

The logo of the Hong Kong College of Family Physicians (HKCFP) is a shield-shaped emblem. At the top, the letters 'HKCFP' are written in gold on a red background. The shield is divided into four quadrants by a red cross. The top-left quadrant is red with a white caduceus. The top-right quadrant is red with a white globe. The bottom-left quadrant is red with a white caduceus. The bottom-right quadrant is red with a white globe. A red banner at the bottom contains the Chinese characters '更致全康' in gold.

**The Hong Kong College
of Family Physicians**

[illegible]

23 – 24 June 2018
(Saturday – Sunday)

PROGRAMME BOOK

TABLE OF CONTENTS

Welcome Message	2
Organizing Committee	3
Message from President	4
Congratulatory Message	5
Conference Information	11
Acknowledgement	12
Scientific Programme	17
Abstract	
- Plenary Lectures	19
- Seminars	22
- Workshops	28
- Symposia	31
- Clinical Case Presentation Competition	37
- Free Paper Competition : Oral Presentation	38
- Free Paper Competition : Poster Presentation	46

WELCOME MESSAGE



On behalf of the Organizing Committee, it is my great honor and pleasure to invite you to the 8th Hong Kong Primary Care Conference (HKPCC) of the Hong Kong College of Family Physicians (HKCFP), which is to be held from June 23 to 24, 2018 at the Hong Kong Academy of Medicine (HKAM) Jockey Club Building, Aberdeen, Hong Kong.

“Family Physician – Nexus of the New Era of Primary Care” is the overarching theme of this year’s conference. It rekindles the vital role of family physicians in responding to the ever-challenging healthcare ecosystem and to deliver cost-effective, sustainable and patient-centered health care. With an increasingly ageing population bringing more chronic conditions and complex comorbidities, Hong Kong is facing tremendous challenges in addressing the demand for healthcare services with an already overburdened public hospital system, despite ongoing primary care reforms. The World Organization of Family Doctors WONCA supports the view that general practice is pivotal to the success of primary health care in developed countries e.g. Australia.

General practice provides primary, continuing, comprehensive and coordinated holistic health care to individuals and families in their communities. These elements place general practice at the center of an effective primary health care system. Family physicians, with their attributes which includes playing an effective coordinating role in health care provision, will be beneficial strategic partners in further enhancing primary care development in Hong Kong.

Over the years, our annual hallmark conference has served as an inspiring platform for bringing together international and local experts, family physicians, dentists, nurses, allied health practitioners and other primary care providers to promote collaborative and networking opportunities in addressing present and future challenges. It offers a rich milieu for sharing the latest scientific updates, research activities as well as an open exchange of experiences and views on recent developments and trends in primary care. Furthermore, we will go green with the issuing of electronic certificates of attendance for our participating delegates as well as a web-based electronic program book.

Once again, I am confident that this conference will be an enriching and memorable experience for you all!

A handwritten signature in black ink, reading "Lorna NG".

Dr. Lorna NG

Chairman
Organizing Committee
Hong Kong Primary Care Conference 2018



**Hong Kong
Primary Care
Conference**

The Hong Kong College
of Family Physicians

ORGANIZING COMMITTEE

Chairlady:	Dr. NG	Lorna
Advisors:	Dr. CHAN	Ming Wai, Angus
	Dr. CHAO	Vai Kiong, David
	Dr. FOO	Kam So, Stephen
	Dr. LAU	Ho Lim
Business Manager:	Dr. CHIU	Chi Fai, Billy
Scientific Subcommittee-		
- Scientific Coordinators:	Dr. CHIANG	Lap Kin
	Dr. SIT	Wing Shan, Regina
- Scientific Subcommittee Members:	Dr. CHEN	Xiao Rui, Catherine
	Dr. CHIN	Weng Yee
	Dr. SZE	Pui Ka, Catherine
	Dr. TSE	Sut Yee
Publication Subcommittee-		
- Publication Coordinator:	Dr. CHENG	Ghar Yee, Judy
- Publication Subcommittee Members:	Dr. CHENG	Hei Wan, Lian
	Dr. LEUNG	Cheuk Wing, Vienna
	Dr. TSIM	Koon Lan, Kathy
Competition Coordinators-		
- Clinical Case Presentation Competition Coordinator:	Dr. KWAN	Yu
- Poster Presentation Coordinator:	Dr. KWAN	Wing Yan, Wendy
Nurse Planners:	Ms. CHONG	Yuen Chun, Samantha
	Ms. LAM	Choi Hing, Margaret
	Ms. WONG	Bo Chu
Allied Health Planner:	Ms. FUNG	Brigitte

MESSAGE FROM PRESIDENT



Welcome to the 8th Hong Kong Primary Care Conference! HKPCC has become a traditional annual event which brings together family physicians, nurses and other allied professionals to share our experiences and exchange ideas.

Healthcare systems around the world are increasingly challenged to effectively and efficiently provide for populations that are living longer and to deal with the rising cost of chronic diseases and preventable illnesses that required complex interventions. Disease-based, focused on episodic treatment and largely hospital-centred models are no longer sustainable. Facing this global phenomenon, the World Health Organization has called for a “fundamental paradigm shift in the way health services are funded, managed and delivered” in order to achieve further positive improvements in health outcomes. The solution must be the enhancement of primary medical healthcare.

The Organizing Committee has chosen “Family Physician-Nexus of the New Era of Primary Care” as the theme. Nexus is the connecting and coordinating ability of the Family Doctors. We are privileged to have five star speakers including Dr Constance Chan, Director of Health, Hong Kong SAR; Prof Richard Hobbs, Professor of Primary Care Health Sciences, University of Oxford; and Prof Samuel Wong, Professor and Head, Division of Family Medicine and Primary Healthcare, The Chinese University of Hong Kong, to deliver the three main plenary lectures.

Last but not least, I must thank Dr Lorna Ng and her most committed Organizing Committee and the College Secretariat in making this Conference possible, successful and memorable.

A handwritten signature in black ink, appearing to read 'Angus M.W. Chan'.

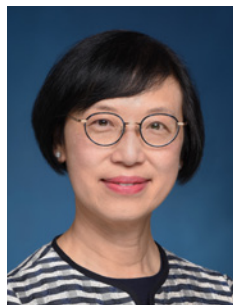
Dr. Angus M.W. CHAN

President

The Hong Kong College of Family Physicians



CONGRATULATORY MESSAGE



I wish to extend my heartfelt congratulations to the Hong Kong College of Family Physicians on organising the Hong Kong Primary Care Conference 2018.

A comprehensive and coordinated primary healthcare system which provides person-centred first contact care is crucial to safeguarding overall public health. In view of our ageing population and a high prevalence of chronic illness among older adults, it is essential for us to promote individual and community involvement, enhance co-ordination among medical and social sectors, and strengthen community-level primary healthcare services.

The Chief Executive in the 2017 Policy Address has announced the establishment of the Steering Committee on Primary Healthcare Development which will comprehensively review the existing planning of primary healthcare services and draw up a blueprint for the sustainable development of primary healthcare services. Our persistent efforts over the years in promoting the family doctor concept, establishing reference frameworks which define best practices, and promulgating continuing professional development for medical practitioners and healthcare service providers would help provide the basis for further development of the primary healthcare system in Hong Kong.

The College has all along been playing a crucial role in enhancing and developing family medicine in Hong Kong. The Hong Kong Primary Care Conference 2018 provides an arena for experts, clinicians and healthcare professionals to exchange thoughts and ideas on the latest development in the field of family medicine. I wish the Conference every success and all participants an inspirational experience.

Prof. Sophia S.C. CHAN, JP

Secretary for Food and Health

Food and Health Bureau

The Government of the Hong Kong Special Administrative Region

CONGRATULATORY MESSAGE



I would like to express my heartfelt congratulations to the Hong Kong College of Family Physicians for organizing the Hong Kong Primary Care Conference 2018, following all the successful ones since 2011.

