

HKCFP 40th ANNIVERSARY CONFERENCE




From Seedling to Forest –
Ever Enriching Primary Care



**2 - 3 September 2017
(Saturday - Sunday)**

PROGRAMME BOOK



- When you see symptoms,
IT'S TIME FOR ENTRESTO®

Entresto®
sacubitril/valsartan

HR = atrial risk indicator, CI = cardiovascular, HF = heart failure, WHF = heart failure with reduced ejection fraction, SACS = acute coronary syndrome

[†] The complementary cardiovascular benefits of ENHANCE in patients with WHF are attributed to the enhancement of peptides that are degraded by neprilysin, such as natriuretic peptides (NP), by vasodilator and the simultaneous

abolition of the deleterious effects of angiotensin II by substance P.

Based on 2013-14
Revenue and cost

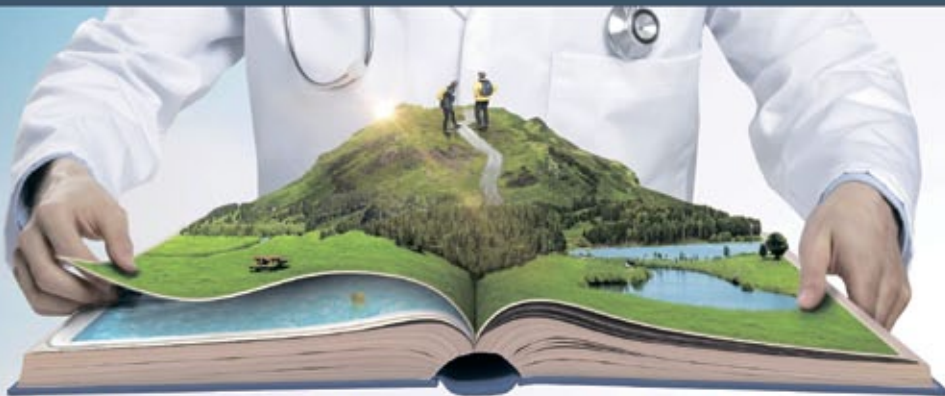
² Secondary and mild first seizure: No change from baseline in 8 months of the clinical outcome score at the Annual DB Conference of the International ACTG.

[illegible][illegible]

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* ULTRIO® refers to ULTRIO® BREEZHALE®.
 † 21-day combination pack 200/20 mg DR.

5. Tiotropium 18 µg, o.d.

[illegible]

References: 1. Willems A, Jansz G, Cuper H, et al. *Incidence of congenital toxoplasmosis in the Netherlands*. *Am J Trop Med Hyg*. 1993;48:1033-1034. 2. *Atlas of Infectious Diseases*. 1995; 3. Willems A, de Jongh P. *Am J Trop Med Hyg*. 1993;48:1035-1036.

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WELCOME MESSAGE



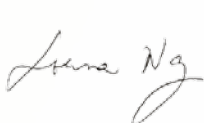
As the Hong Kong College of Family Physicians is celebrating the 40th Anniversary of its foundation, this hallmark conference will be one of the highlights commemorating this momentous milestone of our College. On behalf of the HKCFP 40th Anniversary Conference Organizing Committee, we warmly welcome you all to our special HKPCC conference held on September 2nd - 3rd 2017 at the Hong Kong Academy of Medicine (HKAM) Jockey Club Building, Aberdeen, Hong Kong with the theme, "From Seedling to Forest - Ever Enriching Primary Care".

This year's theme revives the transformation of our College from its humble beginning as a small association consisting of a group of dedicated general practitioners into an internationally recognized and professionally accredited academic institution. Our College's pioneering efforts in upholding high quality education and training in Family Medicine have sowed the seeds with its recognition as a founding member of HKAM providing training courses, educational programs and assessment tools - not only for Hong Kong but also widely adopted in Macau, China and in the region. Therefore, we have invited one of our founding fathers, Dr Stephen Foo to share some stories of the College and our President, Dr Angus Chan to tell us the vision of the College. We have special morning sessions when many prominent scholars from Mainland China will share with us the development of Family Medicine in the recent years. Furthermore, we are very proud that the WONCA World President, Professor Amanda Howe and our College Censor as well as President-elect WONCA World, Professor Donald Li will address us at the conference.

Over the years, our conference has proven to be an inspiring platform for bringing together over 500 international experts, family physicians, dentists, nurses and allied health practitioners to promote collaborative and networking opportunities in addressing present and future challenges. It offers 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.

As the coming 2017 is an extraordinary year for our College, we will add many new interesting features to our already exciting programs including more diverse and stimulating pre-conference symposium and many more activities to come! As our College has come a long way in its achievements, we will continuously need your unfailing support to succeed and meet the challenges ahead.

We are confident that this conference will be a fruitful and memorable experience for you all.



Dr. Lorna NG
Co-Chairman



Dr. William WONG
Co-Chairman

Organizing Committee, HKCFP 40th Anniversary Conference 2017

ORGANIZING COMMITTEE

Co-Chairmen:

Dr. NG Lorna
Dr. WONG Chi Wai, William

Panel of Advisors:

Dr. CHAN Ming Wai, Angus
Dr. CHAO Vai Kiong, David
Dr. FOO Kam So, Stephen
Prof. GUO Aimin
Dr. LAU Ho Lim
Prof. ZHU Shanzhu

Business Manager:

Dr. CHIU Chi Fai, Billy

Scientific Subcommittee-

- Scientific Subcommittee Co-Chairmen:

Dr. NG Lorna
Prof. WONG Chi Sang, Martin

- Scientific Subcommittee Vice-Chairman:

Dr. CHIANG Lap Kin

- Scientific Subcommittee Member:

Dr. CHEN Xiao Rui, Catherine
Dr. CHIN Weng Yee
Dr. FUNG Siu Cheung, Colman
Dr. SIT Wing Shan, Regina

Publication Subcommittee-

- Publication Coordinators:

Dr. CHENG Ghar Yee, Judy
Dr. LEUNG Cheuk Wing, Vienna
Dr. LO Sze Mon, Dana

- Publication Subcommittee Members:

Dr. AU Tai Kwan, Eva
Dr. CHENG Hei Wan, Lian
Dr. TSIM Koon Lan, Kathy

Competition Coordinators-

- Clinical Case Presentation Competition Coordinators:

Dr. FOO Bong Yin, Kevin
Dr. KWAN Yu

- Poster Presentation Coordinator:

Dr. KWAN Wing Yan, Wendy

Nurse Planners:

Ms. CHONG Yuen Chun, Samantha
Ms. LAM Choi Hing, Margaret

Allied Health Planner:

Mr. FUNG Chun Wai, Lawrence

Member:

Dr. SZE Pui Ka, Catherine

MESSAGE FROM PRESIDENT



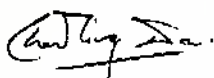
Welcome to the HKCFP 40th Anniversary Conference! This is the most important event to celebrate the milestone as one of the oldest medical academic Colleges in Hong Kong.

The demand of high standard Primary Care in Hong Kong is ever increasing due to an ageing population and comorbidities. There is strong evidence that countries with well-developed Family Medicine would have better health outcomes as well as more cost-effective healthcare system and greater patient satisfaction. The World Health Organization has also stated that family doctor-led health system is the best way to improve health of the population. The new Hong Kong SAR Administration has promised more enhancement in Primary Care.

The organization committee has chosen “From Seedling to Forest-Ever Enriching Primary Care” as the main theme to address present and future development of Primary Care in Hong Kong, China and worldwide. For the first time we have a full half-day session conducted in Putonghua to welcome our colleagues from Greater China.

We are privileged to have a star-studded field of Plenary speakers including Prof Amanda Howe, WONCA President; Prof Yu Xiao Song of Chinese Medical Association; Prof Joseph Sung, Vice Chancellor and President, The Chinese University of Hong Kong; and Prof Donald Li, our Censor and President-Elect WONCA.

Last but not least, I must thank the tremendous hard work of Dr Lorna Ng, Prof William Wong, their most committed organizing committee and the College secretariat in making this Conference possible, successful and memorable!



Dr. Angus M.W. CHAN

President

The Hong Kong College of Family Physicians

CONGRATULATORY MESSAGE



The Hong Kong College of Family Physicians has grown and made significant contribution to the medical sector and wider community during the past 40 years. Over the last four decades, the College has matured to become one of the most key stakeholders in the development of family medicine and primary health care in Hong Kong.

Through its wide range of educational activities and well-structured programme and examinations, the Hong Kong College of Family Physicians has upgraded the professional standards of family medicine in Hong Kong. It has nurtured generations of compassionate and knowledgeable family physicians who are committed to enhancing the health of the general public.

As our population continues to grow and age, we are faced with ever-increasing demand for health care services. We need to work closely with family doctors and other stakeholders and build a stronger system providing holistic and co-ordinated care in the community. I look forward to the continuous support of the Hong Kong College of Family Physicians for joining hands with the Government to promote primary health care development in Hong Kong.

On this joyful occasion, I offer my heartfelt congratulations to The Hong Kong College of Family Physicians on its solid achievements and contributions in the past four decades, and wish it success in the many years to come.

Prof. Sophia CHAN, JP

Secretary for Food and Health, Food and Health Bureau, HKSARG

CONGRATULATORY MESSAGE



I am delighted to be able to share in the celebrations of the Hong Kong College's 'ruby' anniversary – forty years of hard work developing and sustaining excellence in family practice for the people of Hong Kong. The ruby as a gemstone is precious – it is strong, forged in the earth to last; it glows red, showing warmth in its depths and fire in the light; and in the old days it denoted both wisdom and worldly success. This is a good metaphor for the College, as it becomes a mature organisation – we need to persist in our efforts, without losing our compassion, and stay strong in our belief that family practice is essential to a strong health service. And we need to aspire for ever better outcomes, while being realistic about the challenges that we face as physicians, and as citizens.

I have had several very pleasurable trips to Hong Kong – as an external examiner, as an expert resource for faculty training, and now in my capacity as President of the World Organisation of Family Doctors (WONCA). I know that members of the HKCFP have led the development of residency training, credible journals that champion primary care research, and service development in the New Territories and across the border with China. This partnership of clinical and academic development is a key area for a College, as it strengthens both the quality of care and the evidence base on which it stands – thus also raising the status of any speciality, and ensuring it can take – and keep – its place in the university and professional spheres. I have also seen many of your own College members helping others around the world to grow their own family medicine colleges and members – an important role of mentoring and partnership. So I warmly congratulate all those who have grown up with the HKCFP, and those who are its newer members and will lead it in the future. In 2018 we shall also be able to celebrate your own Dr. Donald Li as my successor as WONCA President: but for now, congratulations for your anniversary!

Prof. Amanda HOWE, O.B.E.

President
WONCA



Wonca

World family doctors. Caring for people.

CONGRATULATORY MESSAGE



I wish to convey my heartiest congratulations to the Hong Kong College of Family Physicians on the occasion of her 40th anniversary in 2017. Founded in 1987, the College has been responsible for setting standard and training family doctors in Hong Kong.

Quality primary care is delivered by well-trained family physicians. They are competent in different medical disciplines but need to regularly update their skills. It is always a challenge to organize conferences which would be of interest and yet beneficial. I am sure this HKCFP 40th anniversary conference 2017 will be a huge success in successfully achieving both, while demonstrating the importance and value of family medicine in the Hong Kong health system. Indeed with a most appropriate theme of “From Seedling to Forest – Ever Enriching Primary Care”. The Conference will provide an opportunity for colleagues to network and share insights as well as reflect upon how they have worked together in a collaborative approach to achieve excellence in patient-centered care over the past years. Indeed HKCFP has grown and matured to become a prominent member of the International Family Doctors community.

I look forward to joining leading healthcare experts and family physicians at the Conference. May I wish the Conference a great success and all the participants a most rewarding gathering.

With warmest regards,

A handwritten signature in black ink, appearing to read 'Donald Li' with a stylized flourish at the end.

Dr. Donald K.T. LI, SBS, OStJ, JP

President Elect

World Organization of Family Doctors (WONCA)

Immediate Past President

Hong Kong Academy of Medicine

CONGRATULATORY MESSAGE



On behalf of the Hong Kong Academy of Medicine, it gives me great pleasure to offer my warmest congratulations to The Hong Kong College of Family Physicians (HKCFP), one of our constituent specialty Colleges, on organising the HKCFP 40th Anniversary Conference 2017. The theme “From Seedling to Forest – Ever Enriching Primary Care” vividly illustrates how the College has grown progressively during the last four decades, successfully promoting the development of primary care in Hong Kong.

With the seeds sowed 40 years ago, the College has grown from an organisation consisting of a group of dedicated general practitioners into a well-established, widely-recognised College with hundreds of Fellows and Members. To echo the theme, the evergreen pine tree in the forest symbolising determination, toughness and longevity is a perfect metaphor for the College, while trees and forests which provide a habitat for plants and animals signify that the College provides a good environment nurturing family physicians to protect the health of Hong Kong people.

With a history spinning half a century across the globe, Family Medicine has already been well established in many countries and is now recognised as an essential part of the healthcare system. Whether family doctors in different countries are called general practitioners or family physicians, they share common goals to provide first-contact, comprehensive, continuous, preventive and coordinated care to the public, contributing to improve healthcare in the community.

As we celebrate the harvest of the College, I would also like to applaud the College for its dedication and continuous efforts in upholding high standards of Family Medicine education and training as well as promoting the important role of the specialty and primary care.

On this auspicious occasion, may I congratulate The Hong Kong College of Family Physicians on the well-deserved recognition of its achievements! I am confident that the College will continue to thrive and scale new heights in the many years to come.



Prof. LAU Chak Sing

President

Hong Kong Academy of Medicine

CONGRATULATORY MESSAGE



It is indeed my honour to witness The Hong Kong College of Family Physicians celebration of its 40th anniversary. The College has trained hundreds of family physicians and contributed to the provision of quality primary health care.

While Hong Kong enjoys advanced medicines and technology, people need guidance in the face of more and more complex choices at all stages of life. Family physicians focus on understanding of health needs, empowering patients and their families to achieve mutually agreed health goals.

My team in the Primary Care Office of the Department of Health has been working closely with the College to promote the family doctor concept. Hopefully, our synergy will better serve the local community through caring, learning, and innovation for the whole person, from cradle to grave.

The College has been offering opportunities and support for primary care providers to exchange clinical experiences and share updated medical knowledge. The Hong Kong Primary Care Conference joins together the aspirations of local and international experts and have been widely acclaimed. Offering a variety of seminars and workshops, the Conference equips primary care professionals to face ever-changing health challenges.

Building on four decades of experiences, the College is set to enter another successful chapter in its history. The Anniversary theme said it all - the College has evolved from seedling to a forest. May the forest continue to flourish and inspire the next generation of primary care providers.

I congratulate the College on its 40th Anniversary and am truly grateful to its dedicated fellows and members for their important contributions in improving the health of our community.

Dr. Monica WONG

Head, Primary Care Office
Department of Health, HKSAR

CONGRATULATORY MESSAGE



The Hong Kong Primary Care Conference is one of the many legendary achievements of our College over the past forty years. It provides a platform for exchange of best practice and research in primary care, which is a key to our goal of health for all. This Hong Kong Primary Care Conference is special as the HKCFP 40th Anniversary Conference showing our growth “From Seedling to Forest – Ever Enriching Primary Care”. The program is really like a forest with sessions of different sizes, content and format. The plenary speakers are world-class and the best of best, what a wonder experience to share the wisdom of the President of WONCA, President Elect of WONCA, our SARS hero and the President of the Society of General Practice of the Chinese Medical Association, all in one conference! I am delighted to see the highlights on elderly care and mental health, and I cannot wait to learn more about the innovative Animal-assisted Therapy and Radio-I-Care. Once again, congratulations to the HKCFP for another successful primary care conference and happy anniversary!

Prof. 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



CONGRATULATORY MESSAGE



This year marks the 40th Anniversary of the Hong Kong College of Family Physician. The theme of this year conference – “From Seedling to Forest: Ever Enriching Primary Care” reflects the achievements and dedicated efforts that the Hong Kong College of Family Physician has made to the community and primary care in Hong Kong over the last four decades through public education and training in family medicine and primary care.

With population aging, more people are suffering from multiple chronic conditions. There is an ever increasing need to train more high quality family doctors in providing accessible and comprehensive primary care that are based in the community and close to people’s home. By uniting efforts and working with various primary care partners in the community, we can ensure that better population health is achieved.

I congratulate the College on her 40th anniversary and for having invited a range of excellent speakers with diverse backgrounds and experiences. I am sure this will be an enriching two days for all attending and I wish you all every success in establishing further partnerships for health in the community.

Prof. E.K. YEOH

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

CONGRATULATORY MESSAGE



On behalf of The Hong Kong Academy of Nursing, I am delighted to extend my warmest congratulations to The Hong Kong College of Family Physicians on the celebration of her 40th Anniversary.

The theme of the Anniversary Conference “From Seedling to Forest – Ever Enriching Primary Care” is well selected, embracing nurturing and growth. The conference program covers a wide range of topics in addressing the health concerns of different age groups, physical and mental aspects of healthcare needs of individuals, families and community. The Conference creates a platform for the international and local experts from the medical and healthcare professions to collaborate and share experiences in driving better health for all. The insights and efforts of HKCFP in enhancing the standards for quality primary care in Hong Kong and around the region deserve applause.

Family physicians are playing an important role in the Hong Kong healthcare system in maintaining a healthy community and ensuring the delivery of cost-effective services. To meet the future healthcare challenges, The Hong Kong Academy of Nursing strives to uphold quality standards particularly in advanced nursing specialty practice, is committed to work with our medical partners to promote and safeguard health of the people in Hong Kong.

My heartfelt congratulations to The Hong Kong College of Family Physicians in celebrating the 40th Anniversary and best wishes for a fruitful conference!

Prof. Frances K.Y. WONG

RN PhD FAAN FKAN (Education & Research)

President

The Hong Kong Academy of Nursing



The Hong Kong Academy of Nursing
香港護理專科學院

CONFERENCE INFORMATION

Organized by : The Hong Kong College of Family Physicians
Date : 2-3 September 2017(Saturday - Sunday)
Venue : Hong Kong Academy of Medicine Jockey Club Building,
 99 Wong Chuk Hang Road, Aberdeen, Hong Kong
Official Language : English

CME/ CPD / CNE Accreditation

Accreditation for HKCFP 40th Anniversary Conference 2017

College/Programme	For the whole function	2/9/2017 Whole Day	3/9/2017 Whole Day	CME/CPD Category
Anaesthesiologists	10	9	7	Ana Passive
Community Medicine		6	6	Cat. B
Dental Surgeons	10	9	7	
Emergency Medicine		6	6	PP
Family Physicians	10	5	5	Cat. 5.2
Obstetricians & Gynaecologists	5	5	5	Non-OG
Ophthalmologists	7.5	4.25	3.25	Passive
Orthopedic Surgeons	Pending	Pending	Pending	Pending
Otorhinolaryngologists	8	4.5	3.5	Cat 2.2
Paediatricians	12	6	6	Cat A
Pathologists		4.5	3.5	PP
Physicians	12	4	3	PP/OP
Psychiatrists		6	6	
Radiologists	12	8.5	6.5	Cat. B
Surgeons		6	6	Passive
MCHK CME Programme	10	5	5	Passive (Accredited by HKAM)
CNE (For Nurse)	10	5	5	

Conference Secretariat

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Email : 40anniversary@hkcfp.org.hk
Contact Person : Ms. Crystal YUNG / Ms. Erica SO / Ms. Teresa LIU /
 Ms. Alky YU / Ms. Windy LAU / Mr. John MA /
 Ms. Natalie HO
Contact Person for CME / CPD / CNE : Ms. Crystal YUNG / Mr. John MA
Supported by : HKCFP Foundation Fund

ACKNOWLEDGEMENT

The organizing committee wishes to express our most sincere thanks to all parties who have helped to make the HKCFP 40th Anniversary Conference a successful one.

Officiating Guests

Prof. Sophia CHAN, JP

Secretary for Food and Health, Food and Health Bureau, HKSARG

Prof. Amanda HOWE, O.B.E.

President, the World Organization of Family Doctors (WONCA);
Professor of Primary Care, Norwich Medical School, University of East Anglia

Prof. Joseph J.Y. SUNG, SBS, JP

Vice-Chancellor / President and Mok Hing Yiu Professor of Medicine,
The Chinese University of Hong Kong

Prof. Donald K.T. LI, SBS, OStJ, JP

President Elect, World Organization of Family Doctors (WONCA);
Immediate Past President, Hong Kong Academy of Medicine

Prof. YU Xiaosong

M.D.; Professor of General Practice;
Director, Department of General Practice in the first Affiliated Hospital of China Medical University;
Vice President, China Medical University;
Chairman-elect, The Society of General Practice, Chinese Medical Association

Plenary Speakers

Prof. Amanda HOWE, O.B.E.

President, the World Organization of Family Doctors (WONCA);
Professor of Primary Care, Norwich Medical School, University of East Anglia

Prof. Joseph J.Y. SUNG, SBS, JP

Vice-Chancellor / President and Mok Hing Yiu Professor of Medicine,
The Chinese University of Hong Kong

Prof. Donald K.T. LI, SBS, OStJ, JP

President Elect, World Organization of Family Doctors (WONCA);
Immediate Past President, Hong Kong Academy of Medicine

Prof. YU Xiaosong

M.D.; Professor of General Practice;
Director, Department of General Practice in the first Affiliated Hospital of China Medical University;
Vice President, China Medical University;
Chairman-elect, The Society of General Practice, Chinese Medical Association

Seminar Speakers

Dr. LAW Sheung Wai

Deputy COS, Department of Orthopaedic & Traumatology, Tai Po Hospital, New Territories East Cluster, Hospital Authority;
Honorary Clinical Associate Professor, Department of Orthopaedics and Traumatology,
The Chinese University of Hong Kong;
Honorary Clinical Advisor For Family Medicine

Dr. Marcus M.S. WONG

Director, Occupational Health Centre, Hong Kong East Cluster, Hospital Authority;
Consultant, Department of Family Medicine and Primary Health Care, Hong Kong East Cluster, Hospital Authority;
Chairman, Medical Assessment Board, Pamela Youde Nethersole Eastern Hospital & Ruttonjee Hospital, Hospital Authority;
Chairman, HA Manual Handling Operation (MHO) Working Group, Hospital Authority;
Honorary Clinical Assistant Professor, Department of Family Medicine and Primary Care, The University of Hong Kong;
Honorary Clinical Assistant Professor, School of Public Health & Primary Care, The Chinese University of Hong Kong

Prof. Benjamin H.K. YIP

Research Assistant Professor, Division of Family Medicine and Primary Health Care,
The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong

Ms. Rosa C.W. LEE

Clinical Psychologist, Student Health Service, Department of Health, HKSAR

Dr. Karen K.Y. LEE

Senior Medical Officer (Disease Prevention), Centre for Health Protection, Department of Health, HKSAR

Dr. FU Sau Nga

Specialist in Family Medicine;
Associate Consultant, Department of Family Medicine and Primary Health Care,
Kowloon West Cluster, Hospital Authority

Dr. YU Wai Cho

Consultant, Department of Medicine and Geriatrics, Princess Margaret Hospital, Kowloon West Cluster,
Hospital Authority

Dr. DAO Man Chi

Resident, Department of Family Medicine and Primary Health Care, Kowloon West Cluster,
Hospital Authority

Workshop Speakers

Ms. Judy PUN

Physiotherapist & Fascial Therapist, Level III Certification, Fascial Manipulation Association

Ms. Susanne WONG

Physiotherapist & Fascial Therapist, Level III Certification, Fascial Manipulation Association

Mr. Simon HUI

Physiotherapist & Fascial Therapist, Level I Certification, Fascial Manipulation Association

Mr. Wilson YEUNG

Physiotherapist & Fascial Therapist, Level I Certification, Fascial Manipulation Association

Dr. Kingsley H.N. CHAN

Specialists in Dermatology and Venereology

Dr. IP Fong Cheng

Specialists in Dermatology and Venereology;
Medical & Health Officer, Social Hygiene Service, Department of Health, HKSAR;
Chairman, Hong Kong Society for Paediatric Dermatology

Dr. Keith K.W. CHAN

Adjunct Associate Professor (Clinical), The School of Public Health and Primary Care,
The Chinese University of Hong Kong;
Founding President, The Hong Kong Institute of Musculoskeletal Medicine

Dr. Aster W.Y. LAU

Specialist in Community Medicine

Dr. Andy K.Y. CHEUNG

Specialist in Family Medicine
Advisor of Workshop 4

Discussion Forum Speakers and Chairperson

Prof. Cindy L. K. LAM, JP

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

Prof. Amanda HOWE, O.B.E.

President, the World Organization of Family Doctors (WONCA);
Professor of Primary Care, Norwich Medical School, University of East Anglia

Prof. ZHU Shanzhu

Chairman, Cross-Straits Medicine Exchange Association, PR China

Dr. Bastian M. SEIDEL

President, The Royal Australian College of General Practitioners, Australia

Dr. Angus M.W. CHAN

President, The Hong Kong College of Family Physicians

Dr. Victor K. NG

Physician Advisor, Division of Professional Development and Practice Support,
College of Family Physicians of Canada

Morning Sessions Speakers

Dr. Paul W.C. WONG

Associate Professor, Department of Social Work and Social Administration, The University of Hong Kong

Mr. Eddie K.T. LEE

Specialist in Human Animal Interventions;
Founder, Hong Kong Institute of Animal Assisted Intervention (HKIAAI)

Ms. Rose W.M. YU

PhD Candidate, Department of Social Work and Social Administration, The University of Hong Kong

Dr. Lorna NG

Council Member, The Hong Kong College of Family Physicians;
Co-Chairman, HKCFP 40th Anniversary Conference Organizing Committee;
Senior Medical Officer in Charge, Family Medicine and Out-Patient Department, Kwong Wah Hospital,
Kowloon Central Cluster, Hospital Authority

Ms. Hallie CHAN

Teaching Assistant, Department of Social Work and Social Administration, The University of Hong Kong

Ms. Eppie H.Y. Wan

Senior Supervisor, Tung Wah Group of Hospitals Wong Chuk Hang Complex

Ms. Vanessa S.W. YU

Social Worker (Radio-I-Care)

Dr. YUE Xiaodong

Associate Professor, Department of Psychology, The City University of Hong Kong

Dr. Vivian W.Q. LOU

Director, Sau Po Centre on Ageing, Associate Professor, Department of Social Work and Social Administration,
The University of Hong Kong

Prof. WANG Jiaji

Professor and Dean, School of Public Health, Guangzhou Medical University;
Founder President, Guangdong-provincial Primary Health-care Association (GDPHA)

Prof. GUO Aimin

Vice-President, Chinese Medical Doctor Association - Branch of General Practitioner;
Vice-Chairman, Beijing Medical Association;
Member, Chinese Medical Association

HKCFP 40th Anniversary Highlights Speakers

Dr. Angus M.W. CHAN

President, The Hong Kong College of Family Physicians

Dr. Stephen K.S. FOO

Censor; Past President, The Hong Kong College of Family Physicians

Forum Theater Special Guests

Prof. Donald K.T. LI, SBS, OStJ, JP

President Elect, World Organization of Family Doctors (WONCA);
Immediate Past President, Hong Kong Academy of Medicine

Prof. Paul B.S. LAI

President, The College of Surgeons of Hong Kong
Director, Office of Medical Education, The Chinese University of Hong Kong

Forum Theater Performers

CUHK Medegg's Production

Symposia Speakers

Dr. David C.L. LAM

Clinical Assistant Professor, Division of Respiratory Medicine, Department of Medicine,
The University of Hong Kong

Prof. David C.W. SIU

Clinical Professor, Department of Medicine, The University of Hong Kong

Dr. Andrea O.Y. LUK

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

Prof. Kathryn C.B. TAN

Sir David Todd Professor in Medicine and Chief of Division of Endocrinology and Metabolism, The University of Hong Kong

Dr. Roland C.C. LEUNG

Honorary Associate Professor, Department of Paediatrics, The Chinese University of Hong Kong

Judges of Full, Trainee Research Paper Competition

Prof. LAM Tai Pong

Assistant Dean (Pedagogy), Faculty of Medicine;
Professor and Chief of Postgraduate Education, Department of Family Medicine & Primary Care,
The University of Hong Kong

Prof. Albert LEE

Director, Centre for Health Education and Health Promotion;
Professor, Division of Family Medicine and Primary Health Care, The Jockey Club School of Public
Health and Primary Care, The Chinese University of Hong Kong

Prof. Doris YOUNG

Professor and Chair of General Practice, Melbourne Medical School;
Associate Dean (Academic) & Assistant Dean (China), Faculty of Medicine, Dentistry and Health Sciences,
University of Melbourne

Judges of Free Paper Competition – Oral Presentation

Dr. Gene W.W. TSOI

Specialist in Family Medicine;
Council Member, The Hong Kong College of Family Physicians

Ms. Samantha Y.C. CHONG

Nurse Planner, Organizing Committee of HKCFP Anniversary Conference 2017;
Associate Professor, School of Nursing, Li Ka Shing Faculty of Medicine, The University of Hong Kong

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Head, Division of Family Medicine and Primary Healthcare, The Jockey Club School of Public Health and Primary Care,
The Chinese University of Hong Kong

Dr. Ruby S.Y. LEE

Member, Board of Vocational Training & Standards; Immediate Past President,
The Hong Kong College of Family Physicians

Judges of Clinical Case Presentation Competition

Dr. Angus M.W. CHAN

President, The Hong Kong College of Family Physicians

Mr. Jimmy K.W. WONG

President, The Hong Kong Association of Family Medicine and Primary Health Care Nurses

Prof. Marco PANG

Professor and Associate Head, Department of Rehabilitation Sciences,
The Hong Kong Polytechnic University

Panel of Advisors

Dr. Angus M.W. CHAN

President, The Hong Kong College of Family Physicians

Dr. David V.K. CHAO

Vice-President (Education & Examinations), The Hong Kong College of Family Physicians

Dr. Stephen K.S. FOO

Censor; Past President, The Hong Kong College of Family Physicians

Prof. GUO Aimin

Vice-President, Chinese Medical Doctor Association – Branch of General Practitioner;
Vice-Chairman, Beijing Medical Association;
Member, Chinese Medical Association

Dr. LAU Ho Lim

Vice-President (General Affairs), The Hong Kong College of Family Physicians

Prof. ZHU Shanzhu

Chairman, Cross-Straits Medicine Exchange Association;
Professor and Director, General Practice Faculty of Shanghai Medical Institute Fudan University

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SCIENTIFIC PROGRAMME

HKCFP 40th ANNIVERSARY CONFERENCE

“From Seedling to Forest - Ever Enriching Primary Care”

