusters	Thomas H CHEUNG
FP3.5	Clinical Features that Would help Primary care Physicians Diagnose COPD	Mei Sit U
FP3.6	Efficacy of Computer-based Cognitive Training Program for Elderly with Cognitive Decline Managed in the Primary Care	Hoi Chun WITTLIN-YAU
FP3.7	Impact of the Cervical Screening Programme on Cervical Cancer Diagnosis and Death in Hong Kong	Duncan TUNG
FP3.8	An Audit on Outcome and Appropriateness of Referrals to Accident and Emergency Department in Cheung Sha Wan Jockey Club General Outpatient Clinic	William WK TSANG

Presentation 1.1

Geriatric Health Promotion and Integrated Care in Taipei

Ying-Hua HSIEH

Taipie Medical University - Municipal Wan Fang Hospital, Taiwan

Introduction: The elderly population in Taiwan has raised over 11% of total population. The prevalence of patients with multiple chronic diseases has increased annually. Implementation of integrated care can improve quality of medical service. The recent studies reveal that more than half of the elderly population in Taiwan have three or more chronic diseases, and 27% of the elderly takes more than five types of drugs regularly. Elderly population accounts for 30% of National Health Insurance (NHI) medical expenses and 20% of total household health expenditure.

Methods: Target patients for integrated care are out-patient department patients throughout Jan, 2010 to Jan, 2013, and who had visited Wan Fang Hospital outpatient department for more than 50% of their total out-patient department visits. Family Medicine Department established health promotion & integrated care OPD, and restricted the number of clinical patients per session to twenty five. Comprehensive geriatric assessment (CGA) were completed by the Family physicians and rehabilitation physicians. Pharmacists were arranged to individual outpatient clinic.

Discussion: The number of visits to health promotion & integrated care OPD was 2.31 visits per patient per month. The average monthly medication per person was 7.96 items. Based on indicators such as repeated administrations of the same item of drugs or follow up examinations within 30 days of inspection, the project achieved good results. Finally, individualized health promotion plans were developed by the physicians based on each patient's functional assessments.

Results: The hospital provided health promotion and integrated care service to 8,535 loyal patients. The service composed of health promotion activity for elderly: smoking cessation, body weight control and so on. It also included procedure to reduce chances of therapeutic duplications. Project outcome statistics included cases between January 2010 and January 2013 and three major health service indexes.

Presentation 1.2

血液透析老年患者正性情緒的影響因素研究

郭振霞[1]，化前珍[2]，張彩雲[1]

[1] 蘭州大學第一醫院，甘肅蘭州
[2] 第四軍醫大學護理學院，陝西西安

引言：維持性血液透析的老年患者，給家庭帶來經濟壓力和照顧負擔，易產生自卑無用感。如何使患者正面、積極看待疾病，影響因素有哪些，成為研究熱點。本研究的主要目的在於了解血液透析老年患者正性情緒的影響因素，為血液淨化中心老年患者的心理干預提供參考依據。

研究方法：2012 年 6 月 ~10 月，採取整群隨機抽樣的方法，抽取第四軍醫大學西京醫院、唐都醫院、省人民醫院、西安交通大學第一、第二附屬醫院，共 5 所三級甲等醫院血液淨化中心的所有符合納入排除標准的老年血液透析患者進行橫斷面調查。納入標准：60 周歲以上，連續透析 3 個月以上的門診透析患者；排除 60 周歲以下、存在認知障礙無法交流溝通者、嚴重軀體疾病無法參與調查者，急性中毒、急性腎功能衰竭、腎移植前後需要透析的患者、腹膜透析患者。應用的老年心理狀態量表包括自尊自信、協調應對、自我滿足感三個維度，共 28 題。在患者知情同意情況下，將問卷上的問題逐一詢問患者，由患者本人作答。資料分析採用描述性分析、多元逐步回歸分析的統計學方法，分析影響患者正性情緒的因素。

結果：研究共收集問卷 210 份，有效 200 份，有效率為 95.23%。200 例患者中，男性 118 例，女性 82 例；60~70 歲 100 例，70~80 歲 86 例，80 歲以上 14 例；透析不滿 3 年的 141 例，3 年以上者 59 例。影響患者正性情緒的因素有：經濟壓力（R=3.897，P=0.000）、興趣愛好（R=3.839，P=0.000）、睡眠時間（R=2.888，P=0.004）、知識來源途徑（R=2.765，P=0.005）。

結論：透析護士可教會患者應對失眠的技能，培養多方面興趣愛好，進行透析知識指導，增強患者的正性情緒，提高生活質量。

Presentation 1.3

Prevalence of Anemia Amongst South Asian Adults in Hong Kong

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Introduction: Little is known about the prevalence of anemia amongst the South Asian community in Hong Kong. However during the community health promotion, it was observed that some ethnic groups were strict vegetarian, some also abstained from eggs as well as meat from the diet. They also lacked knowledge on balanced diet, consequently making them vulnerable to iron deficiency anemia.

Method: In 2013, an anaemia screening programme was conducted for this community. A cue card with Hemoglobin level and tips in maintaining Hemoglobin level for vegetarians in different languages Nepali, Hindi and Urdu was prepared. Health screening events were held in outdoor venues and spot finger prick hemoglobin test (Hemocue) was performed.

Result: Total of 206 (185 female and 20 male), Indian, Nepalese and Pakistanis adult were screened. Out of which 16% (30/186) women were found to have low hemoglobin level ranging from 5.3 – 10.9 g/dl. Of these 30 women, 15 were ovovegetarian. No men were identified to have low hemoglobin.

Interventions: All the 30 women with low hemoglobin were given cue card with tips on maintaining hemoglobin level and advised to see the doctor.

Conclusion: This community screening programme identified that anemia is prevalent amongst the women from the South Asian community and there is need to promote healthy balanced diet for this community to prevent them from adverse health consequences. Primary care doctors may take opportunity to enquire about anaemia in this group.

Presentation 1.4

What are the Obstacles to Promoting Mental Health Services in Primary Care? – a Study in Hong Kong

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Introduction: To investigate the obstacles to promoting mental health services in primary care under a pluralistic health care system of Hong Kong.

Methods: The study adopted a combined qualitative and quantitative approach. Four focus group interviews among the primary care physicians (PCPs) and psychiatrists in Hong Kong were conducted to explore the in-depth opinions on the obstacles to caring for mental health patients with particular focus on primary care. The qualitative data collected were used to construct a questionnaire for the survey on PCPs. The survey data from 516 PCPs were analyzed by factor analysis and correlation analysis.

Results: The survey results showed that PCPs' commonly perceived obstacles were lack of timely access to public psychiatrists, lack of feedback from both public and private psychiatrists after referrals, as well as patients' reluctance to referrals. The PCPs focus group participants expressed their necessity to handle mental health patients regardless of their competency. Factor analysis on twelve obstacle items of the survey identified three main factors relating to (1) PCP's own clinical constraints, (2) patients' behaviors, and (3) collaboration between PCPs and psychiatrists. Correlation analysis showed that the numbers of mental health patients seen and treated by the PCPs are mainly determined by their own clinical constraints, instead of the other two factors.

Conclusions: While policy implementation on referral system is expected to improve the overall atmosphere, strengthening the PCPs' competency would be the most effective way to reduce the individual practice outcome gaps among the PCPs in Hong Kong.

Presentation 1.5

Clinical Benefits of the Multi-disciplinary Risk Assessment and Management Programme-Hypertension (RAMP-HT) for Patients with Hypertension in GOPCs - the First Year Experience

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Introduction: Since October 2011, the Hospital Authority (HA) has introduced the Risk Assessment and Management Programme (RAMP) for patients with hypertension (HT) managed in the public primary care setting. The programme aimed to improve cardiovascular outcomes for hypertensive patients through risk assessment, risk stratification and risk-guided management by a multi-disciplinary effort. This study evaluated the clinical benefits of RAMP-HT at 12-month.

Method: Evaluation involved 5 clusters under HA that had launched RAMP-HT since Oct 2011. A sampling of 13,155 hypertensive patients aged ≤80, without existing cardiovascular diseases and with suboptimal blood pressure (i.e. systolic blood pressure (SBP) >140mmHg or diastolic blood pressure (DBP) >90mmHg) who were enrolled into RAMP-HT for more than one year was compared to 33,172 non-RAMP-HT participants on clinical outcomes including SBP, low-density lipoprotein cholesterol (LDL-C) and the estimated 10-year cardiovascular disease (CVD) risk using Framingham risk scores equation to reveal the net benefit of RAMP-HT. Multivariate linear regressions were used to identify the net effectiveness of RAMP-HT by adjusting the potential confounding variables.

Results: There was a reduction in mean SBP, LDL-C and estimated 10-year cardiovascular risk in both the RAMP-HT participants and hypertensive patients receiving usual care from general-out-patient-clinics (GOPCs) at 12 months. The RAMP-HT participants had greater reduction in LDL-C (coef. = -0.02, P-value = 0.04) and estimated 10-years CVD risk (coef. = -0.45, P-value < 0.01) compared to the usual care group, and the difference was statistically significant. RAMP-HT participants also had a greater reduction in SBP than the usual care group, however the difference did not reach statistical significance.

Discussion: For hypertensive patients aged ≤80 with suboptimal blood pressure control but without existing cardiovascular complications, the multi-disciplinary RAMP-HT was shown to confer additional clinical benefits over usual care at GOPCs in terms of a greater reduction of estimated 10-year CVD risk and LDL-C at 12 months. A more comprehensive and longer-term evaluation of the effectiveness of RAMP-HT should be performed to better illustrate the true clinical impact of such programme.

Presentation 1.6

Elderly Fall Injuries in Hong Kong – Are They Inevitable?

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Introduction: Elderly fall injuries will become a more pressing public health problem in Hong Kong due to population ageing.

Method: The Department of Health conducted a population-based cross-sectional survey during April to July 2008. Systematic replicated sampling was deployed in the selection of living quarters, covering land-based non-institutionalized population of all ages. All members in selected households were interviewed individually using a structured questionnaire set according to guidelines published by the WHO. A population subgroup with elderly aged 65 or above was analysed separately to explore the relationship between fall injuries and different risk factors.

Results: A total of 1,217 non-institutionalized elderly aged 65 or above were interviewed. 5.3% sustained fall injuries in the 12 months before enumeration. The incidence of fall injury was higher for females (OR=2.3, 95% CI 1.281 to 4.154); elderly with dementia (OR=6.0, 95% CI 1.978 to 18.379); elderly with long-term mobility difficulties with extremities/ body (OR=2.3, 95% CI 1.115 to 4.756) and elderly with long-term hearing difficulties even if using hearing aids (OR=2.8, 95% CI 1.154 to 6.761).

Discussion: Some specific risk factors for falls were identified. Primary Care practitioners have a pertinent role in preventing elderly fall injuries. At risk individuals and their carers should be equipped with knowledge and skills to prevent injury from falls. As risk factors i.e. cognitive, physical and hearing decline are largely irreversible, perhaps a more effective approach would be to prevent them from occurring in the first place.

Presentation 1.7

Do Patients in GOPC Have Adequate Knowledge on Hypertension?

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Introduction: Hypertension is one of the most commonly encountered diseases in primary health care (1). Poorly controlled hypertension can lead to many complications. A better understanding on patient's knowledge and perception on hypertension enhance the effectiveness of management of hypertension in primary care.

Objectives: To assess patient's knowledge and perception on hypertension in primary care setting.

Methodology: A cross-sectional survey of 139 patients randomly selected from a general out-patient clinic was undertaken during November 2013 to December 2013. Patient's demographics, knowledge and perception of hypertension were assessed by questionnaires.

Results: Total 139 patients were recruited. Their age ranged from 34 to 93. 118 patients (84.9%) had known hypertension, of which 91 patients (77.1%) had own BP monitoring. However, only 25 of them (27.5%) could correctly report the blood pressure target for simple hypertension. Conversely, only 1 non-hypertensive patient (12.6%) with own BP monitoring could correctly report the blood pressure target.

For knowledge on hypertension-related diseases, stroke (69.0%) and cardiovascular disease (50.0%) were the best-known complications. Minority of them recognised hypertension could increase risk of renal failure (20.1%), atherosclerosis (16.5%), retinopathy (11.5%) and aneurysms (2.2%). 85.7% non-hypertensive patients could recall at least one or more hypertension-related diseases, as compared with 83.1% of those hypertensive patients.

Most patients understood hypertension is not curable (78.4%), yet only 28.8% knew that hypertension does not usually present with symptoms.

Conclusion: This survey revealed that many hypertensive patients had deficiency in knowledge. In view of the high prevalence of hypertension at primary healthcare setting, health education for all hypertensive patients is essential. For instance, we can empower our patients with the knowledge through nurse-led education or community based services e.g. Patient Empowerment Program. By doing this, patients can adopt a healthy lifestyle and to have better adherence to the hypertension management. Furthermore, pamphlets on healthy eating, techniques for taking blood pressure should be readily available at clinic as to raise public's awareness of hypertension and prompt early detection of hypertension for intervention.

Reference:

(1) Centre for Health Promotion 2013
http://www.chp.gov.hk/en/view_content/28258.html (accessed on 1/11/2013)

Presentation 1.8

Home Blood Pressure Monitoring Among Hypertensive Patients in a Primary Care Clinic of Hong Kong: A Cross Sectional Survey

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Introduction: Numerous international agencies had recommended home blood pressure monitoring (HBPM) in their published guidelines. However, HBPM is often used without proper medical advice, these measurements can be inaccurate and adversely influence clinical management.

Methods: A cross sectional survey involving adult Chinese patients with hypertension, with objectives to evaluate the prevalence of HBPM and to assess the competence of self blood pressure measuement among hypertensive patients in primary care setting. Randomly generated list of hypertensive patients were invited to complete the questionnaire and those patients performing HBPM were tested on knowledge and competence on self-BP measurement with automatic BP machine.

Results: 57 male and 71 female patients completed the questionnaire. 65.6% of patients owned BP machine of any type at home, while 58.5% of them conducting home BP monitoring. 28.1% of patients had ever learned how to measure BP. For patients did not own home BP machine, 36.4% claimed that BP machine was too expensive, 36.4% claimed that they did not know how to measure the BP. 56.6% of respondents strongly agreed that HBPM can help patients to achieve better BP control.

65 patients completed competence test in self BP measurement, 97% of them passed the written test while 55.3% of them passed the practical test. For practical test, 30.7% of patient failed to put the cuff on proper position, while 10.7% did not put the arm at the same level of heart.

Conclusion: 58.5% of hypertensive patients in a primary care clinic of Hong Kong conducted home blood pressure monitoring, while 55.3% of them were concluded as competent in performing self-blood pressure measurement.

Presentation 2.1

北京某城區失能老人家庭照顧者生活質量現況及影響因素研究

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引言：失能老人是指年齡在 60 歲及以上，在吃飯、穿衣、上下床、上廁所、室內走動、洗澡等基本日常活動必須在他人的協助或者完全依賴他人的協助才能完成的老人。目前國內針對失能老人照顧者的研究主要集中在腦卒中、老年痴呆、精神分裂症和癌症照顧者的身心負擔的研究，且大都是基於醫院病房或門診進行的調查研究，而對基於社區的家庭照顧者生活質量研究尚不多見，本研究旨在了解城市基於社區的失能老人家庭照顧者的生活質量及影響因素。

方法：採用方便抽樣於 2013 年 5-6 月對北京某城區 60 歲及以上失能老人主要家庭照顧者 766 名，使用 SF-36、社會支持量表、照顧者負擔量表以及一般社會人口學指標進行橫斷面調查。生活質量影響因素單因素分析採用 t 檢驗或單因素方差分析 , 生活質量影響因素多因素分析採用分層回歸。採用 R^2 評價量模型擬合程度，影響因素重要性大小以不同層間 R^2 的差值測量。

結果：62.9% 的照顧者為女性，63.4% 的照顧者為成年子女；生理生活質量得分為 61.12，心理生活質量得分 62.75；分層回歸分析顯示失能老人及照顧者的人口社會學特征、照顧背景及照顧負擔可分別解釋生理生活質量及心理生活質量總變異的 35.8% 和 40.8%；生理生活質量影響因素中失能老人人口社會學特征中每月自付費用（$\beta_{標準}$=-0.072，P=0.022）進入方程，照顧者人口社會學特征中每月收入（$\beta_{標準}$=0.103，P=0.001）和患慢性病的數量（$\beta_{標準}$=-0.185，P=0.000）進入方程，照顧背景中主觀性社會支持（$\beta_{標準}$=0.093，P=0.023）和社會支持利用度（$\beta_{標準}$=0.078，P=0.019）進入方程，照顧負擔（$\beta_{標準}$=-0.352，P=0.000）進入方程；心理生活質量影響因素中失能老人人口社會學特征中每月自付費用（$\beta_{標準}$=-0.073，P=0.015）進入方程，照顧者人口社會學特征中每月收入（$\beta_{標準}$=0.090，P=0.002）和患慢性病的數量（$\beta_{標準}$=-0.126，P=0.000）進入方程，照顧背景中主觀性社會支持（$\beta_{標準}$=0.150，P=0.000）和社會支持利用度（$\beta_{標準}$=0.084，P=0.009）進入方程，照顧負擔（$\beta_{標準}$=-0.495，P=0.000）進入方程；生理生活質量前兩大類影響因素為照顧者的人口社會學特征和照顧負擔，△ R^2 分別為 0.15，0.097，心理生活質量的前兩大類影響因素為照顧負擔和照顧背景，△ R^2 分別為 0.193，0.107。

結論：北京城區失能老人家庭照顧者生活質量較低，今后應採取措施減少照顧者負擔，另外應盡快建立長期照顧制度，為照顧者提供相應的社會支持。

Presentation 2.2

Long-Term Quality-of-Care Summary Score Predicts the Occurrence of Chronic Kidney Disease in Type 2 Diabetic Patients

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Background: Diabetes is a chronic disease with high treatment cost, and causes multiple complications. But little is known about the relationship between quality of care and chronic kidney disease (CKD). We assessed whether a quality of care summary score was able to predict the occurrence of CKD in type 2 diabetic patients.