Through the years, the College has put in enormous effort into promoting the family doctor concept and building capacity among family doctors. As the theme of this year's Conference "Family Physician: Nexus of the New Era of Primary Care" says, family doctor is the nexus of coordinated and quality primary care. This annual occasion has been providing valuable platform for sharing, mutual learning and cross-fertilisation between family doctors and their close working partners.

This year is an important landmark for the battle against non-communicable diseases (NCDs). The Government will implement a new strategy and action plan (SAP) to prevent and control NCDs. Entitled "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong", the SAP defines nine local targets to be achieved by 2025 and a sustained and systematic portfolio of initiatives to introduce interventions throughout the course of life to help prevent occurrence and progress of NCDs. I would like to appeal to all family doctors to join hands with the Government and play an essential part to relieve the burden of NCDs in the context of the SAP. Together, we would safeguard the health of our population and the future generation.

I wish this Conference every success, and all the participants a fruitful and inspirational experience.



Dr. Constance H.Y. CHAN, JP

Director

Department of Health,

The Government of the Hong Kong Special Administrative Region

CONGRATULATORY MESSAGE



I wish to convey my heartiest congratulations to the Hong Kong College of Family Physicians for hosting the Hong Kong Primary Care Conference on 23-24 June 2018, a hallmark event bringing together local and international experts to discuss and address challenges in primary care.

The Hong Kong SAR government is placing emphasis on primary care and have set up a steering committee on primary healthcare development with the aim of developing a blueprint of sustainable primary healthcare. Indeed family physicians will be the nexus of the new era of primary care which most appropriately is the theme of the 2018 Hong Kong Primary Care Conference. Family physicians play an important role in leading multi-disciplinary team to provide comprehensive primary healthcare service for Hong Kong providing early diagnosis, prevention, continuous and end of life care for patients. To enable an appropriate trusting doctor patient relationship, family physician must possess the proper knowledge, skills and attitude acquired through structural training as well as continuous professional development. The Conference provides an excellent opportunity for colleagues to network, share insights and learn from one another.

I look forward to joining all of you at the Conference. May I wish the Conference every success.

A handwritten signature in black ink, appearing to be 'DL' with a flourish.

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

President Elect

World Organization of Family Doctors (WONCA)

Past President

Hong Kong Academy of Medicine

CONGRATULATORY MESSAGE



This Hong Kong Primary Care Conference marks the celebration of the 40th anniversary of the 1978 Alma Ata Declaration “Primary Health Care - the Key to Health for All”, and the 10th anniversary of the WHO World Report 2018 “Primary Health Care, Now More than Ever”. Primary care has developed rapidly over the past 40 years, it has expanded from its role of gate-keeping health services to ensuring every citizen getting the best bio-psycho-social care to maintain, restore and improve health. The conference theme “Family Physician: Nexus of the New Era of Primary Care” is most timely to examine how family doctors can lead patients through the increasingly complex multidisciplinary primary care of the future.

Many thanks to the Organizing Committee for providing the opportunity for us to broaden our minds through a reflection on our daily work and trans-disciplinary knowledge exchange.

I wish the conference a great success and every participant an inspirational experience.

A handwritten signature in black ink, reading "Cindy Lam".

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's Primary Care Conference of the HK College of Family Physicians has an important theme – "Family Physician: Nexus of the New Era of Primary Care". It is clear that there is an increasing role of family physicians in providing continuous, interpersonal and comprehensive care for people with increased complexity of health needs. With the increase in the number of people with chronic conditions and the increase in the number of chronic conditions in individual patients, primary care that is led by family physicians is a key to ensure good population health outcomes.

Helping people with complex health needs requires a multidisciplinary team of caring healthcare professionals working together to provide holistic care for patients. Family physicians are in the best position to ensure that care provided by such teams of health professionals are not fragmented and are focused on the whole person with continuity. It is therefore essential that family physicians take an active leading role in coordinating the care of patients in the community and be advocates for implementing measures that can improve population health through the provision of quality primary care. 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 in choosing this important theme especially at a time when there is a pressing need to improve primary care in Hong Kong. By inviting a range of excellent speakers with diverse backgrounds, I am sure this will be an enriching two days for all attending and I wish you all every success in leading primary care service development in Hong Kong.

Prof. E.K. YEON

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

CONGRATULATORY MESSAGE



“Family Physician: Nexus of a New Era of Primary Care” is the theme of this year’s Primary Care Conference. With the ageing population of Hong Kong, an increasing number of people are having multiple chronic conditions. To help solve these complex health needs, family physicians are indeed at the heart of the multidisciplinary primary care team providing accessible, holistic and patient-centred care in a cost-effective manner.

The Hong Kong College of Family Physicians has been playing an active role in promoting quality family medicine practices through training, research and experience sharing. This annual Conference brings together family doctors, nurses and allied health professionals, provides valuable opportunities for all to keep abreast of the latest development in primary care, share experience and build network.

As a close working partner of the Primary Care Office, the College has contributed in the development and promulgation of the Hong Kong Reference Frameworks with emphasis on preventive care for specific population groups, capacity building as well as evidence-based practices. I wish to take this opportunity to express our sincere gratitude for the College’s continuous support in the development of primary care in Hong Kong.

I congratulate the College in bringing experts from a wide range of backgrounds and experiences to speak at this Conference. I wish the Conference every success and look forward to continuing our collaboration in the coming year and beyond.

Dr. Sarah M.Y. CHOI

Head, Primary Care Office

Department of Health,

The Government of the Hong Kong Special Administrative Region

CONFERENCE INFORMATION

Organized by : The Hong Kong College of Family Physicians
Date : 23-24 June 2018 (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 HKPCC 2018

College/Programme	For the whole function	23/6/2018 Whole Day	24/6/2018 Whole Day	CME/CPD Category
Anaesthesiologists		5	4.5	Non Ana
Community Medicine		5	4	
Dental Surgeons		5	4.5	Cat. B
Emergency Medicine		5	5	PP
Family Physicians	10	5	5	Cat. 5.2
Obstetricians & Gynaecologists	Pending	Pending	Pending	Pending
Ophthalmologists	4.75	2.5	2.25	Passive
Orthopedic Surgeons		5	4	Cat. C
Otorhinolaryngologists	4.5	2.5	2	Cat. 2.2
Paediatricians		3	3	Cat A
Pathologists		5	5	PP
Physicians		2.5	2	
Psychiatrists	9.5	5	4.5	PP/OP
Radiologists		5	4.5	Cat. B
Surgeons		5	4.5	Passive
Prosthetist-Orthotists	8	5	3	Cat. A1
CEU (For HA Pharmacists)		3	4	
MCHK CME Programme	10	5	5	Passive
CNE (For Nurse)	10	5	5	

Conference Secretariat

Tel No. : (852) 2871 8899
Fax No. : (852) 2866 0616
Email : hkpcc@hkcfp.org.hk
Contact Person : Ms. Alky YU / Ms. Crystal YUNG / Ms. Suki LUNG /
 Ms. Erica SO / Ms. Teresa LIU / Ms. Windy LAU
Contact Person for CME / CPD / CNE : 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 Hong Kong Primary Care Conference a successful one.