DATE TIME		2 September 2017 (Saturday)		
09:00 - 09:45	Session 1	Pao Yue Kong (G/F)	"Animal-assisted Therapy to Enhance Physical Well-being of Elderly"	Speakers: Dr. Paul W.C. WONG, Ms. Rose W.M. YU and Mr. Eddie K.T. LEE Chairperson: Dr. Lorna V. NG
	Session 4*	Lim Por Yen (G/F)	Using Humor in Positive Psychology	Speaker: Prof. YUE Xiaodong Chairperson: Dr. Catherine X.R. CHEN
09:45 - 10:30	Session 2	Pao Yue Kong (G/F)	"Innovative Inter-generational Health Promotion Program Incorporating Strength-based Life Review Interview for Elderly People with Chronic Diseases"	Speaker: Dr. Lorna V. NG Chairperson: Prof. Samson S.K. TSE
	Session 5*	Lim Por Yen (G/F)	Enhance Mental Health of the Elderly: The Effectiveness of Instrumental Reminiscence Intervention	Speaker: Dr. Vivian W.Q. LOU Chairperson: Dr. Catherine X.R. CHEN
10:30 - 11:00	Coffee Break - Exhibition Hall & Foyer (G/F & 1/F)			
11:00 - 12:30	Session 3	Pao Yue Kong (G/F)	"Radio-I-Care" Case Study of Offline Brief Counselling Sessions and Online Intervention to Promote Mental Health in Community	Speakers: Ms. Hallie CHAN, Ms. Eppie H.Y. WAN and Ms. Vanessa S.W. YU Chairperson: Prof. Martin C.S. WONG
	Session 6*	Lim Por Yen (G/F)	Current Status and Future Prospects of Primary Health Care in Mainland China	Speaker: Prof. WANG Jia-Ji
Reasons for Encounter and Health Problems Managed by General Practitioners in Rural Areas of Beijing, China: a Cross-Sectional Study			Speaker: Prof. GUO Aimin Chairperson: Dr. William C.W. WONG	
12:30 - 14:00	Lunch Symposium	Run Run Shaw Hall (1/F)	What's new for COPD management in Primary Care – Dual Bronchodilator?	Speaker: Dr. David C.L. LAM
			Managing "stable" Chronic Heart Failure Patients in Primary Care Setting	Speaker: Prof. David C.W. SIU Chairperson: Ms. Samantha Y.C. CHONG
14:00 - 14:30	Welcome Drinks - G/F Exhibition Hall			
14:30 - 14:55	Opening Ceremony - G/F Pao Yue Kong			
14:55 - 15:30	Plenary I	Pao Yue Kong (G/F)	Future Developments in Medical Education – Can Family Medicine Make a Global Impact?	Speaker: Prof. Amanda HOWE, O.B.E. Chairperson: Dr. David V.K. CHAO
15:30 - 16:05	Plenary II	Pao Yue Kong (G/F)	If SARS Hits Again...! – What Medical Profession Should Learn	Speaker: Prof. Joseph J.Y. SUNG, SBS, JP Chairperson: Dr. David V.K. CHAO
16:05 - 16:40	HKCFP 40 th Anniversary Highlights	Pao Yue Kong (G/F)	HKCFP 40 th Anniversary Highlights	Speaker: Dr. Stephen K.S. FOO & Dr. Angus M.W. CHAN Chairperson: Dr. David V.K. CHAO
16:40 - 17:00	Coffee Break and Poster Presentation - Part 1 [#] - Exhibition Hall & Foyer (G/F & 1/F)			
17:00 - 18:30	Discussion Forum	Pao Yue Kong (G/F)	Postgraduate Vocational Training in Family Medicine	Speakers: Prof. Amanda HOWE, O.B.E., Prof. ZHU Shanzhu, Dr. Bastian M. SEIDEL, Dr. Angus M.W. CHAN & Dr. Victor K. NG Chairperson: Prof. Cindy L.K. LAM, JP
	Seminar A	Lim Por Yen (G/F)	Management of Injury on Duty - "IOD - A Comprehensive Overview: How are we doing?"	Speaker: Dr. LAW Sheung Wai
			Management of Injury on Duty - "Managing IOD - How can we do better?"	Speaker: Dr. Marcus M.S. WONG Chairperson: Dr. KWAN Yu
	Workshop 1	Function Room 1 & 2 (2/F)	Myofascial Therapy	Speakers: Ms. Judy Pun, Ms. Susanne WONG, Mr. Simon HUI and Mr. Wilson YEUNG Chairperson: Mr. Lawrence C.W. FUNG
	Workshop 2 (Part I)	James Kung (2/F)	Practical Dermatology Part 1 Clinical Application of Botulinum Toxin A and Update in Skin Wellness	Speaker: Dr. Kingsley H.N. CHAN Chairperson: Dr. Kathy K.L. TSIM
18:30 - 21:00	Dinner Symposium	Run Run Shaw Hall (1/F)	1. Role of Basal Analogues in Type 2 Diabetes and Cost-Effectiveness from a Regional Perspective	Speaker: Dr. Andrea O.Y. LUK
			2. From Efficacy to Effectiveness: The impact of CVD-REAL study	Speaker: Prof. Kathryn C.B. TAN Chairperson: Prof. Martin C.S. WONG

DATE		3 September 2017 (Sunday)			
TIME	Registration - G/F Exhibition Hall				
08:15 - 09:00					
09:00 - 10:15	Workshop 3**	Function Room 2 (2/F)	Knee Pain and Lower Limb Biomechanics	Speaker: Dr. Keith K.W. CHAN Chairperson: Dr. Vienna C.W. LEUNG	
	Seminar C	Function Room 1 (2/F)	1. Helping Children Develop Skills To Regulate Uncomfortable Emotions - What Family Doctors Can Do?	Speaker: Ms. Rosa C.W. LEE	
			2. Young And Alcohol Free -- The Why And How For Family Doctors	Speaker: Dr. Karen K.Y. LEE Chairperson: Dr. Catherine P.K. SZE	
	Free Paper - Oral Presentation Part 1 [#]	Lim Por Yen (G/F)	Various Speakers Chairperson: Dr. CHIANG Lap Kin		
	Clinical Case Presentation Competition	Pao Yue Kong (G/F)	Various Speakers Chairpersons: Dr. Kevin B.Y. FOO and Dr. KWAN Yu		
10:15 - 10:35	Coffee Break and Poster Presentation - Part 2 [#] - Exhibition Hall & Foyer (G/F & 1/F)				
10:35 - 11:50	Workshop 3**	Function Room 2 (2/F)	Knee Pain and Lower Limb Biomechanics	Speaker: Dr. Keith K.W. CHAN Chairperson: Dr. Vienna C.W. LEUNG	
	Seminar D	Function Room 1 (2/F)	Update on COPD screening	Speakers: Dr. FU Sau Nga, Dr. YU Wai Cho and Dr. DAO Man Chi Chairperson: Ms. Margaret C.H. LAM	
	Free Paper - Oral Presentation Part 2 [#]	Lim Por Yen (G/F)	Various Speakers Chairperson: Dr. Catherine X.R. CHEN		
	Forum Theater	Pao Yue Kong (G/F)	Medical Humanities	Special Guest: Prof. Donald K.T. LI, SBS, OStJ, JP and Prof. Paul LAI Chairperson: Dr. Dana S.M. LO	
11:50 - 12:25	Plenary III	Pao Yue Kong (G/F)	Family Medicine Beyond 40 Years	Speaker: Prof. Donald K.T. LI, SBS, OStJ, JP Chairperson: Dr. LAU Ho Lim	
12:25 - 13:00	Plenary IV*	Pao Yue Kong (G/F)	A Study on the Integrated Health Management Service Mode Based on Continuous Service of General Practitioners	Speaker: Prof. YU Xiaosong Chairperson: Dr. LAU Ho Lim	
13:00 - 14:40	Lunch Symposium	Run Run Shaw Hall (1/F)	Unmet Needs of Asthma Patients and Role of Individualized Management Approach	Speaker: Dr. Roland C.C. LEUNG Chairperson: Dr. Judy G.Y. CHENG	
14:40 - 16:10	Workshop 2 (Part II)	James Kung (2/F)	Practical Dermatology Part 2 (1) Dermoscopy: A Practical Approach (2) Managing Atopic Dermatitis in Infants and Children	Speaker: Dr. Ip Fong Cheng Chairperson: Dr. Lian H.W. CHENG	
	Workshop 4	Function Room 1 (2/F)	Developmental Perspective of Personality Disorders: Implication for Family Doctors	Speaker: Dr. Aster W.Y. LAU Chairperson: Dr. Mark S.H. CHAN	
	Clinical Audit & Research Forum	Function Room 2 (2/F)	Various Speakers Chairperson: Prof. Martin C. S. WONG		
	Seminar B	Lim Por Yen (G/F)	Introduction to Cost Effectiveness Analysis in Primary Care	Speaker: Prof. Benjamin H.K. YIP Chairperson: Dr. Colman S.C. FUNG	

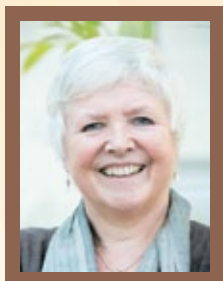
Certificate of Participation will be presented to presenters. Active CME/CPD points will also be accredited, if applicable.

*Conducted in Putonghua

** Workshop 3 - Contents of both sessions are the same.

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.



Future Developments in Medical Education – Can Family Medicine Make a Global Impact ?

Prof. Amanda HOWE, O.B.E.

MA Med MD FRCGP

Prof. Amanda HOWE, President of the World Organization of Family Doctors, is a practising family doctor, an academic professor, and a national and international leader in family medicine. Since 2001, she has been Professor of Primary Care at the University of East Anglia, where she was part of the founding team for a new undergraduate medical programme.

During her career, she has held multiple roles in undergraduate, postgraduate, and faculty education, including being Course Director for the UEA medical programme during its early years of development and G.M.C. accreditation. She has particular expertise in the teaching and learning of professionalism and patient safety; in the models and effectiveness of involving family medicine in community based medical education; and in resilience and doctors' wellbeing. She also has clinical research interests in primary care mental health, the contribution that patients can make to health care, and in early interventions for risk factors. She served from 2009 – 2015 as an Officer of the Royal College of General Practitioners, previously chairing their research committee and the U.K. Society for Academic Primary Care.

As family medicine (FM) has developed as a specialty within medicine, family doctors in many countries have also taken up roles as educators and leaders of professional development. A sign of a mature role for family medicine within a health system is its presence in academic departments in medical schools, with substantive curriculum and assessment activity in undergraduate, postgraduate, and also continuing professional education (CPE). Another axis where the scope of family doctors as educators has been extended is into multidisciplinary learning, where their role as medical leads in many clinical settings makes them key to their teams' CPE and quality improvement activities. In addition, many family doctors find stimulating career opportunities and extended roles in medical education, both within university and service settings.

However there are tensions in these exciting possibilities. Many advocate that family doctors should use their role as educators to facilitate a culture shift within medical education towards a more socially accountable and person-centered philosophy of care, which can create tensions with other specialists and more traditional disease-based approaches. In a system where family medicine is at an early stage of development, both the capacity and quality of learners' experience of the discipline may be at odds with its ideal expression. Finally, there is a risk that, just as family medicine has to absorb all the patients' needs and demands at the first point of contact, so it can also become the 'heatsink' of the educational system, where its value as an educational setting is not matched with equivalent resources and respect for the contribution it makes. This talk will aim to bring together the lessons which can be learned from the last half century of experience to hone recommendations for the educational priorities and development needs of family medicine education to serve the global community and its pressing healthcare needs.



If SARS Hits Again... What Medical Profession Should Learn?

Prof. Joseph J.Y. SUNG, SBS, JP

MBBS (HKU); PhD (Calgary); MD (CUHK); FRCP (London); FRCP (Edinburgh); FRCP (Glasgow); FRACP; FAGA; FACG; FHKCP; FHKAM (Medicine); Academician (CAE); Founding Member (ASHK)

Prof. Joseph J.Y. SUNG, SBS, JP, Vice-Chancellor and President of The Chinese University of Hong Kong, received his MB BS degree from The University of Hong Kong in 1983, and was conferred a PhD in biomedical sciences by the University of Calgary in 1992. With his research interests in gastroenterology, he completed a MD by CUHK in 1997. Professor Sung holds fellowships from the Royal Colleges of Physicians of Edinburgh, Glasgow, London, Thailand and from the American College of Gastroenterology, the Royal Australian College of Physicians, the American Gastroenterological Association, the Hong Kong College of Physicians and the Hong Kong Academy of Medicine. Professor Joseph J.Y. Sung is concurrently Mok Hing Yiu Professor of Medicine of CUHK, and an Academician of the Chinese Academy of Engineering of the People's Republic of China and Eurasian Academy of Sciences.

He is the Chair Professor of Medicine and Therapeutics of CUHK. Professor Sung is a world leader in gastroenterological research. He led a group of experts from 15 Asia-Pacific countries to launch colorectal cancer screening research in 2004, and has laid down clear guidelines and promoted colorectal cancer screenings in the region. Because of his work in cancer screening and prevention, Professor Sung was honoured by the Prevent Cancer Foundation of the United States with the Laurel Award in 2008. Other honours and awards in his repertoire include the Class 1, Scientific and Technological Progress Award, the Higher Education Outstanding Scientific Research Output Awards (The Ministry of Education, PCR in 2015 -2013); the Hong Kong Fulbright Distinguished Scholar Award in 2014; the World Outstanding Chinese Award (The World Chinese Business Investment Foundation and the United World Chinese Association, 2013); Master of the World Gastroenterology Organization (WGO) Award (WGO & WGO Foundation, 2013).

In 2003, Prof. SUNG led his medical team to fight against SARS and was named "Asian Hero" by the Time magazine in recognition of his outstanding achievements. His contributions to the society and science has been recognized with many honors such as Eminent Scientist of the Year 2003 (The International Research Promotion Council, 2003), the Vice-Chancellor's Exemplary Teaching Award (CUHK, 2003), Silver Bauhinia Star (HKSAR Government, 2004) and the Justice of Peace (2012) among many others.

SARS hit Hong Kong in 2003: a calamity that lasted for three months, killed 299 people and putting the society of Hong Kong almost to a standstill.

Although we have not seen the return of SARS since that incidence, the emergence of a similar disease in the Middle-East (MERS) has alarmed the world that the threat of zoonotic diseases is not going away.

What should the medical profession learn from this outbreak?

Firstly, when we face such a great challenge in our population's health and our society's healthcare system, collaborations between scientists, clinicians, public health workers and policy makers is crucial.

Secondly, community health and hospital medicine cannot be separated. Primary care physicians working in the forefront of the battlefield should be backed by hospital healthcare workers.

Thirdly, the fundamental problem in our healthcare system these days is a lack of meaning. The trust and respect from the public is the greatest motivation of healthcare workers.

Forth, underlying beliefs, guiding principles and professional ethics of Medicine should be upheld.

Finally, the good physician treats diseases; the great physician treats patients who have the disease. We should never forget the humanity of Medicine.



Family Medicine Beyond 40 Years

Prof. Donald K.T. LI, SBS OStJ JP

MBBS, FHKCFP, FHKAM (Fam Med), FFPH, FHKDS (Hon), FAFPM (Hon), FACP (Hon), FRCPT (Hon)

President Elect, World Organization of Family Doctors (WONCA)

Immediate Past President, Hong Kong Academy of Medicine

Prof. Donald K.T. LI is a Specialist in Family Medicine in private practice in Hong Kong. He is the President Elect of the World Organization of Family Doctors (WONCA), the Immediate Past President of the Hong Kong Academy of Medicine, the Chairman of the Governing Board of HKJC Disaster Preparedness and Response Institute. Prof LI is also the Censor of the Hong Kong College of Family Physicians.

He is an active member of many Hong Kong governmental and public health bodies. He also dedicates much of his professional time to academia and teaching. He is Honorary Professor in the Faculty of Medicine, The University of Hong Kong; Honorary Clinical Professor in Family Medicine as well as public health & primary care at The Chinese University of Hong Kong; Honorary Consultant at Huashan Hospital, Shanghai; Advisor to the Chinese Society of General Practice of the Chinese Medical Association; Vice Chairman of Cross-Straits Medicine Exchange Association; and lecturer of the Diploma of Family Medicine of the Hong Kong College of Family Physicians. Prof. LI is an examiner of the conjoint RACGP HKCFP Fellowship examination in Family Medicine.

Prof. LI is the Director of Hong Kong St. John Ambulance Association and the member of Hong Kong St. John Ambulance council. He is the Chairman of Bauhinia Foundation Research Centre, and also the Chairman of the Hong Kong Sheng Kung Hui Welfare Council and serves on the committee of the Community Care Fund Task Force under the Commission of Poverty. He is honorary adviser of The Hong Kong Award for Young People and honorary fellow of Agency for Volunteer Service. He is also a member of the Health and Medical Development Advisory Committee of Food & Health Bureau.

Prof. LI has been an invited speaker at numerous local, regional and international scientific meetings. Throughout his career, he has been a leading expert and ardent advocate in promoting better primary care and family health in Hong Kong and internationally.

The future of family medicine is determined by default, decree and design. There is recognition that the best assurance for quality primary care is through the practice of Family Medicine. Over the years, there has been changes in the family medicine practice especially with changes in patient culture and expectations. Treatment of minor ailments is no longer what the family doctor does most of the time. Patients look for advice, directions, opinion, counselling, management of chronic illness, co-morbidities, mental problems, pain management etc. through innovative care provided by well-trained family doctors whom they trust. This presentation will look at the evolution of family medicine and introduce the role of the future family doctor.



A Study on the Integrated Health Management Service Model Based on Continuous Service of General Practitioners

Prof. YU Xiaosong

M.D.

Professor of General Practice

Director, Department of General Practice in the First Affiliated Hospital of China Medical University,

Vice-president, China Medical University,

Chairman-elect, The Society of General Practice, Chinese Medical Association

Prof. YU Xiaosong, Chief Physician, is the Vice-president of China Medical University, Director of Department of General Practice in the First Affiliated Hospital of China Medical University, Chairman-elect of the Society of General Practice, Chinese Medical Association, Chairman of the General Practice commission of LiaoNing Medical Association and Director of General Practice Education Center of Liaoning Province. He is also a recipient of Special Government Allowances of the State Council.

He has been engaged in academic research and teaching on general practice and health management, medical education research and evaluation for over 30 years. He was a visiting scholar at School of Medicine, University of Pennsylvania and School of Medicine, University of Washington in USA. His area of interest is in chronic disease management, where he has developed innovative health management models with significant initial achievements. He gained the 9th General Institutes of Higher Education Undergraduate Teaching Masters Award of Liaoning Province in 2013. Since becoming a supervisor for master and doctoral students in 1999 and 2009 respectively, with more than 40 students graduating under his tutelage.

Prof. YU will share his study on the Integrated Health Management Service Model Based on Continuous Care of General Practitioners. Community health service centers in Shenyang were extracted as regional community research units and randomly divided into the experimental group and the control group. The experimental group adopted a new integrated health management service model and the main intervention measure was to strengthen the general practitioners and their team's ability to provide patient-centered, individualized, continuous, holistic and active health management service. Main health outcome indicators, quality of life and the level of health literacy showed improvement. This study verified the effectiveness, superiority and feasibility of the new health management service model. Besides, this study helped to standardize the healthcare management of general practitioners in primary care, and to improve primary healthcare management quality for patients with chronic diseases and the patients' overall health outcomes.

Management of Injury on Duty



Dr. LAW Sheung Wai

*MSchSM (CUHK), MOM (CUHK), M Sc (Epidemiology and Biostatistics) (CUHK),
Pg Diploma in Clinical Gerontology (CUHK), FRCS (Orthopedics and Traumatology), FHKCOS*

Deputy COS, Department of Orthopaedic & Traumatology, Tai Po Hospital, New Territories East Cluster, Hospital Authority
Honorary Clinical Associate Professor, Department of Orthopaedics and Traumatology, The Chinese University of Hong Kong
Honorary Clinical Advisor For Family Medicine

Multi-disciplinary Orthopaedics Rehabilitation Empowerment (MORE) program – A New Care Model for Occupational Low Back Pain

Occupational low back pain are notoriously difficult to manage because of work absenteeism and psycho-social problem resulting in disability. This issue was addressed in a consultative paper by Hong Kong Hospital Authority (Echelon 2008). To tackle this, a new care model with alignment of resources from worker compensation and public system has been designated and implemented since 2012.

The outcome of a prospective cohort of patients with workplace injuries resulting in low back pain recruited from MORE program is compared with a historical control group. MORE improves the outcome of injured workers through early settlement with a higher rate of return to work and a reduced rate of chronic disability.



Dr. Marcus M.S. Wong

*MBBS (Monash), FHKCFP, FRACGP, FHKAM (Family Medicine), DOM (CUHK),
MOM (CUHK), FHKCCM, FHKAM (Community Medicine)*

Director, Occupational Health Centre, Hong Kong East Cluster, Hospital Authority
Consultant, Department of Family Medicine and Primary Health Care, Hong Kong East Cluster, Hospital Authority
Chairman, Medical Assessment Board, Pamela Youde Nethersole Eastern Hospital & Ruttonjee Hospital, Hospital Authority
Chairman, HA Manual Handling Operation (MHO) Working Group, Hospital Authority
Honorary Clinical Assistant Professor, Department of Family Medicine and Primary Care, The University of Hong Kong
Honorary Clinical Assistant Professor, School of Public Health & Primary Care, The Chinese University of Hong Kong

“I am not yet fully recovered to resume work, please extend my sick leave”. This is one of the most classical presenting complaint of injured workers when they approach their family physician (FP). FP is often the first contact of injured worker after the IOD or the post-injury healthcare provider.

The complexity of IOD and its related return-to-work (RTW) process poses a real challenge. FPs not only have to deal with the medical problem of the injured worker but also multiple non-clinical issues such as interference from different stakeholders; barriers in the RTW process like compensation issue, legal system, rehabilitation matters etc.

In this seminar, basics on IOD, return-to-work process, evidenced-base interventions in RTW, principle on fitness-to-work, sick leave issues and some practical skills and tips in managing IOD patients will be discussed.



Introduction to Cost Effectiveness Analysis in Primary Care

Prof. Benjamin H.K. YIP

BSc (Örebro University), PhD(Karolinska Institutet)

Prof. Benjamin H.K. YIP is a Research Assistant Professor of the Jockey Club School of Public Health and Primary Care, Faculty of Medicine of The Chinese University of Hong Kong. He actively participates in the university service as the member of the service learning committee and college coordinator of Chung Chi College of The Chinese University of Hong Kong. He is also the adjunct faculty member of the Department of Medical Epidemiology and Biostatistics, Karolinska Institutet of Stockholm; consultancy of the biostatistician of research subcommittee of The Hong Kong College of Family Physicians and committee member of domestic health accounts steering committee, Food and Health Bureau of Hong Kong.

He has 52 publications in different journals. His research interests are genetic epidemiology; chronic disease management in primary care and health economic evaluation is his new focus.

Economic evaluation is a process to identify, measure, value, and compare the costs and outcomes of health programs and health policies. This taste lecture will assist you in choosing the appropriate economic analysis for your health program or policy.

You will learn about analysis that:

1. Determine the total costs of a disease to identify potential benefits of prevention (cost of illness),
2. Estimate the resources required to implement an intervention and the costs associated with using those resources for budget justification (Cost analysis),
3. Compare an intervention's cost and its outcomes in natural health units (Cost-effectiveness analysis), and
4. Determine the benefits of a program compared to the money spent (Benefit-cost analysis).

Helping Children Develop Skills To Regulate Uncomfortable Emotions – What Family Doctors Can Do?



Ms. Rosa C.W. LEE

*Clinical Psychologist, Student Health Service, Department of Health, HKSAR
Associate Fellow & Council Member, The Hong Kong Psychological Society
Program for the Education and Enrichment of Relational Skills (PEERS@) Certified Service Provider,
Semel Institute for Neuroscience and Human Behavior, University of California, Los Angeles*

Ms. Rosa LEE is the co-author of the books “回到開心時：情緒管理 D.I.Y.” and “抑鬱自療”. She has also written articles on various mental health related topics. She is a member of the advisory team of Christian mental health professionals of the Hong Kong Doulos Ministry Centre.

Being effective in regulating uncomfortable emotions, including the emotions that arise in response to stress, is both a sign of and explanation for adaptive psychosocial functioning. Studies in emotion regulation indicate negative ramifications for children who lack these skills.

Children with poor emotion regulation skills are found to be more likely to display defiant or aggressive behaviours. They have a higher chance of having difficulties with forming meaningful relationships with others. It is important for parents and healthcare professionals to be alert to the various signs that a child may be at risk for emotion regulatory difficulties. Healthcare professionals play an important role in educating and advising parents of the need and skills to assist their children in developing intrinsic and extrinsic strategies of emotion regulation.

Young and Alcohol Free – The Why and How for Family Doctors



Dr. Karen K.Y. LEE

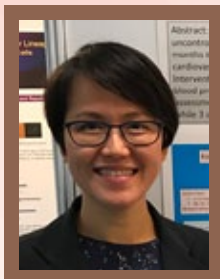
*Senior Medical Officer (Disease Prevention), Centre for Health Protection, Department of Health, HKSAR
MBChB(CUHK), MPH(CUHK), MSc(Health & Hospital Management)(Birmingham),
FHKCCM, FHKAM(Community Medicine)*

Dr. Karen LEE is a Specialist in Public Health Medicine. She is currently working in the Non-communicable Disease Division of the Centre for Health Protection focusing on surveillance and risk communication of behavioural risk factors related to major non-communicable diseases.

Underage drinking is a public health concern. Alcohol drinking is particularly harmful to a child's brain development. Early initiation of drinking is an important risk factor for alcohol dependency and various alcohol-related chronic diseases later in life. Parents and children may have misbeliefs in the “benefits” of alcohol consumption and its early initiation. Family doctors have a unique role in influencing parents' and children's behaviour with regard to alcohol use. Yet, a survey showed that very few doctors (9.2%) would have a habit of asking their patients about their alcohol history or record this in their clinical notes. Only 14.3% of them would advise their patients to drink less. About 35% of doctors feel inadequately equipped to advise their patients to stop drinking.

The Department of Health has developed health education materials, guidelines for proper screening and brief interventions to facilitate primary care professionals to identify and manage at-risk drinkers by reducing alcohol-related harm, within the context of Hong Kong.

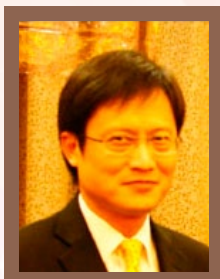
Update on COPD screening



Dr. FU Sau Nga

MFM (CUHK), FHKAM (Family Medicine)

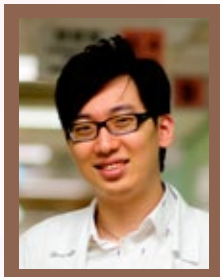
Dr. FU is a Specialist in Family Medicine and an Associate Consultant of the Department of Family Medicine & Primary Health Care, Kowloon West Cluster of the Hong Kong Hospital Authority. She is the coordinator for the enhancement of care for primary care patients with COPD such as promoting the use of office spirometry in her department. She has a special interest in primary care research. Her publications alongside Dr. Yu W.C. include: COPD care, use of spirometry and the prevalence of undiagnosed COPD in Hong Kong.



Dr. YU Wai Cho

MBBS (HK), FHKAM (Medicine)

Dr. YU is the Consultant Physician of the Department of Medicine & Geriatrics, Princess Margaret Hospital, and the Adjunct Associate Professor of the Department of Medicine & Therapeutics, CUHK. He is a Specialist in Respiratory Medicine and was the former President of the Hong Kong Thoracic Society. He was the founding Chairman of the PMH Clinical Research Centre Coordinating Committee, as well as the founding Chairman of the Hospital Authority Central Committee on COPD. His research interests are COPD and pleural diseases.



Dr. DAO Man Chi

MBBS (HK), FRACGP, FHKCFP, MSc in Diagnostic Ultrasonography (CUHK)

Dr. DAO is currently a Resident working in the Department of Family Medicine and Primary Health Care in Kowloon West Cluster, Hospital Authority. He is a fellow of the HKCFP and RACGP. He is also currently the Subject Officer responsible for an Integrated clinic with a special focus on respiratory disease in Ha Kwai Chung General Outpatient Clinic. Among his many achievements, he was awarded the best oral presentation in the 2014 Hospital Authority Convention and 2nd Prize for his research paper oral presentation in the 5th Asia Pacific Primary Care Research Conference in 2015.

Chronic obstructive pulmonary disease (COPD) is a common, preventable and treatable disease resulting in a significant economic and social burden across society. The newly issued **2017 Global Initiative for Chronic Obstructive Lung Disease (GOLD) guideline** highlights the new categorization of COPD with significant changes in disease management. In this interactive seminar, the participants will have the opportunity to have an indepth coverage of the following topics:

1. Screening, Diagnosis of COPD and Use of Spirometry in Primary Care

Details of the use of spirometry including indications for test, pre-test preparations, the interpretation of spirometry findings, COPD severity grading will be covered. Interactive clinical cases with common and important diagnosis will be shared.

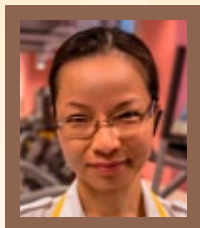
2. Update on Management of Chronic Stable COPD

Inhalers are the mainstay of drug treatment for chronic stable COPD patients. There will be an update on the changes in COPD treatment algorithm. Evidence and recommendations relating to the use of inhaled corticosteroid in the management of different categories of COPD patients will be discussed.

Workshop 1

Saturday, 2 September 2017 • 17:00 – 18:30 • Function Room 1 & 2

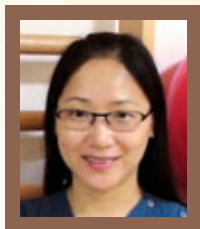
Myofascial Therapy



Ms. Judy PUN (Chief Speaker)

Physiotherapist and fascial therapist, Level III Certification, Fascial Manipulation Association

Ms. Judy PUN has been working as a physiotherapist at Kwong Wah Hospital (KWH) since her graduation from The Polytechnic University of Hong Kong. She attained the MSc in Health Science in Gerontology (University of New England) in 2002. She had coordinated the physiotherapy services at the Sports and Joint Ambulatory Care Centre at Kwong Wah Hospital since its establishment in 2012. Her major clinical interest is the treatment of musculoskeletal conditions and in particular the management of chronic joint pain.



Ms. Susanne WONG

Physiotherapist and fascial therapist, Level III Certification, Fascial Manipulation Association

Ms. Susanne WONG had served the Hospital Authority for more than 15 years since her graduation from The Polytechnic University of Hong Kong before starting her private practice in 2012. She attained the MSc in Health Science in Gerontology (University of New England) in 2006. She possessed more than 13 years of clinical experience in the musculoskeletal spectrum, and maintained a progressive portfolio of continuing education undertaking various professional courses both locally and overseas.



Mr. Simon HUI

Physiotherapist and fascial therapist, Level I Certification, Fascial Manipulation Association

Mr. Simon HUI is currently the Department Manager (Physiotherapy) of Kwai Chung Hospital. He graduated from the Hong Kong Polytechnic University in 1985, received the Diploma in acupuncture in 1992, obtained the Master degree in management in 1997 and the Post-graduate diploma in occupational health practice in 2008. He has extensive clinical experience in the mental health and application of integrative medicine in physiotherapy. He was the committee member of Acupuncture and Integrative Medicine Specialty Group, Hong Kong Physiotherapy Association for 10 years (1995-2014).



Mr. Wilson YEUNG

Physiotherapist and fascial therapist, Level I Certification, Fascial Manipulation Association

Mr. Wilson YEUNG has been working as a physiotherapist at Tuen Mun Hospital. He has ample experience in the treatment of musculoskeletal conditions and is a holder of MSc in Manipulative Physiotherapy and Diploma in Modern Acupuncture.

After the workshop, participants are expected to have a general understanding of the anatomy of fascia and myofascial unit as well as the basic concept of fascial manipulation (FM). Participants will also have a chance of practicing simple hands-on skills using the FM approach for some musculoskeletal pain and dysfunctions commonly encountered in family physician practice such as back pain, neck pain and tendinitis.

Cumulative evidence has shown that fascial tension and restrictions following physical and emotional trauma and even through poor posture are closely associated with musculoskeletal pain and dysfunctions. These fascial tension and restrictions do not show up on CT, MRI or X-ray and therefore many patients are suffering from unresolved musculoskeletal pain due to undiagnosed fascial trauma.

Fascial manipulation is a specialized physical and manual therapy used for the effective treatment and rehabilitation of soft tissue and fascial tension and restrictions. By contemporary anatomical study, it was found that the myofascial system, both superficial and deep, is a three-dimensional continuum involving in proprioception and peripheral motor control in strict collaboration with the central nervous system. Fascial manipulation presents a complete biomechanical model that assists in deciphering the role of fascia in musculoskeletal disorders. Through identification and manipulation of the precise part of the fascia, musculoskeletal pain and dysfunctions can be effectively restored.