Methods: This study identified incident type 2 diabetes patients during 1999-2003 from Longitudinal Cohort of Diabetes Patients database of National Health Insurance program and medical records of a medical center in Taiwan, and followed up to 2011. The long-term quality-of-care summary score were calculated by using process and intermediate outcome indicators (HbA1c, blood pressure, low-density lipoprotein cholesterol, microalbuminuria, foot exam, and eye exam) in the last 3 years before censor date, with scores ranged from 0 to 45. Cox regression model was employed to evaluate the association between diabetic care and CKD.

Results: Overall, 4754 patients were enrolled, of whom 1407 developed CKD events after a mean follow-up of 9.06 years. In adjusted Cox regression model, the risk to develop a CKD event was 58% lower in patients with a score of ≧ 25 (hazard ratio [HR] = 0.419; 95% confidence interval [CI] = 0.316-0.555), and 15 % lower in those with a score between 10 and 20 (HR = 0.846; 95% CI = 0.755-0.949), as compared to those with a score ≦ 5.

Conclusion: Quality of care summary score may be of use in predicting the occurrence of CKD in type 2 diabetic patients.

Presentation 2.3

Colorectal Cancer Screening in Middle Aged to Older Adults in Hong Kong

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Introduction: Colorectal cancer is currently the commonest cancer in Hong Kong. Its early stages and pre-cancer lesions may be detected by screening.

Method: Descriptive study. In the 12 months from 1 April 2011 to 31 March 2012, 16,480 adults, 6,005 males and 10,475 females, aged 40 years and above participated voluntarily in colorectal cancer screening using 3 consecutive samples of the faecal occult blood (FOBT) screening test (Immunochromatographic method). Those with any positive results were further assessed by the doctor for colonoscopy if indicated and willing or referred to specialist.

Results: 583 (3.5%) tested positive, 273 male, 310 female. For both sexes, the incidence of positive test was higher in the older age group. 4.6% of men and 2.9% of women had a positive test. Of those who had further investigations, 22 (3.8%) had cancer, 99 (17.1%) had other bowel lesions such as polyps. The crude incidence rates of colorectal cancer detected in this population per 100,000 people were 105.1 and 73.1 for male and females respectively in the 45-64 age group; and 57.5 and 425 amongst males and females respectively in the 65 years and older age group. Our rates were markedly higher than those of general Hong Kong population (1) except amongst older men, where our rates were lower.

Discussion: Our observations confirm that the incidence of colorectal cancer is high in middle age to older adults. FOBT is a safe, simple, non-invasive and acceptable way of screening in primary care. Follow-on colonoscopy in a timely fashion for the screen positives is essential. Recommend government further examine resource implications and practical arrangements.

Presentation 2.4

Management of Hypertension in Ethnic Minority Groups in Hong Kong

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Introduction: About 95% of Hong Kong's population is ethnic Chinese; the remaining consists of ethnic minority groups (EMG) mainly from south Asia. This study tried to identify the demographics and to compare the blood pressure control of ethnic minority group hypertensive patients with Chinese hypertensive patients managed in the primary care.

Methods: This was a retrospective case series study. Hypertensive patients including Chinese and EMGs who had been regularly follow up in a local GOPC during 01 January to 31 December, 2013 were recruited. Their blood pressure control, co-morbidities and biochemical parameters including fasting sugar, renal function and lipid profile were retrieved from the Computer Management System (CMS). Student's t-test and analysis of variance (ANOVA) were used for analysing continuous variables and Chi-square test for categorical data.

Results: Among 10771 recruited HT patients, 10121 (94.0%) were Chinese in origin and 650 (6.0%) were from EMGs. Compared with Chinese hypertensive patients, EMG hypertensive patients were much younger but more obese (both $P<0.001$). Their blood pressure control was poorer than age- and sex-matched Chinese hypertensive patients ($P<0.001$). High density lipoprotein level (HDL) was much lower in EMGs compared with their Chinese counterparts ($P= 0.001$). Among the top four EMGs of hypertensive patients, Pakistanis were found to have poorest glycaemic control, while Nepalese have poorest diastolic blood pressure control.

Conclusions: Compared with Chinese hypertensive patients, EMG hypertensive patients were much younger but more obese. Deficiencies exist in the comprehensive management of hypertension in the EMGs. Culturally tailored healthcare interventions are required to promote clinical effectiveness among this group of patients.

Presentation 2.5

A Pilot Study on the Effect of Chinese Pipa Music on Chronic Nonmalignant Pain Control in a University Community in Hong Kong

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Introduction: Chronic pain is common in the community, and associates with stress, depression and anxiety. Pharmacological therapies have its limitations. Music offers a potentially effective alternative or adjunct therapy for managing chronic pain, but further research is needed into its efficacy in the local Chinese community setting.

Methods: This study is a randomized wait-controlled trial, with one experimental group and a 'control/ experimental' group. The subjects are volunteers with non-malignant pain for at least 3 months. Both groups receive a CD consists of Chinese pipa music. But, one group receives the CD at the beginning and the other group receives the CD later at week 4. Subjects listen to the CD regularly during the intervention weeks. Questionnaires are given at week 0, 4, 8 to both groups. The outcome measurement includes: (1) pain score (2) depression, anxiety and stress score (3) analgesic use.

Results: Ten subjects are recruited up to now. The two groups share similar demographics in terms of age and baseline pain score. By the preliminary analysis at week 4, there is not enough evidence to support significant change in pain, depression and stress score, but the decrease in anxiety score in the experimental group is statistically significant (t value ≈ 1.94, p value ≈ 0.04<0.05).

Discussion: The preliminary result cannot reject or support the therapeutic effect of Pipa music on pain management, but there is detectable positive effect in pain related symptoms, e.g. anxiety. The study is ongoing with subject recruitment. Further analysis of the outcome measurements should clarify the question in our study.

Presentation 2.6

Menopausal Symptoms and Attitude of Midlife Women in Macao, China

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Objective: To explore the menopausal symptoms and attitude of middle aged women in Macao as well as their related factors.

Method: A questionnaire survey of a convenience sample of 445 female patients aged 40-60 years in a public health center. The questionnaire consisted of the Menopause Rating Score (MRS), Menopause Attitude Scale (MAS), socio-demographic data. The MRS contains somatic, psychological and urogenital subscales. The MAS contains positive and negative attitudes. Regression models were used to test the association among different variables.

Results: The average age of the recruits was 49.18±5.078 years, and average MRS score was 14.24±8.85. 35.3% of recruits had severe MRS scores. Advantage score of positive attitude and negative attitude were 26.77+3.12 and 26.35+4.82. Menopausal attitude was significantly associated with menopausal symptoms. Negative attitude was affected by the menopausal symptom of heat discomfort, joint and muscular discomfort, physical and mentalexhaustion($P < 0.05$). Regression analysis revealed women with lower education, living without partner was independent predictors of menopausal attitudes ($P < 0.05$). Furthermore, we found that peri or post-menopausal stage were significantly more likely to have negative attitude ($P < 0.05$).

Conclusions: Menopausal symptoms were common. Menopausal symptoms, education, marital status had significantly negative impact on menopausal perceptions. We need to promote perception of menopause earlier in women's midlife.

Presentation 3.1

Analysis on Forecasting the Future Development of Community Health Service Based on System Dynamics Simulation Method

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Objective: To quantitatively forecast future development of community health service from the angle of system engineering, explore the new forecast methods, and provide decision basis for improving the development of CSH.

Method: According to the characteristics and development status, with the help of system dynamics theory, determined the key variable of the development of CSH, build up simulation structure diagram and simulation functions, and simulated the CSH development trend in the future through simulation software of system dynamics.

Result: It is well known from the different simulation trajectory, according to the present development status, it will spend more than ten years to achieve the goal of flowing patient, if the government adjust the CSH development policy, it only will spend five years to accomplish the goal.

Conclusion: It is a long way to fulfill the goal of flowing patient, the policy adjustment is useful to make the goal come true in advance. Analysis on the CHS development in future based on system dynamics, which can enrich the application of system dynamic theory in the public health field and improve the CSH development.

應用系統動力學仿真方法預測社區衛生服務的未來發展趨勢

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目的：從系統工程的角度定量預測社區衛生服務發展趨勢，並探索新的預測方法，為社區衛生服務的發展提供決策依據。

方法：根據社區衛生服務的特點及發展情況，運用系統動力學仿真理論和方法，確定社區衛生服務系統發展中的核心變量，從系統內部結構著手建立政策模擬的仿真流圖，確立所有變量的仿真方程，採用 SD 仿真軟件，對社區衛生服務的未來發展趨勢進行模擬和預測。

結果：從不同的發展軌跡對社區衛生服務的診療人數進行預測可知，按目前社區衛生服務發展狀況，實現“小病在社區，大病在醫院”的目標須經過十多年的緩慢發展過程才能完成；若政府調整社區衛生服務發展政策，採取加大投入力度、優化人力結構、完善醫保政策、更新基本醫療設備等措施，五年后基本可達到這個目標。

結論：目前要實現“小病在社區，大病在醫院”的目標仍是一個漫長的過程，政策的調整能有效發揮社區衛生服務機構分流病人的作用，提前實現分流病人的目標。用系統動力學理論研究社區衛生服務未來發展趨勢，體現了系統動力學的整體論、還原論與系統論的有效結合，豐富了系統動力學理論在公共衛生領域中的應用，對促進社區衛生服務發展提供了有益借鑒。

Presentation 3.2

The Impact of Hemoglobin A1c (HbA1c) Testing on the Occurrence of Chronic Kidney Disease in Type 2 Diabetes Patients

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Background: Diabetes is associated with many complications and causes morbidity and mortality. The effectiveness of adherence to HbA1c test recommendation for chronic kidney disease (CKD) prevention in diabetes patients is still unknown. We evaluated the association between adherence to HbA1c test according to American Diabetes Association's recommendations and the occurrence of CKD in diabetic patients.

Methods: This study identified incident type 2 diabetes patients during 1999-2003 from Longitudinal Cohort of Diabetes Patients database of National Health Insurance program and medical records of a medical center in Taiwan, and followed up to 2011. It is recommended that HbA1c test was performed at least twice a year. We evaluated the relationship between adherence to HbA1c test Recommendation and incidence of CKD by Cox regression model after adjusting for age, gender, diabetic duration, Diabetes Complication Severity Index, pay for performance program, anti-diabetic medications, and comorbidities.

Results: Overall, 4754 patients were enrolled, of whom 1407 developed CKD events after a mean follow-up of 9.06 years. The average age was 55.3 years old, and 54.8 % were male. 70.4% of subjects took oral anti-diabetic drugs (OAD). 22.9% of subjects with insulin or oral anti-DM agents had good adherence. Among 4754 patients, 33.3% followed the practice guideline for the entire period. Comparing to patients with poor adherence to proposing HbA1c test guideline (<1 time/year), the adjusted hazard risk of CKD for those adherence to proposing HbA1c test guideline was 0.775 (95% confidence interval=0.655-0.917).

Conclusion: Adherence to recommended HbA1c test significantly decrease the occurrence of CKD in diabetic patients.

Presentation 3.3

Audit on Secondary Prevention of Ischaemic Stroke in a General Outpatient Clinic

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Introduction: Good secondary prevention measures can reduce subsequent vascular risks and mortality in stroke patients. This audit aimed to show the feasibility of improvement of secondary prevention care of ischaemic stroke through audit activity in a general outpatient clinic setting.

Method: Criteria and standard of care were set with support from relevant studies. Criteria included life style risk factors (smoking, alcohol use, BMI assessment, exercise assessment), vascular risk factors (blood pressure control, glucose level control, cholesterol level control) and use of prevention medications (antiplatelet agent, anticoagulant for atrial fibrillation). The first phase data were retrieved and the performance was compared with the standard. Area of weaknesses and ways for improvement were identified. After implementation of improvement strategies, the second phase data was drawn and then the performance was compared with first phase and the standard.

Results: The performance of all criteria in phase one did not reach the standard. After the implementation strategies, the performance of all criteria in the second phase improved and reached the standard. Moreover, the baseline characteristics (sex and age) of 2 phases populations were of no statistically significant difference.

Discussion: This audit project proved the improvement of the standard of secondary preventive measures for stroke, in terms of life style risk factors and vascular risk factors control, after the implementation of strategies. The audit process should be continuous in the future and further interventions are needed to improve the standard of care.

Presentation 3.4

Occupational Therapy (OT) Services Outcome Reviews in General Outpatient Clinics (GOPC) in 7 Clusters

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Introduction: OT pioneered in various disease management programs in primary care with the aims to promote health, injury prevention, and enhance wellbeing in physical, mental and emotional aspects (Fong, 2008). Since 2010, there are 13000 clients through over 50000 attendances being served annually in GOPCs in 7 clusters.

Methods: Retrospective analysis of 5 OT involved programs namely Enhance Public Primary Care Service(EPPS), Integrated Mental Health Program(IMHP), NAHC-Respiratory Disease Management Program(RDMP), NAHC-Fall Prevention Clinic, and Risk Assessment & Management Program(RAMP) for Diabetes and Hypertension.

Results: In NAHC-RDMP, 63.3% of COPD patients had improvement in 6-minute walk test (6MWT) at 6-month follow-up; and improvement in MMRC Dyspnoea scale at 6-month follow-up.

Other Program statistics are summarized in the table

Program		Outcome	Pre-test	Post-test	No. of subject	p-value
RAMP – DM & HT		Blood pressure (systolic)	MD= 3.15mmHg		150	p=0.05
		Blood pressure (diastolic)	MD=4.61mmHg		150	p=0.01
		Body weight	MD=1.05kg		150	p=0.05
NAHC-Fall**		Fall rate	0.84	0.28	1297	p<0.001
		Fall Efficacy Scale	76.15	85.83	1245	p<0.001
		Modifed Barthel Index	94.56	96.52	343	p<0.001
		Lawton IADL	11.64	11.90	340	p=0.001
		Fall Behavioral Scale	89.5	97.3	282	p<0.001
IMHP*		PHQ9	12.47	7.96	426	p<0.001
		GAD7	11.76	7.75	426	p<0.001
EPPS	Arthritis Care program	Rt knee pain VAS	2.91	1.01	101	p=0.0001
		Lt knee pain VAS	3.08	0.83	92	p=0.0001
		HAQ	7.49	3.54	134	p=0.0001
	Cognitive Program	CMMSE	21.26	22.14	43	p=0.041
		EMQ	7.61	6.44	43	p=0.015
	MSK Program**	RMDQ	39.3%	27.1%	49	p<0.05
		NPQ	40.1%	25%	30	p<0.05
		DASH	44.8%	18.3%	74	p<0.05

*Joint intervention with FM doctors
**Joint intervention with physiotherapists

Discussion: All OT programs successfully empowered our clients to manage themselves with wellbeing in physical, mental and emotional aspects. With the direction of FM multidisciplinary care teams, OT horizon is expected to further develop.