Officiating Guests

Prof. Sophia S.C. CHAN, JP

Secretary for Food and Health, Food and Health Bureau, HKSAR

Dr. Constance H.Y. CHAN, JP

Director of Health, Department of Health, HKSAR

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

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

Prof. Richard HOBBS

Professor and Head of the Nuffield Department of Primary Care Health Sciences, University of Oxford;
Director, NIHR English School for Primary Care Research;
Director, NIHR Collaboration for Leadership in Applied Health Research and Care
(NIHR CLAHRC) Oxford

Prof. Samuel Y.S. WONG

Associate Director (Undergraduate Education);
Professor and Head, Division of Family Medicine and Primary Healthcare;
JC School of Public Health and Primary Care, The Chinese University of Hong Kong

Plenary Speakers

Dr. Constance H.Y. CHAN, JP

Director of Health, Department of Health, HKSAR

Prof. Richard HOBBS

Professor and Head of the Nuffield Department of Primary Care Health Sciences, University of Oxford;
Director, NIHR English School for Primary Care Research;
Director, NIHR Collaboration for Leadership in Applied Health Research and Care
(NIHR CLAHRC) Oxford

Prof. Samuel Y.S. WONG

Associate Director (Undergraduate Education);
Professor and Head, Division of Family Medicine and Primary Healthcare;
JC School of Public Health and Primary Care, The Chinese University of Hong Kong

Seminar Speakers

Prof. LO Wai Kei

Specialist in Nephrology;
Honorary Clinical Professor, Department of Medicine, The University of Hong Kong

Prof. Albert LEE

Director, Centre for Health Education and Health Promotion;
Clinical Professor, School of Public Health and Primary Care, The Chinese University of Hong Kong;
Vice President (Child and Adolescent Public Health), UNESCO-Hong Kong Association

Dr. Patrick K.C. CHIU

Specialist in Geriatrics;

Consultant, Division of Geriatrics, University Department of Medicine, Queen Mary Hospital;
Honorary Clinical Associate Professor, University Department of Medicine and Department of Family Medicine and
Primary Care, The University of Hong Kong

Prof. Lawrence K.S. WONG

Specialist in Neurology;

Emeritus Professor, Department of Medicine & Therapeutics, The Chinese University of Hong Kong

Dr. Vincent H.L. IP

Neurologist; Associate Consultant, Division of Neurology;

Department of Medicine & Therapeutics, Prince of Wales Hospital;

Honorary Clinical Assistant Professor, Faculty of Medicine, The Chinese University of Hong Kong

Dr. Joyce S.F. TANG

Medical Director of United Christian Nethersole Community Health Service;

Honorary Clinical Assistant Professor, Li Ka Shing Faculty of Medicine, The University of Hong Kong;

Honorary Clinical Associate Professor in Family Medicine, Faculty of Medicine, The Chinese University of Hong Kong

Dr. Vincent C.H. CHUNG

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

Dr. Wendy WONG

Assistant Professor, School of Chinese Medicine, Hong Kong Institute of Integrative Medicine,
The Chinese University of Hong Kong

Workshop Speakers

Dr. Stanley M.L. LAI

Specialist in Periodontology;

Clinical Assistant Professor, Faculty of Dentistry, The University of Hong Kong

Dr. Ruby M.S. WONG

Specialist in Periodontology;

Honorary Clinical Assistant Professor, Faculty of Dentistry, The University of Hong Kong

Dr. Allen H.Y. NGAI

Specialist in Family Medicine;

Founding Council Member and Honorary Secretary of Hong Kong Institute of Musculoskeletal Medicine (HKIMM)

Dr. Paco W.Y. LEE

Specialist in Family Medicine;

Chairman of the Board of Information Technology of the Hong Kong Institute of Musculoskeletal Medicine (HKIMM)

Dr. Victor W.C. LUI

Specialist in Psychiatry;

Honorary Clinical Assistant Professor, Department of Psychiatry, The Chinese University of Hong Kong

Dr. Gemma K.C. LAW

Senior Programme Director, HKU School of Professional and Continuing Education

Symposia Speakers

Dr. Y. T. LEE

Specialist in Gastroenterology and Hepatology;
Honorary Clinical Associate Professor, The Chinese University of Hong Kong;
Honorary Consultant, Prince of Wales hospital, Queen Mary Hospital, Hong Kong Adventist Hospital, St. Paul's Hospital

Dr. Joshua S.C. WONG

Specialist in Pediatrics

Dr. Rose Z.W. TING

Specialist in Endocrinology, Diabetes and Metabolism

Prof. TANG Siu Wa

Emeritus Professor of Psychiatry, University of California, Irvine, USA
Founding President, The Hong Kong Society of Biological Psychiatry

Dr. CHAN Hok Sum

Specialist in Respiratory Medicine;
Consultant Physician, Department of Medicine, Alice Ho Miu Ling Nethersole Hospital

Dr. Terry K.W. MA

Specialist in Nephrology

Judges of Full, Trainee Research Paper Competition

Prof. LAM Tai Pong

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;
Clinical Professor, School of Public Health and Primary Care, The Chinese University of Hong Kong;
Vice President (Child and Adolescent Public Health), UNESCO-Hong Kong Association

Prof. Doris YOUNG

Professor of Family Medicine, Yong Loo Lin School of Medicine, National University of Singapore

Judges of Free Paper Competition – Poster Presentation

Ms. Samantha Y.C. CHONG

Associate Professor, School of Nursing;
Nursing Director, HKU Health System, Li Ka Shing Faculty of Medicine, The University of Hong Kong

Dr. Gene W.W. TSOI

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

Judges of Free Paper Competition – Oral Presentation

Dr. Cecilia Y.M. FAN

Council Member, The Hong Kong College of Family Physicians

Prof. Richard HOBBS

Professor and Head of the Nuffield Department of Primary Care Health Sciences, University of Oxford;
Director, NIHR English School for Primary Care Research;
Director, NIHR Collaboration for Leadership in Applied Health Research and Care
(NIHR CLAHRC) Oxford

Prof. William C.W. WONG

Honorary Secretary, The Hong Kong College of Family Physicians;
Clinical Associate Professor, Department of Family Medicine and Primary Care,
The University of Hong Kong

Prof. Samuel Y.S. WONG

Professor and Head, Division of Family Medicine and Primary Healthcare;
Associate Director (Undergraduate Education),
JC School of Public Health and Primary Care, The Chinese University of Hong Kong

Judges of Clinical Case Presentation Competition

Dr. Angus M.W. CHAN

President, The Hong Kong College of Family Physicians

Prof. Edward C.M. LO

Tam Wah-Ching Professor in Dental Science, Chair Professor of Dental Public Health,
Faculty of Dentistry, The University of Hong Kong

Mr. Jimmy K.W. WONG

President, The Hong Kong Association of Family Medicine and Primary Health Care Nurses;
President, The Hong Kong College of Community and Public Health Nursing

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

Dr. LAU Ho Lim

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

Secretarial Support

Ms. Teresa LIU

Exhibition and Advertisement

Ms. Crystal YUNG

Publication

Mr. John MA

QA Accreditation

Ms. Windy LAU

Registration

Ms. Suki LUNG

Scientific

Ms. Alky YU / Ms. Erica SO

General

Sponsors

Dinner Symposium

Lundbeck Hong Kong Limited
Novo Nordisk Hong Kong Limited
Sanofi-aventis (Hong Kong) Limited

Lunch Symposium

AstraZeneca Hong Kong Limited
Novartis Pharmaceutical Hong Kong Limited

Coffee Break Symposium

Reckitt Benckiser Hong Kong Limited

Booth Exhibition

Abbott Laboratories Hong Kong Limited
Actavis Hong Kong Limited
A. Menarini Hong Kong Limited
GlaxoSmithKline Limited
HKSH Medical Group
Merck, Sharp & Dohme (Asia) Limited
Takeda Pharmaceuticals (Hong Kong) Limited

Advertisement & Insertion

Amgen Hong Kong Limited
Boehringer Ingelheim (Hong Kong) Limited
Merck Pharmaceuticals HK Limited
J. Health Enterprise Limited
Pfizer Corporation Hong Kong Limited
Union Hospital

Special thanks to

The Shun Tak District of Min Yuen Tong of Hong Kong

SCIENTIFIC PROGRAMME

Hong Kong Primary Care Conference 2018 “Family Physician – Nexus of the New Era of Primary Care”