Practical Dermatology Part 1



Clinical Application of Botulinum Toxin A and Update in Skin Wellness

Dr. Kingsley H.N. CHAN

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

Dr. Kingsley CHAN is a Specialist in Dermatology and Venereology. He received his training in the Department of Medicine, Queen Mary Hospital, Social Hygiene Service of the Department of Health, as well as overseas training in St John's Institute of Dermatology, Guys' & St. Thomas' Hospital in London before pursuing private practice. Academic wise, Dr. CHAN is currently the Honorary Clinical Assistant Professor of the Department of Medicine and Therapeutics of The Chinese University of Hong Kong, Honorary Consultant Dermatologist of Kowloon Central Cluster of the Hong Kong Hospital Authority. Dr. CHAN is the author of the book "101 Cases of Skin Disorder". In terms of public services, he is the Council member of the Hong Kong Medical Association and the Federation of Medical Societies of Hong Kong.

Botulinum toxin (BTX) is a neurotoxic protein produced by the bacterium *Clostridium botulinum* and related species. It prevents the release of the neurotransmitter acetylcholine from axon endings at the neuromuscular junction, causing a chemical denervation of targeted muscles. BTX type A is used in medicine to treat various muscle spasms and diseases characterized by overactive muscle. It received Food and Drug Administration (FDA) approval for the therapeutic treatment of strabismus and blepharospasm in 1989, cervical dystonia in 2000 and cosmetic treatment of glabellar wrinkles in 2002.

Understanding the underlying facial anatomy is critical to decrease the chance of complication and to maximize the cosmetic outcome. The possible complications of BTX injection include ptosis, diplopia, asymmetry of face, etc. With proper use, the incidence of complication is usually low and generally mild and temporary.

Skin is the largest and fastest-growing organ in our body. Skin changes are among the most visible signs of aging. Evidence of increasing age includes wrinkles and sagging skin. General measures, such as adequate hydration, balanced diet and sufficient sun protection, are important for skin wellness. With the advancement of technology, laser and mono-polar radiofrequency can be used to stimulate collagen re-modelling, leading to skin tightening.

The workshop provides an evidence based review of the clinical applications of BTX Injection and mono-polar radiofrequency and the scientific basis for their safety and efficacy. Structural and functional anatomy, dosing strategies of the toxin, treatment techniques and the possible adverse effects will also be discussed. The workshop will guide you through the better understanding of the toxin and the radiofrequency for more natural and optimal results for the patients with lower chance of complications.

Practical Dermatology Part 2



(1) Dermoscopy: A Practical Approach (2) Managing Atopic Dermatitis in Infants and Children

Dr. IP Fong Cheng

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

Dr. IP is a specialist in Dermatology & Venereology. He is currently the Chairman of the Hong Kong Society for Paediatric Dermatology and the Managing Editor of the Hong Kong Journal of Dermatology and Venereology. He is also a higher physician trainer of Dermatology and Venereology of the Hong Kong College of Physicians, Clinical Assistant Professor (Honorary) of Department of Medicine and Therapeutics of The Chinese University of Hong Kong, and Clinical Assistant Professor (Honorary) of Department of Paediatrics and Adolescent Medicine of The University of Hong Kong.

(1) Dermoscopy: A Practical Approach

Dermoscopy (also known as in-vivo cutaneous surface microscopy, epiluminescence microscopy, amplified surface microscopy, dermatocopy) is the use of a light source under a magnification system to examine the skin lesions at the skin-instrument interface, which is a handy and relatively inexpensive instrument to use. It allows a detailed examination of the skin lesions at the epidermis and dermal-epidermal junction which can reveal details that are not seen with unaided naked eye. Various studies^{1,2} had demonstrated a significant increase in diagnostic sensitivity of melanoma with the use of dermoscopy than with naked eye examination alone.

The aim of the workshop is to introduce a basic and practical approach of dermoscopy with emphasis on common benign or malignant pigmented skin lesions such as melanocytic nevi, seborrheic keratosis, melanoma and pigmented basal cell carcinoma.

(2) Managing Atopic Dermatitis in Infants and Children

Atopic dermatitis (AD) is a complex disease involving various genetic, immunologic and environmental factors that ultimately cause a skin barrier dysfunction and immune dysregulation. Various therapeutic methods had been developed and demonstrated efficacy in treating severe AD, in particular during flare-up of disease. Wet-wrap dressing³ and bleach bath⁴ are two approaches that have been used extensively in both primary care and tertiary care institutes overseas, but only gain some popularity in some local referral centres.

A practical approach to these measures will be introduced and clinical scenario will be used to demonstrate the usage.

References

- 1 Menzies SW, Zalaudek I. Arch Dermatol 2006;142:1211-2
- 2 Vestergaard ME, Macaskill P, Holt PE, Menzies SW. Br J Dermatol 2008;159:669-76.
- 3 Devillers ACA, Oranje AP. Br J Dermatol 2006;154:579-85.
- 4 Huang JT, Abrams M, Tloughan B, Rademaker A, Paller A. Pediatrics 2009;123(5):e808-14.



Knee Pain and Lower Limb Biomechanics

Dr. Keith K.W. CHAN

*MBBS (HK), MCGP (Irel), FRCGP, FRACGP, FHKCFP, FHKAM (Fam Med),
MMPhyMed (Mu.sk) (Syd), DFM(CUHK)*

Dr. CHAN is an experienced family physician and is now an Adjunct Associate Professor of the School of Public Health and Primary Care of The Chinese University of Hong Kong. Apart from Family Medicine, Dr. CHAN's main interest is in musculoskeletal medicine. He holds a Master degree in Musculoskeletal Medicine from the University of Sydney, a Fellowship from the Australian College of Physical Medicine and a Membership from the American Association of Orthopaedic Medicine. Locally in Hong Kong, Dr. CHAN is the founding president of the Hong Kong Institute of Musculoskeletal Medicine. Over the past years, Dr. CHAN has done a lot of work to promote both disciplines among Hong Kong, Macau, Taiwan and China medical profession.

Knee pain is commonly referred as a consequence of pathological conditions such as degeneration and arthritis; however, greater understanding of movement and function has emerged in the recent years based on inter-linking anatomy, biomechanics, neurophysiology, motor control, pathology, pain mechanisms, and behavior influences. Contrary to what you may think, knee pain is often not a problem of the knee joint. Long term injuries such as wearing of cartilage are of course problems located within the knee, but even these are often a symptom of years of bad alignment of the knee. Incorrect hip, foot function, weak muscles in the hip and imbalance between muscles of the leg etc. all contribute to the development of knee pain and subsequent knee osteoarthritis.



Developmental Perspective of Personality Disorders: Implication for Family Doctors

Dr. Aster W.Y. LAU

MBBS (HK), PDipID (HK), GradDipFamMed (Monash), FRACGP, M.Soc.S(Counselling), MPH (HK), MFM (Clin) (Monash), FHKCCM, FHKAM (Community Medicine), FHKCFP

Dr. Aster LAU, a Specialist in Community Medicine, is also a Fellow of the Hong Kong College of Family Physicians, and Royal Australian College of General Practitioners. After graduation, she obtained various master degrees including master in counselling, public health and family medicine. Dr. LAU has been working with the Department of Health before joining the private sector in 2016. She has shared her expertise in counselling and become the coordinator of Counselling Interest Group and member of Board of Education of the HKCFP since 2011. She is also a member of the Task Group on Parenting Capacity Assessment Frameworks under CCDS since 2014.

Background:

Patients with personality difficulties are prevalent in the community (Yang M, 2010) and have frequent contacts with family doctors (Twomey, 2015). These patients have disturbed arousal and affect systems as well as difficulties in interpersonal interactions, which could hinder the development of effective doctor-patient relationships. About 15% of patients encounter in the adult primary care settings are rated as difficult from the physician's perspective, with personality disorders being one of the predictive factors (Hahn SR, 1996).

Better knowledge in the development and clinical features of personality disorders allow family doctors to identify and apply different communication strategies to patients with various personality difficulties. Family doctors may also recognize the problematic attachment patterns in families with children, where early referral for psychosocial intervention may help to prevent the development of personality disorders in the future generations.

Objectives:

1. Give a brief introduction of personality disorders, including the clinical features and epidemiology
2. Describe the developmental perspectives of personality disorders: the neurobiological development and gene-environment interaction
3. Discuss the role of family doctors in interacting with families with possible personality difficulties

This workshop will facilitate the attendee's participation by small group discussions and role-plays.

POSTGRADUATE VOCATIONAL TRAINING IN FAMILY MEDICINE

The Organizing Committee is honored by the presence of experts from different parts of the world to share best practice in family medicine/general practice postgraduate vocational training in order to advance the discipline of family medicine in our HKCFP 40th Anniversary Conference 2017.

The discussion panel consists of five leaders in medical education from the United Kingdom, Australia, Canada, Mainland China and Hong Kong. Each panel speaker will give a short presentation on the current Family medicine/general practice vocational training programme in his/her region, including the curriculum, assessment method, expected competency level on completion of training, provision for higher training / additional qualification after the standard residency or membership / fellowship training, and possible enhancement in duration or content. The presentations will be followed by an open discussion among the panel speakers and the floor.

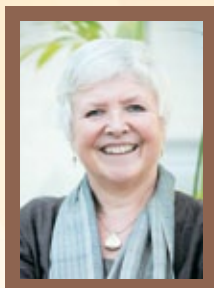
The Discussion Forum will be chaired by Prof. Cindy LAM, Chief Censor, HKCFP.



Prof. Cindy L. K. LAM, JP

*Danny D.B. Ho Professor in Family Medicine, The University of Hong Kong
MBBS(HK) MD(HK) FHKAM(Family Medicine) FRCGP*

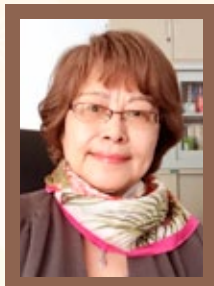
Prof. Cindy LAM, JP, is the Danny D. B. Ho Professor in Family Medicine and Head of the Department of Family Medicine and Primary Care of the University of Hong Kong. She is a specialist in Family Medicine. She is Chief Censor and Honorary Fellow of the Hong Kong College of Family Physicians. Her public services include being a Co-Chair of the Grant Review Board of the Health and Medical Research Fund, and the Chairperson of the Advisory Committee on Primary Care Directory.



Prof. Amanda HOWE, O.B.E.

MA MEd MD FRCGP

Amanda HOWE, President of the World Organization of Family Doctors is a practising family doctor, an academic professor, and a national and international leader in family medicine. Since 2001, she has been Professor of Primary Care at the University of East Anglia, where she was part of the founding team for a new undergraduate medical programme. During her career, she has held multiple roles in undergraduate, postgraduate, and faculty education, including being Course Director for the UEA medical programme during its early years of development and G.M.C. accreditation.



Prof. ZHU Shanzhu

Prof. ZHU is the Director of General Practice Faculty of Shanghai Medical Institute Fudan University, ex-Chair of General Practice Section of Chinese Medical Association, Honorary Chair of General Practice Section of Shanghai Medical Society and Director of Regional GP Faculty Training Demonstration Center, member at large of WONCA Asia Pacific Region. She is also Honorary Professor of University of Nebraska Medical Center and Chief editor of Chinese Journal of General Practitioners. She has also served as the Editorial Chair of many GP textbooks authorized by Chinese Ministry of Health and has been engaging herself in GP education and GP training for a long time.



Dr. Bastian M SEIDEL

*MBBS, PhD, MACH, MRCP, FRACGP
RACGP President*

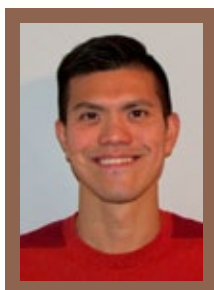
Dr. Bastian SEIDEL is the President of the Royal Australian College of General Practitioners (RACGP). Bastian is a partner and co-owner of a rural general practice in Tasmania's Huon Valley, South West of Hobart. Bastian studied medicine in Germany and South Africa and completed his vocational training as a GP in the United Kingdom in 2006. Bastian has been a supervisor for GP registrars and an RACGP examiner since 2007. He is a Clinical Professor at the University of Tasmania and Director of the National Asthma Council.



Dr. Angus M.W. CHAN

*MBChB (Glasgow), MRCP (UK), FHKAM (FM)
President of Hong Kong College of Family Physicians*

Dr. CHAN, President of HKCFP, graduated from the University of Glasgow, UK. He had extensive Family Medicine training in Hong Kong and UK. He was awarded the Fellowship of Hong Kong Academy of Medicine in 2001. Dr. CHAN was the Chairman of the Specialty Board for the College Exit Examination from 2007 to 2010 and is the Honorary Clinical Associate Professor of The University of Hong Kong.



Dr. Victor K. NG

MSc MD CCFP(EM) MHPE

Dr. NG attained his fellowship in Family Medicine/Emergency Medicine at Western University, Ontario, Canada. He is Physician Advisor of the Division of Continuing Professional Development and Practice Support, College of Family Physicians of Canada; Assistant Professor of the Department of Family and Emergency Medicine, Western University; Consultant Physician in Family and Emergency Medicine at London Health Science Centre and St. Joseph's Health Care, London, Ontario, Canada. His many academic qualifications include Master of Health Professional Education, Maastricht University and he was the Co-Lead Author, World Organization of Family Doctors (WONCA) Continuing Professional Development Standards.

Saturday Morning Session 1

Saturday, 2 September 2017 • 09:00 – 09:45 • Pao Yue Kong Auditorium

Animal-assisted Therapy (AAT) to Enhance Physical Well-being of Elderly



Dr. Paul W.C. WONG

Dr. Paul WONG is a Clinical Psychologist and an Associate Professor in the Department of Social Work and Social Administration, The University of Hong Kong. He has been involving in suicide prevention research and mental health promotion and practices since 2003. His recent research interests include young people social withdrawal behavior, using animals as part of psychological interventions, bereavement due to animal loss, youth positive development interventions for Hong Kong and ethnic minority young people, and family care giving for people with psychological issues.



Ms. Rose W.M. YU

Ms. Rose YU was trained in social work and has been working in the mental health field for over ten years. She is currently a PhD candidate in the Department of Social Work and Social Administration at The University of Hong Kong. Her research interest is on human-animal relationships, and animal-assisted intervention and therapy.

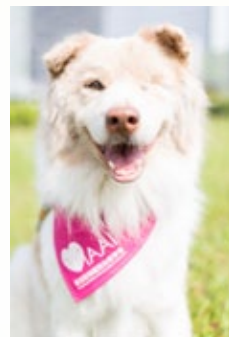


Mr. Eddie K.T. LEE

Mr. Eddie LEE is an Animal Assisted Interventions Practitioner, a Counselor and a Canine behaviourist with canine related services background such as guidedogs and therapy dogs. His organized activities aim at creating a society with equality and mutual love between human and animals. He founded the Hong Kong Institute of Animal Assisted Interventions (HKIAAI) and has been providing free social services facilitated by accredited animals. His recent projects include participants with substance use behavior, special education needs, autism spectrum disorders and also involvement in Animal Welfare Education etc.

Epidemiological and intervention studies have found that long-term or transient human animal interaction is associated with the reduction in health risk such as a higher survival rate from myocardial infarction, fewer visits to doctors, and having less pharmaceutical expenditure. AAT is also found to be beneficial for elderly persons with low social support on social functioning, as well as having moderately significant effect for those with depression and anxiety. However, there are also studies showing inconsistent or even contradictory findings partly due to the complexity of the topic and the relatively small number of studies on AAT in comparison with other well-established psychological interventions.

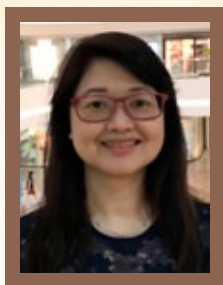
In this presentation, we will first present some of the most updated findings about AAT and elderly. We will then present findings of a local quasi experimental pretest posttest study that measured the efficacy of an AAT programme on community dwelling older persons aged 65 and above who are either living alone or only with one's spouse. The main aim of the study was to measure the efficacy of this intervention approach in changing participants' frequency of community participation, social contacts, level of loneliness and depressions. Findings showed that older person participants had lower level of loneliness and depressive symptoms. The program was also efficacious in increasing the frequency of community participation and social contacts of the older person participants. The presentation will be concluded by a live demonstration on how accredited companion-animal therapists assist counsellors in engaging service users in the therapeutic setting.



Saturday Morning Session 2

Saturday, 2 September 2017 • 09:45 – 10:30 • Pao Yue Kong Auditorium

Innovative Inter-generational Health Promotion Program Incorporating Strength-based Life Review Interview for Elderly People with Chronic Diseases



Dr. Lorna NG

Dr. Lorna NG is Council member of HKCFP and Co-Chairman of HKCFP 40th Anniversary Conference Organizing Committee. She is currently the Senior Medical Officer in-charge of Kwong Wah Hospital Family Medicine and Out-Patient Department, and Honorary Clinical Associate Professor of Jockey Club School of Public Health and Primary Care, CUHK. Having attained MRCP (UK) in Internal Medicine, she is also a HKAM FM specialist, Master in Public Health (CUHK) and Master in Social Sciences in Counselling (HKU). She is the founding and current president of Hong Kong Primary Care for Chronic Disease Association (HKPCCDA). Using HKPCCDA as a platform, she has organized several innovative and meaningful programs in collaboration with multi-disciplinary professionals and multi-sectoral organizations in engaging the community towards better health. One of these programs is “Healthy Buddies – Youth and Seniors” which is an innovative health promotion model benefitting across generations with recent successful bid for funding under HKSAR Food and Health Bureau - Health Care and Promotion Scheme.

“Healthy Buddies” is a community and school based health promotion program, that uses an innovative teaching model by partnering youth with elderly patients with chronic diseases and focuses on encouraging healthy attitudes and behaviors in three key areas of health namely physical activity, healthy diet and mental wellness. There is abundant evidence showing that patients with chronic medical illness are at particularly high risk for mental disorders. As studies have shown that life review interview is effective in enhancing positive mental-wellbeing in elderly, it could also be incorporated with positive psychology concepts dealing with human’s positive aspect through the development of personal strengths and virtues.

This presentation will walk the participants through the innovative aspects of this health promotion model and highlight the unique features of the program. The aim of this study was to evaluate whether this program could enhance physical psychosocial well-being and positive cross-generational perspectives in both elderly and youth. A total of 75 elderly patients and 118 secondary school students have joined the program since 2015. Post-evaluation surveys showed increased in self-esteem and mental wellness especially in the elderly. Both groups also improved in their healthy behaviors with eating more vegetables, fruits and increased physical activity. The cross-generational perception of the elderly towards the young and vice-versa were markedly improved. Qualitative evaluation also showed better cross-generational understanding and appreciation besides healthy lifestyle and chronic disease prevention awareness. This innovative model of health promotion program benefitting both seniors and youth highlights the evolving concept of a healthy, flourishing and age-friendly community.

Saturday Morning Session 3

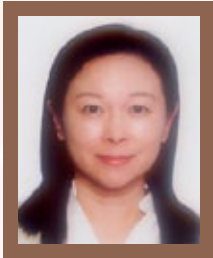
Saturday, 2 September 2017 • 11:00 – 12:30 • Pao Yue Kong Auditorium

"Radio-I-Care" Case Study of Offline Brief Counselling Sessions and Online Intervention to Promote Mental Health in Community



Ms. Hallie CHAN

Ms. Hallie CHAN graduated from CUHK with a Bachelor degree of Social Sciences in Psychology and HKU with a Master degree of Social Sciences in Counselling. She is a certified Somatic Experiencing® Practitioner and a practicing counsellor in HKU and in Church. Ms. Chan has been working as the teaching assistant in HKU for Bachelor and Master students majoring in counselling.



Ms. Eppie H.Y. WAN

Ms. Eppie WAN is a registered social worker with a keen interest and expertise in psychiatric rehabilitation service. She got a bachelor degree in social work and a postgraduate diploma in mental health. She is currently a fellow of "Postgraduate Overseas Specialists Training" of St. Vincent's Hospital, Australia. She has worked in a wide range of mental health services for over 20 years in Hong Kong. Eppie is now a senior supervisor of TWGHs Wong Chuk Hang Complex overseeing and coordinating the various mental health services.



Ms. Vanessa S.W. YU

Ms. Vanessa YU graduated with a Bachelor degree in Business Administration and Master degree in social work. She is a registered social worker who works for the online mental health promotion project, "Radio-i-Care", at Tung Wah Group of Hospitals. Her main duty is to organize and co-ordinate the public education programs on mental wellness.

"A small step makes a big difference" - Emotional pain and life difficulties are shared experience of all individuals. It is not uncommon that individuals would first seek medical advices from the family physicians on psychosomatic issues. How family physicians could make use of the free electronic counseling project, Radio-i-Care project, to enhance patient's mental wellness? This free counseling project is jointly operated by the University of Hong Kong and Tung Wah Group of Hospitals.

In this session, you will obtain more information about this truly community development project:

1. Early intervention: We target at helping clients with potential common mental disorders (CMD)
2. From online to offline (O2O): From online mental health promotion to face-to-face counseling service
3. De-stigmatized service: An alternative approach to tackle the stigmatization of mental health issues
4. Bridging service: To promote public awareness of mental health issues, provide early intervention and to prompt further self-help behaviors
5. Structured statistics review

Using Humour in Positive Psychology



Dr. YUE Xiaodong

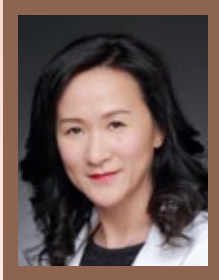
BA, English language & Literature Beijing Second Foreign Languages Institute (1982)
MA, Educational Psychology, Tufts University, Medford MA USA (1987)
Ed.D, Human Development & Psychology, Harvard University Cambridge MA USA (1999)
R.Psych (Counselling Division, Hong Kong Psychological Society) - founding Chair.
Associate Professor Department of Applied Social Sciences, City University of Hong Kong (since 1997).
Assistant Dean of Graduate School of Studies, City University of Hong Kong.
Assistant Dean (Mainland Programme Development) Chow Yei Ching School of Graduate Studies.

Humour is a virtual character for optimal humour functioning. It is among the 24 character strengths outlined by positive psychology and has been heavily studied and practiced in Western society. In Chinese society, however, it is rarely studied.

Over the past 10 years, Dr. YUE has conducted programmatic studies to examine the relationship between humour, subjective happiness, and various dispositional factors in China and Hong Kong. A combination of experimental, survey, and ethnographic methods was used to examine how humour was reflected/affected by the above factors.

Findings showed that Chinese students all thought highly of humour but lowly of their own humour potential, and that positive humour promoted one's mental well-being and social relationships while bad humour jeopardized both. Students in China used more affiliative humour and less aggressive humour than their Hong Kong counterparts. Above all, humour did not correlate with creativity, particularly for Hong Kong students.

In this presentation, Dr. YUE will give a cultural analysis of the above findings. He will also discuss other related studies that uses humour in everyday life to cope with stress among teachers, nurses, business executives, and the like.



Enhance Mental Health of the Elderly: The Effectiveness of Instrumental Reminiscence Intervention

Dr. Vivian W.Q. LOU

BEd (Psy.), MEd (Soc. Psy.), MSW, RSW, Ph.D.

Dr. Vivian W.Q. LOU is the Director of Sau Po Centre on Ageing at The University of Hong Kong. She is also an Associate Professor of the Department of Social Work & Social Administration as well as a member of the Elderly Commission of the Hong Kong Special Administrative Region, a fellow of the Gerontology Society of America, and a council member of the Hong Kong Association of Gerontology. Her research interests are family gerontology, in particular family caregiving for frail older adults and grandchildren, intergenerational support, social adaptation and mental health of Chinese older adults. Her publications have been featured in journals such as *Journal of Gerontology: Social Sciences*, *The Gerontologist*, *Age and Aging*, *Aging and Mental Health*, and *Social Indicators Research*.

This session is about the study aimed to examine the effectiveness of Instrumental Reminiscence Intervention – Hong Kong (IRI-HK) on alleviating depressive symptoms and improving life satisfaction in Chinese older adults living in empty nests (i.e., living alone or with a spouse only) in the community.

A longitudinal randomized controlled design was adopted. An experimental and a wait-list control group were provided with the IRI-HK immediately and 12 weeks after the baseline assessment respectively. Participants were recruited via local elderly community centres. The IRI-HK is a group reminiscence intervention modified with cultural adaptations for Chinese older adults. Depressive symptoms and life satisfaction of the participants were measured by the Chinese version of the Geriatric Depression Scale-Short Form (GDS-15) and the Life Satisfaction Scale-Chinese (LSS-C) respectively.

Findings from this study showed a significant difference in the depressive symptoms between groups after the intervention and significant higher life satisfaction of the experimental group.

The IRI-HK was a successful cultural adaption suitable for use in the Chinese context. It was found to be an effective intervention for enhancing mental health among older adults living in empty nests in the community.



Current Status and Future Prospects of Primary Health Care in Mainland China

Prof. WANG Jia-Ji

MD, MPH

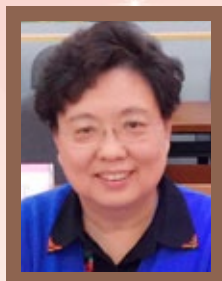
Prof. WANG Jia-Ji is the Professor and Dean of the School of Public Health, Guangzhou Medical University (GZMU), P.R. China. He is the Editor-in-Chief of seven textbooks including "Essentials of General Practice" which was enlisted in the National Textbook Series for Higher Education under China's 11th and 12th Five-year Plan. Prof. WANG led over 30 research projects, and received both provincial and National Teaching Achievements Awards. He was also conferred provincial-level First-class Award in Scientific and Technological Progress.

Prof. WANG serves on the General Practice Teaching and Supervising Committee, Ministry of Education (MoE). He is also on the Health Management Practitioner Expert Panel, National Health and Family Planning Commission (NHFPC), and the Head of the NHFPC/ Ministry of Health Assessment Panel for "National-level Exemplary Community Health Centres". Prof. WANG chairs the Primary-level Medical Education Speciality Council, China Medicine Education Association (CMEA), and co-chairs the Chinese Society of General Practice, Chinese Medical Association (CMA). He also co-chairs the General Practice Speciality Council, Cross-Straits Medical Exchange Association and the Primary Care Branch, China International Exchange and Promotive Association for Medical and Health Care. He sits on the Standing Committee at the Society of Health Risk Assessment and Control, Chinese Preventative Medicine Association (CPMA), and heads the National Community Chronic Disease Risk Assessment and Control Research Group.

Prof. WANG leads the Guangdong Exemplary Centres for Exploratory Teaching in Higher Education Institutions - General Practice Exploratory Teaching Centre, and the Ninth Round of Guangdong Key Disciplines - General Practice. At national level, Prof. WANG Jia-Ji has been awarded Special Government Allowance of the State Council, P.R. China since 1995, with "National Outstanding Teacher Award" granted by the Ministry of Education (MoE).

Prof. WANG Jia-Ji is the Founder President of Guangdong-provincial Primary Health-care Association (GDPHA), and the Director of General Practice Training Partnership Centre covering seven provinces in southern China. He was appointed by the Guangdong-provincial Health and Family Planning Commission (HFPC) as the leader of the Family Doctor-contracted Service Expert Advisory Panel. He also leads the Expert Panel of Guangdong-provincial General Practice Education and Training Centre, and serves on the Decision-making Counselling Expert Panel for the Guangzhou Municipal People's Government.

Keys to achieve "Healthy China" include the enhancement of primary health-care service system and training of community health service professionals. Following the principles of "shaping the primary care structure, strengthening the building blocks at community level, and ensuring the provision of basic health-care services", the current primary health care reform focuses on how to facilitate the move of resources from tertiary level towards community level, with the aim to achieve the actualisation of first-contact care, managed care, and integrated care. Recent developments in Guangdong province include the implementations of general practitioners (GPs)-residents contracted services (also named as "GP team-based family doctor services") and carrying further the education and training of primary health care professionals. The newly established Guangdong-provincial Primary Health-care Association (GDPHA) shall serve as a promising platform to get community health centres and other health-care facilities further closer with each other in strengthening local partnership, regional collaborations, and international communications.



Reasons for Encounter and Health Problems Managed by General Practitioners in Rural Areas of Beijing, China: a Cross-Sectional Study

Prof. GUO Aimin

PhD

Supervisor in General Practice

Prof. GUO is a Tenured Professor from School of General Practice and Continuing Education, Capital Medical University. She also serves as an Associated Director of Social Organizations including the General Practice Branch of the Chinese Medical Association, General Practice Teaching Branch of the Ministry of Education, Beijing General Practice Training Center.

Prof. GUO's major research interests are education management in general practice. She has obtained a number of competitive local as well as national research grants as the principal investigator including grants from the Ministry of Health, Beijing Philosophy and Social Sciences, Beijing Education Committee. As the first author or corresponding author, she has over 30 scientific publications in refereed journals, including 5 SCI papers. She has obtained many awards including the Second Prize of National Education Teaching Award, the First Prize of Beijing Education Teaching Award, etc.

Prof. GUO has published books as chief editor, including *the Foundation of General Practice, the Concept of General Practice, Research Method in General Practice*, etc.

The purpose of this study was to describe the patients' reasons for encounter and health problems managed by general practitioners (GPs) in rural areas of Beijing to provide references for health planning, GPs training and health services improvement.

This study was conducted on-site at 14 community health centers (CHCs) in 6 rural districts of Beijing, using a multistage sampling method. A total of 100 GPs were selected from the study sites by purposive sampling. Each GP recorded their 100 consecutive patients' information with self-designed data collection forms. The data included patient characteristics, reasons for encounter (RFE), health problems, and consultation length. The RFE and health problems were coded by trained personnel adopting the ICPC-2.

A total of 10,000 patient encounters were involved, with 13,705 RFEs and 15,460 health problems being recorded. With the increasing of age, the mean number of RFEs decreased and the mean number of health problems increased. Patients with Beijing medical insurance had less RFEs and more health problems than that in other locations ($p < 0.001$). Patients who had visited the center previously and signed with the GPs had more health problems than those without ($p < 0.001$). The distributions of RFEs and health problems were mainly in respiratory, circulatory, musculoskeletal, endocrine, metabolic and nutritional, and digestive systems. Prescription was the most common RFE, accounting for 31.43% of the total RFEs, followed by cough (13.43%), throat symptom/complaint (8.03%). Hypertension was the most common problem, accounting for 22.83% of total problems, followed by acute upper respiratory tract infection (URTI) (14.79%), and diabetes (9.77%).

HKCFP 40th Anniversary Highlights

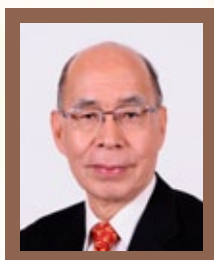


Dr. Angus M.W. CHAN

*MBChB (Glasgow), MRCP (UK), FHKAM (FM)
President of Hong Kong College of Family Physicians*

Dr. Angus CHAN, President of The Hong Kong College of Family Physicians, graduated from the University of Glasgow, UK. He had extensive Family Medicine training in Hong Kong and UK. He was awarded the Fellowship of Hong Kong Academy of Medicine in 2001.

Dr. CHAN was the Chairman of the Specialty Board for Exit Examination from 2007 to 2010, Vice President (Education and Examination) from 2011 to 2014. He is the clinical supervisor for Family Medicine trainee in community training and is the Honorary Clinical Associate Professor, Department of Family Medicine and Primary Care, The University of Hong Kong. He is now working in private group practice and is the Medical Director of a renowned medical group.



Dr. Stephen K.S. FOO

*MBBS, FHKCFP (Hon), FRACGP (Hon), FAFPM (Hon), FHKAM(FM)
Censor of Hong Kong College of Family Physicians*

Dr. FOO is a Specialist in Family Medicine in private practice, Adjunct Associate Professor in Family Medicine at The Chinese University of Hong Kong, Honorary Clinical Associate Professor in Department of Family Medicine and Primary Care at the Hong Kong University. He is also Censor of The Hong Kong College of Family Physicians, Course Director of the Diploma of Family Medicine of The Hong Kong College of Family Physicians. He was previously part-time Consultant, Clinical Supervisor and Trainer in Family Medicine for the Hospital Authority and past president of the HKCFP from 1992-1998.