Presentation 3.5

Clinical Features That Would Help Primary Care Physicians Diagnose COPD

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Introduction: For the diagnosis of chronic obstructive pulmonary disease (COPD), the gold standard is spirometry. If spirometer is inaccessible, primary care physicians rely on clinical features to make the diagnosis, the accuracy of which remains uncertain. They need more clinical information to aid decision-making while waiting for the lung function tests. The aim of our study was to evaluate the other clinical features of patients suspected of COPD that would help primary care physicians better assess their patients before spirometry is available.

Methods: This was a retrospective study of patients aged 40-85 years who were diagnosed of COPD in the public Health Centers of Macau. They were called back to complete a questionnaire, and then blew into a spirometer after inhaling 400μg of salbutamol. The questionnaire contained demographic data, smoking history, frequency of attending the emergency department, and the CAT. Patients with previous lung functions tests or other concomitant lower respiratory tract diseases were excluded.

Results: Spirometry was done on 152 patients, of whom, 83 (54.6%) had airflow limitation (FEV1/FVC<0.7, satisfying the definition of COPD) and 69 (45.4%) had not. There was no significant difference between these two groups in the prevalence of dyspnea, coughs, sputum and wheezing; the distribution in age, sex and education were also similar. However, patients with persistent airway limitation were more likely to have lower BMI, history of smoking and a higher CAT score.

Discussion: Misdiagnosis of COPD without spirometer is frequent in primary care setting. Apart from respiratory symptoms, the assessment of BMI, history of having quitted smoking, and a high CAT score are helpful in making the correct diagnosis.

Presentation 3.6

Efficacy of Computer-Based Cognitive Training Program for Elderly with Cognitive Decline Managed in the Primary Care

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Studies on computer-based cognitive training for people with cognitive decline reported positive benefits.

Objectives:
1) explore the onset period before patient consulted general out-patient clinic for their cognitive problem,
2) explore the relationship between cognitive function and computer-based cognitive training.

A retrospective study was conducted in Yau Ma Tei Jockey Club Clinic Enhancement of Public Primary Care Services (EPPS) Occupational Therapy Centre.

Demographic data of self-declared onset of memory decline, Everyday Memory Questionnaire (EMQ), Barthel index (BI) and Chinese version of the Activities of Daily Living Questionnaire (ADLQ-CV) on instrumental activity of daily living (IADL) were measured at baseline. CMMSE and EMQ were outcome measures.

From Oct 2012 and Sept 2013, 291 clients were selected. 45.70% of their baseline CMMSE score were below their cut-off. Their self-declared average onset time of memory decline was 1.87 years. 43 of them joined the computer-based cognitive training. Significant difference was found in both CMMSE with mean post-score=22.14, SD=2.75 (p=0.041) and EMQ with mean post-score=6.44, SD=2.73 (p=0.015). Stronger significant difference for both post-scores of client age group <80 were found.

In primary care setting, early intervention and educational class for patients and carers are recommended.

Presentation 3.7

Impact of the Cervical Screening Programme on Cervical Cancer Diagnosis and Death in Hong Kong

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Introduction: The Department of Health of Hong Kong Special Administrative Region Government launched a territory-wide Cervical Screening Programme (CSP) in 2004. This study reviewed the impact of the CSP on cervical cancer diagnosis and death in Hong Kong.

Methods: Data matching was conducted between with the records in Cervical Screening Information System (CSIS) and Hong Kong Cancer Registry (HKCaR) from 2004 to 2010. Relative risk of detecting invasive cervical cancer, staging at diagnosis, and death due to cervical cancer by registration status with the CSP were computed.

Results: A total of 391 357 women aged 25 or above registered with the CSP between 2004 and 2010. Among them, 256 cervical cancer cases were recorded compared with 2 618 cervical cancer cases from among 2 337 543 (female population aged 25 or above as at mid-2007) non-registered women. Relative risk of detecting invasive cervical cancer, late stage cervical cancer (Stage III or IV), and cervical cancer deaths among non-registrants compared with CSP registrants were 1.71 (95% CI: 1.51-1.95), 7.55 (95% CI: 3.96-14.39) and 2.50 (95% CI: 1.63-3.84) respectively.

Discussion: Lower cervical cancer detection and death rates among CSP registrants supported the premise that organised cervical screening was effective in preventing cervical cancer and reducing cancer deaths. During the daily clinical practice, primary care doctors can encourage non-screened individuals to receive regular smears or offer cervical screening that helps reduce cervical incidence and mortality among women.

Presentation 3.8

An Audit on Outcome and Appropriateness of Referrals to Accident and Emergency Department in Cheung Sha Wan Jockey Club General Outpatient Clinic

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Introduction: Primary health care physicians are important gatekeepers to our heavy-loaded emergency department (AED). This audit evaluates the outcome and appropriateness of referrals to AED in our clinic aiming at improving patient management and utilization of public resources.

Method: Records of patients referred to AED from June to December 2013 were reviewed and referral outcome retrieved from the clinical management system. Criteria for "appropriate" referrals include:
(1) hospital admission offered by AED
(2) urgent investigation not available at GOPC
(3) urgent treatment not available at GOPC

Results: There were 226 referrals (98 males and 128 females, age 4 months – 96 years) to AED during the period. 80.1% (181/226) referrals were classified as "appropriate".

Discussion: (1) In managing poorly controlled hypertension, guideline from Department of Health suggested referral to AED if there is persistent BP >220/120 despite rest or drug treatment, malignant hypertension with target organ damage. There were 7 cases which didn't fit into appropriate criteria but referring patients presenting with severe uncontrolled hypertension to AED can still be justified as close monitoring of blood pressure is not feasible due to manpower issue, time constrain and lack of observation room in GOPCs.

(2) Management of defaulted / DAMA cases
Better communications with patients by telling them what would be expected in AED or admissions, potential long waiting time, seriousness and potential complications from their conditions would be effective in reducing the defaulted / DAMA cases.

(3) Improvement in reducing inappropriate referrals
Training on referrals especially to new staff and obtaining feedback from AED officers would be important in facilitating more appropriate referrals.

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Poster Presentations

Poster 01

Factors Affecting Adherence to Influenza Vaccination Among Patients with Diabetes in Taiwan

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Introduction: The purpose of this study was to investigate the factors influencing acceptance of the influenza vaccination among patients with diabetes in Taiwan using the Health Belief Model (HBM).

Methods: From January 1 to February 28, 2012, 700 patients with diabetes who attended the National Cheng Kung University Hospital were invited to participate in the study.

Results: A total of 691 (99%) patients with diabetes were enrolled in the study. The mean age of the subjects was 64.7 years (SD = 10.7). The percentages of patients with diabetes who received the influenza vaccination were 31%, 33% and 35% in 2009, 2010 and 2011, respectively. Multiple regression analyses revealed that patients with diabetes who were female, were older, had a higher perception of the benefits of the influenza vaccine, and had lower perceived barriers to the influenza vaccination were more likely to receive the influenza vaccine (adjusted $R^2 = 0.45$; chi-square = 270.50; $P < 0.001$).

Discussion: In the absence of an increase in the perceived risk of influenza, a low level of actual vaccination against seasonal influenza is forecasted. Strategies to improve the uptake of influenza vaccination include interventions that highlight the risk posed by pandemic influenza while simultaneously offering tactics to ameliorate this risk.

Poster 02

Rheumatoid Arthritis Increases the Risk of Non-tuberculosis Mycobacterial Infection and Pulmonary Tuberculosis: A National Cohort Study with Charlson Comorbidity Index

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Background: Studies on the association between rheumatoid arthritis (RA) and non-tuberculosis mycobacterium (NTM) and pulmonary tuberculosis (PTB) are scarce. This study evaluated the impact of RA on the risk of developing NTM and PTB in a nationwide retrospective study.

Methods: We identified 29131 patients with RA from the catastrophic illness registry from 1998-2008, and 116524 subjects without RA randomly frequency matched for sex, age, and index year as a comparison group. Both groups were followed-up until the end of 2010 to measure the incidence of NTM and PTB. We analyzed the risk of NTM and PTB using Cox proportional hazards regression models, controlling for sex, age and Charlson comorbidity index (CCI).

Results: The incidence of NTM was 4.22-fold greater in the RA group than in the non-RA group (1.91 vs. 0.45 per 10,000 person-years). The incidence of PTB was 2.99-fold greater in the RA group than in the non-RA group (25.3 vs. 8.46 per 10,000 person-years). After adjusting for age, sex and CCI, the adjusted hazard ratios (HRs) of NTM and PTB in the RA group were 4.17 (95% confidence interval: 2.61-6.65) and 2.87 (95% confidence interval: 2.55-3.23), respectively, compared with the non-RA group. In the first 2 years of follow-up, the corresponding adjusted HRs were 4.98 and 3.39 for the RA group compared with the non-RA group. The follow-up time-specific RA group to non-RA group HRs of both NTM and TB varied.

Conclusions: Physicians should be aware of an increased risk of NTM and PTB in patients with RA.

Poster 03

Depression and Related Risk Factors Among High Tech Workers in Southern Taiwan

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Objective: Depression, which might lead to the acculmulation of stress and in turn lead to various physical and mental illnesses, has become an important issue among workers in the high-tech industry. In recent years, there were many reports on the chronic fatigue associated with depression, but few were from Taiwan. Therefore, we conducted a study to evaluate the associations between depression and burnout among high tech workers.

Materials and Methods: We recruited workers working in a scientific park in southern Taiwan between October 1 and December 31, 2013. Information on demographic characteristics was collected through a self-administrated questionnaire. Participants also completed a job content questionnaire and reported habits of smoking and drinking.

Results: There were 813 workers participated in this study. We observed positive associations between depression and education level, BSRS-30, perceived stress, economic stress, insomnia, burnout for personal reasons, work-related burnout, over-commitment, and client-related burnout (all with $p < 0.05$). After adjusting for other factors, we found perceived stress (adjusted odds ratio [AOR] =2.99, 95% confidence interval [CI]: 1.38-6.49), mild insomnia(AOR=2.12, 95% CI=1.02-4.38), severe insomnia(AOR=6.09, 95% CI=2.34-15.87), low emotional distress(AOR=10.72, 95% CI=5.44-21.11), moderate emotional distress(AOR=28.99,95% CI=5.58-150.71) and personal fatigue(AOR=7.09, 95% CI=3.65-13.79),were independent risk factors of depression.

Conclusion: Among the high tech workers, depression is associated with BSRS-30, perceived stress, insomnia, and burnout for personal reasons. Therefore, intervention strategies for depression should take into consideration these factors.

Poster 04

The Effectiveness of Aerobic Exercise Intervention on Physiological Parameters and Quality of Life

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Background and Aim: The workload, independent ability, environmental adaptation, work competitive increase pressure in workplace. “Karoshi” (death from overwork) may lead to sudden death. Therefore, it is very important to have healthy body and cultivate good lifestyle in the workplace for health promotion. This study aimed to investigate the effects of aerobic exercise on related physical parameters and quality of life among employees in the high-tech industries in southern Taiwan.

Methods: A total of 75 employees were recruited in this study. They were randomly assigned to either experimental group (n=37) or control group (n=38). The aerobic exercise was used as intervention program in this study. Participants in the experimental group received 12 sessions (30 minutes /a session/ per week) of aerobic exercise. Participants in the control group received no intervention. The research instruments included physiological status, blood biochemical, fitness cases indices, quality of life, working pressure and job satisfaction.

Results: The experimental groups’ body weight, BMI, waist, and cholesterol, triglycerides, high-density lipoprotein, low-density lipoprotein were significantly decreased than control group by pair t-test ($p<0.05$). Fitness comprised muscle endurance, flexibility, cardio- respiratory endurance were significantly different ($p<0.05$). Quality of life, job control, interpersonal relationship in the workplace and job satisfaction showed significantly increased in the experimental group ($p<0.05$) compared with the control group.

Conclusion: This study suggests that aerobic exercise has effects to the weight loss, relaxation, promotion of the negative impacts of work stress; thus, enhance the physical health, job satisfaction and quality of life.

Poster 06

How to Do the Health Equity for Patients of East-Coast in Taiwan

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Purpose: The Fong-Ping Hospital located on the East-Coast, which is 150 Km away from main towns in Taiwan. There were few of health clinic and about 30,000 populations in East-Coast. Many patients were usual health accidents (UHAs) and expired due to delayed delivery. This study is to evaluate the prognosis owing to medical changes in this region.

Implementation & Methodology: First we found many UHAs in the East-Coarse area. We collected the monthly UHAs from 1998 to 2000, respectively. We checked the causes and improved methods for affairs. We educated by the simple risk symptoms method of critical personal health for family member. We collected, analyzed data, and recorded the chards for every affair. Data showed mean ± standard deviations with 95% confidence interval (95% CI).

Results & Discussion: We practiced five items: (1). the mobile medicine. (2). the audio-visual medicine. (3). the secretion of personal medicine was gradually released by data and summary chard. (4). the re-education of special nurses and physicians were increasingly by General Hospital. (5). the applications of marking furniture. (6). the contents of fetal symptoms. The monthly incidence rate of UHAs was 43.8 ± 5.5%, (95% CI, 33.0% to 54.8%) in first year. The monthly decreased rate of UHAs was 23.5 ± 1.8%, (95% CI, 21.7% to 25.3%) in second and third years.

Conclusion(s): (I)、The stopping, confused or wrong medicine, and environmental factors were a challenge working for health equity in the East-Coast. (II)、The simple fetal symptoms education for personal medicine is a best method.

Poster 07

An Audit on Outcome and Appropriateness of Referrals to Accident and Emergency Department in Cheung Sha Wan Jockey Club General Outpatient Clinic

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Introduction: Primary health care physicians are important gatekeepers to our heavy-loaded emergency department (AED). This audit evaluates the outcome and appropriateness of referrals to AED in our clinic aiming at improving patient management and utilization of public resources.

Method: Records of patients referred to AED from June to December 2013 were reviewed and referral outcome retrieved from the clinical management system. Criteria for "appropriate" referrals include:
(1) hospital admission offered by AED
(2) urgent investigation not available at GOPC
(3) urgent treatment not available at GOPC

Results: There were 226 referrals (98 males and 128 females, age 4 months – 96 years) to AED during the period. 80.1% (181/226) referrals were classified as "appropriate".

Discussion: (1) In managing poorly controlled hypertension, guideline from Department of Health suggested referral to AED if there is persistent BP >220/120 despite rest or drug treatment, malignant hypertension with target organ damage. There were 7 cases which didn't fit into appropriate criteria but referring patients presenting with severe uncontrolled hypertension to AED can still be justified as close monitoring of blood pressure is not feasible due to manpower issue, time constrain and lack of observation room in GOPCs.

(2) Management of defaulted / DAMA cases
Better communications with patients by telling them what would be expected in AED or admissions, potential long waiting time, seriousness and potential complications from their conditions would be effective in reducing the defaulted / DAMA cases.

(3) Improvement in reducing inappropriate referrals
Training on referrals especially to new staff and obtaining feedback from AED officers would be important in facilitating more appropriate referrals.

Poster 08

Renal Rehabilitation: Summary of Current Evidences and Local Experiences

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Chronic kidney disease (CKD) is recognized as a global health problem with prevalence about 8-16% worldwide, which imposes economic burden on patients and the governments.[1] Physical inactivity resulting in poor exercise capacity is a common consequence of CKD.[2] People with CKD are at high risk of cardiovascular mortality.[3]

There is accumulating evidence of the benefit of regular physical exercise in CKD. Although this evidence has mostly come from studies in end stage patients receiving regular dialysis [either haemodialysis (HD) or continous ambulatory peritoneal dialysis (CAPD)], the beneficial effect on both non-dialysis and pre-dialysis with CKD stages 4 and 5 are increasing.[4, 5]

Indeed, a recent Cochrane review indicated the beneficial effect of regular exercise for *ALL* stages of CKD such as improvement in physical fitness, walking capacity, cardiovascular risks (e.g. blood pressure and heart rate) and health-related quality of life in adults with CKD.[6]

In Hong Kong, first renal rehabilitation working group was organized in 1996 in Hospital Authority under the Physiotherapy Central Coordinating Committee.[7] Later, different local clinical studies have been published to indicate the beneficial effects of exercise among local populations with dialysis (including pre-dialysis and on CAPD or HD).[8, 9, 10] Nowadays, different renal rehabilitation has been started in various hospitals in Hong Kong. In Tuen Mun Hospital, a community renal rehabilitation program has been revised in 2010 emphasizing on the latest evidenced based protocol.

Although the current literature does not allow for definitive conclusions about whether exercise training slows down the progression of kidney disease or improve kidney function, evidence suggests that the risk of remaining inactive is higher.[6]

Patients with any stages of CKD should be advised to increase their physical activity when possible and referred to physiotherapy or cardiac rehabilitation programs when appropriate.