DATE	23 June 2018 (Saturday)			
TIME				
14:00 - 15:00	Registration and Welcome Drinks - Exhibition Hall (G/F)			
15:00 - 15:30	Opening Ceremony - Pao Yue Kong (G/F)			
15:30 - 16:15	Plenary I	Pao Yue Kong (G/F)	Partnership with Primary Care in Action against Non-communicable Diseases	Speaker: Dr. Constance H.Y. CHAN, JP Chairperson: Dr. LAU Ho Lim
16:15 - 17:00	Plenary II	Pao Yue Kong (G/F)	Preventing Stroke in Atrial Fibrillation and the Contribution of Primary Care Research	Speaker: Prof. Richard HOBBS Chairperson: Dr. LAU Ho Lim
17:00 - 17:20	Coffee Break Symposium	Foyer (1/F)	New Insights in Pathophysiology of GERD	Speaker: Dr. LEE Yuk Tong Chairperson: Dr. Catherine P.K. SZE
	Coffee Break and Poster Presentation - Part 1 [#] - Exhibition Hall & Foyer (G/F & 1/F)			
17:20 - 18:35	Seminar A	James Kung (2/F)	Hyperuricemia and Chronic Kidney Disease	Speaker: Prof. LO Wai Kei Chairperson: Dr. Catherine X.R. CHEN
	Seminar B	Pao Yue Kong (G/F)	Avoid Medical Mishaps: Patient Centred Care	Speaker: Prof. Albert LEE Chairperson: Dr. Lorna V. NG
	Workshop 1	Rooms 903-4 (9/F)	Oral Health: What Family Doctors Need to Know	Speaker: Dr. Stanley M.L. LAI, Dr. Ruby M.S. WONG Chairperson: Dr. TSE Sut Yee
	Free Paper - Oral Presentation Part 1 [#]	Lim Por Yen (G/F)	Various Speakers Chairperson: Dr. CHIANG Lap Kin	
18:45 - 21:00	Dinner Symposium	Function Room 1&2 (2/F)	1. Critical Appraisal on the Hospital Management of Seasonal Flu	Speaker: Dr. Joshua S.C. WONG
			2. Revision and Updates on Basal Insulin for Type 2 Diabetes – A Primary Care Perspective	Speaker: Dr. Rose Z.W. TING
			3. Managing Mood Disorders in General Practice and Medications we have	Speaker: Prof. TANG Siu Wa Chairperson: Dr. LAM Wing Wo

DATE TIME	24 June 2018 (Sunday)			
08:15 - 09:00	Registration - Exhibition Hall (G/F)			
09:00 - 10:15	Workshop 2	Rooms 903-4 (9/F)	Ankle Sprain, Taping and Exercise Prescription	Speakers: Dr. Allen H.Y. NGAI, Dr. Paco W.Y. LEE Chairperson: Dr. Regina W.S. SIT
	Seminar C	Pao Yue Kong (G/F)	Pharmacological Management of Patients with Cognitive Impairment	Speaker: Dr. Patrick K.C. CHIU Charirperson: Dr. Catherine P.K. SZE
	Clinical Case Presentation Competition [#]	Lim Por Yen (G/F)	Various Speakers Chairperson: Dr. KWAN Yu	
	Clinical Audit and Research Forum	James Kung (2/F)	Various Speakers Chairperson: Prof. Martin C.S. WONG	
10:15 - 10:35	Coffee Break and Poster Presentation - Part 2 [#] - Exhibition Hall & Foyer (G/F & 1/F)			
10:35 - 11:50	Workshop 3	Rooms 903-4 (9/F)	Dementia Care in Primary Care	Speakers: Dr. Victor W.C. LUI, Dr. Gemma K.C. LAW Chairperson: Ms. Margaret H.C. LAM
	Seminar D	Pao Yue Kong (G/F)	Updates on Stroke Management and Rehabilitation in Primary Care	Speakers: Prof. Lawrence K.S. WONG, Dr. Vincent H.L. IP Chairperson: Dr. Lorna V. NG
	Seminar E	Banquet Room 1&2 (3/F)	Incorporating Travel Medicine into your General Practice	Speaker: Dr. Joyce S.F. TANG Chairperson: Dr. Regina W.S. SIT
	Seminar F	James Kung (2/F)	Chinese Medicine in Primary Care	Speakers: Dr. Vincent C.H. CHUNG, Dr. Wendy WONG Chairperson: Dr. Judy G.Y. CHENG
	Free Paper - Oral Presentation Part 2 [#]	Lim Por Yen (G/F)	Various Speakers Chairperson: Dr. Catherine X.R. CHEN	
11:50 - 12:35	Plenary III	Pao Yue Kong (G/F)	The Role of Family Medicine in People with Multimorbidity	Speaker: Prof. Samuel Y.S. WONG Chairperson: Dr. CHAN Hung Chiu
12:40 - 14:00	Lunch Symposium	Function Room 1&2 (2/F)	1. The Benefit of Early Use of Dual Bronchodilator for COPD Patients	Speaker: Dr. CHAN Hok Sum
			2. Novel Diabetes Management in Primary Care Setting	Speaker: Dr. Terry K.W. MA Chairperson: Dr. KWAN Yu

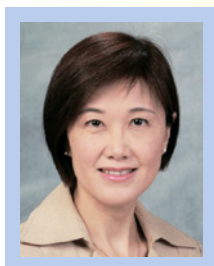
[#] Active CME/CPD points will be accredited to presenters.

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.

Plenary I

Saturday, 23 June 2018 • 15:30 – 16:15 • Pao Yue Kong Auditorium



Partnership with Primary Care in Action against Non-communicable Diseases

Dr. Chan Hon Yee, Constance, JP

Director of Health, MBBS (HK), M Med (Public Health) (Singapore), FHKAM (Community Medicine)

Dr. Constance Chan is the Director of Health of Hong Kong. Dr. Chan joined the Government as a Medical and Health Officer in 1988 and was appointed as Director of the Department of Health in 2012. Before her current appointment, she served as Controller of the Centre for Food Safety of the Food & Environmental Hygiene Department between 2007 and mid-2012. Dr. Chan is a specialist in Public Health Medicine. She graduated from the medical school of the University of Hong Kong and obtained a Master of Medicine degree in Public Health from the National University of Singapore. She is a Fellow of the Hong Kong Academy of Medicine (Community Medicine) and a Fellow of the Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom. She holds honorary appointment as Clinical Professor in the School of Public Health of the University of Hong Kong.

Non-communicable disease (NCD) is a leading health threat. According to the World Health Organization (WHO), NCDs are responsible for 56.4 million deaths or 70% of all deaths globally in 2015. Hong Kong is no exception. The latest Population Health Survey conducted by the Department of Health revealed that half (50.0%) of Hong Kong people aged 15 to 84 were overweight or obese, and major NCDs, such as hypertension (27.7%), diabetes mellitus (8.4%) and high blood cholesterol (49.5%) were prevalent among the population. It is noteworthy that for every person known to be suffering from any of the aforesaid conditions, at least one other person with the disease went undiagnosed and untreated.

In January 2018, the Steering Committee on Prevention and Control of NCDs chaired by the Secretary for Food and Health endorsed a new strategy and action plan (SAP) which has taken reference to the guidance laid down in the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020. The SAP defines a set of 9 local targets to be achieved by 2025 covering reduction in major NCD risk factors such as unhealthy diet including high sodium intake, insufficient physical activity, alcohol and tobacco use, containing the prevalence of hypertension, obesity, diabetes and premature mortality from NCDs.

The SAP recognises the importance of effective partnerships with primary care professionals as one of the key strategic directions in combating NCDs. Being the nexus and life-long companion of their patients, family doctors are well positioned to communicate about behavioural risk factors and their associations with NCDs, motivate patients to adopt healthy lifestyles to mitigate health risks, conduct assessment on health risks and opportunistic screening for early detection of NCD, and optimize the management in primary care setting. Strengthening the prevention and management of NCDs requires enhancement of the primary care delivery system. The Government is reviewing the existing planning of primary healthcare services and has committed to set up district health centres to support family doctors to provide coordinated multidisciplinary care in the community.