This year marks the 40th Anniversary of The Hong Kong College of Family Physicians. Over the past four decades, our College has transformed from its humble beginnings as a small association consisting of a group of dedicated general practitioners into an internationally recognized and professionally accredited academic College with standardized basic and higher vocational training programmes, various levels of professional examinations and more than seven hundred College fellows. Our President, Dr. Angus CHAN and our past president Dr. Stephen FOO will walk us through important milestones in the growth and establishment of our College.





Medical Humanities



Program Title:

Forum Theater of Medical Humanities – Doctors Burnout

醫學人文論壇劇場之「燃竭好醫生」(to be conducted in Cantonese)

Script writer and moderator:

Dr. Dana LO, Senior Medical Officer, University Health Service, The Hong Kong Polytechnic University

Performed by:

CUHK Medegg's Production

Abstract:

When caught by the unexpected grave news of patient, the passion doctor found himself shattered and demoralized.

Is the fire of our professional calling still burning?

Forum theater, goes beyond a “forum” and a “theater”, would ignite our reflection on medical humanities and burnout doctors.

Special Guests:

Prof. Donald LI, President Elect, WONCA

Prof. Paul LAI, Director, Office of Medical Education, The Chinese University of Hong Kong

What's new for COPD management in Primary Care – Dual Bronchodilator?



Dr. David C.L. LAM

*Clinical Assistant Professor, Department of Medicine, The University of Hong Kong
Honorary Associate Consultant, Department of Medicine, Queen Mary Hospital, Hospital Authority
BSc (BiomedSc)(Hon)(HK), MBBS (HK), FHKCP, FHKAM (Medicine), PhD (HK), MD (HK),
FRCP(Edin, Glas, Lond)*

Dr. LAM is the Clinical Assistant Professor of the Department of Medicine of The University of Hong Kong. He is also a clinical respiratory physicians. His professional interests include molecular pathology; non-invasive diagnostics; interventional pulmonology; targeted therapies of lung cancer and airway inflammation; smoking cessation; clinical trials of COPD.

Dr. LAM has published his research in different journals. He is currently the Deputy Editor of *Respirology*; Editorial Board Member of *Respirology Case Reports*; Chairperson of education committee of the Asian Pacific Society of Respirology and the Vice President of the Hong Kong Thoracic Society.

COPD is usually complicated by acute exacerbations as well as development of comorbidities such as respiratory infections and coronary artery disease. One key management goal for COPD is smoking cessation, which has been shown to reduce the rate of decline of lung function and to improve survival of smokers who quit. Another important goal of management would be prevention of acute exacerbation of COPD (AECOPD). AECOPD are usually characterized by aggravation from baseline those respiratory symptoms of dyspnea, cough, increased sputum volume or purulence, with acute onset that calls for acute management and changes in regular medication.

Maintenance therapy for COPD in chronic phase with long-acting bronchodilators, including long-acting β_2 -agonists (LABA) or long-acting anti-muscarinic agents (LAMA), when they are used alone or in combination with inhaled glucocorticosteroid (ICS), have all been shown to be efficacious in reducing COPD exacerbations. Newer evidence supports that dual bronchodilatation is an even more effective strategy, in preventing both AECOPD frequency and severity, than either LABA or LAMA alone or in combinations with ICS. These effects were demonstrated in patients with early stages of COPD and it is thus essential to identify high-risk patients early and to manage accordingly. The importance of an effective and easy to use delivery device for inhaled medications could not be over-emphasized.

Seasonal flu and pneumococcal vaccine should be given to prevent infective exacerbation of COPD. Appropriate exercise training and pulmonary rehabilitation will have significant impact on patient quality of life as well as reducing chances of exacerbation.

Managing “stable” Chronic Heart Failure Patients in Primary Care Setting



Prof. David C.W. SIU

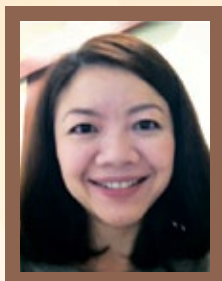
*Clinical Professor
Department of Medicine, The University of Hong Kong
MBBS (HKU), MD (HKU), FRCP (London), FHKCP, FHKAM*

Prof. SIU is the Clinical Professor of the Department of Medicine of The University of Hong Kong. He is also a clinical cardiologist and a stem cell biologist. He has engaged in the research fields with key research interests focus on atrial fibrillation; Endocrine related cardiac disease; Cardiac cellular electrophysiology and Regenerative medicine and tissue engineering. Prof. SIU has published his research and peer-reviewed articles in international journals such as *Lancet*, *JAMA*, *Circulations*, etc. He has contributed 12 book chapters in Cardiology and Stem Cell Biology. Prof. SIU is currently the Council Member of The Hong Kong College of Cardiology.

Background: Heart failure is a global problem with an estimated prevalence of 38 million patients worldwide, a number that is increasing with the ageing population. It is one of the most common diagnosis in patients aged 65 years or older admitted to hospital and in high-income nations. While some progress was made, heart failure patients' quality of life is significantly affected and the prognosis is worse than that of most cancers.

Objective of the lecture: To provide knowledge on diagnosis of heart failure patients in primary care setting, recognition of different stages of the disease and possible management pathways for these patients.

Conclusion: Early diagnosis and treatment can help patients with heart failure to have better outcomes, and treatment plan may include lifestyle changes, medications, devices and surgical procedures. With the advancement of new class of medication, medical treatment is the most common approach in managing heart failure, demonstrating improvement in quality of life, reduce in mortality and hospitalization. Primary care physicians play an important role in identifying and managing stable heart failure patients, while patients in advanced-stage of the disease may be referred to other specialists.



Role of Basal Analogues in Type 2 Diabetes and Cost-Effectiveness from a Regional Perspective

Dr. Andrea O.Y. LUK

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

Dr. Andrea LUK is a Specialist in Endocrinology and is currently the Associate Professor, Division of Endocrinology at the Department of Medicine and Therapeutics, The Chinese University of Hong Kong. She is also the Deputy Medical Director of the Phase 1 Clinical Trial Centre at The Chinese University of Hong Kong, Honorary Associate Consultant at the Prince of Wales Hospital, and Deputy Medical Director of the Asia Diabetes Foundation. Dr. LUK graduated from the University of Auckland, New Zealand, and received post-graduate training in Sydney, Australia and Hong Kong. She obtained her fellowship in endocrinology, diabetes and metabolism in 2007 at the Hong Kong College of Physicians. Her main research focus is in diabetes epidemiology with special interests in diabetic kidney disease and young-onset diabetes. She is extensively involved in clinical trials from phase 1 through to phase 3.

Diabetes is an expensive disease. From a payers' perspective, costs related to diabetes are those directly incurred from managing blood glucose and metabolic risk factors as well as treatment of diabetes complications. From a societal perspective, indirect costs may arise due to absenteeism, reduced wages and work productivity. In the U.S., up to two thirds of direct medical costs were spent on hospital in-patient care and prescription of medication for treatment of complications, whereas costs of anti-diabetic medications and doctors' consultation account for only one fifth. With advances in medicine, options of promising pharmacological agents for preventing complications are rapidly expanding but at higher upfront costs. As many disabilities of diabetes are avoidable, investing more at the early stages may lead to improved quality of life and savings in the long term. Cost-effectiveness analysis compares costs of different treatment intervention and encompasses not only acquisition costs of the treatment, but also factors in potential savings from future health gains. Results of such analyses are especially useful to policy makers and stakeholders in resource allocation and policy planning.

This presentation will address two areas. Firstly, an overview on the use of insulin therapy in people with uncontrolled type 2 diabetes will be provided. Here, I will summarise efficacy data of various basal insulins and share practical recommendation on initiation of insulin therapy, monitoring of response and titration scheme. Secondly, the results of a locally conducted cost-effectiveness analysis comparing insulin glargine with NPH insulin will be presented. Despite unequivocal data demonstrating more effective glucose lowering and lower risks of hypoglycaemia with the use of long-acting insulin analogues, the existing practice in Hong Kong public healthcare system still favour NPH insulin due to lower immediate drug costs. Cost-effectiveness studies performed in Europe and North America indicated that insulin glargine is cost-effective, and until recently, similar studies were lacking in Hong Kong. Given limited healthcare resources, there is an urgent need to identify and prioritise interventions that offer the most benefits in relation to expenditure. The ability to undertake quality health economic analysis will facilitate making informed choices of sustainable solutions to address this chronic disease with disabling complications.



From Efficacy to Effectiveness: The impact of CVD-REAL study

Prof. Kathryn C. B. TAN

Sir David Todd Professor in Medicine and Chief of Division of Endocrinology and Metabolism, The University of Hong Kong

Prof. Kathryn C.B. TAN is Sir David Todd Professor in Medicine and Chief of Division of Endocrinology and Metabolism at The University of Hong Kong. She is also Deputy Chief of Service and Honorary Consultant of the Department of Medicine at Queen Mary Hospital. She is Past President of the Hong Kong Society of Endocrinology, Metabolism and Reproduction, a founding executive board member of the Asian Association for the Study of Diabetes, and Council Member of the Hong Kong Atherosclerosis Society. Her main academic research interests are in lipidology and diabetes

Sodium-glucose cotransporter-2 (SGLT-2) inhibitors are one of the novel classes of anti-glycemic agents approved for the management of patients with type 2 diabetes mellitus. This class of agents offers good glycemic efficacy, and is associated with weight loss, blood pressure reduction, and a low risk of hypoglycemia. Due to their unique mechanism of action, SGLT-2 inhibitors have shown to be beneficial beyond glucose control. The improvement in cardiovascular outcomes was first reported in the landmark EMPA-REG OUTCOMES trial. Following these results, it remains to be determined whether the beneficial cardiovascular and renal effects observed with empagliflozin are unique or a drug class effect. The benefits of SGLT-2 inhibition have since been confirmed by the CANagliflozin cardioVascular Assessment Study (CANVAS) Program. Furthermore, the applicability of the findings from these randomized clinical trials in high-risk patients to a real-world clinical practice has been investigated in the CVD-REAL study (Comparative Effectiveness of Cardiovascular Outcomes in New Users of SGLT-2 Inhibitors). This large real-world study evaluated the benefits of SGLT-2 inhibitors (dapagliflozin, canagliflozin, and empagliflozin) in a broader patient populations with type 2 diabetes mellitus using data collected from over 300,000 subjects (type 2 diabetes mellitus with and without established cardiovascular disease) from routine clinical practice across 6 countries. Significant reductions in rates of all-cause death as well as hospitalization for heart failure were observed in patients who were newly initiated on SGLT-2 inhibitors compared with other glucose lowering agents. These results therefore suggest that the cardiovascular benefits of SGLT-2 inhibitors are likely a class effect. Since approximately 87% of patients in the CVD-REAL study did not have known cardiovascular disease, the cardiovascular benefits seen in randomized trials are probably applicable to a broad population of patients with type 2 diabetes mellitus in real-world practice.

Unmet Needs of Asthma Patients and Role of Individualized Management Approach



Dr. Roland C.C. LEUNG

MBBS, MD, FRACP, FCCP, FHKCP, FHKAM (Medicine)

Dr. Roland LEUNG is a Specialist in Respiratory Medicine with particular expertise in asthma, allergic disease and sleep-related breathing disorder. He is currently Honorary Associated Professor, Department of Paediatrics, of The Chinese University of Hong Kong, Consultant Respiratory Physician of Hong Kong Adventist Hospital, Baptist Hospital, St. Teresa's Hospital and Hong Kong Sanatorium & Hospital and Consultant of the Hong Kong Asthma Society. He has published over 50 original papers in peer-reviewed journals, over 60 abstracts in international conference proceedings and journals and has been invited to over 150 public lectures in overseas and local meetings.

Dr. LEUNG will discuss with us the epidemiology and prevalence of asthma in Hong Kong and management of asthma with special focus on unmet needs among local patient cohorts and impact on their disease control. He will give us an explicit overview of pharmaceutical management and scientific data on the following aspects of asthma management:

- What are the prescription considerations for primary care physicians?
- Could simplifying dosage regimen help in achieving desired asthma management outcomes, e.g. adherence?
- Practical efficacy (with case discussion) of novel once-daily ICS/LABA treatment in asthma management
- How could a primary practitioner adopt "individualized approach" on asthma management in daily practice?

CLINICAL CASE PRESENTATION COMPETITION – Schedule

Sunday, 3 September 2017 • Pao Yue Kong Auditorium

TIME	TOPIC	PRESENTING AUTHOR
09:05 - 09:20	"Doctor, I have back pain!"	Dr. LEUNG Lok Hang
09:20 - 09:35	Case Study: The role of community dietitians in delivering team care approach and patient-centered therapy for a patient with Type 2 Diabetes	Ms. Doris P.S. LAU
09:35 - 09:50	Oscar.Group – Our experience in Hong Kong	Dr. Jonathan K.C. LAU
09:50 - 10:05	A case of 45/M with Bilateral Pulmonary Embolism	Dr. Joyce H.Y. LAI

FREE PAPER COMPETITION –

SCHEDULE OF ORAL PRESENTATION

Sunday, 3 September 2017 • Lim Por Yen Lecture Theatre

TIME	TOPIC	PRESENTATION GROUP
09:00 – 10:15 (Part I)		
09:05 - 09:20	Effects of the risk assessment and management programme for patients with hypertension (RAMP-HT) on hypertension-related complications and service utilization – 3-years' experience	Dr. Esther Y.T. YU Wan YF Eric, Chan KC Anca, Sin YH, Lam LK Cindy
09:20 - 09:35	Nurse-led repeat prescription is non-inferior to doctor consultation in hypertension management, with a high acceptance in the Chinese population: a mixed-method, randomized non-inferiority trial	Dr. Eric K.P. LEE
09:35 - 09:50	Flexible sigmoidoscopy vs colonoscopy, a tailor-made strategy for population-based colorectal cancer screening in Chinese patients	Dr. FANG Yuan Liang MY, Huang LW Jason, Chen P, Yuan XQ, Wu YL, Leung Colette, Wang HX Harry, Jiang Y Johnny, Wong CS Martin
09:50 - 10:05	Patient Engagement: Strategies to improve the chronic disease control among Ethnical Minority Patients in the primary care	Dr. Catherine X.R. CHEN Hui LC, Man FY, Chan KH King
10:35 – 11:50 (Part II)		
10:40-10:55	Association of overnight pulse oximetry screened obstructive sleep apnea with risk of serious cardiovascular events: 5 years historical and prospective cohort study in the primary care setting	Dr. CHIANG Lap Kin Ng V Lorna
10:55-11:10	Travel Medicine in a Community Family Medicine Clinic	Dr. John T.N. CHUNG Tang SF Joyce, Leung WY Jessie
11:10-11:25	An algorithm to predict advanced proximal colorectal neoplasia in Chinese asymptomatic population	Ms. Colette LEUNG Fang Y, Chen P, Fung DH Franklin, Yuan XQ, Wu YL, Wong CS Martin, Huang LW Jason
11:25-11:40	Use of Angiotensin-inhibition in reducing cardiovascular / renal events and all-cause mortality amongst patients with Type 2 Diabetes Mellitus under Hong Kong primary care	Dr. Colman S.C. FUNG Wan YF Eric, Chan KC Anca, Lam LK Cindy

FREE PAPER COMPETITION –

ORAL PRESENTATION

ORAL 001

Effects of the risk assessment and management programme for patients with hypertension (RAMP-HT) on hypertension-related complications and service utilization – 3-years' experience

Esther Yee Tak Yu¹, Yuk Fai Eric Wan¹, Anca Ka Chun Chan¹, Sin Yi Ho¹, Cindy Lo Kuen Lam

¹Department of Family Medicine and Primary Care, the University of Hong Kong, 3/F Ap Lei Chau Clinic, 161 Main Street, Ap Lei Chau, Hong Kong.

Introduction:

Cardiovascular disease (CVD) risk factors control is crucial for preventing complications in patients with hypertension (HT). However, there are currently little evidence on the long-term effectiveness of structured, multi-disciplinary CVD risk management programmes on the actual reduction of HT-related complications and service utilization. This study aims at evaluating the effectiveness of the Risk-Assessment-and-Management-Programme (RAMP-HT) for HT patients in the primary care setting in Hong Kong.

Methods:

A retrospective cohort study of 37,366 RAMP-HT participants and the same number of propensity-score-matched HT patients receiving usual care from public primary care clinics between October 2011 and March 2013 were included. All patients did not have any HT-related complications (i.e. without history of CVD or end-stage renal disease (ESRD)) at baseline. The effects of RAMP-HT on HT-related complications, all-cause mortality and health service utilizations were evaluated using Cox proportional hazards regression and negative binomial regression models, respectively.

Results:

During a median follow-up period of 3 years, RAMP-HT participants had 16.2% (Hazard ratio (HR):0.838; $P<0.001$), 23.7% (HR:0.763; $P=0.045$) and 49.5% (HR:0.505; $P<0.001$) reductions in the risks of CVD, ESRD and mortality compared with usual care group, respectively, after adjusting for all baseline characteristics; the reduction was statistically significant. In terms of service utilization, RAMP-HT participants had significantly less episodes of overnight hospitalization (Incidence rate ratio (IRR):0.717; $P<0.001$), attendance at emergency department (IRR:0.800; $P<0.001$) and specialist-outpatient clinic (IRR:0.926; $P<0.001$), but more general outpatient clinic visits (IRR:1.012; $P<0.001$).

Discussion:

The RAMP-HT was more effective than usual care in reducing the risks of CVD, ESRD and all-cause mortality of Chinese primary care patients with uncomplicated HT after 3 years, and reducing their use of emergency, secondary or tertiary care services in Hong Kong.

FREE PAPER COMPETITION –

ORAL PRESENTATION

ORAL 002

Nurse-led repeat prescription is non-inferior to doctor consultation in hypertension management, with a high acceptance in the Chinese population: a mixed-method, randomized non-inferiority trial

Lee Kam Pui, Eric

Aim:

To evaluate if nurse-led repeat prescriptions (NRP) can ensure non-inferior disease control in Chinese patients with controlled hypertension (HT).

Methods:

Patients with well-controlled hypertension, fitting certain criteria, were recruited; 194 patients were randomized to the intervention group and 199 patients to the control group. Participants in both groups were scheduled for clinical follow-up visits till the end of the study, at 12 months. At each follow-up, a nurse decided whether the patients were in satisfactory condition or if they needed to be referred back to the doctor in charge, based on a pre-developed protocol on HT management. The primary outcome measures were systolic BP (SBP) and diastolic BP (DBP), as measured at the 12-month visit. NRP was considered non-inferior if the difference in readings was within a pre-set margin of 6.6 mmHg and 3.7 mmHg, for SBP and DBP respectively. Patients' acceptability and experience were assessed by their opt-out rate and qualitative analysis. Adverse events were recorded.

Results:

The SBP and DBP were not statistically different between the two groups. Only 4 out of the 197 participants in the intervention group opted out due to a preference for assessment by a doctor. The interviewed participants (N=12) were positive about NRP, because they felt a more relaxed communication with the nurse and believed that the eligibility to join NRP was an indication of optimal BP control.

Discussion:

NRP was found to be non-inferior to usual care in hypertension management. Further multi-center randomized controlled studies are needed to generalize this finding.

FREE PAPER COMPETITION –

ORAL PRESENTATION

ORAL 003

Flexible sigmoidoscopy vs colonoscopy, a tailor-made strategy for population-based colorectal cancer screening in Chinese patients

Yuan Fang¹, Miaoyin Liang¹, Jason LW Huang¹, Ping Chen², Xiaoqin Yuan², Yunlin Wu², Colette Leung¹, Harry HX Wang^{3,4}, Johnny Y Jiang⁵, Martin CS Wong¹

¹School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong;

²Department of Gastroenterology, North Ruijin Hospital, Shanghai Jiaotong University, Shanghai, China;

³School of Public Health, Sun Yat-sen University, Guangzhou, Guangdong, China;

⁴General Practice and Primary Care, Institute of Health and Wellbeing, University of Glasgow, Glasgow, United Kingdom;

⁵Chinese Academy of Medical Sciences, Peking Union Medical College, China

Introduction:

There is an increasing need for population-based colorectal cancer (CRC) screening due to the rising incidence of CRC in Chinese subjects. Flexible sigmoidoscopy (FS), which predominantly examines the distal colon, has been recommended for patients who have low risk of advanced proximal neoplasia (APN, i.e. high number needed to screen, NNS). We examined whether younger age women have lower risk of APN when compared with the general population.

Methods:

A total of 5,833 asymptomatic individuals aged 50-75 years were recruited during 2013-2015 from a large hospital-based endoscopy unit in Shanghai, China. We excluded subjects with poor bowel preparation and whose colonoscopy failed caecal intubation. All polyps were properly removed and examined by histopathologists. The proportion of APN and NNS were compared among different age/gender groups by χ^2 test. Ethic approval was obtained for this study.

Results:

The prevalence of APN was 2.5%, 4.1% and 5.2% in males aged 50-59, 60-64 and 65-75 years, respectively; while in females it was 0.7%, 0.8% and 4.8% (all $p < 0.001$). The NNS of one APN detected by colonoscopy was 124 and 96 in women aged 50-59 and 60-64, respectively, which were significantly lower than men in these two age-groups ($p < 0.001$).

Discussion:

These findings supported that FS may be a feasible screening tool for CRC screening among women <65 years who have low risk of APN and high NNS, whilst colonoscopy could be considered for those ≥ 65 years. Further investigation on patient acceptability and cost-effectiveness of this tailor-made screening strategy in different Chinese populations should be conducted.

FREE PAPER COMPETITION –

ORAL PRESENTATION

ORAL 004

Patient Engagement: Strategies to improve the chronic disease control among Ethnic Minority Patients in the primary care

Chen XR Catherine, LC Hui, FY Man, Chan KH King

Department of Family Medicine and General Out-patient Clinic, Kowloon Central Cluster, Hospital Authority

Introduction and Objectives

Ethnic minorities constitute an important component of the HK population. Yau Ma Tei Jockey Club (YMYJC) GOPC locates at Central Kowloon, where most of the South Asian minorities including Indians, Nepalese, and Pakistanis reside. Previous studies have shown that chronic disease, i.e. diabetes (DM) and hypertension (HT), affect certain ethnical minority groups (EMGs) differently. Our mission is to provide comprehensive programs that facilitate access for all, including EMGs, to the public health care system and to promote that all individuals enjoy equality of health and guard against discrimination.

Methodology

This is clinical audit on chronic disease control (DM and HT) among EMG patients carried out in YMTJC GOPC. The first cycle was carried about from 01/01/2013 to 31/12/2013 with deficiencies of chronic disease control identified. A series of improvement strategies were undertaken since 2014, including Internet resources for health information in multi-languages; standardize and alignment of interpreter services across all primary care clinics in KCC; training, coordinating with traditional healers and NGOs; ethnical diet counselling tailor-made specifically to different ethnical groups; culturally competent health promotion; set up of chronic disease evening clinic to cater for patients who could not attend regular daytime FU due to working necessities etc. Review of the service improvement was done between 01/01/2015 to 31/12/2015 (second cycle). Patients' demographics, clinical and biochemical parameters were retrieved and the clinical outcome between the first and second cycle were compared. Student's t-test was used for analyzing continuous variables and Chi-square test for categorical data. All statistical tests were two-sided, and a p-value of < 0.05 was considered significant.

Results:

Compared with Chinese DM and HT patients, EMGs patients were much younger but more obese. Deficiencies existed in the comprehensive management of chronic diseases, particularly the glycemic and blood pressure control. At the first cycle, compared with Chinese HT patients, EMG HT patients had higher systolic and diastolic BP (both $P < 0.001$), and a much lower proportion with BP adequately controlled (68% versus 80%, $P < 0.001$). High density lipoprotein (HDL) level was lower while triglyceride level was higher in EMGs ($P < 0.001$). Similarly, the glycemic control was poorer in EMG diabetes patients than their Chinese counterparts ($\text{HbA1c } 7.8 \pm 1.7\% \text{ vs } 7.5 \pm 1.4\%$; $P=0.006$), with a much lower proportion being adequately controlled metabolically ($\text{HbA1c } <7\%$, 48% versus 60%, $P<0.001$). After 2 yrs. of implementations of the above improvement strategies, the key performance index of chronic disease control were all significantly improved.

Conclusion:

Deficiencies existed in the comprehensive management of chronic diseases, particularly diabetes and hypertension, among EMG patients. Through a team approach including a closer collaboration with different NGOs and further enhanced culturally competent health promotion and culturally tailored health care interventions, their chronic disease control has been significantly improved.

FREE PAPER COMPETITION –

ORAL PRESENTATION

ORAL 005

Association of overnight pulse oximetry screened obstructive sleep apnea with risk of serious cardiovascular events: 5 years historical and prospective cohort study in the primary care setting

Chiang LK, Ng Lorna

Family Medicine and General Outpatient Department, Kwong Wah Hospital, Hospital Authority

Introduction:

Obstructive sleep apnea (OSA) is a common disease associated with significant public health care burden. Studies have confirmed increased risk of OSA with cardiovascular mortality and morbidities. This study aims to investigate whether overnight pulse oximetry screened obstructive sleep apnea independently increases the risk of stroke or coronary artery disease.

Methods:

A historical and prospective cohort study involving consecutive patients with OSA screening done by overnight pulse oximetry in a primary care clinic in year 2010 to 2011. OSA screening positive patients were the cohort group while OSA screening negative patients were the control group. Both groups were followed prospectively to investigate incidence of cardiovascular complications and associated predictive factors.

Results and Discussion

180 cohort and 180 control patients were followed prospectively for 5 years. There had higher proportion of male, smoker, concomitant with diabetes mellitus and obesity in the cohort group. There was no difference in mean blood pressure and ESS score among two groups. At five year follow up, there was no cardiovascular related mortality among two groups, while 17 events of serious cardiovascular complication in cohort group and 6 events in control group. The five year relative risk (RR) of screening positive OSA for serious cardiovascular event is 3.03 (95% CI, 1.16-7.86; $p=0.018$). By stratification, the relative risk for stroke is 1.69 (95% CI, 0.40-7.16; $p=0.475$), while for CAD is 4.24 (95%CI, 1.18-15.29; $p=0.017$).

Conclusion

Overnight pulse oximetry screening positive obstructive sleep apnea is a independent risk factor for cardiovascular events and coronary artery disease.

FREE PAPER COMPETITION –

ORAL PRESENTATION

ORAL 006

Travel Medicine in a Community Family Medicine Clinic

Chung Tze Nang, John MBBS (Lond), FRCGP, FRACGP, FHKCFP, FHKAM(FM); Tang Shao-fen, Joyce MBBS (UNSW), FRACGP, FHKAM(FM), MPH, Dip TM&H; Leung Wing Yu, Jessie RN

United Christian Nethersole Community Health Service

Overseas travel is now a common activity. Department of Health statistics showed that in 2005, 4 out of 5 travelers did not seek any travel health advice before their trip. Many subsequently reported travel related health problems afterwards. We provide travel health advice in our clinics and a review was made of cases seen in one such clinic from 1.9.2015 to 28.2.2016.

185 individuals came for travel advice, of whom 76 were male and 109 were female. 63.8% travelled for leisure, 22.7% for work, 10.8% for mission/voluntary work and 2.7% for school trips. The most popular destinations were Nepal/India (54.1%), Southeast Asia (23.8%) and Africa (14.1%).

These travelers were self-referred, informed and motivated individuals and represented the tip of the iceberg of the travelling public. With the expansion of trade, such as the Belt and Road Initiative, it is expected that more people will travel abroad for work and/or leisure, hence there is a predicted greater demand for travel health advice in the near future.

A description is made of the medicines and vaccines we provide in our clinic as travel health protection for such persons.

To illustrate some of the issues encountered in travel health, a case of a young family of 4 relocating to a remote Philippines island will be presented. They were seeking lifestyle changes such as farming for self-sufficiency and home education for their young children, as well as travel health advice.

ORAL 007

An algorithm to predict advanced proximal colorectal neoplasia in Chinese asymptomatic population

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³Institute of Digestive Disease, Faculty of Medicine, the Chinese University of Hong Kong, HKSAR, China

⁴State Key Laboratory of Digestive Disease, Faculty of Medicine, the Chinese University of Hong Kong, HKSAR, China

Introduction:

Few studies that devised prediction models for advanced proximal neoplasia (APN) employing distal findings as a predictor have been conducted in Chinese populations. We aim to develop and validate a new model that incorporates distal colonoscopic finding to predict APN in a Chinese asymptomatic population.

Methods:

We collected age, gender, and colonoscopic findings from a large screening cohort prospectively (2013-2015) in a hospital-based endoscopy unit in Shanghai, China. Eligible subjects were allocated to a derivation group (n=3,889) and validation group (n=1,944) by random split-sampling. A new index for risk-stratification of APN and its cut-off value were generated from the derivation group by binary logistic regression analyses. The area under the curve (AUC) was used to examine the predictive performance of the new index in the validation group.

Results:

Age, gender and distal finding were all independent predictors of APN in both groups (**Table 1**). The average-risk group (with a cut-off value of ≤2) in the derivation group had an APN rate of 1.2%. The AUC of the derivation and validation cohorts were 0.801 (95% C.I. 0.754-0.847) and 0.722 (95% C.I. 0.649-0.794), respectively. In the validation cohort, those in the high-risk group had a 3.57 fold higher risk of APN when compared with the average-risk group (P<0.001) (**Table 2**), requiring 18 (95% CI 12-28) follow-up colonoscopies to detect 1 APN.

Discussion:

This new index based on age, gender and distal colorectal findings is useful to stratify the risk of APN in Chinese population, informing tailored colonoscopy referral after flexible sigmoidoscopy.

Key words

colorectal cancer, screening, advanced proximal neoplasia

Table 1 Univariate and multivariate predictors of advanced proximal neoplasia in the derivation cohort

Risk factors	Unadjusted			Adjusted		
	OR (95% CI)	p-value	β coefficient	SE	OR (95% CI)	p-value
Gender		<0.001				0.008
Female	Referent				Referent	
Male	2.5 (1.7 - 3.8)		0.604	0.227	1.8 (1.2 - 2.9)	
Age		<0.001				0.001
50 – 55	Referent				Referent	
56 – 60	2.7 (1.2 - 6.3)	0.022	0.914	0.443	2.5 (1.0 - 5.9)	0.039
61 – 65	3.5 (1.5 - 8.0)	0.003	1.037	0.436	2.8 (1.2 - 6.6)	0.017
66 – 75	6.1 (2.7 - 13.6)	<0.001	1.545	0.417	4.7 (2.1 - 10.6)	<0.001
Most advanced distal findings		<0.001				<0.001
No polyp	Referent				Referent	
Hyperplastic	1.6 (0.7 - 3.6)	0.265	0.344	0.423	1.4 (0.6 - 3.2)	0.417
Non-advanced	2.7 (1.6 - 4.8)	<0.001	0.800	0.289	2.2 (1.3 - 3.9)	0.006
Advanced	25.4 (15.6 - 41.3)	<0.001	3.011	0.253	20.3 (12.4 - 33.4)	<0.001

Table 2 Risk for APN, by Risk Group

Derivation cohort			Validation cohort		
Risk Tier (Risk Score)	Subjects with score, n(%)	Subjects with score and APN, n (%) (95% CI)	Subjects with score, n(%)	Subjects with score and APN, n (%) (95% CI)	Relative Risk (95% CI)
Average Risk (0-2)	2,986 (76.8)	35 (1.2) (0.8-1.6)	1,504 (77.4)	23 (1.5) (1.0-2.3)	1.00
High Risk (>2)	903 (23.2)	69 (7.6) (6.0-9.6)	440 (22.6)	24 (5.5) (3.6-8.1)	3.57 (2.03-6.26)
Total	3,889 (100)	104 (2.7) (2.2-3.2)	1,944 (100)	47 (2.4) (1.8-3.2)	P<0.001

APN : advanced proximal neoplasia, CI: confidence interval

FREE PAPER COMPETITION –

ORAL PRESENTATION

ORAL 008

Use of Angiotensin-inhibition in reducing cardiovascular / renal events and all-cause mortality amongst patients with Type 2 Diabetes Mellitus under Hong Kong primary care

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Introduction:

Angiotensin-converting-enzyme inhibitors (ACEI) and angiotensin receptor blockers (ARB) had dual mechanism of BP lowering and renoprotective effects on patients with Type 2 Diabetes Mellitus (T2DM). This study aims to quantify this angiotensin-inhibition on the overall cardiovascular and severe chronic kidney disease (CKD) risks and all-cause mortality reduction.