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Poster 09

Study on the Ways of VB12 Replacement in a General Outpatient Clinic

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Introduction: Vitamin B12 (VB12) deficiency patients frequently present to the General Outpatient Clinic (GOPC) as anaemia, peripheral neuropathy or cognitive impairment. We found that VB12 replacement in our clinic is not well standardized, so is the monitoring strategy.

Method: 89 patients with VB12 deficiency were identified from the clinic computer system from 1.1.2013 to 30.6.2013. Their age of diagnosis, gender, initial VB12 levels, haemoglobin (Hb), presenting symptoms, replacement regime, subsequent monitoring were analyzed.

Results: Globally, cyanocobalamin and hydroxycobalamin are the two main parental forms of VB12 replacement formulary. In our cluster GOPC, only cyanocobalamin is available. 45 different replacement regimes were identified among 89 cases. Only 12 cases followed an international regime. Others adopted modified or new regimes without documented reason. Amongst the 89 patients, 71 had subsequent VB12 checked and 62 were normalized. 9 cases showed inadequate level despite good compliance. For patients presented with anaemia (39/89), 27 had subsequent Hb monitored. Amongst them, 22 showed improvement. Reticulocyte count was only checked in 3 out of 41 cases with anaemia.

Discussion: Replacement of VB12 deficiency was disorganized and heterogenous in our clinic. It was contributed by lack of international gold standard and local guideline. There is no consensus on the need of monitoring of the treatment effect once treatment is initiated. Further study on local tailor-made regime is necessary to formulate management guideline for our own population.

Poster 10

Physical and Psychological Attributes in Elderly Chinese Martial Art Practitioners: Implications for Fall Prevention

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Introduction: It is well known that improving musculoskeletal health and balance ability through regular exercise can reduce falls and fall-related fractures, and also improve balance confidence in the elderly. Ving Tsun (VT) is a traditional Chinese martial art that has the potential to be developed into a new form of fall-prevention exercise. This study aimed to (1) compare the radial bone strength, lower limb muscular strength, functional balance performance and balance self-efficacy between VT practitioners and non-practitioners; and (2) identify the relationships between lower limb muscular strength, functional balance performance, and balance self-efficacy among the VT-trained elder participants.

Methods: A total of 35 VT practitioners (mean age±SD=62.7±13.3; 27 men/8 women) and 49 non-practitioners (mean age±SD=65.9±10.5; 20 men/29 women) participated in the study. The bone strength of the distal radius on the dominant arm, lower limb muscular strength, functional balance performance and self-efficacy were assessed using an ultrasound bone sonometer, the five times sit-to-stand test, the Berg Balance Scale and the activities-specific balance confidence scale - Chinese version, respectively. A multivariate analysis of covariance (covariates: sex and body height) was performed to compare all the outcome variables between the 2 groups.

Results: VT practitioners had higher radial bone strength ($p<0.05$), greater lower limb muscular strength ($p=0.001$), better functional balance performance ($p=0.003$), and greater balance confidence ($p<0.001$) than the non-practitioners.

Discussion and Conclusions: VT martial art could be a suitable physical and psychological health-maintenance exercise for the elderly. Our findings may inspire the development of VT fall-prevention exercises for the community-dwelling healthy seniors.

Poster 11

內蒙古自治區全科醫師培養機制研究

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在內蒙古自治區衛生廳領導下，自治區全科醫學培訓中（包頭醫學院繼續教育學院）組織開展全科醫生骨幹師資培訓、全區基層衛生服務技術人員培訓，並在學校臨床醫學、預防醫學等所有醫學專業中開設《全科醫學概論》課程。通過深化改革，創新思路，完善制度建設，從而建立起包括思想與觀念教育先行、優化培訓模式、打造優秀教學團隊、創新教學方法、優化管理模式、加強基地建設、重視骨幹師資培養、加強學科與專業建設、開展巡回講座、加強管理人員培訓、改進考核制度、從全局出發與相關部門積極開展協作等一整套加強全科醫學人才培養的有效機制。

Poster 12

Job Satisfaction Among Doctors' from Three Levels of Health Facilities in Zhejiang, Eastern China

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Background: The recruitment and retention of qualified doctors is essential to the success of the ongoing health reforms in China. But morale in the medical profession is reported to be low partly as a result of the reforms themselves and partly because of increasing concerns about personal security, that is violence by patients against doctors. The objectives of the study are to explore doctors' morale and job satisfaction and as well as the influencing factors.

Methods: A cross-sectional survey using self-administered questionnaires was conducted among doctors at provincial, county and township hospitals, as well as community health centres in Zhejiang Province, China.

Results: The questionnaire was completed by 202 doctors. Areas which contributed most to low job satisfaction were low pay and promotion opportunities, working hours, amount of paid vacation time, and paid sick leave. Provincial level doctors were most dissatisfied with primary care doctors the least. Only 5% and 8% at the county and provincial hospitals respectively were satisfied with work hours, compared to 43% in primary care. Up to 6% of doctors at higher level hospitals were satisfied with basic salary whereas 27% at primary care level. Less than 10% at county hospitals and the provincial hospital were satisfied with amount of paid vacation time (2% and 4%), amount of paid sick leave (7% and 4%) and opportunities for promotion (10% and 9%), whereas 38%, 41% and 25% respectively in primary care. However work relationships showed high levels of satisfaction across all health facilities.

Overall, 87% reported that patients were more likely to sue and that patient violence against doctors was increasing. Only 4.5% would want their children to be doctors.

Conclusions: Doctors have low job satisfaction overall. Measures must be taken to address this in order to prevent a serious human resource crisis in the profession. These measures must include reduction of doctors' workload especially at provincial hospitals, increase in doctors' salary and more punitive measures against individuals who commit violent acts against doctors.

Poster 13

Slimming Products – Are They Safe?

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Introduction: Some people perceive slimness as beauty and look for shortcuts to lose weight. From January 2010 to December 2013, 70 poisoning cases related to consumption of slimming products were reported to the Department of Health.

Method: Epidemiological, clinical and laboratory information were collected from every reported case using standard questionnaire through interviews with patients, caretakers and physicians. Clinical and laboratory records were reviewed too.

Results: All patients were females aged 15 to 53 years (median: 23 years). The commonest problems were psychiatric symptoms (50%) including hallucination and delusion, followed by cardiovascular symptoms (36%) including chest discomfort and palpitation. Majority required hospitalisation (89%). Slimming products were purchased from the internet (50%), from local retail shops (23%) or outside Hong Kong (14%). In 66 cases, remnants of the incriminated products were available for laboratory analysis and all were found to contain undeclared drugs or substances. More than one undeclared drugs or substances were found in 48 remnants (73%), such as sibutramine, phenolphthalein and animal thyroid tissue.

Discussion: Despite mass education on healthy weight management through diet and physical activity, self-acquired slimming products are used by some people resulting in poisoning incidents in some, often with serious health effects. Primary care doctors play a pivotal role in recognising and helping their clients understand the concepts of body mass index and practical measures in healthy weight management, as well as developing a positive body image.

Poster 14

The Uptake of Seasonal Influenza Vaccine Among Primary Healthcare Workers - A Pilot Survey in a General Out-patient Clinic

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Introduction: WHO recommends annual seasonal influenza vaccination for health care workers (HCW). In Hong Kong, free vaccination had been provided to all public HCW annually since 2003.

Vaccination coverage among HCW is variable worldwide. In most studies in various clinical settings, fewer than 60% of HCW were vaccinated.

Method: Anonymous questionnaires were delivered to all HCW working regularly in a local General Out-patient Clinic in November 2013. The respondents were asked whether they had already received or intended to receive the vaccine, and their main reasons of accepting or refusing the shot.

Results: 30 questionnaires (response rate 90.9%) were returned. Less than half (14, 46.7%) of the respondents had received or intended to receive the vaccine. The most important reason for them to accept the shot was "self-protection" (64.3%), while the second was "to protect others (patients, family members, colleagues)".

6 out of the 16 respondents (37.5%) refused vaccine because of "uncertainty about the efficacy of vaccine in protecting myself". Four colleagues (25%) refused due to "fear of injection", and another 4 (25%) were "concern about the systemic side effects of seasonal flu vaccine".

Discussion: This pilot study suggests the potential low vaccination coverage among our frontline HCW. In order to encourage the uptake rate and enhance pandemic preparedness, the barriers of accepting the vaccine should be identified and targeted strategies should be implemented in our future vaccination campaign.

Poster 15

Knowledge of Diabetic Patients on Their Glycaemic Control – the HbA1c

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Introduction: Control of HbA1c at or below 7% for diabetic patient is recommended by The American Diabetes Association (ADA). However, a local study in 2012 found that over 70% of type 2 diabetic patients have not heard of the term HbA1c, while over 90% of patients do not know the optimal target of 7%.

Method: This study aims at assessing the knowledge of diabetes patients on HbA1c. In July to October 2013, diabetic patients were randomly recruited and interviewed if they had ever heard of the term HbA1c / 糖化血紅素 , whether they knew the treatment goal of 7%, as well as their recent readings, during their visits in a local General Out-Patient Clinic.

Results: Out of the 194 patients (aging from 38 to 92, averaged 65.8 years), 46 patients (23.7%) heard of the term HbA1c / 糖化血紅素 , among which 16 patients could recall their recent HbA1c reading and 7 patients knew the glycaemic goal of 7%. Only three patients (1.55%) knew the "7%" goal and their own figure simultaneously.

Discussion: In this pilot study, less than one quarter of the interviewees had heard of the term HbA1c, while only a few of them knew their optimal HbA1c target. More proactive effort in patient education is essential to improve patients' insights in their disease management.

Poster 16

Health Seeking Behavior of Dental Care: A Survey Conducted in a GOPC

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Introduction: Various dental problems were commonly encountered in GOPC settings. It is proposed that dental health care warrants more concern.

Method: Cross-sectional study was conducted by questionnaires, from October to December 2013. Patients aged 18-year-old or above were recruited randomly.

Result: 168 patients were interviewed, with 81 male and 87 female patients. Majority (82.5%) of patients did not have regular dental checkup. Among those, 40.1% perceived there was no need and 31.4% stated cost as the main barrier. 51 patients (30.4%) perceived their oral conditions as 'Poor', despite that 86.3% of them did not have regular dental checkup. Over half of them (52.3%) were mainly concerned about the cost, 29.5% did not know where dental service was available.

117 patients (69.6%) perceived their oral condition as 'Good' or 'Normal', 79.5% did not attend dentist regularly, among those, over half (54.8%) found it unnecessary. 40.5% of patients self-reported 2 or more existing dental problems, with loosen/lost teeth being the commonest (39.3%). Among those who perceived their oral health as 'Good' and 'Normal', despite their positive perception, 17.1% actually complained of 2 or more dental problems.

Discussion: This small-scale survey suggests that large proportion of patients we encounter in GOPC do not have regular dental checkup though the presence of dental problems among them was common. Low awareness and poor insight on dental health, and the accessibility and cost of dental care service are main factors affecting their health seeking behavior.

Poster 17

Assessing the Empathy of Medical Students in Family Medicine: Validity of the Consultation and Relational Empathy (CARE) Measure

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Introduction: Empathy underpins the doctor-patient relationship and has a direct, positive impact on the quality of patient care. Medical student empathy predicts future doctor-patient empathy, underlining the importance of cultivating and assessing this early in training. The Consultation and Relational Empathy (CARE) measure is a 10-item instrument which has been developed and validated in primary care settings to enable patients to assess a doctor's empathy. The aim of this study is to establish the validity of the CARE measure in assessing medical students' empathy.

Method: All 158 final year medical students who undertook the Family Medicine clinical competency test in 2013 were assessed by trained simulated patients. The patients completed three measure of empathy: the CARE measure, a global rating score and the Jefferson Scale of Patient's Perception of Physician Empathy (JSPPPE). They also completed a checklist to assess students' history-taking, a measure of knowledge which is theoretically unrelated to empathy. The construct validity of the CARE measure was determined using exploratory and confirmatory factor analysis with the convergent and divergent validity analysed using Spearman's rank correlation coefficients.

Results: Exploratory factor analysis identified one factor on which all 10 items in the CARE measure loaded significantly, which was supported by the confirmatory factor analysis. The CARE Measure very strongly correlated with both convergent measures: global rating ($\rho = 0.794$, $p < 0.001$) and the JSPPPE ($\rho = 0.771$, $p < 0.001$), while only weakly correlated with the divergent measure: history taking score ($\rho = 0.277$, $p < 0.001$).

Conclusion: The CARE measure was shown to be valid in an undergraduate family medicine clinical examination setting. It may be a useful tool to assess and to give feedback to students on specific interpersonal elements of the consultation.

Poster 18

The Outcomes of Ambulatory Electrocardiography (AECG or Holter) for Patients with Symptoms Related to Cardiac Arrhythmia in the Primary Care Setting: Retrospective Review Study

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Introduction: In primary care setting, the focus of using Holter is for early detection of possible life-threatening cardiac arrhythmia as a cause of symptoms. It can minimize the risk of patients by shortening the time to diagnosis and initiate appropriate early referring to specialist care.

Methodology: This is a retrospective review study involving all Holter monitoring done in a regional primary care clinic of Hong Kong during the period 2010 to 2013. Clinical details including demographics, presenting symptoms and Holter results were collected and analyzed. The objectives are

1. To delineate the presenting symptoms of patients indicated for Holter monitoring;
2. To examine outcomes of the Holter monitoring;
3. To find predictive patient characteristics associated with significant cardiac arrhythmia.

Results: Holter monitoring were indicated for 97 (30.5%) male and 221 (69.5%) female patients. 244 (76.7%), 16 (5.0%), 6 (1.9%), 17 (5.3%) and 35 (11.0%) cases were indicated for 'palpitation', 'dizziness', 'syncope (presyncope)', 'combined symptoms' and 'others' respectively. 139 cases (43.7%) of Holter monitoring had significant cardiac arrhythmia. The three leading findings were long QT syndrome (10.7%), frequent supraventricular/ventricular ectopics (10.1%) and supraventricular/ventricular ectopics in bigeminy or trigeminy (6.3%). Analysis by Chi-Square test revealed that those patients who aged older than 80 years old, concomitant with hypertension or ischaemic heart disease were more likely to have significant cardiac arrhythmia ($P < 0.05$).

Conclusion: 43.7% of Holter monitoring for patients in the primary care setting had significant cardiac arrhythmia, which needed referral to specialist for further management.

Poster 19

A Community-based Alcohol Harm Reduction Programme with the Use of SMS Technology Among Ethnic Minorities' Men in Hong Kong

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Introduction: Alcohol consumption is the world's third largest risk factor for disease and disability. However, it remains a low priority in public and policy making in Hong Kong. Ethnic minority (EM) contributes to a significant 6.4% of the total population in Hong Kong in 2011. Due to the language barrier and low socio-economic status of this EM population, their accessibility on the alcohol harm information and alcohol addiction treatment is limited.

Methods: An 18-month alcohol harm reduction programme targeting 604 South Asian men aged 18 or above in Hong Kong had been launched. It aimed at enhancing EM group on alcohol related knowledge and reducing their alcohol consumption. The Alcohol Use Disorders Identification Test (AUDIT), health talks and peer education on alcohol use, SMS delivery service and newsletters as reinforcement were held among this population.

Results: Follow-up calls had been conducted among 439 respondents. Results showed that 80.64% of participants were able to recall 3 hazardous effects of alcohol consumption. At the end of the programme, 41.47% of respondents who drank regularly had reduced weekly alcohol consumption by more than 15% and 36.36% of daily drinkers had at least 1 alcohol free day per week comparing with the baseline.

Discussion: Although early prevention on alcohol misuse is effective to reduce alcohol consumption and enhance their knowledge, adequate resources should also be allocated on expanding the alcohol addiction treatment service among South Asian in Hong Kong. In addition, advanced SMS technology can be used as a tool of health promotion in the future.

This project was funded by the Health Care Promotion Fund of Hong Kong.

Poster 20

Are the "Big 5s" Consuming Too Little of the Primary Care Consultation Time?

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Introduction: The major non-communicable diseases (NCD), including cancers, cardiovascular diseases, chronic respiratory diseases and diabetes mellitus, consume significant outpatient resources. NCD risks are modifiable by adopting healthy lifestyle practices. Yet, the five leading behavioural risk factors ("Big 5s") remain prevalent, as revealed by the Behavioural Risk Factor Survey.

Methods: The Behavioural Risk Factor Survey 2012 successfully telephone-interviewed 2 041 community-dwelling individuals aged 18-64 for about 15 minutes.