The plenary presentation will discuss how the concerted effort of the public, primary care providers and the Government in fighting the NCD battle would bring better health to our population.

Plenary II

Saturday, 23 June 2018 • 16:15 – 17:00 • Pao Yue Kong Auditorium



Preventing Stroke in Atrial Fibrillation and the Contribution of Primary Care Research

Professor Richard Hobbs

MA, FRCGP, FRCP, FRCPE, FESC, FMedSci

Professor Richard Hobbs FMedSci is currently Professor and Head of the Nuffield Department of Primary Care Health Sciences at the University of Oxford, UK. He is National Director of the NIHR (National Institute for Health Research) School for Primary Care Research (2009-), and was co-director of the NHS Quality and Outcomes Framework review panel from 2005 to 2009. He is Director of the Oxford CLAHRC (2012-), leads the Multi-Morbidity Theme of the Oxford BRC 2 (2012-17) and BRC 3 (2017-). He sits on many national and international scientific and research funding boards, including chairing the European Primary Care Cardiovascular Society. He provides expert input into a number of specialist organisations, including the Council of the British Heart Foundation and the ESC (European Society of Cardiology), the world's biggest medical society.

Professor Hobbs' research interests focus on cardiovascular epidemiology and clinical trials, especially in vascular and stroke risk, and heart failure. His publications include 28 book chapters, 12 edited books, and more than 400 original papers in such peer-reviewed journals as the *Lancet*, the *Annals of Internal Medicine*, *BMJ*, *Atherosclerosis*, the *European Heart Journal*, and *Stroke*. His research into heart failure and stroke prevention in atrial fibrillation has changed international guidelines – for example, he was CI of the BAFTA trial (confirmed the dominance of anticoagulation in SPAF and the lack of role for aspirin); CI for the SAFE trial (use of pulse palpation in screening for AF), and been a member of SPAF Registries (GARFIELD) and the ESC AF Guidelines committees.

At a national level, he has served as a trustee director for a number of charities, and been a non-executive director for the world's largest mutual indemnifier. He also sits as a trustee director on the Council of the University of Oxford. Within the UK National Health Service, he has consulted on National Service Frameworks for coronary heart disease, atrial fibrillation, heart failure, and several NICE Clinical Guidelines. He has been a physician in general practice for over 35 years, serving an inner-city community, now incorporated into the UK's largest super-partnership in primary care.

Background importance of atrial fibrillation

Atrial fibrillation (AF) is the most common cardiac arrhythmia, present in around 1% of the population and 7% of over 65's,¹ with US data suggesting incidence may double by 2050.² The most important clinical significance of AF is the associated five-fold increase in the risk of stroke. Furthermore, AF-related strokes tend to be more severe and have higher mortality.³ However, AF related strokes are potentially preventable.

What is the evidence base for preventing stroke in atrial fibrillation

There is a huge evidence base to support guideline recommendations in relation to AF and stroke risk. The treatments that modify stroke risk are confined to anticoagulants, but with a big relative treatment effect, and key primary care trials have shown the benefits even in the elderly and the lack of beneficial effect of aspirin.

The relative benefits of treated AF with anticoagulation is best determined by risk stratifying patients with AF on the basis of their CHA₂DS₂-VASc score. Despite this evidence base, many AF patients at high risk of stroke do not receive treatment.

Screening for atrial fibrillation

One area that under much debate is whether we should adopt population-based screening for AF as part of a public health initiative, since AF meets many of the National Screening Committee (NSC) criteria. Several factors have led to an increased interest in AF screening:⁴

- The prevalence of AF is increasing due to a combination of population ageing, changing patterns of risk factors and improved survival rates in other, contributory forms of cardiovascular disease.
- Newer treatments are available in the form of Direct Oral Anticoagulants (DOACS) which are probably safer and as effective in elderly patients with AF as the existing treatment mainstay of Vitamin K antagonists, but simpler to use, albeit at higher cost.
- A number of relatively inexpensive screening devices for detecting AF in the community have been developed and the field may evolve rapidly as new technologies and algorithms emerge.

The most recent European Society of Cardiology (ESC) guidelines recommend opportunistic screening for AF by pulse taking or ECG rhythm strip in patients >65 years of age.⁵ This was based on a primary care study - previously undiagnosed AF was found in 1.4% of those aged >65 years, suggesting a number needed to screen of 70.¹

Summary

This presentation will describe the burden of atrial fibrillation, its importance in stroke, and summarise the risk reduction options for GPs and patients. I will also consider the debate on AF screening and what this means for general practice. Primary care studies, led by the speaker, have substantially informed this evidence base in relation to the epidemiology, the best treatment options,⁶ and the most cost effective method of screening for AF¹ and these data will inform the talk.

References

1. Fitzmaurice DA, Hobbs FDR, Jowett S, Mant J, Murray ET, Holder R, et al. Screening versus routine practice in detection of atrial fibrillation in patients aged 65 or over: the SAFE cluster randomised controlled trial. *BMJ* [Internet]. 2007;335(7616):38. **2.** The AF Association. The AF Report Atrial Fibrillation: Preventing a Stroke Crisis. <http://www.preventaf-strokecrisis.org/files/files/The%20AF%20Report%2014%20April%202012.pdf>. Accessed 02/03/2017. **3.** Marini C1, De Santis F, Sacco S, Russo T, Olivieri L, Totaro R, Carolei A. Contribution of atrial fibrillation to incidence and outcome of ischemic stroke: results from a population-based study. *Stroke*. 2005 Jun;36(6):1115-9. **4.** Healey JS, Sandhu RK. Are We Ready for Mass Screening to Detect Atrial Fibrillation? *Circulation*. 2015 Jun 23;131(25):2167-8. doi: 10.1161/CIRCULATIONAHA.115.017288. **5.** Kirchhof P, Benussi S, Kotecha D, et al. Citation: 2016 ESC Guidelines for the Management of Atrial Fibrillation Developed in Collaboration With EACTS. *Eur Heart J* 2016; Aug 27. **6.** Mant J, Hobbs FDR, Fletcher K, Fitzmaurice D, Roalson A, Lip GYH, Murray E. Warfarin versus aspirin for stroke prevention in atrial fibrillation in the elderly community population: the Birmingham Atrial Fibrillation Treatment of the Aged Study (BAFTA), a randomised controlled trial. *Lancet* 2007; 370 (9586):493-503



The Role of Family Medicine in People with Multimorbidity

Professor Samuel YS Wong

MD (U. of Toronto), MD (CUHK), MPH (Johns Hopkins), CCFPC (Canada), FRACGP (Australia), FHKCCM (HK), FHKAM, FCFPC (Canada)

Professor Samuel Wong has been the Head of the Division of Family Medicine and Primary Healthcare and the Associate Director in Undergraduate Education of the School of Public Health and Primary Care since 2009. He is an honorary Consultant in Family Medicine, Department of Family Medicine of the New Territories East Cluster of the Hospital Authority. He also serves as a member of the Advisory Committee on Primary Care Directory, Advisory Group on Hong Kong Reference Framework for Preventive Care for Children and for Older Adults in Primary Care Settings of the Department of Health as well as a member of the recently established Steering Committee on Primary Healthcare Development of the Hong Kong SAR Government.

Professor Wong's research interests include evaluating and developing mindfulness based interventions and other mental health interventions for common health problems in primary care as well as evaluating primary care health services and developing primary care service models for elderly people with multiple chronic conditions. He is a member of the editorial/advisory board of several international scientific journals and has obtained funding from the Research Grant Council, Health and Medical Research Fund and donations from Charity organizations in developing primary care mental health programmes and interventions for elderly with multiple chronic conditions in Hong Kong.