Method:

Uncomplicated diabetic patients under public primary care and without ACEI/ARB prescribed before baseline in 2010 were follow-up for 5 years for cardiovascular disease (CVD) events and all-cause mortality. Propensity score matching analysis was conducted to select patients who were prescribed ACEI/ARB at baseline and comparison (without ACEI / ARB) groups with similar baseline characteristics. Multivariable Cox proportional hazards regression with the adjustment of all baseline covariates was used to evaluate the effect of angiotensin-blocking on the outcome events. Hazard ratio (HR) and its 95% confidence intervals were reported.

Results:

2,396 pairs of diabetic patients were propensity score matched. ACEI/ARB users had an extra drop of 3.96 (1.99) mmHg in systolic (diastolic) blood pressure, and significant reduction in all CVD (coronary heart disease, stroke, congestive heart failure) than non-users during a median follow-up period of 61.5 months. Angiotensin-inhibition group had a CVD incidence rate of 22.017 per 1,000 person-years whereas comparison group had 26.736 per 1,000 person-years (Hazard ratio [HR]: 0.751). ACEI/ARB group had a mortality rate of 13.918 deaths per 1,000 person-years whereas comparison group had 17.262 deaths per 1,000 person-years (HR: 0.723). Angiotensin-blocking group had a severe CKD incidence rate of 10.373 per 1,000 person-years whereas comparison group had 11.979 per 1,000 person-years (HR: 0.735).

Discussion:

Angiotensin-inhibition was associated with significant decrease in CVD and severe CKD risks and all-cause mortality. Family physicians should discuss fully with their patients regarding the use of ACEI/ARB in the diabetic management.

FREE PAPER COMPETITION –

POSTER PRESENTATION

Saturday, 2 September 2017 • 16:40 - 17:00 • Foyer

Sunday, 3 September 2017 • 10:15 - 10:35 • Foyer

Poster	Presentation Topic	Authors (the underlined author is the presenting author)
001	Strategy for Poorly Controlled DM Patients In Primary Care Setting – Initiating Insulin Injection at Risk Assessment and Management Program - Associate Consultant (RAMP AC) Clinic of Hong Kong West Cluster in 2015	<u>Dr. David C.H. CHEUNG</u> , Sze HH, Wang J, Kwong A, Ko W, Tsui W
002	The Easily Neglected Risk to Control – An Audit for Better Control of Cholesterol in Patients with Chronic Kidney Disease in a GOPC	<u>Dr. LUK Chun Wa</u> , Sy WM, Yiu MP, Luk W, Yiu YK
003	Better Patients Empowerment - Health Education Talk Dedicated for Patients with Chronic Kidney Disease	<u>Dr. LUK Chun Wa</u> , Sy WM, Yiu MP, Luk W, Yiu YK
004	How Can Clinical Calculators in an Intranet Website Aid Family Physicians to Practise Evidence-based Medicine during Consultations?	<u>Dr. Matthew M.H. LUK</u> , Chow KL, Chan PF, Chao DVK
005	Association of Hypertensive Retinopathy and Risk of Stroke in the Primary Care Setting: a Case Control Study	<u>Dr. CHIANG Lap Kin</u> , Ng Lorna
006	Obstructive sleep apnea screening with overnight pulse oximetry among snoring patients in primary care setting: prospective case series	<u>Dr. CHIANG Lap Kin</u> , Ng Lorna
007	Work-Life Balance in a primary care clinic: sharing of KWH FM&GOPD experience	<u>Dr. CHIANG Lap Kin</u> , Wong LK, Kam CW, Liu HW, Lee CB, Yau KC, Tse TK, Chuang YS, Tam WY, Wat KI, Lui LK, Yip LM, Chan KH, Tam ML, Ng Lorna
008	Physical function and lower limbs symptoms of the community dwelling elderly with knee osteoarthritis and its association of fall	<u>Ms. WONG Ka Yan</u> , Au TK, Wong SW, Chao VK, Chan PF
009	Effectiveness of Self-Management Cognitive Program for elderly with cognitive complaints in primary care setting	<u>Ms. HUI Kam Yan</u> , Lai SK, Ma HY, Lee KY, Ma WL, Leung KF, Chan SL
010	Review of the clinical efficacy of new oral anti-diabetic drugs in a primary care diabetes clinic	<u>Dr. CHOW Kai Lim</u> , LAI Kit Ping, TSANG Ming Lam, YEUNG Sze Wai, CHAN Pang Fai, CHAO David VK
011	Effectiveness of interactive interventions for promoting alcohol related harm to primary 5 and 6 students	<u>Mr. WONG Nga Wun</u> , Evelyn Lai Yan Lee, Joyce Shao Fen Tang
012	School-Based Influenza Vaccination: Parents of secondary school children' perspectives	<u>Ms. Evelyn L.Y. LEE</u>
013	Therapeutic Inertia in Glycemic Control among Type 2 Diabetes Patients managed in Primary Care	<u>Dr. HUI Lai Chi</u> , CHEN XRC, MA SKE, CHAN KHK
014	Can Mobile Phone Short Message Service (SMS) Reminders Reduce Non-attendance of Type 2 Diabetes Mellitus Appointments in a General Outpatient Clinic?	<u>Dr. DAO Man Chi</u> , Fu SN, Chan CY, Wong CKH, Wong YS, Luk W, Yiu YK
015	Attitude of Primary Healthcare Workers with Influenza Vaccination Hesitancy towards the Strategies to Increase Vaccine Uptake Rate	<u>Dr. DAO Man Chi</u> , Fu SN, Ho ISF, Ng MS, Tam JCY, Chan CW, Luk W, Yiu YK
016	High Prevalence of Multi-morbidity Among Type 2 Diabetic Adults Attending General Outpatient Clinics in the New Territories West area of Hong Kong	<u>Dr. CHU Tsun Kit</u> , R.S.Y. Cheng, P. Lau, M.L. Chan, J. Liang
017	4 year review for a structured primary care mental health program, the Integrated Mental Health Program (IMHP), in Hong Kong public primary care service	<u>Dr. CHAN Yin Hang</u> , Jun Liang
018	Cardiopulmonary resuscitation knowledge enhancement after a structured re-training program for family physicians working in Kowloon Central Cluster FM & GOPC Department	<u>Dr. David S.L. CHAN</u> , Lee KY, Wong KK, Chen XR, Chan KH
019	Headsss Up: Lessons From Depression Screening Among Junior High School Students	<u>Dr. Ma. Teresa Tricia BAUTISTA</u>

FREE PAPER COMPETITION –

POSTER PRESENTATION

Saturday, 2 September 2017 • 16:40 - 17:00 • Foyer

Sunday, 3 September 2017 • 10:15 - 10:35 • Foyer

Poster	Presentation Topic	Authors (the underlined author is the presenting author)
020	Upgrading patient from tube to oral feeding by multidisciplinary team effort	<u>Ms. Doris P.S. LAU</u> , Kurtus Ting Wai Lo
021	Effectiveness of Medical Nutrition Therapy Provided by Dietitians in the Management of Hyperlipidaemia in Chinese Obese/Overweight Patients at community clinic in Hong Kong	<u>Ms. Doris P.S. LAU</u> , CHAN Tze Man Heidi, MOK Sabrina Wing Shan, LO Man Sze
022	Patient empowerment in KCC GOPCs – enhanced health education via traditional and multimedia means	<u>Dr. LAI Siu Wai</u> , YC Li, Lily Yip, King Chan
023	A case presentation: Doc, My Middle Finger Turns Red Easily. So Embarrassing!	<u>Dr. Chris K.V. CHAU</u>
024	Study of health belief and behavior of GOPC health care workers in receiving influenza vaccination	<u>Dr. Chris K.V. CHAU</u>
025	Factors influencing smoking uptake among Nepalese women in Hong Kong	<u>Ms. Bulbul SHARMA</u> , Joyce S.F. TANG, Rex C.C. LAU, Sarah T.Y. LAW, Sharmila GURUNG
026	Clinical Nursing Service in Primary Health Care Setting	<u>Ms. IP Yuen Lee</u> , Jenny W.M. CHEUNG, Joyce S. F. TANG, Sammi S.M. LI, Joan O.K. TSOI
027	Continuous training program for service doctors in GOPC: Practitioner Development Program	<u>Dr. LEUNG To Fung</u> , Law TC, Chan SL, Choy PS, Chen XR, Chan KH
028	Innovative approach of Diabetes care: Diabetes Conversation Map group with cooking class in Family Medicine and Primary Health Care (FM & PHC), Hong Kong East Cluster	<u>Ms. HUNG Shuk Yee</u> , KY Cheng, Rose Yong, Wangie Leung W C, Michelle Wong MY
029	Prevention and screening Cardiovascular disease risk factor among South Asian Community in Hong Kong	<u>Ms. Shoba RAI</u> , TANG Joyce S.F, GURUNG Sharmila
030	Home visit – a proactive health intervention amongst the South Asian ethnic community in Hong Kong	<u>Ms. Sharmila GURUNG</u> , TANG Joyce S.F., BATOOL Asma
031	Management of Diabetes Mellitus by Lifestyle Modification and Support Group	<u>Ms. Nikki Gale M REGENCIA</u> , GURUNG Sharmila, CHAN Lai Hung
032	Quit smoking to the door – Proactive approach from hospital to community	<u>Ms. LEE Siu Fan</u> , Chiu CWH, Law KW, Lau FC, Wong LH, Chan VWM, Chiu KL, Leung MKW, Hui EMT, Li PKT
033	A Win-Win Training Program to Promote Better Patient Partnership and Happy Workplace in General Outpatient Clinics	<u>Ms. CHAN Wan Yin</u> , Ho SM, Mak CL, Chan WY, Sin MS, Chao DVK
034	Promoting Caring Attitude among Patient Care Assistants in General Outpatient Clinics through Interactive Training	<u>Ms. MAK Chui Ling</u> , HO SM, LAM MY, LAM OY, CHAO DVK
035	Shorten the patients' waiting time for injection service in general outpatient clinics (GOPCs) through workflow redesign	<u>Ms. LAM Mei Yee</u> , Ng WM, Chan LN, Ho SM, Lai KPL, Chan PF, Chao DVK
036	Association between moderate-to-vigorous physical activity and cardiovascular disease risk of Chinese primary care patients with impaired fasting glucose	<u>Dr. Esther Y.T. YU</u> , Vivian Yawei Guo, Carlos King Ho Wong, Sin Yi Ho, Regina WS Sit, Jenny HL Wang, Cindy Lo Kuen Lam
037	The impact of hypertension and lifestyle practices on the health-related quality of life in Chinese patients with uncomplicated hypertension in primary care	<u>Dr. Esther Y.T. YU</u> , Eric Yuk Fai Wan, Edmond Pui Hang Choi, Ryan Chung Hei Pak, Sin Yi Ho, Anca Ka Chun Chan, Cindy Lo Kuen Lam

FREE PAPER COMPETITION –

POSTER PRESENTATION

Saturday, 2 September 2017 • 16:40 - 17:00 • Foyer

Sunday, 3 September 2017 • 10:15 - 10:35 • Foyer

Poster	Presentation Topic	Authors (the underlined author is the presenting author)
038	Effect of multifactorial treatment targets and relative importance of haemoglobin A1c, blood pressure, low-density lipoprotein-cholesterol on Cardiovascular Diseases in Hong Kong Primary Care Diabetic Patients	<u>Mr. Eric Y.F. WAN</u> , Colman Siu Cheung Fung, Esther Yee Tak Yu, Weng Yee Chin, Daniel Yee Tak Fong, Anca Ka Chun Chan, Cindy Lo Kuen Lam
039	Do We Need A Patient-Centred Treatment Target for Systolic Blood Pressure Level in Diabetic Management?	<u>Mr. Eric Y.F. WAN</u> , Colman Siu Cheung Fung, Esther Yee Tak Yu, Weng Yee Chin, Daniel Yee Tak Fong, Anca Ka Chun Chan, Cindy Lo Kuen Lam
040	Oral Steroid Usage in GOPC (Sham Shui Po District Microcluster)	<u>Dr. YIP Hoi Man</u>
041	Animal-assisted Intervention (AAI) for reducing agitated behaviour among institutionalized elderly with Dementia in Hong Kong – A pilot evaluation Study	<u>Dr. Paul W.C. WONG</u> , Rose Yu
042	Investigator-measured body-mass index as a predictor of colorectal adenoma: A systematic review and meta-analysis	<u>Mr. Franklin D.H. FUNG</u> , Martin CS Wong, CH Chan, YH Wang, Jason LW Huang, Wilson WL Cheung, Miaoyang Liang, Yuan Fang, CP Yu, Johnny Y Jiang, Harry HX Wang, Justin CY Wu, Francis KL Chan
043	The Relationship between Distal Hyperplastic Polyps and Proximal Neoplasia in Colorectal Cancer Screening, A Systematic Review and Meta-Analysis	<u>Dr. Jason L HUANG</u> , YH Wang, Yuan Fang, Miaoyin Liang, Franklin DH Fung, CP Yu, Martin CS Wong
044	Effectiveness of telephone reminders and SMS for enhancing persistent adherence to annual fecal immunochemical test: A Randomized Controlled Trial	<u>Mr. Simpson K.C. NG</u> , Zero SN HUI, Yuan FANG, Jason LW HUANG, Martin CS WONG
045	Novel Multidisciplinary Team Approach in Smoking Cessation with Varenicline	<u>Dr. David C.S. CHENG</u> , YEUNG Wai Yee, SU Ka Yi, MA Chor Wing Evelyn, LEUNG Siu Lun Allen, SY Hung Pun Jimmy, LEE Lai Ling, HO Kit Yee Celina, NGAI Ka Ho, KWONG Siu Kei Alfred, KO Wai Kit Welchie, TSUI Wing Sze Wendy
046	A late coming and prolonged winter surge: what happened in 2016?	<u>Dr. LEUNG Lok Hang</u>
047	The effectiveness of home-based intervention on fall prevention as part of Home Visit Programme	<u>Mr. WONG Ting Hong</u> , Jenny Wing Mei CHEUNG, Joyce Shao Fen TANG
048	Motivations to quit smoking among Ethnic Minorities and Chinese smokers in Hong Kong	<u>Ms. LAW Tak Yi</u> , Bulbul SHARMA, Joyce S.F. TANG, Rex C.C. LAU, Sharmila GURUNG
049	Occupational Therapy for pain management in primary care: A psychosocial prospective	<u>Ms. HO Ching Man</u> , Ching CS, Lee KY, Leung KF, Choy PS, Chan KHK
050	Case Report: Nonthrombotic Pulmonary Embolism in a Transgender Following Cosmetic Subcutaneous Injection	<u>Dr. Clarissa VALLEDOR</u> , Mary Glaze B. Rosal, Goldie Lynn D. Diaz, Elizabeth C. Engeljakob, Ma. Teresa Tricia Guison-Bautista, Stephanie Cancino-Ruiz

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 001

Strategy for Poorly Controlled DM Patients In Primary Care Setting – Initiating Insulin Injection at Risk Assessment and Management Program - Associate Consultant (RAMP AC) Clinic of Hong Kong West Cluster in 2015

Cheung D, Sze HH, Wang J, Kwong A, Ko W, Tsui W

Department of Family Medicine and Primary Healthcare, Queen Mary Hospital, Hospital Authority

Introduction:

Risk Assessment and Management Program - Associate Consultant (RAMP-AC) clinic was established since 2010. It was managed by the Department of Family Medicine and Primary Healthcare of Hong Kong West Cluster (HKWC). Patients with poor DM control in General Out Patient Clinic (GOPC) setting were recruited under the program for insulin initiation

Method:

Statistics of all patients recruited by HKWC RAMP AC clinic from 1/2015 to 12/2015 and starting insulin were reviewed. BP control, Hba1c control and LDL control were the objective markers.

Results:

From 1/1/2015 to 31/12/2015, there were 318 patients recruited into RAMP AC clinic for insulin initiation.

The pre- vs post- treatment mean Hba1c = 9.1% vs 8.0%

The pre- vs post- treatment mean LDL = 2.3mmol/L vs 2.1mmol/L

The pre- vs post- treatment mean systolic BP = 130mmHg vs 129mmHg

The pre- vs post- treatment mean diastolic BP = 77mmHg vs 76mmHg

Discussion:

Since there was significant improvement in all outcomes after initiating insulin at RAMP AC clinic, it was proved to be an important and effective provider for the service. Family doctors need not refer these cases to medical specialists.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 002

The Easily Neglected Risk to Control – An Audit for Better Control of Cholesterol in Patients with Chronic Kidney Disease in a GOPC

Luk CW, Sy WM, Yiu MP, Luk W, Yiu YK

Cheung Sha Wan General Outpatient Clinic (CSW GOPC), Hospital Authority

Introduction:

Chronic Kidney Disease (CKD) is common in patients with hypertension and diabetes. Controlling the low-density lipoprotein (LDL) level in patients with CKD can help reduce the cardiovascular risk, but lipid lower drugs (LLD) seems underutilised in these patients.

Method:

An audit was carried out in CSW GOPC between 1/1/2016 and 31/12/2016. All CKD patients, aged 50-80, with regular follow-up in CSW GOPC were included. Patients list was drawn from Clinical Data Analysis and Reporting System. Audit criteria and improvement were discussed with doctors in clinic meeting. Reminders were set in computer system to remind doctors starting or increasing dosage of LLD to achieve a target LDL level of < 2.6 mmol/L. Medical records were reviewed at the end of audit for reasons of not prescribing LLD.

Results:

194 patients and 232 patients were included at the start and the end of Audit respectively. The percentage of patients achieving the LDL targets raised from 39.7% to 60.3%. There was also an increase of LLD usage from 53.2% to 78.1%. For patients not achieving LDL target but was not on LLD, majority (70.7%) was not informed by doctors about the option of LLD usage, while only 21.9% refused it.

Discussion:

Active management of reducing cardiovascular risk in CKD patients can be achieved by the proactive use of LLD in GOPC. Reminders and clinic meeting sharing may help improve the utilization rate of LLD. Further studies may be needed to investigate the possible doctors' clinical inertia in prescribing LLD in CKD patients.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 003

Better Patients Empowerment - Health Education Talk Dedicated for Patients with Chronic Kidney

Luk CW, Sy WM, Yiu MP, Luk W, Yiu YK

Cheung Sha Wan General Outpatient Clinic (CSW GOPC), Hospital Authority

Introduction:

Chronic kidney disease (CKD) is commonly encountered in GOPC. However, according to a previous study in CSW GOPC, patients with CKD often had poor knowledge regarding it. Majority of the them did not even know they had CKD. Health education talk can be a good way to fill in the knowledge gap in the busy consultation setting.

Method:

Three education talks regarding CKD were organised in CSW GOPC between 1/2017 and 3/2017. Recruitment criteria includes 1) established CKD; 2) no significant hearing and vision problem; and 3) absence of dementia. Doctors and nurses could refer suitable patients according to recruitment criteria explained in clinic meeting. The education talks covered a variety of topics including definition, symptoms and investigations for CKD. Management of CKD, including lifestyle modification and drugs safety, was stressed. Questionnaires were distributed for feedback collection.

Results:

32 patients attended the talks and 30 returned the surveys. Majority of them (96.7%) were aged 61 or above. Only 30% of the participants commented that they had good knowledge towards CKD before the talk. After the talk, 66.7% reported good to excellent knowledge. 76.7% of the patients reckoned that the talk made them confident to make lifestyle changes to slow down progression of CKD. One patient particularly wished for more information on dietary advice.

Discussion:

Health education talk can be a good tool to empower CKD patients with knowledge to better face their disease. Multi-disciplinary involvement including dietitian's input might further enhance the effectiveness of the talk.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 004

How Can Clinical Calculators Aid Family Physicians to Practise Evidence-based Medicine during Consultations?

Luk MHM¹, Chow KL¹, Chan PF¹, Chao DVK¹

¹Department of Family Medicine and Primary Health Care, United Christian Hospital and Tseung Kwan O Hospital, Kowloon East Cluster (KEC), Hospital Authority

Introduction:

Practising evidence-based medicine can help clinicians arrive at better clinical decision and enhance quality of patient care. With the aim to aid our family physicians to practise evidence-based medicine during consultations, user-friendly clinical calculators were set up in the department intranet website.

Methods:

Evidence-based clinical guidelines were regularly prepared and updated by department senior family medicine specialists and then uploaded to the department intranet website to guide and align clinical practice in our primary care clinics. Essential clinical calculators based on the clinical guidelines were set up in an easily accessible webpage. New calculators would be added whenever there were new clinical guidelines which require more complex calculations to assist clinical diagnosis and management.

Results:

Since 2010, there were 15 clinical calculators added to the “Clinical calculators” webpage in the department website. The clinical calculators covered a wide range of clinical conditions managed in the primary care setting including obesity, cardiovascular risk levels, asthma, diabetes mellitus, chronic kidney disease, pregnancy, alcohol misuse, atrial fibrillation, hepatitis B, benign prostatic hypertrophy, etc. A survey in one of our training centers in June 2017 found that all (10/10) the Family Medicine specialists and trainees of the clinic used the clinical calculators almost daily in their practice at general out-patient clinics and agreed that the calculators were useful for their practice of evidence-based medicine.

Discussion:

Together with the corresponding evidence-based practicing guidelines in our website, a well maintained clinical calculator platform helped frontline family medicine doctors to make evidence-based clinical decisions more accurately and efficiently. Further study on the clinical impact of the clinical calculators should be considered.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 005

Association of Hypertensive Retinopathy and Risk of Stroke in the Primary Care Setting: a Case Control Study

Chiang LK, Ng Lorna

Family Medicine and General Outpatient Department, Kwong Wah Hospital, Hospital Authority

Introduction:

Hypertension (HT) remains a key risk factor for cardiovascular disease, the largest cause of morbidity and mortality worldwide. Poorly controlled systemic hypertension causes damage to the retinal microcirculation, which can be reliably documented by retinal photographs. Studies had shown that hypertensive retinopathy (HTR) were predictive and associated to risk of stroke.

Methods:

This is a case control study involving hypertensive patients with complication of stroke, while sex and age matched controls at 1 to 3 ratio are hypertensive patients without diagnosis of stroke. Those patients with concomitant diabetes mellitus and past history of cerebrovascular diseases are excluded. The retinal photographs of both groups were reviewed and graded according to Wong and Mitchell Hypertensive Retinopathy Classification. The study aims to investigate associated risk of HTR with stroke.

Results and Discussion:

Clinical data and retinal photographs of 44 cases and 132 controls were reviewed. There was no significant difference in mean body mass index and systolic blood pressure among two groups. Cases had longer mean duration of hypertension, taken more anti-HT agents, higher proportion of smokers and concomitant with hyperlipidaemia or obesity as compared to control group. 79.5% of cases had documented hypertensive retinopathy, while 56.1% for the control group. HTR, smoking and concomitant with hyperlipidaemia and obesity were associated with greater risk of CVA. Analysis adjusted for the other risk factors, HTR was statistical significantly associated with stroke, OR was 2.894 (95%CI 1.240-6.751, $p=0.014$). In conclusion, HTR is independently associated with higher risk of CVA.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 006

Obstructive sleep apnea screening with overnight pulse oximetry among snoring patients in primary care setting: prospective case series

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Introduction:

Obstructive sleep apnea (OSA) is a condition characterized by repetitive interruption of ventilation during sleep which leading to cardiovascular, metabolic and neurocognitive morbidities and increased risk of motor vehicle accidents. Snoring is common in the general population, with a prevalence of 25% in females and 45% in males. The probability of OSAS is 3.2 times higher in snorers than in non-snorers. Overnight pulse oximetry alone is a good screening tool for OSA in the primary care setting

Methods:

Consecutive patients complained of snoring were indicated for OSA screening by using overnight pulse oximetry. Subjects who had sleep disordered breathing associated with 5 or more oxygen desaturation events of the peripheral artery of 4% or greater per hour ($ODI_4 \geq 5$ events/hr) was defined as screening positive. For screening positive patients, the severity of OSA was also determined by cut off as mild ($ODI_4 = 5$ to 14 events/hr), moderate ($ODI_4 = 15$ to 30 events/hr), and severe ($ODI_4 > 30$ events/hr).

Results and Discussion:

From year 2011 to 2015, 264 patients with primary symptom of snoring were indicated for OSA screening. The patients had mean age of 52 years, 62.1% were male and 9.1% were ex- or current smokers. 53.0% of patients had hypertension, 28.8% had hyperlipidaemia and 54.2% were obese. One hundred and seventy five patients (66.2%) were screening positive to have OSA. Among them, 56.0% (98/175), 26.2% (46/175) and 17.8% (31/175) were classified as mild, moderate and severe OSA respectively.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 007

Work-Life Balance in a primary care clinic: sharing of KWH FM&GOPD experience

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Introduction:

Work-life balance is a concept including proper prioritizing between "work" and "lifestyle" (Health, pleasure, leisure, family and spiritual development). Surveys repeatedly show that employees in Hong Kong are dissatisfied with their work-life balance which is impacting their productivity, health and relationships with family and friends.

Methods:

Work-Life Balance sharing sessions were conducted regularly in Family Medicine and General Outpatient Department of Kwong Wah Hospital since year 2015. Despite professional career, many staffs have diverse expertise or talents in various aspect of life or development, such as leisure hobbies, child education, arts and sports. They were invited as speakers to share their real experience and practical tips. A simple survey was done in early 2017 to review staff's view on work-life balance programme.

Results and Discussion:

6 sessions of work-life balance sharing session were conducted in year 2016. The attractive topics delivered by colleagues including cosplay photograph, school interview tips, domestic decoration, outside dining, travelling and recreational sports. All participants enjoyed the sharing and usually continue active discussion and idea exchange afterwards. 10 doctors of the department completed the survey and all of them agree that work-life balance is 'important' or 'very important' in the lifecycle. Majority of them are 'satisfied' or 'very satisfied' as either speaker or audience in the work-life balance programme. 90% of them recommend to promote similar programme in other department or within Hospital Authority. With successful implementation of Work-Life Balance programme in the department, the employee morale is boosted and the bonding among the coworkers is enhanced.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 008

Physical function and lower limbs symptoms of the community dwelling elderly with knee osteoarthritis and its association of fall

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Introduction:

Knee Osteoarthritis (OA) is one of the commonest forms of degenerative disease. It has been reported that up to 50% of elders with knee OA experience a fall every year.¹ The aim of this study is to compare the physical function and lower limbs symptoms between faller and non-faller among community elderly with knee OA, and to evaluate their correlation to fall.

Methods:

45 elders with symptomatic knee OA were recruited from KEC Fall Prevention Clinic. Subjects with history of fall in past 6 months were defined as faller.

Physical function including mobility and lower limb strength were measured by Timed Up and Go Test (TUG) and 30 second Chair Stand Test (CST-30s) respectively.

Knee symptoms including pain, stiffness and self-report functional level were measured by Numeric Pain Rating Scale mean score (NPRS), Knee injury and Osteoarthritis Outcome Score – symptoms; stiffness; pain (KOOS-Sym; KOOS-Stiff; KOOS- Pain) and Oxford Knee Score (OKS) respectively.

Results:

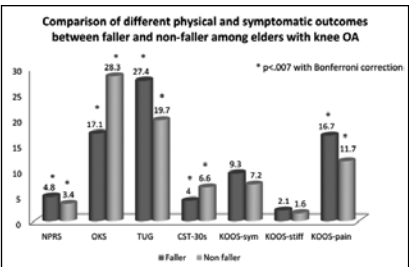
	Faller (n=23)	Non-faller (n= 22)
Sex	F: 21 M: 2	F: 17 M: 5
Age	76.6± 6.4	75.8±7.1
FRASE score	8.1± 1.7	6.6± 1.8
Fall risk level	Low risk: 16 Moderate risk : 7	Low risk: 9 Moderate risk : 3
Fall rate	2.2 ±1.9	0

Faller group had significant higher knee pain level with greater NPRS mean score ($p<.002$) and KOOS- pain ($p<.001$). Their lower limb strength, mobility and functional level were significantly lower than non-faller group, which were reflected through poorer performance in CST-30s ($p<.005$), longer duration in TUG test ($p<.005$) and lower self-rating in OKS ($p<.001$) respectively. OKS ($r= -0.54$, $p<.001$) and TUG ($r= 0.55$, $p<.001$) were shown to have moderate correlation with fall rate.

Discussion:

Fallers among the elderly with knee OA comprised higher knee pain level, inferior lower limb strength, mobility and self-rating functional level. Those elders with poorer physical mobility and self-rating functional level were found to have higher tendency of fall. Customized lower limb strengthening exercise, physical mobility training and pain control may be beneficial for them to reduce fall incident.

1. Hoops M, Rosenblatt N, Hurt C, Crenshaw J, Grabiner M. Does lower extremity osteoarthritis exacerbate risk factors for fall on older adults? Womens Health (Lond Engl). 2012; 8:685-96.



FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 009

Effectiveness of Self-Management Cognitive Program for elderly with cognitive complaints in primary care setting

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Introduction:

As consider growing dementia among Hong Kong community, early diagnosis and intervention has emerged a priority in the primary care setting. Self-management cognitive program share knowledge on cognitive impairment, facilitate goal settings to optimize well-being, enhance efficacy control over the situation, and enable elderly to take more responsibility for managing cognitive decline.

Method:

This is a retrospective study to investigate the treatment outcome of clients who were recruited. Subjects were recruited by convenient sampling, 37 elderlies were selected for this study. The following inclusion criteria must be fulfilled: i) aged 65 or above, and ii) with a Chinese Mini-mental Status Examination (CMMSE) score above the cutoff point 18 to 22 (adjusted according to educational level), and iii) possible MCI and MCI as staged by Functional Assessment Staging (FAST), and iv) with subjective memory complaints and v) willing to participate in the program. The program was a group-based intervention. Each group consists of 4 to 6 participants. There are a total of 6 weekly sessions, each session last for 2 hours, held at General Outpatient Clinic. The group included psycho-education on cognitive decline, self-management skills on memory change, and cognitive stimulating activities. Participants will be assessed at initial intake and within 4 weeks after completion of program.

Results & Discussion:

The mean age of participants was 72years. Significant differences were found for all three outcome measures. Mean CMMSE score and mean HK-MoCA score increased from 27.27 to 28.03 (SD: 1.30, $p=0.001$) and 23.46 to 25.68 (SD: 2.73, $p<0.001$) respectively. Mean EMQ score decreased from 5.19 to 3.38 (SD: 2.05, $p<0.001$). The result provided preliminary evidence that group-based self-management program was beneficial to elderly with subjective cognitive complaints in primary care setting.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 010

Review of the clinical efficacy of new oral anti-diabetic drugs in a primary care diabetes clinic

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Introduction:

Metformin and sulphonylureas are two commonly used classes of oral anti-diabetic drugs in type 2 diabetes in general out-patients clinics (GOPCs). Patients with suboptimal diabetic control while on the 2 drugs would require either initiation of insulin therapy or referral to Medical Specialist Out-patient Clinic. Dipeptidyl-peptidase-4 (DPP-4) inhibitors were introduced under the Risk Assessment and Management Programme – Diabetes Mellitus (RAMP-DM) in 2013. The aim of the study is to review the clinical efficacy of DPP-4 inhibitors.

Method:

Three DPP-4 inhibitors were introduced. Medical records of all patients being initiated with DPP-4 inhibitors from 1 Oct 2013 to 30 Sep 2015 were reviewed.