Results: The prevalence of the "Big 5s", namely inadequate daily fruit and vegetable intake (< 5 servings per day), insufficient physical activity (by WHO recommendation), excess weight (BMI ≥23), daily smoking and binge drinking (≥ 5 drinks in a row), were 82.0%, 60.4%, 36.6%, 10.7%, and 6.3% respectively. While 24.9% of respondents had three or more of these health risk factors, males, those aged 35-49 and blue collar workers were more likely than others to have three or more of the "Big 5s".

Discussion: Primary care setting is ideal for opportunistic screening and providing customized advice. Assessment tools and other health education resources (e.g. Alcohol Use Disorders Identification Test (AUDIT), eating guides (e.g. Food Pyramid), exercise prescription handbook and reference frameworks (e.g. regarding preventive care for older adults or children in primary care settings) are evidence-based resource materials which may augment the effect of public education on healthy lifestyle practices.

Poster 21

Killing Me Softly - The Hard Fact About Alcohol

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Alcoholic beverages are bad for health but very few doctors are aware of it, and some refuse to acknowledge the fact.

Alcohol beverages are a Group 1 carcinogen, belonging to the same highest risk category as tobacco smoke, asbestos and ionizing radiation. Alcohol causes cancers of the oral cavity, larynx, pharynx, esophagus, colorectum, liver and female breasts.

Alcohol affects the digestive system and causes esophagitis, gastritis, hepatitis, cirrhosis and liver cancer. Its benefit on the heart is equivocal but its causal effect on hypertension and heart failure is definite.

Alcohol is bad for children and youth because of its damaging effect on the still developing brain. Early initiation of drinking predicts alcohol dependence and alcohol abuse in later life. Pregnant women who drink alcohol are more likely to give birth to babies with fetal alcoholic syndrome, growth and developmental problems. Alcohol puts people at risk of accidents, violence and abuse, absence from classes and work, and unsafe sex.

There is just NO safe level for alcohol consumption. Every drink adds up to damage health in the long run. Doctors are best placed to help patients recognize alcohol harm and refrain from it. Perhaps, it is high time doctors reconsider longstanding practices of proposing a toast, accepting donations from alcohol producers and promoting wine tasting!

Poster 22

Healthy Buddies_Y&S (youth and senior): An Innovative Health Promotion Programme for Adolescents and Patients with Chronic Diseases

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Introduction: Chronic diseases are causally related to unhealthy lifestyles or risk behavior. Young people often lack awareness of the harm associated with risk behaviour or lifestyles, and the skills to protect themselves. Healthy Buddies_Y&S uses a partnership teaching model by partnering youth with patients with chronic diseases, which focuses on encouraging healthy attitudes and behaviors in three key areas of health:

Physical activity (Go Move)
Eating healthy (Go Fuel)
Feeling good about yourself (Go Feel Good)

Methodology: Two secondary students were paired up with one elderly patient with hypertension and/or diabetes mellitus to form a healthy buddy team. All participants went through a series of health workshops and activities. Interaction, mutual support and life skills sharing were facilitated and encouraged as they completed several health related discussions, tasks and quizzes throughout the whole programme.

Results: In 2013, 60 secondary students and 30 patients with chronic disease completed the program. Interesting topics included regular exercise, diet modification for chronic disease and mental wellness. The comprehensive program included practical exercise training, healthy food tasting, site visits to sports rehabilitation center and it culminated with a walkathon.

In addition to increased knowledge on healthy lifestyles and chronic disease prevention, students also advanced their life skills development through sharing opportunity with seniors. The elderly patients were not only empowered on chronic disease management, but their psycho-social wellness were also enhanced. The “Healthy Buddies” program has transcended borders in health promotion through bridging the generation gap in increasing awareness, prevention and management of chronic diseases in our community.

Conclusion: This innovative model of health promotion program has achieved synergistic and beneficial effects for both patients with chronic diseases and adolescents.

Poster 23

The Outcomes of Home Blood Pressure Monitoring (HBPM) among Hypertensive Patients in Primary Care Setting

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Introduction: Hypertension (HT) and its related cardiovascular complications are the major cause of mortality and morbidity worldwide. Home (Self) blood pressure monitoring (HBPM) can lead to better blood pressure control, better adherence to treatment, and patients become more actively involved in the management of their own BP problems.

Objectives:

1. To promote self (home) blood pressure monitoring for hypertensive patients;
2. To assess the BP control among those patients conducting HBPM.

Methods: Hypertension Self-Management Program was conducted by the department since year 2012, which included self-BP management workshop, patient BP machine correlation checking, BP machine loan scheme and multidisciplinary health talk series. Cohort of patients who conducted home BP monitoring was followed to assess the outcomes of clinic and home BP control.

Results: In year 2013, around 1,000 patients and family members attended the health talk series. More than 300 patients participated in self-BP management workshop, and nearly all of them had passed the competency test in self-BP measurement. More than 3000 BP machine correlation checking were done by the department.

62 patients who were competent in self BP measurement had participated in BP machine loan scheme. Their mean (SD) clinic’s BP before participation was 142.5 (11.6)/76.5 (10.1) mmHg, while the post participation clinic BP was 134.4 (11.98)/73.3 (9.1) mmHg. ($p<0.001$) Their home BP was 126.1 +/- 10.7/68.0 +/- 8.2 mmHg, which was significantly lower than clinic BPs.

In a survey involving 177 patients participated in self-BP management workshop, almost all of them agreed or strongly agreed that they were empowered, attained competence or realized its benefits in self-management of hypertension.

Conclusion: Home blood pressure monitoring has produced significant beneficial effects and is able to achieve better BP control.

Poster 24

Evaluation of a Well Women Campaign organized by a University Health Service in Hong Kong

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Introduction: Cervical cancer is one of the commonest female cancers in Hong Kong. Despite the strong evidence of HPV vaccination and cervical cytology screening as dual prevention to cervical cancer, HPV vaccination is not included in the government immunization schedule and there is still room for improvement for cervical cancer screening in Hong Kong. Well Women Campaign was held in November 2013, aim to increase the awareness of HPV related diseases, uptake rate of HPV vaccination and cervical cancer screening in the University.

Methods: The Campaign included health talks, HPV vaccination and Pap tests. The effectiveness of the Campaign was evaluated by: a survey on disease understanding, the pre and post number of vaccination in a comparable period and analysis of the cervical screening results.

Results: The attendance of Health Talk was 154. The response rate of the survey was 81% and more than 90% agreed that their understanding was raised. 98 Pap tests were performed with 9 (9.2%) abnormal results required follow-up. 133 HPV vaccinations were given in the Campaign month suggesting a more than two fold increase in vaccine delivered to a comparable month.

Discussion: The increase in HPV vaccination and positive survey results demonstrate that an effective campaign is associated with increasing awareness of HPV related diseases in the University. Majority of the participants in Pap test were young and coincides with first peak of HPV infection. Starting regular screening at this age is important to cervical cancer prevention. Well Women Campaign should be organized yearly to maintain awareness to women health.

Poster 25

Causational Analysis of the Psychosocial Value of the University Students in Hong Kong by Deconstructing the Controversial "O'camp" Activities Among Universities

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Introduction: "O'camp" stands for Orientation camps, which are organized by university students to introduce freshmen to university life every year. However, the media accused that the games are sexually offensive, challenging the social ethical values for more than ten years. As the family doctor taking care of this young population, this annually recurring adolescent phenomenon with local characteristics, is deconstructed by the Ecological Model of Adolescent Development, aims to have a better understanding on the psychosocial value of this target population from a macroscopic and academic point of view.

Methods: The adolescent phenomenon is analyzed at four different levels according to the Ecological theory proposed by psychologist Brofenbrenner in 1979.

Results: At microsystem level, students can share the subculture and obtain peer recognition through the games. At mesosystem level, the values clash due to the divergence among peers, teachers and parents causing potential intrapersonal and interpersonal stress. At exosystem level, students are influenced by highly accessible internet. At macrosystem level, the values clash between traditional Chinese families with sexual repression and Western culture with open mindset, leading to challenge among adolescents in Hong Kong.

Discussion: The overflow of distorted sexual information from the media has desensitized and transformed both the global and the local culture. Instead of criticism to the adolescents, everyone should have the responsibility to protect our next generation from cultural contamination. Family doctors should have a good understanding on the psychosocial background of their patient population, in order to enhance communication and plan for health promotion.

Poster 26

How Well is the "ABC" of Our Newly Diagnosed Diabetic Patients? A Review on the Quality of Care at CSW JC GOPC

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Introduction: Diabetes Mellitus (DM) is a highly prevalent chronic disease associated with significant morbidity and mortality. With the implementation of Risk Assessment and Management Program (RAMP) in Kowloon West Cluster since 2009, the assessment and management of our diabetic patients become more structural and multidisciplinary. This review aims at reviewing the quality of care of newly diagnosed diabetic patients in Cheung Sha Wan Jockey Club (CSW JC) GOPC.

Methodology: This was a retrospective review of patients with newly diagnosed DM from October 2011 to March 2012, with subsequent active follow up in CSW JC GOPC. Nine process indicators and three outcome indicators were defined based on international and local guidelines and audit studies. The patient list was drawn by Clinical Data Analysis and Reporting System (CDARS) and the required information was retrieved from electronic patient record (ePR).

Results: 111 eligible patients were identified, mean age being 60.3 years, male to female ratio was 1:1.01 (54:57).

For the process indicators, the achievement rates for annual assessment of lifestyle, smoking status, body mass index (BMI), BP, HbA1c, lipid profile, nephropathy screening, retinopathy screening and neuropathy screening were 85.6%, 70.3%, 93.7%, 98.2%, 100%, 98.2%, 95.5%, 94.6% and 92.8% respectively. 64.9% of patients had been referred to at least 1 intervention program [including DM individual counseling by nurse, dietician or physiotherapy, Patient Empowerment Program (PEP)].

For the outcome measures, after 1.5-2 years of management at GOPC, proportion of patients with HbA1c <7%, SBP <130mmHg, DBP <80mmHg and LDL <2.6% were 61.3%, 53.2%, 70.3% and 57.7% respectively. The mean HbA1c improved from 7.82 to 6.94; mean BP improved from 136/74 to 130/74, and mean LDL improved from 3.48 to 2.53.

Discussion: This review provides preliminary data about the recent quality of diabetes care in GOPC, and obviously there are still rooms for further improvement, including disease control and utilization of the new intervention program. Regular clinical audits and educational activities could be launched to enhance continuous quality improvement. And further larger scale studies could be run to evaluate the long term outcomes of these diabetic patients and the program impact on diabetic care.

Poster 27

健康管理路徑在全科醫療實踐中的運用
The Pathway of Health Management in General Practice

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引言：為促進健康管理路徑在全科醫療實踐中的應用，盡可能為有健康問題的人群提供最經濟、最有效的綜合治療與連續性管理及預防服務。

研究方法：通過制定常見健康問題適當的、有順序性和時間性的整體服務計劃，提出健康管理路徑的主要建立方法、具體內涵、實施方案，探討健康管理路徑在全科醫療實踐中的運用。

預期結果：通過實施健康管理路徑使有健康問題的人群獲得最佳的服務，提高全科醫療質量，促進健康，減少慢性病的並發症和醫療資源的浪費。

結論：實施健康管理路徑是“以人為中心”全科服務理念的具體體現，將促進全科醫療的有效管理和提升預防服務質量。

Poster 28

Improving Health Behaviours of Ethnic Minorities through SMS Health Messages in Hong Kong

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Introduction: Ethnic Minorities are 6% of the Hong Kong population. However language and cultural barriers make daily life a struggle for South Asians. Health is usually not top priority. High prevalence of obesity, hypertension and diabetes mellitus was observed. Healthy lifestyle promotion in a targeted manner is needed to reach them. Hong Kong has high mobile phone penetration rate 194.3%. SMS is easy and inexpensive.

Method: In 2012, the United Christian Nethersole Community Health Service conducted a 12 months health project to improve healthy lifestyle behaviour through short SMS health promotion messages among the Ethnic Minority Community. Indian, Nepalese, Pakistani and Bangladeshi adults were recruited. 6 text messages in Hindi, Nepali, Urdu and English languages focusing on healthy lifestyle were constructed, and each sent up to 6 times. A pre and post evaluation survey was conducted.

Results: 640 people received 9-30 SMS within 10 months period. After completion of 10 months of sending SMS, healthy lifestyle changes were measured in comparison to baseline. 19% indeed increase exercise habit compared to baseline, 56% were measured healthy waistline, there was 34% increase in consumption of fruits per day.

Discussion: This programme not only provided the SMS recipient appropriate information about the healthy lifestyle but also motivated them to take action. This method can be used for other types of health promotion.

Poster 29

中國大陸地區城市社區衛生服務中心人力資源配置公平性的研究

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引言：基層衛生服務公平性是 WHO 以及中國大陸地區“新醫改”核心目標之一。充分了解基層衛生服務人力資源配置現狀是調整政策、保障基層衛生服務公平性和可及性的重要前提。

方法：採用分層隨機抽樣方法，調查 2011 年中國大陸 10 個省（市）190 個城市社區衛生服務中心的人力資源配置情況，採用洛倫茲曲線以及基尼系數等方法分析社區衛生技術人員、醫生及護士的數量和質量分布的公平性。

結果：我國 2011 年城市社區衛生服務中心人力資源按服務人口的分布公平性差異較大，各類人員分布的基尼系數分別為：社區衛生技術人員（G=0.39），醫生（G=0.44），護士（G=0.48）。東部地區人均佔有衛生技術人員高於中、西部地區。人力資源按服務面積的分布公平性差異懸殊（G=0.68），低於按服務人口分布公平性（G=0.44）。

結論：我國大陸城市社區衛生服務中心人力資源分布尚不均衡，團隊配置尚不合理。需要衛生行政部門引起重視，運用各種方式優化人力資源分布，保証基層衛生服務的公平性和可及性。

Poster 30

Occupational Therapy (OT) Arthritis Care Program in Hong Kong East Cluster (HKEC) General Outpatients Clinics (GOPC): A Pilot Study

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Introduction: Osteoarthritis (OA) is the most common condition for restricted daily activity and can significantly impact on quality of life in Hong Kong (Woo, 2004). OT arthritis care program leads the OA patients to active life-style by means of empowerment, assessment, and intervention.

Method: Retrospectively review patients with OA, referred by GOPC in HKEC from 1 January to 31 December 2013. A convenient sample were recruited (n=134).

OT provided preventive care program by empowering patients in self-managing own diseases, engaging them in developing proper biomechanical alignment in performing daily activities through posture and position, activity strategies, joint protection techniques, shoe wear and insole advice and modification.

Results: Overall, 95 female and 39 male; 95% have OA Knee and 5% OA others. 45% of the subjects suffered pain bilaterally. Results showed that mean right knee pain visual analog scale(VAS) was significantly reduced from 2.91 to 1.01(n=101, Z=-7.126, p=0.0001), while left knee pain VAS was reduced from 3.08 to 0.83(n=92, Z=-6.985, p=0.0001). The mean Health Assessment Questionnaire (HAQ) was also significantly reduced from 7.49 to 3.54(n=134. Z=-9.338, p=0.0001) 104 subjects reported overall improvement ≥50%.

Discussion: The OT preventive arthritis care program in GOPCs was effective in improving pain and function in patients with OA. OA in primary care have significant benefit from OT preventive programs in GOPCs, it is suggested to further promote in primary care settings.

Poster 31

Accident and Emergency Department Referral in Primary Care Setting

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Introduction: In our daily practice, we as family physicians took care of patients with wide spectrum of disease entity including those with acute/emergency conditions.

The investigators are interested to explore the disease spectrum and subsequent management in those referred to the AED by doctors in primary care setting.

Methodology: During the period 9/2013 to 2/2014, patients who attended Caritas Medical Centre General Practice Clinic (CMC GPC) and subsequently referred to the AED were recruited. Demographic data and parameters for analysis were collected with patients' verbal consent upon referral to the AED.

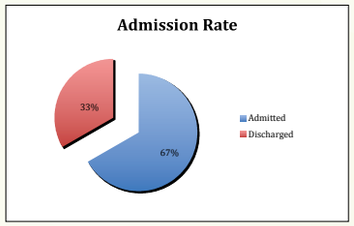
Results: In total, 165 patients were referred to the AED. 79 cases (47.9%) were male while 86 cases (52.1%) were female. The mean age was 66.