Hong Kong, like other economically developed regions, is experiencing population ageing. It is becoming common for people to have multiple chronic conditions with complex health needs. Therefore, there is an increasing role for family doctors to take the lead in looking after older adults with complex bio-psycho-social needs.

In this presentation, the epidemiology of multimorbidity in Hong Kong from large population surveys will be presented and compared to data from other countries.

The current health service utilization and service gaps in health services for older people and among people with multimorbidity will be identified and compared with those of other developed countries using both quantitative and qualitative data. The current and potential future role of family doctors and health care models that integrate both social and medical care in addressing the identified health service gaps for older adults and people with multimorbidity will be suggested and discussed.

Seminar A

Saturday, 23 June 2018 • 17:20 – 18:35 • James Kung Meeting Room



Hyperuricemia and Chronic Kidney Disease

Professor Lo Wai Kei

MBBS (HK), MD (HK), MScEM (Bath), MRCP (UK), FRCP (London, Edin), FHKCP, FHKAM(Med)
Specialist in Nephrology, Private Practice

Prof. Lo graduated from HKU in 1980. He became the consultant physician of Tung Wah Hospital in 1994 and the Director of Renal Service in Tung Wah Hospital in 1996, and the Chief of Service of the Department of Medicine of Tung Wah Hospital in 2013-2016. He retired from Hospital Authority in 5/2017, and started private practice in 6/2017.

He is currently the Honorary Clinical Professor of the Department of Medicine, The University of Hong Kong and the Honorary Consultant of Department of Medicine, Tung Wah Hospital, Hong Kong. He was the Chairman of Hong Kong Society of Nephrology in 1999-2001, and the President of the International Society for Peritoneal Dialysis in 2006-2008. He obtained the Doctor of Medicine from The University of Hong Kong in 2016 and has over 150 articles published in peer reviewed journals, and the author of 5 book chapters.

Nowadays there are evidences supporting that hyperuricemia represents a risk factor for the development and progression of chronic kidney disease (CKD). Nevertheless, the role of serum uric acid lowering treatment in CKD is still a matter of controversy.

The objective of this seminar is to understand the pathophysiology between hyperuricemia and CKD. The current view of treating asymptomatic hyperuricemia in CKD will also be updated.

In this seminar we will discuss in detail about hyperuricemia, including it's prevalence, the pathophysiology in relation to CKD, itself as a risk factor for progression of CKD and the treatment options and indications.



Avoid Medical Mishaps: Patient Centred Care

Professor Albert Lee

MB BS (Lond); LLB (Hons-Lond); MPH LL.M (Distinct-Arb &DR-CityU.HK); MD(CUHK); FRCP (Lond & Irell); FCI Arb FPPH (UK); FRACGP; FHKCFP; FHKAM(FamMed); US Nat.Acad.Med (Foreign Associate)

Professor in Public Health and Primary Care, The Chinese University of Hong Kong and Vice President (Child and Adolescent Public Health), UNESCO-Hong Kong Association

Professor Albert Lee is a Clinical Professor at the School of Public Health and Primary Care at the Chinese University of Hong Kong (CUHK). He has served as Head of Division of Family Medicine (2002-07). He is also Associate Dean of General Education of Wu Yee Sun College of CUHK, and Honorary Consultant in Family Medicine of NT East Cluster and Kwong Wah Hospital. He is Vice President (Child and Adolescent Public Health) of UNESCO-Hong Kong Association. He has published over 220 papers in peer reviewed journals. His work is recognized by appointment as WHO Advisor/Consultants on many occasions since 2003, elected as Member (Foreign Associate) of National Academy of Medicine, USA (first from Hong Kong), and awarded Honorary Fellow of Faculty of Public Health, UK. He is also fellow of Royal Colleges of Physicians (London and Ireland) by distinction and also holds fellowship of American College of Legal Medicine and Chartered Institute of Arbitrators.

The judgement of the Supreme Court in '*Montgomery v Lanarkshire Health Board*' has caused change to the law on the duty of doctor on disclosure of information to patient regarding risks and now requires a doctor to take reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment, and of any reasonable alternative or variant treatments.

The Hong Kong Medical Council has endorsed the amendment of section 2.10.2 of the Code emphasizing the importance of the importance of proper dialogue and communication between doctor and patient taken into consideration of individuality of each and every patient in the light of '*Montgomery*' case. The explanation should be balanced and sufficient to enable the patient in making informed decision. Are doctors totally removed from the protective shield even if the practice is accepted by reasonable body of medical opinion previously laid down by 'Bolam' with recent Supreme Court decision in '*Montgomery*' case? Is it changing of law or changing professional practice to fit in with the modern context of health care?

Australian Medical Council has also classified communication with patients and encouraging patient to be responsibility in managing their health as good medical practice. In modern health care, responsible bodies of medical opinion really means judicious use of the current best evidence in making decisions about care of patients, and also strong emphasis on patient-centred care. This would bridge not only the two different standards (professional v reasonable person) but also legal and medical perspectives regarding disclosure and consent.



Pharmacological Management of Patients with Cognitive Impairment

Dr. Patrick K.C. CHIU

MBBS (HK), MRCP (UK), FHKCP, FHKAM (Med), MMedSc (HK), FRCP (Glasgow) Consultant, Division of Geriatrics, University Department of Medicine, Queen Mary Hospital

Dr. Chiu is a Specialist in Geriatrics in Queen Mary Hospital, Grantham Hospital, Fung Yiu King Hospital and Tung Wah Hospital. He received his post-graduate training in memory disorders in the UK in 1999 under the supervision of Professor Gordon Wilcock (currently the Emeritus Professor of Geratology, Nuffield Department of Clinical Neurosciences, University of Oxford, UK). Dr. Chiu continued to provide clinical care to patients with memory disorder in Hong Kong West cluster since his return from overseas training. He is currently the consultant in-charge of Memory Clinic in Queen Mary Hospital.

Dr. Chiu dedicates much of his professional time to academia and teaching. He is Honorary Clinical Associate Professor in the University Department of Medicine and the Department of Family Medicine and Primary Care, LKS Faculty of Medicine at The University of Hong Kong. He is the Program Director (Hong Kong Island) and examiner of the Specialty Board in Geriatric Medicine of the Hong Kong College of Physician. Dr. Chiu is also an active member of several public health bodies. He is the honorary secretary of the Hong Kong Society of Aging Research and a council member of the Osteoporosis Society of Hong Kong. He is also the cluster representative in the Task Force on Dementia Community Support Scheme which is led by Food and Health Bureau, HKSAR.

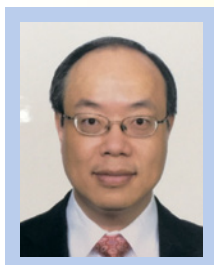
Dr. Chiu's research interest includes pharmacological treatment in Alzheimer's disease. He is currently leading his team to participate in a multi-centre phase III clinical trial to investigate on the safety and efficacy of a potential pharmaceutical drug for prodromal to mild Alzheimer's disease. Dr. Chiu has been an invited speaker and chairman at numerous scientific meetings and he is also a regular invited journal reviewer for peer review journals.

Dementia is a progressive neurological and degenerative syndrome. The most common type of dementia is Alzheimer's disease (AD), followed by vascular dementia. In general, management of dementia can be divided into non-pharmacological and pharmacological strategies that target the cognitive and noncognitive symptoms. The focus of this presentation would be about pharmacological treatment of cognitive symptoms in Alzheimer's disease.

Currently, there are no cures for progressive dementias including AD. However, there are two classes of pharmacological treatment for symptoms of AD. The first class aims at correcting the reduction of cholinergic neurotransmission through cholinesterase inhibitors (e.g. rivastigmine, donepezil, galantamine). The other class is based on N-methyl-D-aspartate (NMDA) receptor blockade (e.g. Memantine). There is convincing evidence that cholinesterase inhibitors have efficacy in improving cognition and global functioning at all stages of AD. Memantine was approved by the US Food and Drug Administration for the symptomatic treatment of moderate-to-severe AD. Use of memantine in moderate to severe AD has been shown to improve cognition and global functioning. It is also associated with an improvement in secondary outcome measures of activities of daily living and behavior. Progressive cognitive decline is an expected natural course of dementia. Doctors should be mindful of the potential unrealistic expectations of patients and their family to the medications (e.g. hoping for cure of AD). Careful explanation should be provided before starting the pharmacological therapy.