Results:

118 patients (46 male, 72 female) with HbA1c $\geq 7.5\%$ were treated with DPP-4 inhibitors. The mean age was 64.7 years (range: 40-83). There was a significant drop of mean HbA1c of all patients from 8.05% (SD: 0.56) to 6.95% (SD: 0.56) ($p < 0.001$) at 3 months, to 7.23% (SD: 0.70) ($p < 0.001$) at 6 months and to 7.33% (SD: 0.72) ($p < 0.001$) at 12 months after initiation of DPP4 inhibitors. The mean HbA1c differences were 1.10% (SD: 0.60) (95% CI: 0.99%-1.21%) at 3 months, 0.82% (SD: 0.74) (95% CI: 0.68%-0.956%) at 6 months and 0.72% (SD: 0.73) (95% CI: 0.58%-0.85%) at 12 months. 52.5%, 34.7% and 35.6% patients achieved HbA1c target of less than 7% at 3 months, 6 months and 12 months respectively. 82.2%, 70.3% and 65.3% patients achieved HbA1c target of less than 7.5% at 3 months, 6 months and 12 months respectively.

Discussion:

DPP4-inhibitors could be successfully used in primary care setting in the study leading to a better diabetic control in our patients.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 011

Effectiveness of interactive interventions for promoting alcohol related harm to primary 5 and 6 students

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Introduction:

Alcohol consumption can act as a risk factor for unsafe sexual practices, violence related injuries and other social problems. Even though alcohol consumption is as carcinogenic as smoking, it is always perceived to be less harmful than smoking by the public and there is no stigmatization from the society. A survey conducted by DH in 2005 indicated that overall 5% of local children aged 11 to 14 reported that they had ever consumed alcohol, including beer. Among those who had drunk alcohol, more than one third of the primary grade 6 to secondary form 3 students self-reported that they have tried alcohol beverages in primary grade 5 or even before.

Method:

1262 students were successfully recruited to join our tailor-made interactive interventions instead of traditional health talks. Multiple interventions including playing board game cards and role plays were conducted to achieve the aims. Key messages were delivered via pictures and simple words from board game cards and the process of creating ideas for role plays.

Results:

By the end of the project, the proportions of students' improvement in knowledge, attitude and behavioural intention score were 83.6%, 67.9% and 80% respectively after workshop. In addition, result showed that 337(28.3%) of the students has tried alcoholic drink before. The corresponding proportions of drinking reasons including peer effect, family effect, pressure relief, curiosity and others were 34 (10.09%), 111 (32.94%), 35 (10.9%), 150 (44.51%) and 6 (1.78%) among primary 5 to 6 students.

Discussion:

Interactive interventions including board game card and role plays were effective tools in promoting alcohol related harm among primary students. Moreover, at this young stage, family effect and curiosity were the main factors affecting adolescents on alcohol use. Thus, education of alcohol related harm is also essential for parents.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 012

School-Based Influenza Vaccination: Parents of secondary school children' perspectives

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Introduction:

School-age children are important drivers of annual influenza epidemics yet influenza vaccination coverage of children studying in secondary schools is pretty low in Hong Kong. Some viewers attributed such low vaccination rates to the lack of subsidized vaccination programme to this population but it is inadequate to fully explain the situation. We therefore explored and identified barriers associated with the receipt of the seasonal influenza vaccine among secondary school students from parent's perspectives.

Method:

We collaborated with UBS Optimus Foundation and provided free 2016-17 QIV to students studying in local secondary schools whom are not eligible to receive any vaccination subsidy. Parents were asked to fill a questionnaire prior to vaccinations. Phone follow-ups were conducted to access the parent's views about the effectiveness of the influenza vaccine and their intention to revaccinate their children in future.

Results:

6 School-based influenza vaccination activities have been organized and 677 students aged between 12 and 20 years old received free 2016-17 quadrivalent influenza vaccines (QIV). 362 (53.5%) students received their first influenza vaccination. 460 successful phone follow-ups were made 4 months after. 126 (27.4%) parents reported that they found the effectiveness of given influenza vaccination was fair and 23 (5.0%) parents found the given influenza vaccination was totally ineffective. Only 316 (68.7%) parents said they will let their children receive the shots in future whilst 144 (31.3%) parents said they need to consider or simply would not revaccinate their children. 74 (51.4%) parents felt that the cost of the vaccine was prohibitive. 16 (11.1%) parents reported misbeliefs about the influenza vaccine and they thought their children might get influenza as a result of the flu shot. 126 (87.5%) parents did not think influenza vaccines was important since they did not think their children were at high risk of contracting influenza.

Discussion:

Despite the fact that formal local statistics showed that the influenza-associated admission rate of children aged less than 18 in public hospitals in Hong Kong has been the highest in previous years, influenza vaccination coverage of local children studying in secondary schools is low. Cost of vaccine and misconceptions about influenza vaccine were 2 main barriers. There is a critical need to educate both the students and parents about the importance of seasonal influenza vaccination for better public health.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 013

Therapeutic Inertia in Glycemic Control among Type 2 Diabetes Patients managed in Primary Care

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Introduction:

Despite the clear evidences of the importance of a good glycemic control among Type 2 Diabetes mellitus (T2DM) patients, studies show that good diabetic control are frequently not achieved. Therapeutic inertia (TI) is defined as whenever the health-care provider does not initiate or intensify therapy appropriately when therapeutic goals are not reached. It is identified as one of the important factors accounting for a suboptimal diabetic control. The aim of this study is to estimate the prevalence of TI in glycemic control among T2DM patients in a primary care setting and identify its associating factors.

Method:

In this cross-section study, subjects were T2DM patients followed up at the primary care setting in a 2-year period and with suboptimal glycemic control. TI is considered to be present if there was no diabetic medication initiation or intensification by the attending doctors if the target HbA1c level is not achieved. However, if there are valid reasons documented by the attending doctors in the medical notes which justified that treatment intensification is not feasible, it will not be counted as TI. Prevalence of TI was calculated from a random sample of 372 patients. Random sampling of cases from the 5,748 subjects was generated by the randomizer of computer system and recruited into data analysis. Logistic regression was used to determine the influence factors to TI. The influence factors include patients' characteristics (gender, age, duration of T2DM and HbA1c level) and doctors' characteristics (gender and duration of practice).

Results:

There were totally 19,367 patients being follow up in our GOPCs and had HbA1c checked in the study period. 29.7% (n=5748) of T2DM patients who had regular annual checkup were found to have suboptimal glycemic control (HbA1c \geq 7%). Among the sampled 372 T2DM patients with suboptimal glycemic control, the average age was 63.7 \pm 12.4 years. TI was found in 15.8% (n=59) of patients. Logistic regression analysis revealed that patients' age was positively associated with the presence of TI, whereas patients' HbA1c level was inversely associated.

Discussion:

TI in glycemic control was a common phenomenon among T2DM patients in primary care, which was more likely to be present among elder patients and patients who had HbA1c level closer to the target. Further study on the barriers of treatment escalation and strategies to overcome TI may improve the patient outcomes in diabetes management.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 014

Can Mobile Phone Short Message Service (SMS) Reminders Reduce Non-attendance of Type 2 Diabetes Mellitus Appointments in a General Outpatient Clinic?

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Background:

The multi-disciplinary risk assessment and management programme (RAMP) for Diabetes Mellitus (DM) patients includes individual and group consultation led by nurses and allied health professionals in general outpatient clinics (GOPCs). Internal data showed the non-attendance rates of various RAMP services ranged from 10-35% which is wastage of health care resource.

Aims:

- (1) To compare the non-attendance rates of various RAMP appointments using SMS reminder of appointments for DM patients with usual care
- (2) Determine other demographic and clinical factors associated with appointment attendance

Methods:

This is a single-centre randomized-controlled study. DM patients with more than 1 future appointments will be randomized into intervention or control group. SMS reminders were sent to patients' mobile phone 24-72 hours before each scheduled appointment in intervention group. Patients assigned to control group received usual care with no SMS.

Results:

248 subjects were randomized into intervention group (N=128) and control group (N=120). Interim results were analysed based on attendance record as at 31/1/2017. With the 369 scheduled appointments, the overall non-attendance rate was 12.6%. Non-attendance to dietetic intervention was the highest (31.9%) while blood taking appointment was the lowest (3.4%). Logistic regression showed subjects from intervention group had significantly lower non-attendance rate than the control group, which was 7.1% and 18.6% respectively ($p=0.002$, OR 0.27 [95% CI: 0.12-0.61]). Time from booking to appointment also significantly increased the non-attendance rate ($p=0.007$, OR 1.02 [1.01-1.04]).

Conclusion:

SMS reminder is an effective way to reduce non-attendance rate of RAMP service in DM patients.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 015

Attitude of Primary Healthcare Workers with Influenza Vaccination Hesitancy towards the Strategies to Increase Vaccine Uptake Rate

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Introduction:

Vaccination hesitancy (VH), coined by WHO, refers to a delay in acceptance or refusal of vaccination despite availability of vaccination services. In order to formulate strategies to increase vaccine uptake rate, we performed vaccination need assessment to evaluate health care workers' (HCW) attitude towards current vaccination promotion strategies.

Objectives:

- (1) To find out the HCWs seasonal influenza VH rate and the major reasons
- (2) To explore the views and attitude regarding vaccination and current promotion strategies from the HCWs who refused vaccination

Methodology:

This is a cross-sectional questionnaire study involving all staffs working in 18 General Outpatient Clinics. A self-administered anonymous questionnaire was developed based on the National Flu Survey Questionnaire by the Centers for Disease Control and Prevention in the US. Attitude towards seven current strategies were graded at 4 point Likert-scale of "encouragement to have vaccination".

Results:

There were 567 staffs and 474 (83.6%) responded. Doctors were the highest (82.6%) while dispensary staff were the lowest (21.4%). The top two reasons of refusal were the fear of systemic side effects (36.9%) and distrust of vaccine efficacy (25.4%). They disagreed that vaccine is very effective (52.8%) and very safe (37%). The promotion strategies received most positive attitude were providing more information (37.9%) and appointing a clinic vaccine ambassador (37.5%).

Conclusion:

The seasonal influenza vaccination rate among HCWs remained low. It is crucial to have a broader vaccination coverage to ensure patient and staff safety. Tackling misconceptions from HCWs would be the major promotion strategy in coming staff vaccination planning.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 016

High Prevalence of Multi-morbidity Among Type 2 Diabetic Adults Attending General Outpatient Clinics in the New Territories West area of Hong Kong

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Introduction:

The objective of this study is to determine the prevalence of multi-morbidity and its associated chronic conditions among adult patients attending seven regional government-funded General Outpatient Clinics. Patients with chronic disease, elderly and those are receiving government subsidies, are the service target of the General Outpatient Clinics.

Methods:

Retrospective cross-sectional study by reviewing the electronic medical records of a random sample of 382 adult patients aged 40 or above attending the service mentioned in 2012 which had more than 720,000 attendances per year. Multi-morbidity was defined as co-occurrence of 2 or more chronic conditions. Conditions included were based on a population-based cohort study (Barnett et al, 2012) on multi-morbidity which covered 40 important chronic conditions.

Results:

The prevalence of multi-morbidity in our sample was 54%. Type 2 diabetes had the strongest association with multi-morbidity (OR 33.45, 95% CI 10.20-109.72, $p < 0.001$). Table 1 shows a list of 14 conditions which are associated with multi-morbidity. Almost all (96%) of the diabetic patients in the sample had co-existing 2 or more chronic conditions, while 64% of them had co-existing 3 or more chronic conditions.

Conclusion:

There is a strong association between Type 2 diabetes and multi-morbidity among patients attending in public primary care clinics in Hong Kong. Future research on intervention on multi-morbidity could be targeted at this group of patients in local setting.

Table 1: Association between multi-morbidity and 14 chronic conditions

Chronic conditions	Odds Ratio	95% C.I	p value
Diabetes	33.45	10.20-109.72	0.000
Treated dyspepsia	26.62	3.49-202.81	0.002
Chronic kidney disease	23.39	3.09-176.90	0.002
Hearing loss	16.28	2.11-125.61	0.007
Depression	12.54	2.79-56.45	0.001
Coronary heart disease	10.11	1.32-77.7	0.026
Painful condition	9.94	3.73-26.5	0.000
Schizophrenia (and related non-organic psychosis) or bipolar disorder	6.32	1.35-29.55	0.019
Viral Hepatitis	6.30	1.72-23.11	0.006
Asthma currently treated	6.21	1.28-30.06	0.023
Hypertension	6.0	3.77-9.57	0.000
Anxiety & other neurotic, stress related & somatoform disorders	5.04	1.36-18.68	0.016
Psoriasis or eczema	3.85	1.32-11.25	0.014
Thyroid disorders	2.41	1.18-4.93	0.016

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 017

4 year review for a structured primary care mental health program, the Integrated Mental Health Program (IMHP), in Hong Kong public primary care service

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Introduction:

New Territories West is a region in Hong Kong, where population has about 1 million. There is a huge demand for mental health service, especially in the public sector. To solve the problem, IMHP service was introduced in GOPC since 2012. The aim for the service was

1. Empowerment of general-out-patient clinic (GOPC) to manage patients with CMD.
2. Reduction of psychiatric referral rate.

Method:

For patients who attended GOPC with mental health problem, they were screened and monitored by Patient health questionnaire- 9 (PHQ-9) and Generalized Anxiety Disorder 7-item questionnaire (GAD-7). Their managements were according to their severity of the condition with the input of multidisciplinary team and psychiatrist specialist support.

Results:

Since 2012, there were 4074 patients received the service of IMHP. Majority was female (72.8%).

Review from IMHP record, we found that the most common stressors for our patients are relationship problem (27%), health related problem (13%) and career stress (12%), which primary care doctors can play an active role on these.

Over 80% of patients have reduction in their PHQ-9 and GAD-7 score after the IMHP

Majority of them (50%) has either case closed or step down to GOPC. Only 13% of them need refer to psychiatrist.

Discussion:

IMHP can enhance the management of mental health problem in public primary care in Hong Kong and can reduce the demand of psychiatric referral.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 018

Cardiopulmonary resuscitation knowledge enhancement after a structured re-training program for family physicians working in Kowloon Central Cluster FM & GOPC Department

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Introduction:

Early activation of emergency medical systems (EMS) and cardiopulmonary resuscitation (CPR) with defibrillation are key elements to SCD survival¹. KCC FM & GOPC Department had organized a Pilot Training Program in Sep/Oct 2016, adopting the HKCFP promulgated Advanced Primary Care Life Support (APCLS) protocol in alignment with RACGP requirements.

APCLS incorporates CPR with Automatic External Defibrillator (AED) use, knowledge on use of airways adjuncts (excluding intubation), and knowledge of cervical spinal injury assessment and application of a rigid cervical collar.

Methodology:

This study is a Quantitative study with a standardized multiple-choice question (MCQ) test instrument exploring knowledge enhancement of all 39 full time doctors in department before and after APCLS training.

The test was developed referencing latest AHA BLS 2015 guidelines² with unique addition of AED use, airways adjuncts and cervical collar use in CPR.

Demographic data together with results of 15 questions related to CPR knowledge were analyzed with simple statistic. Paired T-test and p-value < 0.05 was regarded as significant results.

Results:

Of the 39 participants, only 37 had completed both pre and post questionnaires.

Paired T- test was used to determine if there was statistical significance of improvement in CPR knowledge. The mean was of the pair differences was 3.35 (SD 2.20) p- value 0.00

Discussion:

Analysis shows that participants' knowledge of CPR skills improved with statistical significance after APCLS training. Not only do they learn new skills in AED, airway and neck injury management. There is also improvement over conventional CPR knowledge

References:

1. Leung LP, Wong TW, Tong HK, Lo CB, Kan PG. Out-of-hospital cardiac arrest in Hong Kong. Prehospital Emergency Care. 2001; 5:308-11.
2. American Heart Association. 2015 AHA Guidelines Update for CPR & ECC. ([tps://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/](https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/)) [Accessed 2016-08-01]

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 019

Headsss Up: Lessons From Depression Screening Among Junior High School Students

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Introduction:

Depression generates a remarkable disease burden. Early onset of depression in young people is associated with poor prognosis. Hence, prompt detection is urgent because of the rising rates of suicide. It would be interesting to know the prevalence of depression screening among high school students and what could be the reasons for the possible reasons.

Methodology:

Part of the periodic physical examination of junior high school students in a public school in Manila is the administration of the HEADSSS Quick Screen interview (Home, Education, Activities, Drug use, Safety, Suicide and Sexuality), to assess the important spheres of adolescence that affect health. This qualitative study aims to describe the results of the domain on Depression with further exploration through focused group discussions.

Results and Discussion:

Of the 180 grade 8 students who were interviewed, 27% and 17% showed positive screening for “possible depression” and at risk for suicidal attempt prompting FGDs by trained counselors and a family physician. While subjects expressed feelings of sadness or hopelessness, only 3 of the 48 (6%) actually experienced it for two weeks or more. Furthermore, none of the 17 who claimed to have thought of taking on their lives had really seriously considered suicide. Severe family conflicts, break-up of romantic relationships and failing grades were the most common reasons for despair. Later on, participants shared positive insights and fruitful outcomes regarding these hardships.

Conclusion:

Students tend to declare sadness and despair instinctively but not enough to fit in the 2-week criteria of depression. Likewise, suicidal ideation could be a contagion impulsively expressed but without serious deliberation. HEADSSS screening should be interpreted with caution. Results should be further explored before any conclusion is made, particularly when utilizing the Suicidality and Depression domain.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 020

Upgrading patient from tube to oral feeding by multidisciplinary team effort

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Stroke patients with dysphagia are high risk of malnutrition, early nutrition support is recommended for energy provision. This paper describes the importance of establishing a multidisciplinary team for nutrition management under nursing home setting may advantage patient upgrading from tube to oral feeding.

A tube-fed man aged 65 with history of diabetes, atrial fibrillation, and thalamic hemorrhage with obstructive hydrocephalus on left side was referred by doctor for dietitian consultation (Figure 1).

Patient's weight (Figure 2) and Body Mass Index (Figure 3) were increased; feeding route was upgraded from tube to oral as per speech therapist (ST) advice. Pureed diet (PD) and oral nutrition supplement (ONS) were provided to replace part of enteral nutrition feeding (ENF) for swallowing trial. Patient were reviewed by ST with swallowing assessments, he gradually consumed 30% of PD one month later whereas nurses reported patient vomit after ENF at 11pm. Dietitian adjusted the regimen into providing small frequent meal and refeeding ENF two hours later after vomit, then liaised with ST regarding the progress. Patient started PD for all main meals after one week, fortified PD and ENF as snack is suggested for adequate energy intake. Based on nurses' reporting and food records, patient consumed 90% of PD with good appetite, diet plan was completely upgraded into PD, and ONS is provided as supplementary after a week. Lastly, education was delivered to patient's wife regarding pureed meal preparation and food fortification.

This case demonstrates developing a multidisciplinary team is vital for nutrition support, not only in the hospital but also applicable under nursing home or community health service settings. With the diverse professionals' cooperation, patient's health, needs and related quality of life is improved.

Figure 1: Nutrition diagnosis and interventions provided at each consultation

Date	Nutrition Diagnosis by PES Statement*	Nutrition Interventions	11 th Feb, 2016 (5 th follow up, received phone call from nursing home)	18 th Feb, 2016 (6 th f/u, received phone call from nursing home)	3 rd Mar, 2016 (7 th follow up)	6 th Apr, 2016 (8 th follow up)
5 th Oct, 2015 (Initial Assessment)	Predicted suboptimal energy intake related to patient currently on tube feeding as evidenced by clinical experience that tube-fed patient is in high risk of malnutrition.	- Provide 1800kcal diet - ENF: 350ml Fibersource 1.2 HN with 50ml water for 4 times/d and 200ml congee water at 11pm (Provided ~1736kcal, 75.6g protein, 218.4g CHO, 53.4g fat, 21g fibre)	Predicted suboptimal energy intake related to patient currently transit from tube to oral feeding as evidenced by patient consumed 90% of pureed diet at lunch time and only 50% of pureed diet at dinner time.	Adequate energy intake related to patient with good appetite and nil reported on vomit, diarrhea and intolerant as evidenced by patient consumed 90% of pureed diet with oral nutrition supplement, provided ~ 1834kcal/d (EER: 1800kcal/d).	Food- and nutrition- related knowledge deficit related to nil dietetics input on pureed food preparation previously as evidenced by patient's wife have no idea on pureed food preparation.	Food- and nutrition- related knowledge deficit related to nil dietetics input on food fortification previously as evidenced by patient's wife have no idea on food fortification to increase patient's energy intake.
10 th Nov, 2015 (1 st follow up)	Excessive enteral nutrition infusion related to patient energy intake completely rely on tube feeding as evidenced by patient's body weight increased by 4.3kg in 1/12.	- Provide 1500kcal diet - ENF: Reduced into 320ml Fibersource 1.2 HN with 50ml water for 4 times/d (Provided ~1587kcal, 69g protein, 200g CHO, 52.2g fat, 19.2g fibre)	- Continue ~1800kcal diet plan and small frequent meal - PD: Upgrade and provide at breakfast, lunch and dinner, fortified with 1/2 tsp olive/sesame oil at lunch and dinner - ENF: 200ml Fibersource 1.2 HN at 3pm - ONS: 5 scoops of Glucerna with 180ml water with thickener at 8pm - ENF: 320ml Fibersource 1.2 HN at 11pm (Total energy provided ~1900 kcal/day)	- Continue ~1800kcal diet plan and small frequent meal - PD: Upgrade and provide for all meals with patient's wife food preparation, fortified with 1/2 tsp olive/sesame oil at lunch and dinner - ONS: 237ml Compleat with thickener at 8pm (Total energy provided ~1850 kcal/day)	- Continue current meal plan - Educated patient's wife on pureed food preparation with leaflet materials	- Continue current meal plan - Educated patient's wife on fortified food preparation with leaflet materials
8 th Dec, 2015 (2 nd follow up)	Adequate energy intake related to patient's body weight increased gradually as evidenced by patient receiving ~1600kcal/d by tube feeding (EER: ~1500kcal/d for weight maintenance (25kcal/kg/d) based on current body weight).	- Continue current regimen - Monitor weight change and keep slowly growth (<140lbs)				
7 th Jan, 2016 (3 rd follow up)	Predicted suboptimal energy intake related to patient currently transit from tube to oral feeding as evidenced by patient may intolerant on pureed diet and reduce energy intake as per clinical experience.	- Provide ~1800kcal diet plan - ENF: 320ml Fibersource 1.2 HN with 50ml water for 3 times/d at breakfast, lunch and 11pm (Provided ~1200kcal) - PD: 200ml at dinner (Provided ~400kcal) - ONS: 5 scoops Glucerna with 180ml water with thickener at 7pm (Provided ~200kcal)				
5 th Feb, 2016 (4 th follow up, received phone call from nursing home)	Swallowing difficulty related to patient currently transit from tube to oral feeding as evidenced by patient only consumed 30% of pureed diet at dinner.	- Provide ~1800kcal diet plan and small frequent meal - ENF: 320ml Fibersource 1.2 HN at 7am, 11am and 11pm, 200ml Fibersource 1.2 HN at 3pm - PD: 200ml at dinner - ONS: 5 scoops Glucerna with 180ml water with thickener at 7pm (Total energy provided ~2000 kcal/day) - Refeed 160ml Fibersource 1.2 HN 2 hours later if patient vomit at 11pm - Continue follow up with speech therapist regarding the progress of upgrading pureed diet if patient continue poor tolerant on pureed diet.				

* PES Statement (Problem related to Etiology as evidenced by Signs and symptoms) is applied in the nutrition diagnosis which is one of the documentation methods per dietitian practices.

Figure 2: Changes of Body Weight (kg)

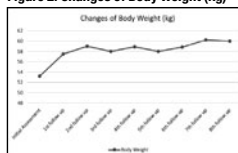
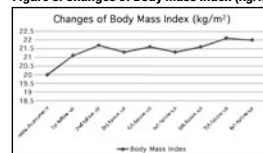


Figure 3: Changes of Body Mass Index (kg/m²)



FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 021

Effectiveness of Medical Nutrition Therapy Provided by Dietitians in the Management of Hyperlipidaemia in Chinese Obese/Overweight Patients at community clinic in Hong Kong

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Introduction:

“Lifestyle measure is the first priority in primary prevention of cardiovascular disease” and “realistic targets of 5-10 % weight loss should be set for overweight /obese individuals”¹. Previous studies showed effectiveness of medical nutrition therapy (MNT) in managing chronic diseases². This abstract aims to investigate the effectiveness of MNT provided during dietitian counseling, compared with basic nutrition information provided by other healthcare professionals in local community clinic, for improving serum total cholesterol (TC) and body mass index (BMI) in obese/overweight patients with hyperlipidaemia, regardless of lipid-lowering drugs usage.

Methods:

A retrospective cohort review with available patient data retrieved from health check done at UCN Jordan Health Centre from 1st April 2014 to 31st March 2016, with diagnosis of “hyperlipidaemia” or “metabolic syndrome” with TC >5.2 mmol/L, and BMI > 23.0 kg/m² as baseline value; and repeated health check by 31st March 2016 or repeated-lab test done within 18 months. Statistical analysis on TC and BMI were performed between the control a (without dietitian counseling) and intervention groupb (received dietitian counseling) within the review period.

Results:

For TC, Control (n=22, mean age 56.7, average 12-month interval) and Intervention group (n=22, mean age 55.6, average 7-month interval) resulted with a mean reduction of 0.08 mmol/L and 0.61 mmol/L (p<0.05) respectively (Table 1).

For BMI, Control and Intervention group (n=19, mean age 56.5, average 10-month interval) resulted with a mean reduction of 0.07 kg/m² and 4.36 kg/m² (p<0.05) respectively (Table 2).

Intervention group received dietitian counseling (25-45 minutes length) reported an average of 3.1 and 4.7 sessions for TC and BMI respectively.

Discussion:

MNT provided by registered dietitians in local community clinic showed statistically significant improvement in clinical outcomes in terms of reduction of TC and BMI, as compared to control. Medical referrals of cases with hyperlipidaemia and obesity/overweight to registered dietitians for MNT would be an effective intervention for sustained lifestyle modification.

Table 1. Comparison on TC between control and intervention group

	[Baseline value] Average TC (mmol/L)	[Repeated value] Average TC (mmol/L)	Average TC change (mmol/L)	% TC Difference [Average of individual changes] (mmol/L)	No. of subjects with TC increase	No. of subjects with TC reduction	No. of subjects with nil change in TC	Average period between 1 st and 2 nd TC results (months)	Range (months)	Average number of Dietitian Counseling received between 2 results	Statistically significant difference
Control (n=22)	5.88	5.80	-0.08*	-0.24	12	10	0	12.41	9-18	0	*p<0.05
Intervention (n=22)	6.31	5.69	-0.61*	-12.83	4	17	1	7.05	3-18	3.09	

Table 2. Comparison on BMI between control and intervention group

	[Baseline value] Average BMI (kg/m ²)	[Repeated value] Average BMI (kg/m ²)	Average BMI Change (kg/m ²)	% BMI Difference [Average of individual changes] (kg/m ²)	No. of subjects with BMI increase	No. of subjects with BMI reduction	No. of subjects with nil change in BMI	Average period between 1 st and 2 nd BMI measurements (months)	Range	Average number of Dietitian Counseling between 2 results	Statistically significant difference
Control (n=22)	26.74	26.67	-0.07*	-0.22	11	11	0	12.41	9-18 months	0	*p<0.05
Intervention (n=19)	25.63	24.60	-4.36*	-4.18	4	18	0	10.47	2-19 months	4.74	

References

- Guideline on Lipid Management in Primary Prevention of Cardiovascular Disease (2013). Clinical Audit and Guideline Working Group, Professional Development & Quality Assurance, Department of Health, Hong Kong SAR
- Franz et. al (1999), Effectiveness of Medical Nutrition Therapy provided by Dietitians in the Management of Non-insulin Dependent Diabetes Mellitus: A Randomized Controlled Clinical Trial, Journal of the Academy of Nutrition and Dietetics, 95 (9): 1009-1017

Notes

- A total of 3395 cases were collected within 1st April 2014 to 31st March 2016, 130 cases (age ≥18 with Chinese ethnic background) matched the inclusion criteria and 22 control subjects were randomly selected by electronic media (Randomness and Integrity Services Ltd-www.random.org)
- A total of 3395 cases were collected within 1st April 2014 to 31st March 2016, 22 cases (age ≥18 with Chinese ethnic background) matched with the inclusion criteria and received dietitian counseling performed by UCN dietitians.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 022

Patient empowerment in KCC GOPCs – enhanced health education via traditional and multimedia means

Dr. SW Lai, Dr. YC Li, Ms. Lily Yip, Dr. King Chan

Introduction:

This project aimed to utilize several means to provide education to patients and their caregivers on common medical topics that are not covered by existing Hospital Authority (HA) programs. Education would be delivered in the form of group seminars and multi-media means, namely in-house video production and signage TVs.

Methods:

Group seminars were provided by a multidisciplinary team once per month for one hour. Participants survey was collected at the end of each seminar.

New education videos were created by our in-house production team. They help to introduce our programmes and in knowledge transfer.

Signage TVs were installed at various waiting areas within the clinics. They served the purpose of providing a platform to display still images and videos. The existing hard copies of promotional posters within the clinics were also replaced by a digital version.

Result:

9 seminars were delivered between September 2015 to July 2016 with a total of 118 participants. 99%-100% of participants agreed or strongly agreed that the content delivered were clear, the length of the seminars was adequate, there were opportunities for sharing, satisfied with the venue and satisfied with overall arrangement.

4 education and training videos were made between February 2015 to September 2016.

A total of 7 signage TVs were installed at 4 GOPCs in KCC. 54 digital posters were digitally enhanced and uploaded to all the signage TVs.

Discussion:

Group seminars held by a multidisciplinary team, in-house videos production and full utilization of signage TVs were means to tackle the gaps in patient education in the general outpatient clinics.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 023

A case presentation: Doc, My Middle Finger Turns Red Easily. So embarrassing!

Dr CHAU Ka Vai Chris

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Introduction:

A young man presents with a bright red skin rash over his right middle finger. He had previously enjoyed good health. This rash was treated as a skin infection by the attending doctor and his symptoms subsided after a course of antibiotics. A similar rash reappeared 2 days later. Another course of antibiotics was duly prescribed and his symptoms yet again subsided leaving only post inflammatory hyperpigmentation in its place.

Three weeks later, the same rash reappeared at the same site. A detailed drug history revealed that he was taking doxycycline intermittently as a treatment for his acne problem. His rash was noted to appear soon after starting this. He withheld his doxycycline whenever he had treatment for his “skin infection”.

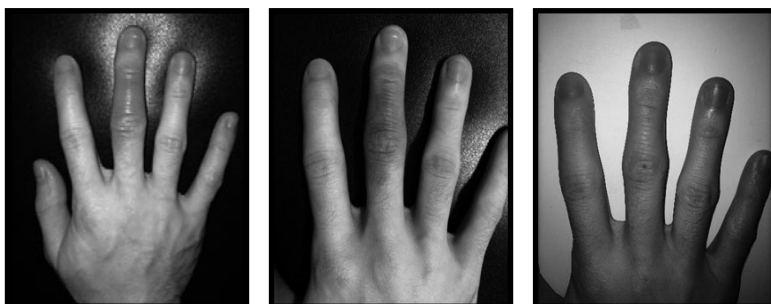
This strong temporal relationship made possible the diagnosis of a fixed drug eruption (FDE) in this young man. The reappearance of his skin rash after taking the drug occurred quicker each time he took the offending drug. Only hours lapsed with his latest episode. Doxycycline was henceforth stopped and his symptoms subsided leaving only hyperpigmentation in its place. The patient was followed up and clinical photographs were taken with each clinic visit to monitor his progress.

Discussion:

FDE often presents as a skin rash recurring in the same location following repeated drug administrations. Penicillin, tetracycline, sulfonamides, barbiturates, phenolphthalein, and gold salts are often the offending culprits; affecting the hands and feet, genitalia and perianal areas; and the perioral and periorbital areas. Healing leaves behind hyperpigmentation. Effector memory T cells may play a role. It is postulated that the excessive activation of T cells in the lesional epidermis is the possible underlying pathology.