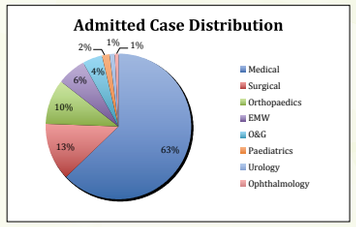
110 cases (66.67%) were admitted to hospital, whereas 55 cases (33.33%) were discharged, including 2 DAMA (discharge against medical advice) cases.

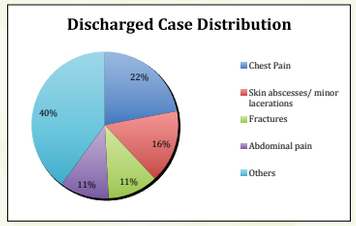
Majority (69 cases, 62.7%) were admitted to Medical ward. 14 cases (12.7%) and 11 cases (10%) were admitted to Surgical ward and Orthopedics ward respectively. The remaining cases included 7 cases (6.4%) to EMW, 5 cases (4.5%) to O&G, 2 cases (1.8 %) to Pediatrics, 1 case (0.9%) to Urology and 1 case (0.9%) to Ophthalmology.

In those 55 discharged cases, 12 cases (21.8%) were chest pain cases discharged after serial monitoring, 9 cases (16.3%) were abscesses or lacerations with minor operations done, 6 cases (10.9%) were fractures with splintage/POP done, others were miscellaneous cases discharged after corresponding investigations. These 27 cases should also be considered to be referred appropriately as the management were better to be done in Emergency Department.

Discussion: Regarding disease entity, admission rate and treatment modality of patient received in AED, primary care physicians have served their important role as gate-keepers. From the review, and at the same time being able to make appropriate referrals 83 % (110 admitted cases and 27 discharged cases) to those who needed emergency care.







Poster 32

Food Labelling – A Family Health Promotion Program for Teachers/Parents/Carers in Hong Kong

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Introduction: This is a 2-year food-labelling promotion program (2012-2014)*, in which 30-50 parents, carers and teachers of children/students from 40 kindergartens (K1 – K3) and primary schools (P1 – P6) in Hong Kong were recruited. The objectives were to increase their food-label reading ability and increase their capabilities of selecting healthier pre-packaged foods.

Methods: Each participating school received 2 food-labelling workshops (workshop 1 and 2). Workshop 1 is about food-labelling theory with simple reading practice. Workshop 2 is an in-depth reading practical including techniques to compare and choose healthier foods, by either a mock supermarket tour at school or a real supermarket tour at nearby supermarket. Each participant were evaluated their changes in knowledge, attitude and behavior on nutrition labelling.

Results: The average knowledge score of participants' food label reading ability was raised from **34.4% to 85.4%**. The average attitude score of participants towards food-label law enactment, towards food-label & its relation to develop healthy eating behavior and food label & its practicability at daily use were raised from **94.1% to 97.9%, 94.3% to 98.8%** and **94.6 % to 97.9%**, respectively. The average spreading of food-label information to at least 1 people was raised from **11.9% to 73.1%**, with an average of 1 participant spread to **1.8** people. Also, the average no. of food-labels participants read was raised from **3.4 to 6.0** per 10 pre-packaged foods after the program.

Discussion: Participants was provided with practical learning experiences for knowledge application and thus increased their frequency of reading food-labels after this program that will be conducive to their health in selection of low fat, low sugar, low salt and high fibre pre-packaged foods and/or beverages.

Remarks: *The program was supported by Health Care Promotion Fund, Food and Health Bureau, The Government of Hong Kong Special Administrative Region.

Poster 33

Mental Health Awareness- a Need Amongst the Domestic Helpers in Hong Kong

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Introduction: Foreign domestic helpers account for about 3% of the Hong Kong's population. Due to language, culture and working in under- regulated sector such as domestic work, many are vulnerable to abuse, discrimination and exploitation. Overseas studies have identified that migrant workers are prone to mental health problem. However there is paucity of such information in Hong Kong.

Method: In 2013, the "United Christian Nethersole Community Health Service" conducted a project to raise mental health awareness amongst the Domestic helper. Health talks were conducted in Bahasa and English. Pre and post health talk questionnaire were conducted with translation in Indonesia Bahasa. Newsletters and souvenirs containing information in English, Indonesia Bahasa, Tagalog and Thai on coping strategies during stress were produced and disseminated.

Result: From April to September 2013, total of 1,087 domestic helpers were reached. 10 health talks with 487 participants were delivered. 74% (361/487) filled in the pre post health talk questionnaire. 55% mentioned that they had never heard of mental health first aid. 98% agreed that the talk increased their literacy and knowledge on mental health and 98% said they would share with their friends.

Conclusion: Domestic helpers play a vital role in reducing the household burden. As a result many local residents can get along successfully at work and contribute to the development and economic progress of Hong Kong. This mental health project has identified a service gap. More mental health promotion and services are needed for foreign domestic helpers with multilingual service and flexible service location and hours.

Poster 34

"DASH" a Day – a Community Hypertension Prevention Program for Middle-Aged Adults and Elderly in Hong Kong

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Introduction: Dietary Approach to Stop Hypertension (DASH) diet was proven to reduce systolic and diastolic blood pressure. This 2-year program (2013-2014)[1], targeted at middle-aged adults, and elderly from 22 DECCs.[2] It aims to increase their awareness of DASH diet and increase their capability in adapting to DASH diet in daily life.

Methods: Each DECC received educational workshop to introduce DASH diet by registered dietitian. Interested participants would further join two focus groups, which included in-depth DASH adaptation practice, dietitian's tips and experience sharing of successfulness and difficulties in daily adaptation, in order to achieve long-term compliance. Each participant received 2 DASH booklets containing DASH diet contents, low salt guidelines, DASH recipes, and Eatsmart restaurant link for community promotion.

A pre and post program test involving all participants were conducted to evaluate attainment of **knowledge** (distinguish DASH components of a)5-6 oz of lean protein source/day, b)3-5 times of intake of nuts, seeds/week, c)2-3 glasses of low fat dairy products/day, d)4-5 medium fruit/day and e)<1 teaspoon of salt or equivalent/day, **attitude** in willingness on adapting DASH measured by likert scale, before and after educational workshop and **behavior** changes in practicing DASH diet three days or more per week, 1.5-2.5 months after educational workshop.

Results: Up to 31st March 2014, the program conducted in 12 DECCs (55%) and involved 604 participants in the first year. With pre and post educational workshop evaluation[3], the average knowledge score of distinguishing DASH components raised from **44.4% to 95.0%**, while at 1.5-2.5 months review, the average behavior change to practice DASH diet of focus group participants (n=131) was 5.1 days per week (SD 4.5, 95%CI=4.3, 5.9), while it was 3.2 days per week (SD 2.5, 95% CI=2.9, 3.6) for non-focus group participants. (n= 196). For the average number of person to spread out DASH message per participant, the focus group had 3.2 persons, while the non-focus group had 2 persons.

Discussion: Participants were provided with knowledge and practical learning experiences for DASH application and thus increased their frequency to adapt diet after this program, which might be conducive to their health as a result of improved blood pressure and in long term for hypertension prevention in the community.

Remarks:

1 The program was supported by Health Care Promotion Fund – Non research health promotion projects, Food and Health Bureau, The Government of Hong Kong Special Administrative Region (1st April 2013 – 31st March 2015).

2 DECCs is defined as District Elderly Community Centers (長者地區中心), Neighbourhood Elderly Center (長者鄰舍中心) and Non-subvented service centres for the elderly (非政府資助的長者服務單位)

3 These included preliminary results from 11 DECCs.

Poster 35

Promotion of Psychological Wellness and Health Behaviors in Primary Care in Hong Kong East Cluster (11/2012 – 3/2014)

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Introduction: Clinical psychological services were first introduced in GOPCs of Hong Kong East Cluster in 2012. Low intensity psychological services were piloted in the form of treatment groups (four basic group types: Stress Management, Relaxation Skills, Better Sleep, and Pain Management; each of 2 sessions, 1.5 hours/session) run by Clinical Psychologist (CP) or Psychology Assistant (PA) supervised by CP.

Methods: This study used a pre-post design to examine 3 clinical outcomes (Chinese version of GAD7, PHQ9, and WHO5) and 3 health behaviors (hours spent on physical exercises, hours spent on other stress coping means, and hours slept). Moreover, subjective ratings of improvement, satisfaction of the groups, and various treatment elements were collected at the end of each group.

Results: During this period, 1071 patients were referred to these groups: 75% female; mean age 56; education level (2% no education, 21% primary, 18% F.1-3, 29% F.4-5, 30% F.6 and above).

After two sessions, participants spent more hours on physical exercise [$t(232)=7.282$, $p<.001$] and good stress coping [$t(206)=9.053$, $p<.001$], had more hours of sleep [$t(107)=9.345$, $p<.001$]. All these significant changes reached a large effect size. Furthermore, higher wellness and lower anxiety and depressive symptoms were reported [WHO5_total scores ($t(607)= -6.999$, $p<.001$); GAD7_total: $t(603)=8.912$, $p<.001$; PHQ9_total: $t(606)=7.357$, $p<.001$)]. These improvements reached medium effect size. Overall satisfaction of groups and instructor ranged from high to very high.

Discussion: Patients used more effective stress coping skills and started healthier life-style. These enhanced psychological wellness. Treatment groups proved to be efficacious in health promotion and preventing deterioration.

Poster 36

Effectiveness of Dietary Management of Metabolic Syndrome by Registered Dietitians in Community Clinics in Hong Kong

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Introduction: Metabolic risk factors including overweight/obesity, hyperlipidaemia, raised fasting glucose, and high blood pressure that increased risk of cardiovascular diseases, diabetes and stroke, which are proven to be preventable or manageable by adopting a healthier lifestyle including healthy diet and physical fitness.

Objective: To evaluate effectiveness of clinical outcomes for patients who are (1) overweight/obese; (2) with hyperlipidaemia or (3) pre-diabetes/diabetes upon attended individual diet consultations with appropriate dietary management and/or medical nutrition therapy provided by Registered Dietitians in UCN clinics[1].

Methods: A retrospective review of available data during April 2013-March 2014 from patients randomly selected from 4 major UCN clinics in Kowloon and New Territories. Clinical data including (1) BMI at baseline and at 15 weeks; (2) fasting TC, LDL, TG, FG and Hba1c at baseline and at 3 to 6 months follow up visit were compared.

Results: 1339 patients (70% female and mean age of 55.7) were consulted during fiscal year 13/14 and valid data reported with 80% success rate of overweight/obese patient with minimum 2% reduction in BMI; 98% and 80% success rate of reduction of either TC, LDL or TG by 5% in hyperlipidaemia cases and FG or Hba1c by 5% in pre diabetes/diabetes cases respectively.

Conclusions: Nutrition counseling by Registered Dietitians with individualized diet plan is one of the crucial element to provide patients with comprehensive and holistic care with the medical and allied health teams. Medical nutrition therapy would warrant an enhancement in clinical outcomes and long term reduction in medical costs to treat metabolic syndrome in the community.

Remark: Community Nutrition Service was partially supported by the Community Chest.

[1]UCN clinics provided with Dietitian consultation are located in Kwun Tong, Tai Po, Jordan and Tin Shui Wai. For details may refer to agency website http://www.ucn.org.hk.

Poster 37

Cancer Expert Working Group on Cancer Prevention and Screening (CEWG)'s Recommendations on Breast Cancer Screening

Cancer Expert Working Group on Cancer Prevention and Screening, Hong Kong

Introduction: To better combat breast cancer, the CEWG keeps in view local and international scientific evidence and formulates local guidelines on cancer prevention and screening since its establishment in 2002 under the Government's Cancer Coordinating Committee. In 2010, the CEWG published the revised recommendations on breast cancer screening and they were reaffirmed in November 2012.

Recommendations: Given that it is still unclear whether mammography screening does more good than harm, CEWG concludes that (1) Teaching women how to perform breast self-examination (BSE) (e.g. at a monthly interval) is not recommended; (2) Insufficient evidence to recommend clinical breast examination (CBE); and (3) Insufficient evidence to recommend *for or against* population-based mammography screening for **general female population** in Hong Kong. Individuals should be adequately informed by healthcare providers about benefits and harms when considering screening.

The CEWG recommends **women at increased risk** (e.g. carrier of BRCA1/2 deleterious mutations, strong family history of breast cancer, etc.) should seek advice from doctors about whether they should receive breast cancer screening, starting age and frequency of screening. The CEWG advises that **all women** should be aware of changes in their breasts and should visit their doctors promptly if unusual changes appear.

Since there are no locally validated tools for breast cancer risk assessment, the CEWG supports local research to bridge knowledge gaps on prediction and quantitative risk assessment of breast cancer in the local female population.

Internationally, debate has grown in recent years over the benefits and disadvantages of breast cancer screening. More study findings suggested mammography screening did not reduce mortality from breast cancer and lead to over diagnosis. A recent report published by the Swiss Medical Board recommended suspension of systematic mammography screening programme due to unnecessary interventions. The CEWG will keep in view new evidence and developments to ensure breast cancer prevention polices are relevant to local needs and circumstances.

Poster 38

堅持中西醫並重 構建中國特色全科醫生制度體系

徐宏偉

中國河南省衛生廳科教處

目的：探索建立適合國情的全科醫生制度的方法和模式。

方法：文獻檢索。重點疏理全科醫學在大陸發展史，政府關於全科醫生制度的相關政策及各地探索建立全科醫生制度的經驗與不足。

結果：從滿足群眾健康服務需求的必然選擇、降低人民群眾醫療費用的客觀要求、踐行新時期大陸衛生工作方針的具體體現三個方面論証，堅持中西醫並重，構建中國特色全科醫生制度體系必要性、可行性。提出大陸建立全科醫生制度可資借鑒的國外經驗，如抓緊構建院校醫學教育、畢業後教育、繼續醫學教育三位一體醫學人才培養體系，團隊工作模式，政府鼓勵政策等。結合國情，提出促進中醫學與全科醫學相結合，構建中國特色全科醫生制度的具體建議，如加快全科中醫士人才培養，推進“特崗津貼”計劃等。

結論：中醫作為中華民族傳統醫學，通過借助全科醫療工作模式，可達到中醫學與全科醫學相互交流和繁榮、相互促進的預期和願景。

Poster 39

Allied Health Musculoskeletal Program in Family Medicine Clinic in New Territories East Cluster

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Introduction: Musculoskeletal symptoms are one of the major complaints encountered in General Outpatient Clinics in New Territories East Cluster. This paper reviewed a new musculoskeletal program involving community-based physiotherapy and occupational therapy in NTEC GOPCs, from 2012-13, on the clinical effectiveness of treatment intervention and the efficiency of service delivery.

Methodology: Patients with musculoskeletal disorders referred to the program were triaged. Education classes and followed by individual treatment sessions. Clinical and service-related data were collected through self-conducted questionnaires for outcome evaluation.

Discussion: The MSK program was effective in symptoms relief and efficient in service delivery. The relatively short waiting time and the format benefit patients in primary health care system. Future development in the role of Allied health in Primary Health Care system could be recommended.

Result: 1488 cases (mean age 56.7) received intervention from MSK program, with conditions mainly involved shoulder (21.2%), back (19.3%), knee (19.1%) and neck (8.6%). Pain score decreased from 59.3% to 16%. Overall improvement was 67%. Statistically significant improvement was shown in disability score for upper limb, back and neck ($p<0.05$; Paired Sample T-test). The average waiting time was 5.89 weeks. On average, 6 sessions were required in PT and OT respectively.

Poster 40

Patients and Staff Satisfaction with Eliminating Capillary Blood Glucose Testing for DM Patients at their Follow-up in General Out-patient Clinic

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Introduction: There would be no more random capillary blood glucose (CBG) checking during clinical follow-up for all patients with diabetes (DM) in KWC GOPCs. Two clinics, Lady Trench (LT) GOPC and Robert Black (RB) GOPC, were chosen as the pilot clinics to try out this initiative and later also roll out to GOPC of West Kowloon Cluster. This paper is going to explore the patients' and staff's response to the said changes and the valid method in monitoring patients' diabetes control.

Objectives:

1. To review the satisfaction of GOPC DM patients on no random capillary blood glucose (CBG) checking during their clinical follow-up, the ground on which they accept the change and the extent to which they are aware of HbA1c if spot CBG is cancelled.
2. To review the satisfaction of clinic staff with eliminating random capillary blood glucose (CBG) checking in the clinic.
3. To explore rooms for improvement in diabetes control especially for Type2 diabetes (T2DM) patients.