Tremendous efforts are underway in evaluating different mechanisms of action in the treatment of Alzheimer's disease. Some of these treatments would be discussed in the presentation.

Updates on Stroke Management and Rehabilitation in Primary Care

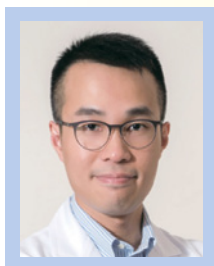


Professor Lawrence Wong

MBBS (NSW), MHA (NSW), MD (NSW), MRCP (UK), FRCP (Lond), FHKAM (Medicine)

Prof. Wong obtained his Bachelor and Doctorate degrees at the University of New South Wales. He received his neurology training at the Prince of Wales Hospital in Hong Kong and joined the Chinese University of Hong Kong as Lecturer in 1993. He became a Chair Professor in 2006 and Emeritus Professor of Medicine, Division of Neurology, in 2017. Currently he serves as the Secretary of the World Stroke Organization (Geneva) and as Deputy Editor of the Journal of Neurology, Neurosurgery & Psychiatry (British Medical Journal) and Stroke (American Heart Association), being the first Chinese to be appointed in each of these positions. Professor Wong is an ad hoc reviewer for JAMA, Lancet, Lancet Neurology, Annals of Neurology, Neurology and many other prestigious journals.

He has pioneered many international research projects on neurological diseases such as stroke, Parkinson's disease and dementia. He co-ordinates many international clinical trials in Asia and published over 460 indexed peer-reviewed original articles. He has more than 10,600 citations and an H index of 50. He received many international and national awards including the President Award from the World Stroke Organization, Croucher Senior Medical Fellowship, Bruce Schoenberg Award from the American Academy of Neurology, the Chapter of Neurologist Gold Medal from the Singapore Academy of Medicine, National Science & Technology Award and First Prize on Scientific Output from the Ministry of Health (PRC).



Dr. Vincent Ip

FHKAM (Medicine), FHKCP, MRCP (UK), Dip Med (CUHK), MBChB

Dr. Ip obtained his Bachelor degree at the Chinese University of Hong Kong. He received his training at the Prince of Wales Hospital. Currently he serves as Associate Consultant in the Prince of Wales Hospital and Clinical Assistant Professor (Honorary) of the Chinese University of Hong Kong. Dr. Ip has publication related to stroke in different journals. He was invited as speaker in professional and scientific meetings such as the 2nd International Symposium on Collaterals to the Brain and the Asia Pacific Stroke Conference 2013. He received awards and scholarships including the Hong Kong Neurological Society Scholarship and the Henry C.H. Leung Fellowships, CUHK.

Stroke is a devastating disease with high mortality and morbidity. Recent advances emphasize the importance of ultra-early recanalization therapy including thrombolysis and endovascular thrombectomy. Thrombolysis should be given within 3 hours of symptoms onset while endovascular thrombectomy within 6 hours. Transient ischemic attack should also be regarded as a medical emergency requiring prompt assessment and treatment, including antiplatelet, antihypertensive and lipid-lowering agents. The majority of stroke survivors will have some degree of disability. Rehabilitation should include a multidisciplinary team of profession including physiotherapist, occupational therapist and speech therapist. There are now many new approaches to target various pathways to enhance neuroplasticity and encourage recovery. Promising results are seen with constraint-induced movement therapy, motor imagery, peripheral nerve stimulation, transcranial direct current stimulation, transcranial magnetic stimulation, robotics and tele-rehabilitation.

Seminar E

Sunday, 24 June 2018 • 10:35 – 11:50 • Banquet Room 1 & 2



Incorporating Travel Medicine into your General Practice

Dr. Joyce Tang

M.B.B.S.; F.R.A.C.G.P.; FHKAM (Family Medicine); D.T.M.&H.; M.P.H.

Dr. Joyce Tang is currently the Medical Director of United Christian Nethersole Community Health Service. She was conferred a master of Public Health in The Johns Hopkins University School of Hygiene and Public Health. Dr. Tang has earned the diploma of Tropical Medicine and Hygiene in UK and has established the Travel Medicine Clinic with the Jordan Health Centre since 2004. Her current positions include being the Member of Council on Smoking and Health; Member of Schools Management Committee of the Hong Chi Association for Mentally Handicapped; Member of Sub Committee, Promotion, Health Care and Promotion Scheme, Food and Health Bureau. She is also the Honorary Clinical Assistant Professor of the Li Ka Shing Faculty of Medicine, the University of Hong Kong and Honorary Clinical Assistant Professor of the Faculty of Medicine of the Chinese University of Hong Kong.

With the growing of international tourism and business travel, travel medicine has become a rapidly evolving field of medicine. Travelers would seek for health advices on immunization and to prevent illness, especially for those travelling in the developing countries. Incorporating travel medicine in our daily general practice would include pre-travel consultation, disease prevention for travelers as well as post-travel consultation.

The objectives of this seminar are to introduce the basic principles of travel medicine and to enable family doctors to practise travel medicine in the context of a general practice clinic. This seminar would be comprised of lectures, case studies and group discussion to facilitate participants in understanding the complex yet significant components of a travel health consultation.

Seminar F

Sunday, 24 June 2018 • 10:35 – 11:50 • James Kung Meeting Room

Chinese Medicine in Primary Care



Dr. Vincent Chung

B Chin Med, BSc Biomed Sci (HKBU), MSc Evid Based Healthcare (Oxford), PhD Public Health (CUHK)

Dr. Vincent Chung is a registered Chinese medical practitioner and Associate Professor of Jockey Club School of Public Health and Primary Care, School of Chinese Medicine, The Chinese University of Hong Kong. After graduating from the Hong Kong Baptist University with a Bachelor degree of Chinese Medicine & Bachelor of Biomedical Science (First Class Honours), Dr. Chung was then conferred the Doctor of Philosophy in Public Health by The Chinese University of Hong Kong, Master of Science in Evidence-based Healthcare by The University of Oxford. He has published more than 73 academic publications in leading journals as well as acting as Associate Editor for various journals. He is currently a Visiting Research Fellow at the Australian Research Centre for Complementary and Integrative Medicine, University of Technology Sydney, Australia. With experience in both health services and policy research, he served as a consultant for the WHO Western Pacific Regional Office in formulating strategy for using traditional and complementary medicine for promoting healthy aging, as well as an observer in the development process of WHO Traditional Medicine Strategy.

Despite the increasing trend of recognition and practice of Chinese medicine around the world, a report from the World Health Organisation 'WHO Traditional Medicine Strategy 2014-2023' stated that the lack of research data dissemination, education and training of personnel could be the barriers for the international development of Chinese medicine. The Faculty of Medicine of The Chinese University of Hong Kong has established two innovative platforms, 'Everyday Chinese Medicine', in collaboration with Coursera, an internationally renowned massive open online course (MOOC); and 'Integrative Medicine Clinical Evidence Portal', an online database portal to provide resources to the designated population. The objectives of these online platforms are to promote basic knowledge and scientific research evidence of Chinese medicine to the global community including the general public and healthcare professionals, as well as serving as a pioneer for exploring the possibility of these approaches, in fostering development and integration of Chinese medicine in health systems.