The continuous avoidance of the offending culprit drug is essential. Topical glucocorticoids can be given as treatment. When patients present with a recurring skin rash which appears at the same site, a detailed drug history is essential.

Red swollen skin rash over the patient's right middle finger after ingestion of the offending drug (Left), residual pigmentation after stopping the drug for 1 week (Middle) and 3 months (Right).



FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 024

Study of health belief and behavior of GOPC health care workers in receiving influenza vaccination

Dr CHAU KV Chris

Introduction:

Influenza vaccination rate remained low in Health Care Workers (HCW). We aim to identify factors influencing their decision making in receiving the influenza vaccination so as to develop more strategic approach in promoting influenza vaccination among HCW.

Method:

A structured self-administered questionnaire was used to collect information about the health belief and behaviour of HCW working in GOPCs in receiving influenza vaccination. Data analysis included anova and multiple regression.

Results and Discussion:

We received 139 questionnaires with a response rate of 70%; comprising doctors (25%); nurses (22%); allied health (5%); clinic supporting staff (29%) and clerical staff (19%).

Results showed health belief in influenza vaccination differed significantly ($p < 0.001$) among staff who consistently received and not received the vaccine. Higher health belief mean score was associated with those receiving vaccination this year but not last year (7.00-7.94); followed by those receiving in both years (6.95-7.21). Those who did not vaccinate in 2 years (4.31-5.68) had lowest score.

Stronger belief in vaccination being beneficial to their family members more readily received vaccination ($p < 0.05$) and so did their family members ($p < 0.01$). Those had ILI symptoms last year were more likely to receive vaccination this year ($p < 0.05$).

Factors predicting receiving vaccination this year after multiple regression were having vaccination last year ($p < 0.001$); and believing that this was HCW's obligation ($p < 0.05$).

We concluded promoting efforts can focus on benefit of family members and HCW's obligation to receiving vaccine; and those with ILI symptoms.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 025

Factors influencing smoking uptake among Nepalese women in Hong Kong

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Smoking Cessation Programme for Ethnic Minorities and New Immigrants, Preventive Medicine and Clinical Service Department, United Christian Nethersole Community Health Service (UCNCHS)

Aims and objectives:

- To study the smoking behavior/attitude of the Nepalese women in Hong Kong.
- To develop effective women centered smoking cessation interventions as well as strategies for ethnic minority women.

Method:

A comprehensive assessment with a structured questionnaire was conducted. Fagerstrom score was recorded and CO reading was monitored.

Results:

A total of 105 Nepalese female smokers attended our smoking cessation service from 1st April 2013 to 30th April 2017. The results concluded that the Nepalese women are highly influenced by their peers who smoke. A significant proportion of the cases revealed that they were first introduced to tobacco during various social gatherings by their friends.

Discussion:

It was observed that Nepalese women who smoke associated positive images of independence and success with smoking.

There is an urgent need for interventions such as:

- Tailor-made women centric smoking cessation intervention with a significant consideration on relevant culturally sensitive underpinnings.
- Due to the language barrier, they have lesser access to the existing smoking cessation information. Diverse promotional events and materials should be made available to empower them to make an informed choice about quitting smoking.
- Motivational interviewing sessions in Nepalese should be provided, emphasizing on a positive healthy gender role in the EM community.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 026

Clinical Nursing Service in Primary Health Care Setting

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United Christian Nethersole Community Health Service

Introduction:

Generally, patients can receive nursing care or nursing intervention easily when they receive physician medical treatment in secondary and tertiary health care setting. It is less common to find clinical nursing care in a primary care setting in Hong Kong. So, is there a role for nurses in primary care?

Method:

Case series – Family medicine clinics of United Christian Nethersole Community Health Service (UCN) provided Registered Nurse (RN) Service over 3 years. From October 2013 to December 2016, total 401 patients received our Nursing care. Patients were referred by Family Doctor, and health assessment service. Some of them requested our nursing service as walk-ins.

Results:

The cases can be distributed into several categories by the number of attendance: Diabetes Mellitus Education (2.2%), Hypertension Education (9.2%), Lifestyle Modification (24.9%), Fall Prevention (2.7%), Urine Incontinence/Pelvic Floor Education (1.5%), Medication Compliance Counseling (1.2%), and Wound Management (58.1%).

During the consultation, nurse identified multiple health factors related to the patients. Nearly 25% of patients received more than one consultation type in each visit. The RN Service in primary care sector is providing integrated care which encouraged tailor-made nursing interventions to the patients.

Discussion

Registered Nurse Service can enhance primary health care service in the community. RN's are complementary to family doctors in the provision of holistic patient care. By using our service, patients gain more comprehensive health knowledge so as to improve their quality of life. Nurse clinic may be promoted in primary care sector.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 027

Continuous training program for service doctors in GOPC: Practitioner Development Program

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Introduction:

With an aging population, doctors at General Outpatient Clinics nowadays are confronted with cases complicity unparalleled to the past. The tradition doctor-patient based care model has also evolved to include multi-disciplinary care. These changes are presenting a real challenge to practitioners in primary care without FM training. To address the potential gap in patient management, a special training program was introduced to explore learning needs of non-FM trained doctors and to encourage catching up new knowledge and skills in their daily practice.

Methodology:

Non-FM trained doctors were invited to join a focus group meeting to identify their learning gaps. The results were used to develop a designated training program 'Practitioner Development Program(PDP)'.

This program was started in 2013, each doctor was assigned an experienced FM specialist as his/her tutor. The program composed of 3 training components: consultation enhancement session, case review session and FM seminar.

Results:

Feedbacks from non-FM trained doctors were regularly reflected through their tutors and from the yearly focus group. Since 2013, areas related to 'consultation skills', 'documentation/medical handover' and 'best practice' were discussed and covered through the PDP.

In the last focus group meeting in April 2016, all non-FM doctors rated the PDP useful and could help them to update their knowledge and skills.

Discussion:

Upon non-FM service doctors' suggestions and their wish to upkeep professional standard, a well-structured PDP was organized. All participating doctors were satisfied with the program which enhanced their medical knowledge and skills to provide high quality patient care.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 028

Innovative approach of Diabetes care: Diabetes Conversation Map group with cooking class in Family Medicine and Primary Health Care (FM & PHC), Hong Kong East Cluster

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¹Family Medicine and Primary Health Care, Hong Kong East Cluster, Hospital Authority

²Department of Dietitian, Hong Kong East Cluster, Hospital Authority

Introduction:

Lifestyle modification is one of the key elements in management of Diabetes Mellitus (DM). Healthy eating strategy is a challenge and major concern for the patients.

Objectives:

- To enhance diabetic patients' knowledge of self-care
- To practice healthy cooking and apply knowledge into daily life
- To implement multi-disciplinary collaboration in diabetic care

Methodology:

During the DM complication screening, nurses would recruit DM patients with HbA1c>7% and non-complaint diet control to the program.

A dietitian with the assistance of Advanced Practice Nurse (APN) cooked a dish (e.g. cinnamon apple cookies) together with the participants. The dietitian would then elaborate on the nutritional values and carbohydrate exchange concept applied on choosing the cooking ingredients. While the participants were enjoying the food, a Diabetes Conversation Map (DCM) group titled "living with Diabetes" was facilitated by APN, followed by patient satisfaction survey.

Results and Discussion:

From Jan till Nov 2016, 4 sessions of the joint program with 30 patients were completed.

28 patients completed the survey:

27 patients out of 28 Agreed or Strongly Agreed nurse and dietitian working together could enrich their learning, we should continue to run this kind of program.

All 28 patients Agreed or Strongly Agreed they understood better the importance of healthy diet and applied the knowledge learned in their daily life and they could learn from nurse, dietitian and other group members.

Conclusion:

DCM group is an interactive approach which facilitates positive behavioral change. Live cooking class allows patients to acquire useful tips and skills on cooking healthy dishes. Collaborative approach can enrich learning and is cost effective.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 029

Prevention and screening Cardiovascular disease risk factor among South Asian Community in Hong Kong

RAI Shoba, TANG Joyce S.F, GURUNG Sharmila

Introduction:

The United Christian Nethersole Community Health Service (UCN) started a health promotion programme "South Asian Health Support Programme" (SAHP) in 2007. The programme aims to improve health profile of the South Asian community in Hong Kong, through health promotion and strategic healthy lifestyle interventions.

Ethnic Minority population in Hong Kong is 6% and many face difficulties to gain access to basic services such as health care. There is increasing evidence that South Asians are more prone to cardiovascular disease. In order to identify and for early intervention the programme adopted screening measures as an early detection and reduction of risk factors.

Aims:

- Increasing the awareness about Chronic Diseases among South Asian community in Hong Kong
- Prevention of Chronic Diseases such as Hypertension, Diabetes and obesity.

Methods:

- Screening on chronic diseases was conducted (such as measuring Blood pressure, Blood Sugar, Cholesterol and Body Fat %./ BMI)
- Health information dispersed by displaying various South Asian language banners with information on Hypertension and Diabetes banners in various health campaigns.

Results:

- Blood pressure screening was done 4608 times of which 1138 (25%) had BP \geq 140/90 mmHg.
- Diabetes screening done was 4213 times of which 168 (4%) had random blood sugar \geq 11 mmol/L
- Cholesterol screening done was 4112 times of which 1424 (37%) had Total Cholesterol $<$ 5.2 mmol/L
- Obesity Screening was done 3972 times of which 3147 (79%) were obese.

Intervention:

- People identified with high blood pressure, sugar and cholesterol were given intensive follow up within a week, followed by a monthly up in the next three months.
- Those with higher risk of cardiovascular disease were referred for further heart health assessment
- Exercise classes were organized.
- Healthy cooking classes were conducted.

Discussion:

South Asian communities in Hong Kong are prone to higher risk of cardiovascular disease. With timely interventions and more health promotion activities in the community level, they might be likely to know more about the risk and available resources to take health actions.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 030

Home visit – a proactive health intervention amongst the South Asian ethnic community in Hong Kong

GURUNG Sharmila, TANG Joyce S.F., BATOOL Asma

United Christian Nethersole Community Health Service (UCNCHS), Preventive Medicine and Clinical Service Department- South Asian Health Support Programme

Introduction:

The South Asian Health Support Programme aims to improve the health profile of South Asian ethnic community in Hong Kong through community-based health interventions.

Objectives:

- To prevent child injuries by enhancing knowledge on safety practice at home
- To equip mothers/caretakers with knowledge on safety measures and healthy diet
- To equip mothers with available family planning services
- To equip mothers with other available resources

Method:

- Training group for prospective home visitors
- Identification of household with children under 6 years old through interview of women who attended health events
- Actual home visit and household observation on safety measure suitable for children, such as checking kitchen lockers, window frames, bathroom and sharp furniture
- Structured interview, including safety measures, diet, exercise habit and family planning

Results:

Total of 151 home visits was done from 1st April 2016 to 31st March 2017. Average number of household size was 4.7 people, children per household was 2 and average number of children under 6 years old was 1.3. On average the safety score on household was 2, which was moderately safe (1 = safe practice, 2 = moderately safe and 3 = unsafe practice).

Regarding diet, 54% had heard about healthy food pyramid. Only 50% had used the family planning services, 79% wanted to know more about the healthcare services, 84% wanted to know the education service, whereas 74% wanted to know about the housing.

Discussion:

The South Asian household number of family member including the number of children is relatively higher. As the household safety on average was moderate, there is more to be done to improve awareness on home safety particularly among those household with children aged under 6. In addition promoting healthy lifestyle during home visit may improve the response as it is more interactive. Explanation of the available family planning services can help them to make informed choices.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 031

Management of Diabetes Mellitus by Lifestyle Modification and Support Group

REGENCIA Nikki Gale M, GURUNG Sharmila, CHAN Lai Hung

United Christian Nethersole Community Health Service (UCNCHS)

Introduction:

The United Christian Nethersole Community Health Service started South Asian Health Support Programme in 2007 with aims to improve the health profile of South Asian ethnic community in Hong Kong through community-based health interventions.

Studies have indicated higher prevalence of diabetes mellitus among South Asian population. Lifestyle modification such as diet, increase in physical activity have proven to be effective in managing diabetes.

Objectives:

- To raise awareness about various dietary alterations are valuable in the prevention and management of diabetes mellitus.
- To increase knowledge on the benefits of physical activity in managing diabetes mellitus.
- To increase the understanding of living with diabetes mellitus.

Methods:

- Formation of diabetes mellitus support group. Each group would need to attend 5 workshops. The topics for the workshops were on diabetes mellitus including complications, diabetes diet, exercise, and medication compliance.
- Promotional materials like DM booklet in various EM languages with photos of healthy diet, importance of exercise, maintenance of normal blood pressure, body weight, eye and foot care, medicine compliance were distributed to the participants.
- The participants were trained to self-monitor blood pressure and blood sugar

Results:

A total of 67 participants (19 males and 48 females) attended the support group with an average of 17 per group.

A pre and post questionnaire assessment was conducted. There was 72% knowledge increase on the importance of healthy lifestyle for diabetes management, while 83% increase in knowledge on the disease process of diabetes mellitus.

Conclusion:

Although there are many resources available for the public in the understanding of Diabetes management, many ethnic minority community lag behind in accessing to it. Therefore, culturally sensitive and language friendly community-based health information and intervention is in need to reach out to them.

Such health interventions can raise awareness and improve response in taking up skills towards healthy lifestyle. Consequently, reduce the risk of complications and multiple comorbidity.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 032

Quit smoking to the door service – proactive approach from hospital to community

Lee SF, Chiu CWH, Law KW, Lau FC, Wong LH, Chan VWM, Chiu KL, Leung MKW, Hui EMT, Li PKT

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Introduction:

Literature reviewed that hospitalization might boost receptivity to smoking cessation message. Current smoking counselling & cessation program (SCCP) mainly focuses its service in the community. Hospital-based SCCP was established in Prince of Wales Hospital to fill up the service gap. In view of low referral rate and high workload of the frontline staff, “Quit smoking to the door” service was initiated by SCCP counsellors in September 2016. Smoking cessation counsellor visits wards and actively recruited smokers at bedside to promote smoking cessation in hospital.

Method:

In-patients with smoking status indicated in Clinical Management System (CMS) were recruited. SCCP counsellors visited wards and recruited in-patient smokers at bedside and follow up patients after they were discharged. Outcome measure of the service was evaluated by 1 month, 3 month, 6 month and 1 year success quit rate.

Results:

A total 107 in-patient smokers were recruited from September 2016 to March 2017. 57% in-patient smokers quitted smoking after joining SCCP. 1 month success quit rate was 100% which is higher than that in general outpatient clinics (80%) and 3 month success quit rate was 83.9% (3 cases excluded due to death). Surprisingly, number of referrals also increased dramatically with 42% in-patient smokers referred by ward staff.

Discussion:

The results indicated that proactive recruitment of in-patient smokers was successful not only in increasing the numbers of recruitment; it also increased the awareness of hospital staff on smoking cessation. The presence of smoking cessation counsellor in wards promoted the number of referrals from hospital staff. The short term quit rate of in-patient recruitment was higher than that in the community.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 033

A Win-Win Training Program to Promote Better Patient Partnership and Happy Workplace in General Outpatient Clinics

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Department of Family Medicine and Primary Health Care, Kowloon East Cluster, Hospital Authority

Introduction:

Good communication between patients and staff in the General Outpatient Clinic (GOPC) is essential for quality care and staff wellness. A tailor-made workshop focused on enhancing staff communication skills in handling challenging patients is implemented for KEC GOPCs staff, which aims at creating a happier and safer workplace.

Methodology:

Training modality of scenario-based role play, video, games and group discussion was included in the 1.5 hour workshop, with class size about 15. The contents included ways of effective communication, signals of challenging patients; tips to handle challenging patients & self-protection of staff; and techniques of resilience enhancement. A pre-and-post program questionnaire survey was used to evaluate the effectiveness.

Result:

-Nine identical workshops were held with 176 (82.2%) nursing and supporting staff participants from KEC GOPCs. Participants were asked to score on their confidence, action on handling challenging patients and description on signals of challenging patients before and after the workshop. There are 60% staff score 6-10 (highest score is 10) on their confidence in handling challenging patients before the workshop, which was increased by 26% to 86% the workshop. There was an increase of 11.3% for staff who were able to identify signs / signals of challenging patients and to apply effective steps to help patients. For the overall evaluation, around 95% staff feedback the program was very useful for their daily work.

Discussion:

The result was positive which illustrated an increase in knowledge and confidence in handling challenging patients in workplace. This could promote patient-staff rapport and happy workplace.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 034

Promoting Caring Attitude among Patient Care Assistants in General Outpatient Clinics through Interactive Training

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Introduction:

Patient care assistants (PCA) are major workforce in general outpatient service. To achieve high quality care, training to PCAs is an important aspect. An interactive training program had been designed for PCAs working in General Outpatient Clinics (GOPCs) of KEC.

Method:

A two-hour training program with a variety of interactive teaching modes including lecture, role play, video viewing and group discussion was provided and followed with a course evaluation. A checklist is designed to monitor and evaluate their performance at one month and three months after the program.

Results:

- I. 43 PCAs (all females) attended the training. Course evaluation (11 items) with 100% return rate.
Learners' feedback:
 - 65% strongly agreed the course were useful for their clinical works and able to strengthen their caring attitude in patient care.
 - 55% strongly agreed the teaching methods could facilitate their learning.
- II. Performance improvement by skill observation at one month and three months after the program:
 - Able to "Demonstrate the elements of caring attitude" was 90% & 95% respectively
 - Able to "Perform safe measures in blood taking" was 100% both;
 - Able to "Provide accurate vital signs measurement" was 100% both.

Discussion:

The tailor-made interactive PCA training program has promoted the staff's awareness in performing routine procedures with care and accuracy. This certainly enhances the overall outpatient care quality.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 035

Shorten the patients' waiting time for injection service in general out-patient clinics (GOPCs) through workflow redesign

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Introduction:

With increasing number of attendants for wound dressing and injection, many GOPCs faced the challenge of overcrowding of patients in clinics. Traditionally, these patients would wait in the same queue. Since wound dressing would take longer time than an injection, patients attended for injection would wait longer in the queue. A better workflow is designed to shorten the waiting time for injection service and minimize the overcrowding situation.

Method:

The new workflow was implemented in two GOPCs in January 2017. Each one would assign a nurse to provide the injection as priority. After finishing the queue for injection, she would continue to provide wound dressing.

Patients' waiting time for injection was collected for 10 days before (1st cycle) and after (2nd cycle) the implementation of the new workflow.

Results:

The median waiting time for medication injection was significantly reduced from 38 minutes to 14 minutes after the implementation of the workflow ($p < 0.001$). The proportion of patients with waiting time more than 30 minutes was dropped from 59.2% to 16.1% ($p < 0.001$).

Discussion:

With this workflow redesign, the patients' waiting time for injection was reduced and the overcrowding situation in the waiting hall could be alleviated.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 036

Association between moderate-to-vigorous physical activity and cardiovascular disease risk of Chinese primary care patients with impaired fasting glucose

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Introduction:

Both impaired fasting glucose (IFG) state and insufficient physical activities increase cardiovascular disease (CVD) risk. This study explored the association of moderate-to-vigorous physical activity (MVPA) and sedentary time with the estimated 10-year-CVD-risk among Chinese IFG patients in the primary care setting.

Methods:

We conducted a cross-sectional analysis of 1,095 Chinese patients (574 women and 521 men) with IFG (i.e. fasting plasma glucose level between 5.6-6.9mmol/L) and without known CVD from three primary care clinics in Hong Kong. The time spent on MVPA and sedentary behaviour was collected by the self-reported short-version of the International Physical Activity Questionnaire. The estimated 10-year-CVD-risk was calculated using gender-specific Framingham equations. Multivariable linear regression models were established to assess the association between the time spent on MVPA, sedentary behaviours and the estimated 10-year-CVD-risk after adjusting for confounders. Sensitivity analysis was further conducted to determine the impact of less than 150 minutes of MVPA per week on CVD risk.

Results:

Among Chinese primary care patients with IFG, each one additional hour of MVPA (either work-related or leisure in nature) was significantly associated with 0.65% (95%CI: 0.07% - 1.23%, $p=0.023$) reduction in the estimated 10-year-CVD-risk independent of sedentary time. Compared to individuals having less than 150 minutes of MVPA per week, the mean estimated 10-year-CVD-risk of IFG patients with $MVPA \geq 150$ minutes/week were 1.33% (95%CI: 0.5% to 2.7%, $p=0.003$) lower.

Discussion:

The estimated 10-year cardiovascular disease risk of Chinese patients with IFG was inversely associated with their time spent on MVPA. Hence, ensuring adequate physical activity of IFG patients should be an important management goal for primary care providers, particularly for sedentary patients whose occupation does not involve MVPA.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 037

The impact of hypertension and lifestyle practices on the health-related quality of life in Chinese patients with uncomplicated hypertension in primary care

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Introduction:

The impact of hypertension (HT) and various lifestyle interventions on the health-related quality of life (HRQOL) among Chinese patients with uncomplicated HT was unclear. This study sought to examine the patterns of HRQOL and its associated factors, in particular modifiable factors, among Chinese primary care patients with uncomplicated HT compared to the local general population.

Methods:

A cross-sectional study of 583 Chinese patients with uncomplicated HT and without diabetes mellitus who were managed in public primary care clinics in Hong Kong was conducted between May 2013 and March 2014; all participants completed a telephone interview about their socio-demographic information, lifestyle practices and HRQOL using the Chinese (Hong Kong) Short Form-12 Health Survey version 2 (SF-12v2). Their clinical parameters and pharmacological treatment for hypertension were extracted from the clinical management system (CMS). Independent t-tests were performed to compare the mean SF-12v2 scores between HT patients and the general population. Multivariable linear regressions were used to identify the factors associated with better SF-12v2 physical (PCS) and mental component summary (MCS) scores.

Results:

The physical and mental HRQOL of Chinese patients with uncomplicated HT were comparable to the age-gender matched Hong Kong general population. Regular exercise ≥ 120 minutes/week and lower body mass index were associated with better SF-12v2 PCS. Non-smokers, higher fruit/vegetables consumption (≥ 5 portions per day) and regular self-blood pressure monitoring (SBPM) were associated with better SF-12v2 MCS.

Conclusions:

Non-pharmacological interventions, including exercise, healthy diet, smoking cessation and SBPM should be reinforced in HT patients to promote HRQOL. Further longitudinal studies are warranted to reappraise the associations between various lifestyle interventions and the HRQOL of HT patients without complications and with different complications.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 038

Effect of multifactorial treatment targets and relative importance of haemoglobin A1c, blood pressure, low-density lipoprotein-cholesterol on Cardiovascular Diseases in Hong Kong Primary Care Diabetic Patients

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Introduction:

The relative effects of haemoglobin A1c (HbA1c), blood pressure (BP) and low-density lipoprotein-cholesterol (LDL-C) (“ABC” factors) on the prevention of cardiovascular diseases CVD among patients with Type 2 Diabetes Mellitus (T2DM) is poorly understood. This study aimed to evaluate the effects of key clinical parameters on CVD risk using a multifactorial optimal control approach in Chinese primary care patients with T2DM.

Methods:

A population-based retrospective cohort study was conducted on 144,271 Chinese T2DM primary care patients, aged 18-79 and without prior clinical diagnosis of CVD in 2008-2011. Cox regressions were conducted to examine the association between the combinations of ABC targets (HbA1c<7%, BP<130/90mmHg and LDL-C<2.6mmol/L) and risks of CVD (overall), coronary heart disease (CHD), stroke and heart failure. Achieving more ABC targets incrementally reduced the incidence of total CVD and individual disease including CHD, stroke and heart failure, irrespective of other patient characteristics.

Results and Discussion:

Compared with suboptimal control in all ABC levels, achieving any one, two and all three ABC targets reduced the relative risk of CVD by 13%-42%, 31%-52% and 55%, respectively. Among those achieving only one ABC target, LDL-C reduction was associated with the greatest CVD risk reduction (42%), followed by BP reduction (18%), and HbA1c reduction (13%). To achieve the greatest risk reduction for the incidence of CVD, the ultimate goal of treatment should be to achieve target control of HbA1c, BP, and LDL-C. If it is not possible to achieve all three targets, efforts should be prioritised on treating the LDL-C to minimise CVD risk.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 039

Do We Need A Patient-Centred Treatment Target for Systolic Blood Pressure Level in Diabetic Management?

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Introduction:

The optimal target levels of systolic (SBP) on risk of CVD and mortality remains controversial amongst patients with Type 2 Diabetes Mellitus (T2DM). The objective of this study was to examine the effect of SBP on incidences of CVD events and all-cause mortality to determine the optimal BP targets for Chinese patients with T2DM.

Methods:

A retrospective cohort study was conducted on 90,866 Chinese adult primary care patients with T2DM and without CVD received anti-hypertensive medication. Using the average of the annual BP records over a median follow-up of 7.2 years, the risks of overall CVD, coronary heart disease, stroke, heart failure and all-cause mortality associated with the effect of SBP were evaluated using Cox regression. Subgroup analyses were conducted by stratifying different baseline characteristics including gender, age, smoking status, diabetes duration, body mass index, kidney function and anti-hypertensive drugs.

Results and Discussion:

Our key findings identified the optimal level of achieved SBP of 125-139mmHg for the lowest risk of having CVD event and all-cause mortality, with a J-shaped curvilinear relationship between SBP and CVD incidence and all-cause mortality among diabetic population, irrespective of patients' characteristics. While the J-curve pattern was shifted to the right in patients with ≥ 65 years, chronic kidney disease or on ≥ 3 classes of anti-hypertensive drugs, similar results were obtained that patients with <125 mmHg or ≥ 140 mmHg had an increased risk of CVD and mortality. These findings indicated that lower BP is not always better and is even potentially hazardous, and thus clinicians should cautious against overtreatment of Chinese hypertensive patients with T2DM and without existing complications.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 040

Oral Steroid Usage in GOPC (Sham Shui Po District Microcluster)

Yip Hoi Man

Introduction:

Oral steroid is often prescribed in General Out-patient Clinics for various clinical conditions and is available in the form of oral prednisolone. This study is conducted to review the prescription of oral prednisolone in SSP microcluster during the period 1/5/2016 to 30/4/2017.

Method :

Data was drawn using the Clinical Data Analysis & Reporting System (CDARS).

Results:

Over 170 patients in the microcluster of Sham Shui Po district received course(s) of oral prednisolone during their attendances at the General Outpatient Clinics. Majority (66%) received oral prednisolone for respiratory related condition such as acute exacerbation of chronic obstructive lung diseases and acute asthmatic attack. The other indications for use of oral prednisolone include Bell's palsy and Ramsay Hunt Syndrome (5.2%), skin related problems for example eczema and psoriasis (4.6%) and gouty attacks in the background of renal impairment (3.5%). Uncommonly (2 cases), short courses of prednisolone were given to patients with sudden sensorineural hearing loss together with early referrals to ENT surgeons. In other cases, longer courses of more than 1 week to few weeks were given as refill or continuation of long term prednisolone previously prescribed by Specialist Out-patient Clinics for autoimmune or dermatological diseases.

Discussion:

Oral steroid therapy has a wide variety of use and it is often prescribed by family physicians in out-patient settings, while respiratory conditions being the commonest indications.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 041

Animal-assisted Intervention (AAI) for reducing agitated behaviour among institutionalized elderly with Dementia in Hong Kong – A pilot evaluation Study

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Animals Asia Foundation

Introduction:

Empirical evidence suggested that the use of AAI in care facilities for elderly persons with dementia produces a calming effect which is associated with a reduction in agitation as well as verbal and non-verbal aggressive behaviours. AAI is also found to provide stimulation for social behavior. The current study aimed at evaluating the efficacy of an 8-session Dr. Dog visitation programme in reducing the agitated behavior and improving the emotions of seniors residing in a private elderly home in Hong Kong.

Method:

A pre-post study design was adopted to examine the changes of the participants' negative behaviours and emotions before and after participated in the program. Measures used included the Cohen-Mansfield Agitation Inventory (CMAI) and the Observed Emotional Rating Scale (OERS).

Results:

Statistical significant difference was found in the reduction of verbal and physical agitation behavior and lower frequency in expressing emotion of 'anger', 'anxiety/fear' and 'sadness'.

Conclusion:

Findings support the hypothesis that AAI is associated with reduction of agitation behaviour and negative emotions among older persons with dementia. With the expected increase in the prevalence of dementia in Hong Kong, the inclusion of AAI in long-term care facilities could be considered as an evidence-based complementary intervention approach in promoting the well-being of this target population.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 042

Investigator-measured body-mass index as a predictor of colorectal adenoma: A systematic review and meta-analysis

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Introduction:

The association between investigator-measured body mass index (BMI) and colorectal adenoma (CRA) was inconsistent in the literature. A systematic review and meta-analysis were conducted to evaluate the precise association, and examined if it was different according to study design, gender and ethnicity.

Method:

EMBASE and MEDLINE were searched to enroll observational studies with investigator-measured BMI and colonoscopy-diagnosed CRA. A random-effects meta-analysis was conducted to estimate the summary odds ratio (SOR) for the association between BMI and CRA. Heterogeneity was assessed by I².

Results:

A total of 17 studies (55,083 subjects) were included. When compared with subjects having BMI < 25, the prevalence of CRA was significantly higher in subjects with BMI 25-30 (SOR=1.44, 95% C.I.=1.30 to 1.61) and BMI ≥ 30 (SOR=1.42, 95% C.I.=1.24 to 1.63), and the associations were significantly higher than estimates by previous meta-analyses. The heterogeneity was mild to moderate among studies (I² =43.0% and 18.5%, respectively). Subgroup analysis showed the magnitude of association was significantly higher in female (SOR=1.43, 95% C.I.=1.30 to 1.58, I² =0%) as compared to male (SOR=1.16, 95% C.I.=1.07 to 1.24, I² =9.4%); different among different ethnic groups (SOR=1.72, 1.44, 0.88 in White, Asians and Africans, respectively); insignificant in African descent (SOR=0.88, 95% C.I.=0.61 to 1.29, p=0.516, I² =0%); and no difference exists among different study designs.

Discussion:

The risk conferred by BMI for CRA was significantly higher than that reported previously. The association is higher in female individuals and subjects of white ethnicity, and this bears implications in CRA risk estimation.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 043

The Relationship between Distal Hyperplastic Polyps and Proximal Neoplasia in Colorectal Cancer Screening, A Systematic Review and Meta-Analysis

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Introduction:

Whether screening participants with distal hyperplastic polyps (HPs) detected by flexible sigmoidoscopy (FS) should be followed by subsequent colonoscopy is controversial. We evaluated the association between distal HPs and proximal neoplasia (PN)/advanced proximal neoplasia (APN) in asymptomatic, average-risk patients.

Methods:

We searched Ovid Medline, EMBASE and the Cochrane Library from inception to 31 July 2016, and included all screening studies that examined the relationship between different distal findings and PN/APN. Data were independently extracted by two reviewers with disagreements resolved by a third reviewer. We pooled odds ratios with random effects. The quality of all selection studies was assessed by Newcastle-Ottawa Scale (NOS). Four subgroup analyses were performed according to study characteristics. Heterogeneity was characterized with the I² statistics. Publication bias was assessed by the Egger's regression test.

Results:

We enrolled 28 studies (104,961 subjects). When compared with normal distal findings, distal HP was not associated with PN (OR=1.16, 95%CI 0.89-1.51, p=0.14, I²=40%) or APN (OR=1.09, 95% CI 0.87-1.36, p=0.39, I²=5%), whilst subjects with distal non-advanced or advanced adenoma had higher odds of PN/APN (Table 1). Higher odds of PN/APN were observed for more severe distal lesions (Figure 1). Weaker association between distal and proximal findings were noticed in studies with higher NOS scores, larger sample size, population-based design and more stringent endoscopy quality control measures. The Egger's regression tests showed all p > 0.05.

Discussion:

Distal HP is not associated with PN/APN in asymptomatic screening population. Our findings provide concrete evidence for the latest USPSTF guideline, which does not advocate the routine colonoscopy referral for subjects with distal HPs detected by sigmoidoscopy.