Methodology: The survey was divided into two parts: patients' satisfaction survey and staff's satisfaction survey. A total of 121 patients with T2DM and 26 staff (including doctors, nurses, PCAs and allied health staff) from 4 GOPCs of our group members from KWC were recruited for the study. Outcome measures were categorized as: (1) patient groups according to age, education level, year of diagnosis and treatment types (on diet only, or diet + oral DM drug, or diet + insulin. or diet + oral DM drug & insulin); (2) their reasons for acceptance; (3) patients' awareness of HbA1c after cancellation of random CBG checking; (4) the extent to which staff accept this change (5) interference with daily work and consultation; (6) degree of feeling comfortable in handling enquiry; and (7) degree of support from the clinic.

Results & Outcome: 50% of the patients accepted the change, 31% did not accept and the rest had no comments. Those patients who were younger in age and relatively new in diagnosed diabetes were more prone to accept this change. 52% of the patients who did not accept the change fall on the age group 60 - 70 years of age. Moreover, the extent to which patients accept this change had no significant co-relationship with their education level nor with the mode of treatment. 90% patients had increase awareness of HbA1c result where the clinic had no random capillary blood glucose (CBG) checking.

All staff accepted the change in practice. All doctors agreed that it would not affect their clinical judgment. All nurses agreed that it helped speed up in clinic workflow. 50% of the dietitians required additional investigation to facilitate their clinical judgment, and some clinic assistants thought that CBG was an important data for diabetes care in clinic but all supported the changes.

Conclusion: In general, most patients accepted the cancellation of random capillary blood glucose (CBG) checking in the clinic, and their awareness of HbA1c target was also enhanced. Moreover, most of the staff supported the changes.

It is recommended that clinic staff should be aware of patients' hypoglycaemia and hyperglycaemia condition during their clinical follow-up, promote Home Blood Glucose Monitoring (HBGM) and educate patients on self-management of hypoglycaemia and hyperglycaemia.

Poster 41

Physiotherapy Prescribed Home-Program Improves Physical Fitness and Self-Exercise Efficacy in Hypertension and Diabetic Patients

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Introduction: Hypertension (HT) and Type 2 Diabetes Mellitus (Type 2-DM) are major non-communicable diseases in Hong Kong. Regular exercise and healthy exercise lifestyle are distinctive elements in HT and Type 2-DM management; and Physiotherapy has an important role in screening, assessments, exercise prescriptions and life style re-designing education. Physiotherapy intervention for improving physical inactivity and weight management has been commenced in Kowloon West Cluster (KWC), Enhanced Public Primary Services (EPPS) of West Kowloon General Out-Patient Clinic (WK-GOPC) since January 2013.

Objective: To review the effectiveness of individualized physiotherapy home-program to HT and DM patients.

Methodology: HT and DM patients were referred from GOPC doctors and nurses in KWC. Individual Physiotherapy screening, assessment, home exercise prescriptions and goal setting were done in initial consultation. Exercise monitoring, modification and progression were done in subsequent consultations. Self-exercise compliance was monitored by self-administered exercise logbook.

Clinical outcomes were (1) Body Mass Index (BMI) (2) physical fitness comprised of aerobic endurance and limbs strength (3) change of exercise habit and lifestyles.

2 minutes-stepping test was used to measure the aerobic endurance. To evaluate the upper limb and lower limbs strength, repetition of biceps curl in 30 seconds and number of sit-to-stand in 30 seconds were measured respectively. Self-administered Chinese version of Self-Efficacy for Exercise Scale (SEE-C)was used to evaluate the change of exercise habit and lifestyles. The data were collected at baseline and after completion of physiotherapy consultations.

Results: Total of 66, in which 37 of them were female and 29 were male patients with mean age of 57 (SD ± 8), median BMI 30.3 (interquartile range: 28.6-31.7Kg/m2) completed both physiotherapy consultations (mean = 5 sessions/patient) and clinical outcome measurements. 76% (n=50) were diagnosed as Hypertension; whereas 24% (n=16) were diagnosed as Type2-DM.

It was shown that BMI was significantly improved (P=0.000). For physical fitness, there were significant improvements in aerobic endurance (p=0.000), and both upper limb strength (p=0.000) and lower limb strength (p=0.000).There was also a significant improvement in clients' self-efficacy on exercise habit and lifestyles (p=0.001).

Conclusion: The present review signifies the essential role and effect of physiotherapy home-program on weight management and improving physical inactivity of patients with Hypertension and Type 2-DMrespectively.

Poster 42

New Physiotherapy Service Delivery Model in Primary Health Care: Promoting Different Levels of Care in Chronic Disease Management

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Introduction: The prevalence of chronic diseases is increasing with aging population. A new physiotherapy service model is essential to manage high volume of chronic diseases.

Method: Two physiotherapists started 5 new programs to manage chronic diseases with less complications in General Out-Patient Clinics (GOPC) of Hong Kong East Cluster (HKEC) since June 2012. Patients referred from GOPCs were assessed by physiotherapists and offered group sessions on home-exercise, home-treatment and self-care education.

Results: From June 2012 to December 2013, 3177 patients were referred from GOPCs. The average waiting time was 10 weeks. 49(1.5%) patients requiring intensive physiotherapy were referred to the Physiotherapy Out-patients Department. 28 patients(0.9%) having complications were referred back to GOPC doctor.

1517 patients(50%) were in Osteoarthritis Knee Program, the mean subjective improvement of pain and number of sessions required were 64% and 4.4 respectively. 472 patients(15%) were in Upper Limb Musculoskeletal Pain Program, the subjective improvement and number of sessions were 78% and 5.2 sessions respectively. 661 patients(21%) participated in Shoulder Pain Program, the subjective improvement of pain and number of sessions were 73% and 4.7 respectively. 387 patients(12%) participated in 4 sessions of Exercise Program for Hypertension, Diabetes and Weight Management. 48% patients did not exercise previously started to exercise while 40% continued to exercise following exercise prescription by physiotherapists. 63 patients (2%) participated in a preventive program of Taichi exercise for advance balance.

Discussion: The new physiotherapy programs in primary health care could effectively and efficiently manage high volume of chronic diseases. The accessibility to physiotherapy services was improved by timely intervention and group management of more patients. Through self-empowerment strategies, patients could improve symptoms and functions. Physiotherapists in GOPCs served a triage role, streamlining patients to appropriate levels of care, which could facilitate a better utilization of resources.

Poster 43

A New Effective Primary Care Physiotherapy Knee Program for Osteoarthritis Knee Patients Emphasizing Early Intervention and Home-based Self-management

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Introduction: Osteoarthritis Knee (OA Knee) is a common chronic disease causing pain and disability. The prevalence is approximately 30% in those over 65 years old and increases with age. It will become a substantial public health problem and medical demand, unless early intervention and equipping patients with self-management technique to prevent further deterioration are introduced.

Method: In HKEC General Outpatient Clinics, a new physiotherapy knee program provided 3 sessions of group education of pathophysiology of OA Knee, risk factors modification, weight reduction, joint protection and ergonomic advice. Home-based treatment with knee strengthening and stretching exercises, pain management with ice or heat therapy were emphasized. The program was implemented in patient-centered approach with assessment, additional sessions of advice and physiotherapy treatment, such as ultrasound, manual therapy given according to patient's needs.

Results: From March to August 2013, 571 patients referring from HKEC GOPCs attended the program. The average waiting period was about 8 weeks. The mean physiotherapy sessions was 4.4. There were significant improvements in pain level(Numeric Pain Rating Scale decreased from 4.1 to 1.8, $p<0.001$), functional level(Oxford Knee Score increased from 28.5 to 34.9, $p<0.001$), and patient's subjective improvement was 64%.

Telephone follow-up of 60 patients attended in March 2013 by convenient sampling showed that 98% and 80% of patients continued home exercises on discharge and 6-month post-discharge respectively.

The percentage of OA Knee referral from GOPCs to Physiotherapy Outpatient Departments of HKEC was decreased by 40% after launching the program.

Discussion: The new Primary Care Physiotherapy Knee Program provided early intervention to OA Knee patients and was effective in relieving pain, improving functional status and decreasing the demand on secondary health care service.

Poster 44

Occupational Therapy for Cognitive Impairment Clients: from Screening to Early Intervention in Kowloon West Cluster General Outpatient Clinics

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Introduction: General Outpatient Clinic (GOPC) acts as an essential gateway for initial assessment of clients with cognitive problem. Occupational therapy does not only provide early screening, but also enhance early intervention in Kowloon West Cluster GOPC. This study aimed to review clients' profile, to survey the patients' satisfaction for the group training, and to examine the activation of activities after individual training.

Method: Clients who were referred for cognitive program in West Kowloon & East Kowloon GOPCs during Jan-Dec 2013 were retrospectively reviewed. Satisfaction survey was conducted on cognitive group with a tailor-designed 10-point Likert scale questionnaire. Activation duration was measured by average time of active participation in activities within a week.

Results: 383 cases were reviewed. Average age was 78 year old (ranged from 47 to 95) and 70% of them were females. 60% of them with Mini-mental State Examination were above cut-off point. 14 % of them had recent fall history. There were 255 cases attendance for cognitive group training programs such as cognitive stimulation, memory strategy or educational talk. Returned 67 satisfaction questionnaires showed the overall satisfaction was 8/10. 30 cases returned records of their time of active participation of activities. The activities they mostly participated were walking in the park and dancing/ Tai Chi classes in day centers. The average time spent in active activities was increased from 60 to 150 minutes per week.

Discussion: The findings from the review were encouraging. Early screening, individual and group cognitive training programs were essential to improve their quality of life and cognitive function. Further outcome assessments were recommended.

Poster 45

Return-to-Work Program in Occupational Therapy (OT) Enhanced Public Primary Care Services in Kowloon West Cluster General Outpatient Clinics: Client Characteristics and Services Review

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Introduction: Return-to-work (RTW) program provided by Occupational therapists (OT) in Kowloon West Cluster General Outpatient Clinics (GOPC) emphasized on early job analysis, vocational counselling and intervention which aimed to facilitate and empower patients early returning to work. It is a new scope of service in KWC GOPC and there is limited reporting of similar study.

Method: Retrospective review of the RTW program was conducted to explore the patients' characteristic, with regard to the nature and area of injuries of the patients; and to assess the need of triage to intensive training or referral to other specialties and services.

Results: There were 43 cases referred to OT for the return-to-work and work assessment program in East Kowloon and West Kowloon GOPCs during Jan 2013 to Jan 2014. 53% were females, and the average age of patients was 46 (ranged 24-68). 87% of them were injured on duty (IOD). Back injury accounted for 32% of cases, upper limb/ hand injury for 24%, whereas 18% suffered from multiple injuries. The average length from injured time to initial OT assessment was six months (ranged 1-22 months). 66% of them were referred to both Occupational Therapy and Physiotherapy, while 42 % were referred to Orthopedic clinic. After initial triage, 13% of them were recommended to have further intensive OT training or work hardening program in OT specialized OPD or work re-training setting.

Discussion: According to the findings, the new RTW service is necessary but the number of referral was relatively low and the referral to OT RTW services was relatively delayed. These might be because this was still a new scope of service. Further service promulgation and outcome assessments are recommended.

Poster 46

Resistant Hypertension: Common Reason, Unexpected Cause

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Clinical case: Patient is a 60 year-old male with history of Hypertension (HT) since age 50. He was previously put on Lisinopril 20 mg daily with good Blood Pressure (BP) control. Patient was found to have suboptimal control of BP later and failed to response to the adjustment of medication. Patient was eventually referred to Family Medicine Specialist Clinic for HT refractory to four anti-drugs. Initial assessment in FM Specialist Clinic showed no symptom suggestive of secondary cause of HT and patient claimed good compliance to dietary control and drug. Physical Examination was unremarkable and urine dip-stix and ECG were normal. The provisional diagnoses included secondary causes of HT not identified or white-coat HT. Blood test and urine test was ordered to look for possible secondary causes such as mineralocorticoid excess (K), hyperparathyroidism (Ca), occult thyrotoxicosis (fT4), urine for protein and microscopy (renal disease), overnight oximetry (sleep apnea without snoring). 24 hour ambulatory BP monitoring was also arranged. At the follow-up appointment, BP was persistently high and all the investigation results were normal 24-hr BP confirmed HT. Further enquiry revealed that patient understood the important of BP control but diffuculty to recall drug regimen. Mini-Mental State Examination showed 22/30. The working diagnosis was poor control HT because of drug compliance issues related to possible dementia.

Doctor cooperated with Community Nurse to conduct home visit which showed many anti-HT drugs left at home and confirmed non-compliance. Patient finally admitted that he did not remember if he had taken anti-HT drug or not. Subsequently, multidisciplinary approach was used to manage the dementia. Drug compliance was supervised by Community Nurse. Social worker arranged home-helper service to tidy up home environment and meal delivery service. Occupational Therapist offered memory training and home environment modification for fall prevention. Early Alzheimer Disease was confirmed after the assessment by geriatrician. Family Physician acted as a coordinator of care for this patient.

Learning Points: Possible causes of resistant hypertension should be reviewed. Drug compliance is a significant issue to check and patients may not always tell physician. One reason will be inability to remember to take the drug. Clinical suspicion and early detection of memory impairment in old age will be important to prevent complications by early intervention. Multi-disciplinary approach and coordination of care will be important to keep patient with dementia living in the community.

Poster 47

Nutrition Screening for Children with Special Needs and Home/School Education Enhancement in the Community

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Introduction: Special children are "those who have an increased risk of chronic physical, developmental, behavioural, or emotional problems and who also require healthcare services of a type or amount beyond required by children generally"[1].

Objective: To perform nutrition screening for 100 special children (age 0-6), follow up with counselling for those at high risk. Home/school education sessions are provided to increase knowledge and awareness to cope with dietary management for special children.

Methods: During 2013/9-12, 95 special children were recruited from five special agencies[2] and screened by Community Dietitians (RD) using nutrition screening tool. 51 children were identified with higher nutrition risk and received nutrition counseling in 2014/1-3. Thirty home/school education sessions will be conducted to the five special agencies in 2014/4-7 for knowlege and awareness enhancement.

Results: 84.2% of which scored >/=5, indiciating at risk of malnutrition (mean score= 9.76) and 14.7% children were identified with growth problems[4]. 53.7% parents considered their children with growth problems (overweight, underweight or stunning) and with major nutrition concerns: feeding problems (75%); dietary problems (63%); and usage of oral supplements (45%). However, 87% children did not receive any dietetic consultation services.

Conclusions: High prevalence of malnutrition was identified in the foresaid screening and usage of nutrition/oral supplement was commonly reported, however low proportion of children receiving professional dietetic consultation. Nutrition counseling by Registered Dietitians with individualized education/advice to parents/carer and training to childcare agencies staffs would warrant a short term improvement on children nutrition status and long term sustainabilty and quality care to the children with special needs.

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2. The 37 on the list of special agencies or schools in Hong Kong serving children with special needs at age 0-6 years old, the Social Welfare Department of Hong Kong.
3. The Spokane Regional Health District, Washington State, USA
4. Weight-for-Height growth-chart

Poster 48

Management of Rectus Sheath Hematoma Following Lower Segment Caesarean Section

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26 yr old PGR, as twin pregnancy with T1 breech in labor underwent emergency LSCS through pfannensteil incision under Spinal anesthesia. Surgery lasted for 40 minutes but 6 hrs post-operative she went into shock. There was no bleed vaginally but uterus appeared deviated to left without significant abdominal distension. Decision of laparotomy taken with provisional diagnsis of rectus sheath hematoma. Intraoperatively there was hemoperitoneum of about 500 ml and rectus sheath Hematoma of about 8X10 cm within the right rectus muscle. No bleeder identified, separately. 2 hours post-laparotomy she again had Fall in BP, with about 1 liter blood in abdominal drain. She underwent relaparotomy, Again no active bleeder identified. Peritoneal cavity filled with blood, exploration was done along with general surgeons. Cavity of hematoma was packed with 8 sponges. Packs removal was done after 24 hrs. Rectus sheath hematoma is an uncommon self limiting and clinically misdiagnosed cause of hypovolemic shock with a reported mortality rate of 13%.Risk factors includes anticoagulation, thrombocytopenia, excessive stretching of abdominal muscles, Pfannensteil incision and previous surgeries . Conservative approach may be considered for stable, non expanding hematomas with a certain diagnosis.

Evacuation of hematoma and ligation of bleeder should be done. However in majority of cases, will not find any bleeder. Levy in 1980, introduced transcatheter gelfoam embolization in RSH.

Poster 49

A Case of Inoculation Tuberculosis following Intralesional BCG Therapy for Venereal Warts

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A- 28- years old unmarried male had multiple painful ulcers over pubic region for 1 month, diagnosed clinically as venereal warts. History of formation of papules, pustules, then ulcers over pubic region following intralesional BCG immunotherpy for venereal warts. No history of malaise, anorexia, loss of weight, arthralgias. Personal history of unprotected heterosexual contact about one year ago with a known friend.

General physical examination revealed Lymphadenopathy, bilateral inguinal lymph nodes enlarged, size upto 2-3 cm^2, fluctuant, tender, overlying skin inflamed. Systemic Examination was normal. Provisional diagnoses of Cutaneous tuberculosis, Syphilis, Atypical mycobacterial infections was considered. FNAC from inguinal lymph node revealed tubercular lymphadenitis. Skin biopsy showed granulomatous inflammation consistent with tuberculosis. Anti-Tubercular Treatment - Category 1 DOTS- ($2H_3R_3Z_3E_3$ + $4H_3R_3$) led to resolution of all the lesions. Primary inoculation tuberculosis has been reported after BCG vaccination, intralesional steroid injection, needle stick injury, blepharoplasty, and as a complication of acupuncture. The early changes are those of acute neutrophilic inflammation with necrosis occurring in both skin and affected lymph nodes. Numerous bacilli are present. After 3–6 weeks, the infiltrate becomes more granulomatous and caseation appears, coinciding with the disappearance of the bacilli. Common sites: face, hands and lower extremities. Regional lymphadenopathy often develops after 4 to 8 weeks. Cutaneous tuberculosis infection is rare, accounting for 0.1% of all cases seen in a dermatology clinic. Clinical manifestation of cutaneous tuberculosis is so variable that a high index of suspicion is required for diagnosis and treatment.

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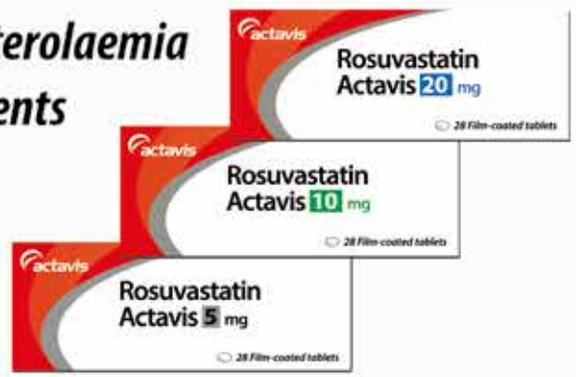

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Abbreviated Prescribing Information:

Presentation: Quetiapine fumarate extended-release tablet. **Indications: Bipolar Disorder:** Maintenance treatment of bipolar I disorder, as monotherapy or in combination with lithium or sodium valproate, for the prevention of relapse/recurrence of manic, depressive or mixed episodes. Treatment of depressive episodes associated with bipolar disorder. Treatment of acute mania associated with bipolar I disorder as monotherapy or in combination with lithium or sodium valproate **Schizophrenia:** Treatment of schizophrenia, prevention of relapse and maintenance of clinical improvement during continuation therapy. **Major Depressive Disorder:** Treatment of recurrent major depressive disorder (MDD) in patients who are intolerant of, or who have an inadequate response to alternative therapies. **Generalised Anxiety Disorder:** treatment of generalized anxiety disorder (GAD). **Dosage:** Once-daily **Schizophrenia:** Initial dose: 300 mg (Day 1), 600 mg (Day 2) and up to 800 mg after Day 2. Range 400-800 mg/day depending on clinical response & tolerability of patient. Same dosage is used for maintenance therapy. **Bipolar Disorder: Acute Mania:** Starting daily dose is: 300 mg (Day 1) & 600 mg (Day 2) & up to 800 mg (after Day 2), alone or in combination with a mood stabilizer. Range 400-800 mg/day. **Bipolar Depression:** Starting dose is 50mg (Day 1) & 100 mg (Day 2) & 200 mg (Day 3) & 300 mg (Day 4). Titration can be up to 400 mg on Day 5 and up to 600 mg by Day 8. **Maintenance treatment:** Use same dose as active treatment for prevention of manic, depressive or mixed episodes in bipolar disorder. Range: 300-800 mg/day. **Recurrent major depressive disorder:** Once-daily in the evening. Initial dose: 50 mg (Day 1 & 2), increased to 150 mg on Day 3 & 4. Usual effective dosage: 150 mg. Range of 50 – 300 mg/day. Same dosage is used for maintenance. **Generalised Anxiety Disorder:** Initial dose: 50 mg (Day 1 & 2), increased to 150 mg on Day 3 & 4. Range of 50 – 150 mg/day. **Switching from Seroquel IR:** Switch at equivalent total daily dose. Individual adjustments may be necessary. **Elderly:** Initial dose: 50 mg/day up to target dose depending on clinical response and tolerability of patient. Slower dose titration is recommended. **Elderly MDD:** Initial dose: 50 mg (Day 1–3), increased to 100 mg (Day 4), 150 mg (Day 8) and then up to 300 mg. **Elderly GAD:** Initial dose: 50 mg (Day 1-3), increased to 100 mg (Day 4), up to 150 mg on day 8. **Patients with hepatic impairment:** Initial dose: 50 mg/day up to target dose. **Patients with renal impairment:** No dosage adjustment needed. **Contraindications:** Hypersensitive to the active substance or excipients of this product. **Precautions:** Not recommended for below 18y old. Clinical worsening and suicide risk associated with psychiatric disorders; Somnolence; Severe neutropenia; Known cardiovascular & cerebrovascular disease; Conditions predisposing to hypotension; Orthostatic hypotension; Extrapyramidal symptoms; History of seizures; Tardive dyskinesia; Neuroleptic malignant syndrome; not approved in elderly patients with dementia-related psychosis; Established diabetes mellitus; Dysphagia; Jaundice development; Venous thromboembolism; Galactose intolerance; Pregnancy & lactation. **Interactions:** CYP3A4 inhibitors; centrally acting drugs; grapefruit juice thioridazine; lorazepam; levodopa and dopamine agonists; carbamazepine, phenytoin, ketoconazole; ADHD medications & cardiovascular medicines that cause electrolyte imbalance or to increase QTc interval. **Undesirable effects:** Tachycardia; vision blurred; mild asthenia; peripheral edema; irritability; increased appetite; dysarthria; elevations in serum transaminases (ALT, AST); syncope; rhinitis; abnormal dreams & nightmares and elevations in serum prolactin. **Full local prescribing information is available upon request. API.HK.SXR.0711**

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- The new beta-lactam with MRSA efficacy in cSSTI *[1,2]
- A beta-lactam targeting *Streptococcus pneumoniae* in CAP #[1,2]

*cSSTI stands for complicated skin and soft tissue infections. #CAP stands for community-acquired pneumonia.
Ceftaroline fosamil has a high affinity for specific penicillin-binding proteins associated with mechanisms of resistance, including PBP2a in *Staphylococcus aureus* and PBP2x/2a/2b in *Streptococcus pneumoniae*.[1]

References:
1. Zinforo Prescribing Information Version: January 2013. 2. Frampton JE. Drugs 2013; 73: 1067-1094

Abbreviated Prescribing Information:
Presentation: Zinforo 600 mg powder for concentrate for solution for infusion. **Indications:** Complicated skin and soft tissue infections (cSSTI) and Community-acquired pneumonia (CAP) in adults. **Dosage:** Recommended dose is 600 mg administered every 12 hours by intravenous infusion over 60 minutes in patients aged 18 years or older. Recommended treatment duration for cSSTI is 5 to 14 days and for CAP 5 to 7 days. Dose should be adjusted when creatinine clearance (CrCL) is ≤ 50 ml/min. **Contraindications**: Hypersensitivity to the active substance, to any of the excipients, or to cephalosporin class of antibacterials. Immediate and severe hypersensitivity (e.g. anaphylactic reaction) to any other type of beta-lactam antibacterial agent (e.g. penicillins or carbapenems). **Precautions:** Patients who have a history of hypersensitivity to cephalosporins, penicillins or other beta-lactam antibacterials; Clostridium difficile-associated diarrhoea; Infection by non-susceptible organisms; pre-existing seizure disorder; renal impairment; potential risk of haemolytic anaemia; in patient groups where there are limitations of the clinical data. **Undesirable effects**: Coombs Direct Test Positive, rash, pruritus, headache, dizziness, phlebitis, diarrhoea, nausea, vomiting, abdominal pain, increased transaminases, pyrexia, infusion site reactions (erythema, phlebitis, pain). **Local prescribing information is available upon request.**
API.HK.ZIN.0113

Please contact (852) 2420 7388 or HKPatientSafety@astrazeneca.com for adverse drug reactions (ADR) reporting to AZHK.

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DUKORAL®

Oral inactivated cholera vaccine

Protect yourself from cholera

Act early and receive before travel ORAL CHOLERA VACCINE

Dukoral® - the drinkable vaccine that provides protection against cholera[1]

THIS IS NOT A GOOD TIME

DON'T LET TRAVELLERS' DIARRHOEA (caused by cholera) spoil your fun experiences during holiday

Cholera is still prevalent in some countries in Southeast Asia and Africa[2,3]

- About 3-5 million people infected each year worldwide, resulting in 100,000-130,000 deaths[4]
- Mainly infected through contaminated water and food[5]
- 80% of cases are mild to moderate causing diarrhoea[6]
- 20% of cases can be serious, causing severe dehydration[4,6]
- May lead to death without proper treatment[4]

Escape from cholera adventures with more confidence

- The most common travel illness is travellers' diarrhoea (TD)[7]
- Growing risk for adventurous travellers[8]
- Under-recognized, but preventable problem[8,9]
- Can significantly affect a traveller's quality of life whilst abroad – spoiling a valuable holiday or business trip[10]
- Cholera can be an acute cause of TD[6]

Protecting good travel experiences

- Drinkable vaccine that protects against diarrhoea caused by cholera and is indicated in adults and children from 2 years of age[11]
- Dukoral® has demonstrated protection ranging between 84-86% against cholera[12-14]
- Reassuringly favorable safety profile[11]
- Easy-to-take

Further information is available upon request.

References

1. Dukoral® Package Leaflet. April 2010. 2. WHO. Cholera: global surveillance summary 2008. WHO weekly epidemiological record 2009; 84(31): 309-24. 3. ProMed-mail. 20090110.0107. Jan 10th, 2009; 20091125.4044. Nov 25th, 2009; 20100305.0720. Mar 5th, 2010; accessed 28 Feb 2014. 4. Reviewed from World Health Organization. Cholera vaccines: WHO position paper. Weekly epidemiological record. 2010;85:117-128. 5. WHO Prevention and control of cholera outbreaks: WHO policy and recommendations; accessed 28 Feb 2014. 6. WHO. Cholera fact sheet No 107. 2010. Available from: http://www.who.int/mediacentre/factsheets/fs107/en/index.html; accessed 28 Feb 2014. 7. Centers for Disease Control and Prevention. Yellow Book. Ch. 2. Traveler's Diarrhea. Available from: http://wwwnc.cdc.gov/travel/yellowbook/2014/chapter-2-the-pre-travel-consultation/travelers-diarrhea; accessed 28 Feb 2014. 8. Zuckerman JN, Rombo L, Fisch A. The true burden and risk of cholera: implications for prevention and control. Lancet Infect Dis 2007; 7: 521–530. 9. World Health Organization 2010. Cholera surveillance and number of cases. Available from: http://www.who.int/topics/cholera/surveillance/en/; accessed 28 Feb 2014. 10. Steffen R, Tornieporth N, Costa Clemens SA et al. Epidemiology of Travelers' Diarrhea: details of a global survey. J Travel Med 2004; 11: 231–238. 11. Dukoral® Summary of Product Characteristics. March 2009. 12. Clemens JD, Sack DA, Harris JR et al. Field trial of oral cholera vaccines in Bangladesh. Lancet 1986; 2:124–127. 13. Sanchez JL, Vasquez B, Begue RE et al, Protective efficacy of oral whole-cell/recombinant-B-subunit cholera vaccine in Peruvian military recruits. Lancet 1994; 344:1273–1276. 14. Lucas M, Deen JL, von Seidlein L et al. Effectiveness of mass oral cholera vaccination in Beira, Mozambique. N Engl J Med 2005; 352: 757–767.

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VA-14-01A Mar 2014

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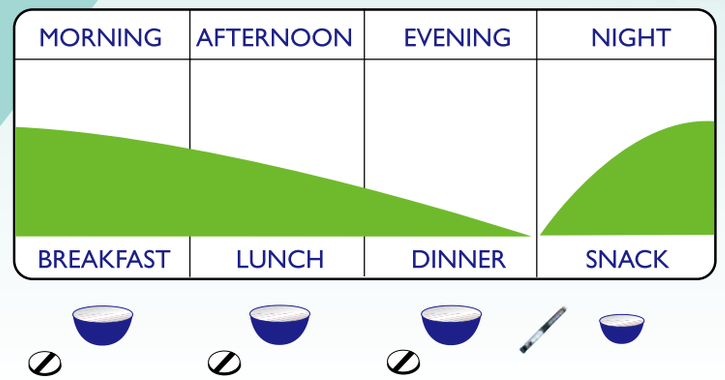
Protaphane® Penfill®



- Continue with OADs, no change in dose.
- Start with 6-12 IU of Protaphane® Penfill (0.1-0.2 IU/kg/day) at bedtime.

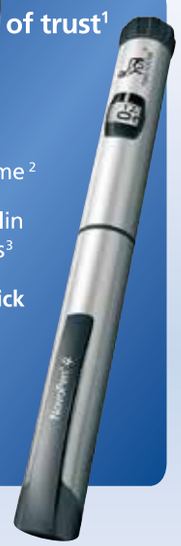
Use with "*Simple to use*" NovoPen® 4

NovoPen® over 25 years of trust[1]

NovoPen® 4:

- **Quick and simple to use,** right from the very first time[2]
- **Built to last:** Accurate insulin delivery for at least 5 years[3]
- **Reassuring end-of-dose click** for patient convenience[4]

Use with our full range of NovoFine® needles



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1. Hyllested-Winge J et al. A review of 25 years' experience with the NovoPen® family of insulin pens in the management of diabetes mellitus. Clin Drug Invest 2010; 30(10): 643–674. **2.** Göke B et al. NovoPen® 4 offers superior performance, handling and acceptance compared with NovoPen® 3 in insulin-treated diabetes patients. Diabetes Technol Ther 2005; 7(2): 379. **3.** Kristensen CM and Donsmark M. Dose accuracy and durability of the NovoPen® 4 insulin delivery device before and after simulation of 5 years of use and under various stress conditions. Clin Ther 2009; 31(12): 2819–2823. **4.** Sommavilla B and Pietranera G. A randomized, open-label, comparative crossover handling trial between two durable pens in patients with type 1 or 2 diabetes mellitus. J Diabetes Sci Technol. 2011; 5(5): 1212–1221.1221.

Further information is available from

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- High purity and free from oceanic contamination[6,7,8]
- Easy to be utilized by the human body[8]

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1. Obican SG, Finnell RH, Mills JL, et al. Folic acid in early pregnancy: a public health success story. FASEB J. 2010;24(11):4167-4174. 2. Mulligan ML, Felton SK, Riek AE, et al. Implications of vitamin D deficiency in pregnancy and lactation. Am J Obstet Gynecol. 2010;202 (5):429.e1-9. 3. Murcia M, Rebagliato M, Iniguez C, et al. Effect of iodine supplementation during pregnancy on infant neurodevelopment at 1 year of age. Am J Epidermiol. 2011;173(7):804-814. 4. Koletzko B, Lien E, Agostoni C, et al. The roles of long-chain polyunsaturated fatty acids in pregnancy, lactation and infancy: review of current knowledge and consensus recommendations. J Perinat Med. 2008;36(1):5-14. 5. FAO/WHO. Fats and fatty acids in human nutrition. Report of an expert consultation. FAO Food Nutr Pap. 2010;91:1-166. 6. Adarme-Vega TC, Lim DK, Timmins M, et al. Microalgal biofactories: a promising approach towards sustainable omega-3 fatty acid production. Microb Cell Fact. 2012 Jul 25;11:96. 7. GRAS notice GRN0000137. U.S. Food and Drug Administration. Available at: http://www.accessdata.fda.gov/scripts/fcn/fcnDetailNavigation.cfm?rpt=grasListing&id=137 accessed date 23Aug2013 8. Wen XX, Li JP, Hou WW, et al. Microalgal docosahexaenoic acid: a new functional food additive. Food Science. 2010 Jun;31(21):446-450.

+ Per serving fat content in Wyeth Mama is about 1/2 of that in whole fat milk. (US Department of Agriculture. USDA National Nutrient Database for Standard Reference, Release 24, 2012.NDB No. 01211)

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