Table 1 Proportion and OR of PN/ APN among subjects of different distal findings (Random Effects)

Distal finding	N*	AR (95%CI)**	OR (95%CI)**	P value#	I ² (%)
PN					
Normal	10	15.2(14.8-15.7)	reference		
HP	6 (1)	14.9(13.6-16.2)	1.16 (0.89-1.51)	0.14	40
AD	10 (10)	26.8(25.7-27.9)	2.36 (1.91-2.92)	<0.001	79
AN	7 (7)	27.2(25.7-28.7)	2.92 (2.06-4.15)	0.006	67
APN					
Normal	18	1.8(1.7-1.9)	reference		
HP	13 (1)	2.5(2.2-3.0)	1.09 (0.87-1.36)	0.39	5
AD	18 (11)	3.9(3.5-4.3)	2.52 (1.84-3.46)	<0.001	76
AN	19 (17)	10.4(9.6-11.3)	5.70 (3.93-8.28)	<0.001	74

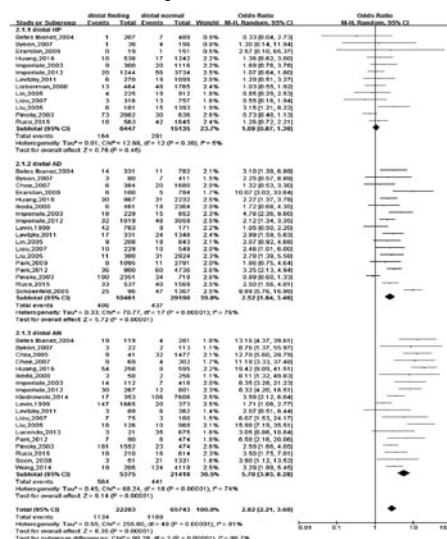
*Numbers in bracket indicate the studies for which the association was statistically different (p<0.05)

#All p values were comparisons between different distal findings: PN/APN, and normal distal findings.

AD: adenoma; AN: advanced neoplasia; APN: advanced proximal neoplasia; AR: absolute risk; CI: confidential interval; HP: hyperplastic polyp; OR: odds ratio; PN: proximal neoplasia.

**AR: The absolute risk of PN (or APN) for subjects for a distal finding was defined as the proportion of subjects with PN (or APN) and a certain distal finding (i.e., normal, HP, AD, or AN) out of the total number of subjects with that distal finding. OR: the odds ratio refers to the number of subjects with PN (or APN) in the group of subjects with distal lesions compared to the number of subjects with PN (or APN) in the reference group (normal distal finding).

Figure 1 Odds of PN for different distal lesions (HP, AD, AN) compared with normal distal findings



AD: adenoma; AN: advanced neoplasia; APN: advanced proximal neoplasia; CI: confidential interval; HP: hyperplastic polyps

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 044

Effectiveness of telephone reminders and SMS for enhancing persistent adherence to annual fecal immunochemical test: A Randomized Controlled Trial

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Introduction:

Adherence to serial fecal immunochemical testing (FIT) is crucial for colorectal cancer (CRC) programs, yet decline in adherence over time is common. We evaluated the effectiveness of delivering interactive telephone reminders vs. SMS messages vs. usual care on improving persistent adherence to yearly FIT.

Methods:

In this randomized controlled study (2015-2016) in a primary care screening practice, we recruited 621 eligible asymptomatic participants with negative FIT result in 2015. When these participants joined the program, they were invited to repeat their second round of FIT 12 months later (2016). Each eligible participant was randomly assigned to: (1). An interactive telephone reminder (n=205); (2). A SMS message (n=209); or (3). No additional reminders (n=207). The main outcomes included the pick-up rate of FIT tubes and the rate of return of properly completed FIT specimens in the second year.

Results:

The baseline characteristics of the participants were similar. The FIT pick-up rate was 89.8%, 78.5% and 62.3%, respectively, for the telephone, SMS and usual care groups (p<.001). The corresponding specimen return rate was 91.2%, 82.8%, and 69.1% (p<.001). When compared with the control, subjects in the SMS group and telephone group were significantly more likely to pick up FIT tubes and return FIT specimens (Table). The proportion of subjects who achieved either outcome was higher in the telephone group than the SMS group.

Discussion:

These findings supported the effectiveness of interactive telephone reminders, and to a lesser extent SMS messages in enhancing adherence rate of FIT screening in population-based CRC programs.

Trial Registration: Clinicaltrials.gov Identifier: NCT02815436

Table : THE EFFECTIVENESS OF TELEPHONE REMINDER AND SMS TOWARDS THE FIT PICK UP AND RETURN RATE

GROUP	NO	FIT PICKUP RATE				FIT RETURN RATE			
		%I	AD*	AOR (95% CI)	P Value	%I	AD*	AOR(95% CI)	P Value
Telephone Reminder	205	89.8	27.5	6.14 (3.54-10.64)	<.001	91.2	22.1	5.23 (2.92-9.37)	<.001
SMS	209	78.5	16.2	2.35 (1.50-3.70)	<.001	82.8	13.7	2.39 (1.47-3.88)	<.001
Control	207	62.3		1 (Reference)		69.1		1 (Reference)	
Telephone Reminder	205	89.8	11.3	2.39 (1.36-4.20)	.002	91.2	8.4	2.16 (1.18-3.95)	.01
SMS	209	78.5		1 (Reference)		82.8		1 (Reference)	

Abbreviations: AD, absolute difference, AOR, adjusted odds ratios, CRC, colorectal cancer; FIT, fecal immunochemical test, SMS, short message service

*Absolute difference in proportions when compared with the reference group; adjusted odds ratios, covariates included age, gender, comorbidities, use of medication, educational level, monthly household income, job status, marital status, smoking habit, alcohol intake, BMI, waist circumference, family, CRC history of first-degree relative.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 045

Novel Multidisciplinary Team Approach in Smoking Cessation with Varenicline

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Introduction:

Smoking cessation is one of the most important health care service in primary care. Use of varenicline has been consistently shown to improve quit rate worldwide. An innovative multidisciplinary team approach is adopted with an aim to achieve a good drug compliance and boost the quit rate.

Method:

Our multidisciplinary team is composed of trained nursing counselors, pharmacists and doctors. Suitable candidates are selected to join the clinic according to a set of criteria.

In each patient's 1st visit, initial assessment and discussion on smoking cessation strategies were provided by nursing counselors. A video prepared by doctors is also broadcasted to introduce the drug. Their fitness will then be assessed by doctors, with subsequent counselling and prescription given.

Lastly, a designated pharmacist will provide professional drug counseling and dispensing. This part was introduced since 2015.

For subsequent two 4-weekly visits, our team continues to offer review and prescription to the subjects as appropriate. After finishing the course, counselors would keep contacting them to provide support and advices.

Results:

From 2011 to 2016, we have served 47 patients in our cluster and the course completion rate was 78.7% (37/47), which was higher than around 50-60% generally seen in international literature. According to intention-to-treat principle, the 1 year quit rate of patients who have first attended our clinic from 2011 to 2015 was 26.5% (9/34), which was superior to 22% demonstrated in an international meta-analysis of 19 randomized controlled trials.

Discussion:

Multidisciplinary care enables us to provide a multifaceted and comprehensive smoking cessation program and succeeds in delivering a satisfactory result.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 046

A late coming and prolonged winter surge: what happened in 2016?

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Introduction:

Winter surge is a challenge to the HA service capacity. Its profile and characteristics could be studied so as to strategically plan the manpower appropriately e.g. to schedule GOPC Special Honorarium Scheme (SHS) at an anticipated surge period instead of the dip dates. In 2016, the winter surge is characterized by a late and prolonged surge. It was not uncommon for A&E to have over 6,000 attendances even over 7,000 till as late as March. The details were studied in the project.

Methods:

Data were retrieved from the “key statistics on service demand of A&E Departments” and the Hong Kong Observatory database for analysis.

Results & Discussion:

The average total A&E daily attendance was 6,226 during the 2016 winter surge period. The most drastic surge was observed on the CNY PH day 2 with a surge of total daily attendance from 5,860 to 7,613 (30% rise). The average number of daily attendance on Mondays (excluding the Lunar New Year PH) is 6,598, which is 6% more compared with the baseline average. The coldest day in 2/2016 had 8% dip of total attendance compared with a day prior. On the documented rainy days, the total daily attendance was 5,895, around 5% less compared with non-rainy day's total daily average attendance. From the findings, extra manpower allocation could be considered during the long public holiday and Mondays. Rainy days may be a factor leading to reduced attendance but it is not a reliably predictable factor in advance for duty planning purpose.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 047

The effectiveness of home-based intervention on fall prevention as part of Home Visit Programme

Ting Hong WONG BA, MSc; Jenny Wing Mei CHEUNG RN; Joyce Shao Fen TANG MBBS, FRACGP, FHKAM(FM), MPH, DipTM&H

United Christian Nethersole Community Health Service

Introduction:

United Christian Nethersole Community Health Services (UCN) started a home visit service in 2011. Our experience revealed most participants were at high risk for falls. It is a good time to examine the effectiveness of our intervention on falls prevention.

Method:

Elderly aged 65 or above were visited by health worker. For those found to have high falls risk, interventions such as physiotherapy or occupational therapy were provided. Falls data were extracted from 2016-2017 home visit programme comparing falls incidence pre and post intervention. Fisher's exact test by Excel 2007 was performed. All significance level (p) was set to <0.05.

Results:

There were 855 elderly visited in 2016-2017. History of falls in the preceding 3 and 6 month periods was asked. 76 were found to have high risk of further falls. They were targeted for intervention. At 6 month post-intervention follow-up, we examined again their falls incidence in the preceding 3 and 6 months. We found that falls rate in preceding 3 months had reduced from 63.2% at baseline to 5.6% at 6 month follow-up; and the fall rate in preceding 6 months had reduced from 100% at baseline to 9.9% at 6 months follow-up. Both changes were statistically significant.

Discussion:

Home based health and safety assessment by trained healthcare worker can provide comprehensive falls risk management. Home based simple interventions are effective in helping to prevent falls in community dwelling elderly. More difficulties were encountered for those needing the same modifications but not living in public housing. Outreaching physiotherapy service is recommended.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 048

Motivations to quit smoking among Ethnic Minorities and Chinese smokers in Hong Kong

Bulbul SHARMA, Joyce S.F. TANG, Rex C.C. LAU, Sarah T.Y. LAW, Sharmila GURUNG

Smoking Cessation Programme for Ethnic Minorities and New Immigrants, Preventive Medicine and Clinical Service Department, United Christian Nethersole Community Health Service (UCNCHS)

Aims and objectives:

- To assess the motivations to quit smoking among Ethnic Minorities and Chinese smokers in Hong Kong.
- To propose tailor-made smoking cessation strategies for the target groups.

Method:

- From 1st April 2013 to 31st March 2017, 503 Ethnic Minorities smokers and 375 Chinese smokers attended our smoking cessation service.
- An in-depth face-to face interview with a comprehensive structured questionnaire was conducted for each of the cases at the time of case intake. Their motivations to quit smoking were assessed by asking them a multiple choice question with nine options. Multiple answers were allowed.

Results:

Ethnic Minorities (EM) (N=503) and Chinese groups (N=375) revealed similar motivations: both are most concerned for their own health (95.2% EM and 87.5% Chinese), followed by the concern for their family's health (40% EM and 35.7% Chinese), and costs / prices of / taxes on cigarettes (31.6% EM and 30.9% Chinese).

Discussion:

Promotional measures for smokers should be implemented according to their motivations to quit smoking. Promotion targeting smokers' health issues would be the most effective. Adequate information related to self harms from first-hand smoking, as well as harms from second-hand and third-hand smoke on their family members should be ensured to motivate smokers to take the first step to quit smoking and make informed choices on their smoking behavior. Tobacco control legislative measures need to prioritize enlarging pictorial health warnings. Ultimately, raising cost of cigarettes and tobacco tax is another measure to motivate smokers to quit.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 049

Occupational Therapy for pain management in primary care: A psychosocial prospective

Ho CM¹, Ching CS¹, Lee KY¹, Leung KF¹, Choy PS², Chan KHK²

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²Department of Family Medicine and General Outpatient Clinic, Kowloon Central Cluster, Hospital Authority

Introduction:

Chronic pain always accompanies with psychological problems; it limits one's participation in enjoyable activities and affect quality of life. Occupational Therapist adopts an "Acceptance and Adaptation" approach to empower patients' self-management in General Outpatient Clinic (GOPC). The aim of the study is to evaluate the effectiveness of pain care program in primary care.

Methodology:

This is a retrospective descriptive study conducted at GOPC. 37 patients suffering from chronic pain with psychological complaints were recruited. Outcome measure were Personal Health Questionnaire (PHQ-9), General Anxiety Disorder Assessment (GAD-7) and the Sleep efficiency.

Result:

After 3-month intervention, both mood symptoms and sleep efficiency were significantly decreased. Mean PHQ9 score decreased from 5.5 (SD 2.8) to 4.8 (SD 2.4) ($t = 3.35$; $p = .002$), mean GAD scores decreased 6.7 (SD 3.3) to 3.9 (SD 2.6) ($t = 5.51$; $p < .001$) and Sleep efficiency increased from 64.6% (SD 15.5) to 76% (SD 12.7) ($t = 6.45$; $p < .001$).

Discussion:

Timely education and empowerment can reduce anxiety, improve sleep and promote acceptance and adaptation in patients living with chronic pain. Early management of patient suffered from chronic pain prevent further burden of disease in the healthcare system and improves one's quality of life in long run.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 050

Case Report: Nonthrombotic Pulmonary Embolism in a Transgender Following Cosmetic Subcutaneous Injection

Clarissa Valledor MD; Mary Glaze B. Rosal MD; Goldie Lynn D. Diaz MD; Elizabeth C. Engeljakob MD; Ma. Teresa Tricia Guison-Bautista MD; Stephanie Cancino-Ruiz MD

Objectives :

Using the biopsychosocial approach, we report a case of a transwoman who developed pulmonary embolism secondary to illicit subcutaneous cosmetic injection presumably silicone. This presentation will also introduce commonly available dermal fillers and their side effects, discuss the pathogenesis, diagnosis and treatment of non-thrombotic pulmonary embolism, as well as the relevant psychosocial issues faced by this patient.

Subject and Methods:

A 30-year old transgender male with history of multiple cosmetic injections presented to our emergency department with one month non-productive cough, pleuritic chest pain and bouts of hemoptysis. Dyspnea started shortly after a non-medical practitioner performed aesthetic injection to the buttocks. Respiratory distress progressed despite initiation of empiric antibiotic therapy prompting transfer to the intensive care unit. Plasma D-dimer had 6-fold elevation. High-resolution chest CT scan revealed bibasilar and peripheral ground glass opacities. Due to worsening dyspnea, patient was intubated and started on enoxaparin and hydrocortisone. Clinical improvement was noted after 7 days and eventually extubated on Day 11.

Outcome:

Patient was discharged improved after 21 days. On a 2-week follow up, patient was completely asymptomatic.

Conclusion:

Given the possible severity of clinical sequelae related to cosmetic injections, clinicians and patients must be aware of this illicit, dangerous and potentially lethal practice.

Keywords:

transwoman, silicone, pulmonary embolism, injection fillers



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Contraindications • Hypersensitivity to the active substances or to any of the excipients. **Warnings and Precautions** • Should not be used in patients with asthma. • As with other inhalation therapies, administration of ANORO may produce paradoxical bronchospasm that may be life-threatening. Treatment with ANORO should be discontinued immediately if paradoxical bronchospasm occurs and alternative therapy instituted if necessary. • Not indicated for acute episodes of bronchospasm. • In the event of deterioration of COPD during treatment with ANORO, a re-evaluation of the patient and of the COPD treatment regimen should be undertaken. • Should be used with caution in patients with severe cardiovascular disease. • Should be used with caution in patients with urinary retention or with narrow-angle glaucoma. • Caution should be exercised when ANORO is used with other medicinal products that also have the potential to cause hypokalaemia. • Upon initiation of treatment with ANORO plasma glucose should be monitored more closely in diabetic patients. • Should be used with caution in patients with convulsive disorders or thyrotoxicosis, and in patients who are unusually responsive to beta2-adrenergic agonists. • Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicinal product. **ADVERSE REACTIONS** The following adverse events have been reported with a frequency of common (>1/100) and <1/100: Urinary tract infection, sinusitis, nasopharyngitis, pharyngitis, upper respiratory tract infection, headache, cough, oropharyngeal pain, constipation, dry mouth.

Abbreviated Prescribing Information

Name of the Medicinal Product: ANORO Ellipta Inhalation Powder. Pre-dispensed 62.5 mcg / 25 mcg. **Qualitative and Quantitative Composition:** Each single inhalation provides a delivered dose (the dose leaving the mouthpiece) of 62.5 mcg umeclidinium bromide equivalent to 55 mcg of umeclidinium and 25 mcg of vilanterol (as fumarate). This corresponds to a pre-dispensed dose of 74.2 mcg umeclidinium bromide equivalent to 62.5 mcg umeclidinium and 25 mcg vilanterol (as fumarate). **Therapeutic Indications:** As a maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD). **Dosage and Administration:** The recommended dose is one inhalation of ANORO 62.5 / 25 mcg once daily. ANORO should be administered once daily at the same time of the day each day to maintain bronchodilation. **Contraindications:** Hypersensitivity to the active substances or to any of the excipients. **Special warnings and precautions for use:** Asthma - ANORO should not be used in patients with asthma since it has not been studied in this patient population. Paradoxical bronchospasm - As with other inhalation therapies, administration of ANORO may produce paradoxical bronchospasm that may be life-threatening. Treatment with ANORO should be discontinued immediately if paradoxical bronchospasm occurs and alternative therapy

instituted if necessary. Not for acute use - ANORO is not indicated for the treatment of acute episodes of bronchospasm. Deterioration of disease - Including use of short acting bronchodilators to relieve symptoms indicates deterioration of control. In the event of deterioration of COPD during treatment with ANORO, a re-evaluation of the patient and of the COPD treatment regimen should be undertaken. Cardiovascular effects - Cardiovascular effects, such as cardiac arrhythmias (e.g. atrial fibrillation and tachycardia), may be seen after the administration of muscarinic receptor antagonists and sympathomimetics, including umeclidinium/vilanterol. Patients with clinically significant uncontrolled cardiovascular disease were excluded from clinical studies. Therefore, ANORO should be used with caution in patients with severe cardiovascular disease. Anticholinergic activity - Consistent with anticholinergic activity, ANORO should be used with caution in patients with urinary retention or with narrow-angle glaucoma. Dry mouth - This medicinal product contains lactose. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicinal product. **Pregnancy and lactation:** ANORO should be used during pregnancy only if the expected benefit to the mother justifies the potential risk to the fetus. A decision must be made as to whether to discontinue breast feeding or to discontinue

umeclidinium/vilanterol therapy taking into account the benefit of breast feeding for the child and the benefit of therapy for the mother. **Interactions:** Medicinal products containing beta-adrenergic blockers may weaken or antagonise the effect of beta-adrenergic agonists, such as vilanterol. Concurrent use of other non-selective selective beta-adrenergic blockers should be avoided unless there are compelling reasons for their use. Concomitant administration of strong CYP3A4 inhibitors (e.g. ketoconazole, clarithromycin, itraconazole, rifamycin, rifabutin) may inhibit the metabolism of vilanterol, and increase the systemic exposure to vilanterol. Care is advised when co-administering umeclidinium/vilanterol with telaprevir and other known strong CYP3A4 inhibitors as there is potential for an increased systemic exposure to vilanterol, which could lead to an increase in the potential for adverse reactions. **Undesirable effects:** Common: urinary tract infection, sinusitis, nasopharyngitis, pharyngitis, upper respiratory tract infection, headache, cough, oropharyngeal pain, constipation, dry mouth. Uncommon: atrial fibrillation, supraventricular tachycardia, myxomatous degeneration, tachycardia, supraventricular extrasystoles, rash. **Overdose:** An overdose of ANORO will likely produce signs and symptoms due to the individual components' actions. If overdose occurs, the patient should be treated supportively with appropriate monitoring as necessary.

References: 1. B. B. Marwick, et al. Respiratory Medicine 2014; 108:1750-1760. 2. Anoro (umeclidinium/vilanterol) Hong Kong Prescribing Information, 2014.

Full Prescribing Information is available upon request. Please read the full prescribing information prior to administration, available from GlaxoSmithKline Limited.

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- Relvar[®] should not be used to treat acute asthma symptoms, for which a short-acting bronchodilator is required
- Relvar[®] should be used with caution in patients with severe cardiovascular disease, pulmonary tuberculosis or in patients with chronic or untreated infections
- Systemic effects may occur with any inhaled corticosteroids, particularly at high doses prescribed for long periods. Possible systemic effects include Cushing's syndrome, Cushingoid features, adrenal suppression, growth retardation in children and adolescents and decrease in bone mineral density

Adverse effects observed with Relvar[®] in clinical studies and post-marketing

Frequency Category	Number of Subjects	Adverse reaction(s)
Very common	>1/10	Headache, nasopharyngitis
Common	>1/100 to <1/10	Pharyngitis, rhinitis, candidiasis of mouth and throat, pneumonia, arthralgia, pyrexia
Uncommon	>1/1,000 to <1/100	Extrastokes

ABBREVIATED PRESCRIBING INFORMATION OF RELVAR[®] ELLIPTA[®]

NAME OF THE PRODUCT: RELVAR[®] ELLIPTA[®] **QUALITATIVE AND QUANTITATIVE COMPOSITION:** Pre-dispensed dose of 100 mcg or 200mcg of fluticasone furoate and 25 mcg vilanterol (as vilanterol). **INDICATIONS:** Asthma. **Relvar[®] Ellipta[®] 100/25mcg and 200/25mcg** is indicated for the regular treatment of asthma in adults and adolescents aged 12 years and older where use of a combination medicinal product (long-acting beta₂-agonist and inhaled corticosteroid) is appropriate. Patients not adequately controlled with inhaled corticosteroids and/or as-needed inhaled short-acting beta₂-agonists. **DOSEAGE AND ADMINISTRATION:** Asthma. Adults and adolescents aged 12 years and over One inhalation of **Relvar[®] Ellipta[®] 100/25mcg or 200/25mcg** once daily. Patients usually experience an improvement in lung function within 15 minutes of inhaling Relvar[®] Ellipta[®]. A starting dose of **Relvar[®] Ellipta[®] 100/25mcg** should be considered for adults and adolescents 12 years and over who require a low to mid dose of inhaled corticosteroid in combination with a long-acting beta₂-agonist. If patients are inadequately controlled on **Relvar[®] Ellipta[®] 100/25mcg**, the dose can be increased to **Relvar[®] Ellipta[®] 200/25mcg**, which may provide additional improvement in asthma control. The maximum recommended dose is **Relvar[®] Ellipta[®] 200/25mcg** once daily. Children aged under 12 years: The safety and efficacy of Relvar[®] Ellipta[®] in children under 12 years of age has not yet been established in the indication for asthma. Elderly patients (>65 years) and renal impairment: No dose adjustment. Relvar[®] Ellipta[®] is for inhalation use only. After inhalation, the patient should rinse their mouth with water without swallowing. Patients should be made aware that Relvar[®] Ellipta[®] must be used regularly even when asymptomatic. Patients should be regularly monitored by a healthcare professional so that the strength of Relvar[®] Ellipta[®] they are receiving remains optimal and is only changed on medical advice. **CONTRAINDICATIONS:** Hypersensitivity to the active substances or to any of the excipients. **WARNINGS AND PRECAUTIONS:** Exacerbation of disease. Fluticasone furoate/vilanterol should not be used to treat acute asthma symptoms or an acute exacerbation in COPD, for which a short-acting bronchodilator is required. Increasing use of short-acting bronchodilators to relieve symptoms indicates deterioration of control and patients should be reviewed by a physician. Patients should not stop therapy with fluticasone furoate/vilanterol in asthma or COPD without physician supervision since symptoms may occur after discontinuation. Asthma-related adverse events and exacerbations may occur during treatment with fluticasone furoate/vilanterol. Patients should be advised to continue treatment but to seek medical advice if asthma symptoms remain uncontrolled or worsen after initiation of treatment with Relvar[®] Ellipta[®]. **Postnatal bronchopulmonary:** Postnatal bronchopulmonary may occur with an immediate increase in wheezing after dosing. This should be treated immediately with a short-acting inhaled bronchodilator. Relvar[®] Ellipta[®] should be discontinued immediately. The patient should receive alternative therapy initiated if necessary. **Cardiovascular effects:** Cardiovascular effects, such as cardiac arrhythmias, a supraventricular tachycardia and extrasystoles may be seen with sympathomimetic medicinal products including Relvar[®] Ellipta[®]. Therefore fluticasone furoate/vilanterol should be used with caution in patients with severe cardiovascular disease. **Systemic effects:** Systemic effects may occur with any inhaled corticosteroid, particularly at high doses prescribed for long periods. These effects are much less likely to occur than with oral corticosteroids. Possible systemic effects include Cushing's syndrome, Cushingoid features, adrenal suppression, decrease in bone mineral density, growth retardation in children and adolescents, cataract and glaucoma and more rarely a range of psychological or behavioural effects including psychomotor hyperactivity, sleep disorders, anxiety, depression or aggression (particularly in children). Fluticasone furoate/vilanterol should be administered with caution in patients with pulmonary tuberculosis or in patients with chronic or untreated infections. **Pregnancy and lactation:** See PREGNANCY AND LACTATION. An increase in pneumonia has been observed in patients with COPD receiving fluticasone furoate/vilanterol. There was also an increased incidence of pneumonia resulting in hospitalisation. In some instances these pneumonia events were fatal. Physicians should remain vigilant for the possible development of pneumonia in patients with COPD as the clinical features of such infections overlap with the symptoms of COPD exacerbation. Risk factors for pneumonia in patients with COPD receiving fluticasone furoate/vilanterol include current smokers, patients with a history of prior pneumonia, patients with a body mass index <25 kg/m² and patients with a forced expiratory volume (FEV₁) <50% predicted. These factors should be considered when fluticasone furoate/vilanterol is prescribed and treatment should be re-evaluated if pneumonia occurs. The incidence of pneumonia in patients with asthma was common at the higher dose. The incidence of pneumonia in patients with asthma using Relvar[®] Ellipta[®] 200/25mcg was numerically higher compared with those receiving Relvar[®] Ellipta[®] 100/25mcg or placebo. No risk factors were identified. **INTERACTIONS:** Interaction with beta-blockers: Beta-adrenergic blockers may weaken or antagonise the effect of beta-adrenergic agonists. Concurrent use of both non-selective and selective beta-adrenergic blockers should be avoided unless there are compelling reasons for their use. **Interaction with CYP3A4 inhibitors:** Caution is advised when co-administering with strong CYP3A4 inhibitors as there is potential for increased systemic exposure to both fluticasone furoate and vilanterol, and concurrent use should be avoided. **PREGNANCY AND LACTATION:** Pregnancy: Administration of fluticasone furoate/vilanterol to pregnant women should only be considered if the expected benefit to the mother is greater than any possible risk to the foetus. **Breast-feeding:** A decision must be made whether to discontinue breast-feeding or to discontinue fluticasone furoate/vilanterol therapy taking into account the benefits of breast-feeding for the child and the benefit of therapy for the woman. **ADVERSE REACTIONS:** Pneumonia, upper respiratory tract infection, bronchitis, influenza, candidiasis of mouth and throat, headache, asthenia, nasopharyngitis, oropharyngeal pain, sinusitis, pharyngitis, rhinitis, cough, dysphonia, abdominal pain, arthralgia, back pain, fractures, perioral, OVERDOSE: There is no specific treatment for an overdose with fluticasone furoate/vilanterol. If overdose occurs, the patient should be treated supportively with appropriate monitoring as necessary. Further management should be as clinically indicated or as recommended by the national poisons centre, where available. Abbreviated Prescribing Information based on Relvar[®] Ellipta[®] Summary of Product Characteristics, Hong Kong 2014. Version number: September 2014.

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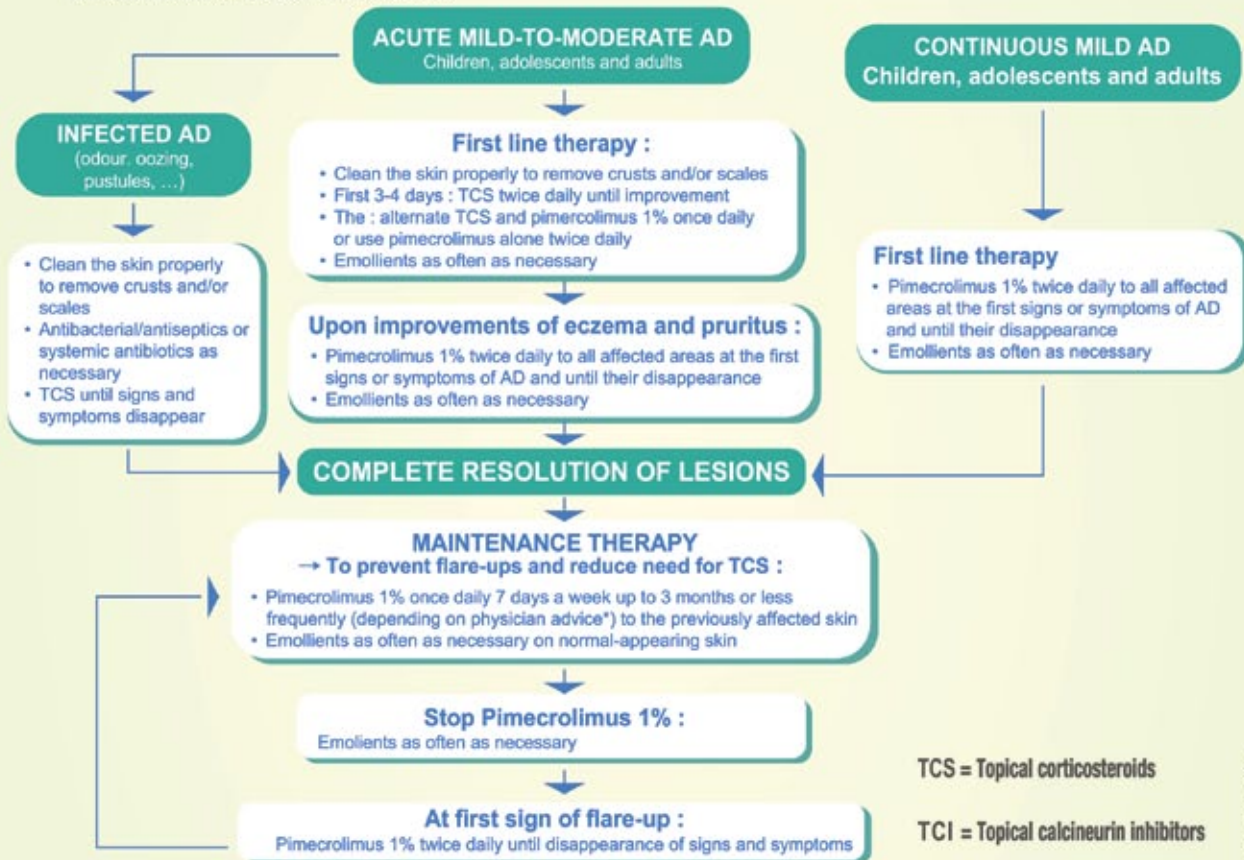


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- TCS are still a main therapy for AD treatment, but they have some limitations including:
 - Skin atrophy¹
 - Damage of the skin barrier²
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 - HPA axis suppression⁴
- Pimecrolimus 1% TCI is now proven as effective as TCS (Petite Study) with clear benefits and advantages over TCS
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New treatment algorithm for mild to moderate AD: an European Consensus⁵

A group of 12 international experts in AD management developed a new AD treatment algorithm (EJD, 2013⁵) based on literature review and their own experience



Conclusions

"Pimecrolimus 1% cream may be considered the drug of choice for the treatment of patients with mild-to-moderate AD in children as well as in adults and particularly in sensitive skin areas."

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