Dr. Wendy Wong

PhD, BCM, BSc(Hons), Registered Chinese Medicine Practitioner

Dr. Wong is a Hong Kong registered Chinese Medicine Practitioner and the Assistant Professor of School of Chinese Medicine and Hong Kong Institute of Integrative Medicine, the Chinese University of Hong Kong. Dr. Wong possesses ample experience in primary care evaluation research acquiring knowledge for effective doctor-patient communication and evaluating quality of care with validated patients-reported outcomes. After graduating from the Hong Kong Baptist University majoring in Biomedical Science and Chinese Medicine, she pursued another Doctor of Philosophy in the Department of Family Medicine and Primary Care of the University of Hong Kong focusing on the effectiveness of Chinese Medicine in primary care setting. She was the grant holder and co-investigator of various Hong Kong primary care projects and has publications in international peer-reviewed journals including the Scientific Reports, PLoS, Family Practice, Quality of Life Research, Complementary Therapies in Medicine and Evidence-based Complementary and Alternative Medicine.

There are 9,513 registered Chinese medicine practitioners (CMPs) in Hong Kong providing 8.2% of primary care services, however, there was a lack of information on the morbidity pattern and management process of Traditional Chinese Medicine (TCM) primary care. In view of this, a study was conducted to determine the morbidity pattern in different TCM primary care settings amongst the Chinese population. By prospectively recording all consecutive clinical encounters presented to invited CMPs, the prevalence of each encounters, TCM diagnoses and management were assessed and health problems coded by ICPC-2. The study showed that most patients consulted CMPs for chronic (64% vs 33.7%) rather than acute conditions, with hypertension or diabetes being the most common co-morbidity. Other common problems presenting to CMP were respiratory problems (24.9%), musculoskeletal complaints (22.7%), cough (11.7%), and lower back pain (6.6%). In summary, CMPs play a definite role in musculoskeletal or chronic illness management for which patients may have also received conventional western medicine treatment. Greater effort and resources should be invested to promote interdisciplinary communication to ensure safety and synergy of TCM and western medicine in primary care.

Workshop 1

Saturday, 23 June 2018 • 17:20 – 18:35 • Rooms 903-4

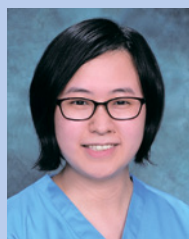
Oral Health: What Family Doctors Need to Know



Dr. Stanley Lai

BDS, MDS(HK), AdvDipPeriodont (HK), MRDRCS, FHKAM (Dental Surgery), FCDSHK (Perio)

Dr. Lai graduated from the University of Hong Kong in 2000 and finished his post-graduate and specialist training from 2001-2007. He is now a registered Specialist in Periodontology appointed in the Faculty of Dentistry, the University of Hong Kong as a Fractional Clinical Assistant Professor in the discipline of Periodontology teaching both post-graduates and undergraduates. He actively involves and participates in the clinical teaching and learning activities in the Faculty as Undergraduate Program Director. He also works in private practice providing treatment limited to periodontology on a referral basis. Dr. Lai is also the Honorary Secretary of Hong Kong Society of Periodontology and Implant Dentistry, keeping close connection with international and regional professional association. His main clinical and research interests are adjunctive therapy in periodontal treatment, clinical periodontology and dental implant treatment in periodontally- compromised subjects and behavior change in oral health care practice.



Dr. Ruby Wong

BDS(HK); MDS(Perio)(HK); AdvDipPeriodont(HK); MRD RCSEd(Perio); FHKAM (Dental Surgery); FCDSHK (Perio)

Since becoming a specialist in Periodontology in 2011, Dr. Wong had involved in the establishment of the first periodontal centre in Hong Kong that provides periodontal services exclusively, collaborating with both general dentists and specialists of different areas. Dr. Wong is also an Honorary Clinical Assistant Professor of the Faculty of Dentistry, University of Hong Kong.

Dentistry and medicine are interconnected and definitely complementary to each other. There is an increase in scientific evidence on the interactions between oral health and general health. Therefore, recognizing oral health and general health problems are equally important in holistic patient care. Common oral health problems e.g. abscesses, toothache and gum pain, etc. can be the reasons for patients seeing family doctors. According to the 2011 Oral Health Survey by the Hong Kong Government, the most significant oral health problem that affects our population is periodontitis, which is the major cause of tooth loss. Periodontitis is by majority a chronic disease, with high prevalence in the adult and elderly cohorts. It shares numerous risk factors with systemic diseases such as age, socio-economic status, level of education, smoking, etc. Moreover, the adverse effects of periodontitis on systemic diseases (including cardiovascular disease and type II diabetes) are well-documented in scientific literature. The role of family physicians in correctly identifying the problems and giving appropriate advice or referral can be significant to the patients in ways more than merely symptomatic relief.

In this workshop, a lecture will be delivered on the common oral health problems among different age groups in the Hong Kong population. Oral examinations that can be easily performed in the primary care setting will be demonstrated, with hands-on practice for the participants in the practicum that follows.

Workshop 2

Sunday, 24 June 2018 • 9:00 – 10:15 • Rooms 903-4

Ankle Sprain, Taping and Exercise Prescription



Dr. Allen Ngai

MBBS(HK), DFM(CUHK), Dip Clin Derm(London), DCH (London), PGDipMsM(Otago), MScSM&HS (CUHK), FHKCFP, FRACGP, FHKAM (Family Medicine)

Dr. Ngai has been practicing musculoskeletal medicine since 2004 and subsequently have obtained the Postgraduate Diploma in Musculoskeletal Medicine (Otago) in 2006. He is accredited in Musculoskeletal Ultrasound by the American Registry of Diagnostic Medical Sonography (2012) and has also obtained the Master in Sports Medicine and Health Science (CUHK) in 2015.

Dr. Ngai is one of the founding council members of Hong Kong Institute of Musculoskeletal Medicine (HKIMM) and currently holds the post as Honorary Secretary of HKIMM. His current interests are in the area of diagnoses and treatments of musculoskeletal pain and sports injuries, diagnostic musculoskeletal ultrasound and ultrasound-guided musculoskeletal injections and regenerative musculoskeletal injections, e.g. prolotherapy, platelet-rich plasma injections.



Dr. Paco W.Y Lee

MBChB (CUHK), DFM (HKCFP), Grad Dip (Derm) NUS, PGDipMSM (Otago), MScSMHS (CUHK), FHKCFP, FRACGP, FHKAM (Family Medicine)

Dr. Lee has obtained the Postgraduate Diploma in Musculoskeletal Medicine (Otago) with the Barrie Tait Prize for Clinical Excellence in 2007. He is the Fellow of Hong Kong Institute of Musculoskeletal Medicine and a certified prolotherapist in regenerative injection therapy by the American College of Musculoskeletal Medicine in 2011. He is also accredited in Musculoskeletal Ultrasound by the American Registry of Diagnostic Medical Sonography in 2012 and has obtained the Master in Sports Medicine and Health Science (CUHK) in 2015.

Dr. Lee is a private musculoskeletal physician. He concurrently holds the post of chairman of the board of Information Technology of the Hong Kong Institute of Musculoskeletal Medicine since 2006. Dr. Lee was the Honorary advisor of Public Communications and Education advisory committee of St Paul's Hospital from 2014-2017 and was a member the working group on Primary care of the Health and Medical development advisory committee of HKSAR Food and Health bureau from 2008-2015.

Lateral ankle sprain (LAS) is the most common musculoskeletal injury in the physically active population as well as being a common condition encountered by the general population. Apart from the pain and temporary period of reduced functioning and disability, there is an association with an increased risk of recurrent ankle sprain, development of chronic ankle stability (CAI) and post-traumatic ankle osteoarthritis (PTOA). While the direct costs for treatment of an isolated LAS are relatively low, compounding these are indirect costs with after-care, loss of productivity, time loss of activity and care of its long-term consequences. Therefore, it becomes apparent that the healthcare burden that emerges from the so called "simple" LAS is substantial. In this workshop, we will go through the possible consequences of poorly treated or untreated ankle sprain. We will also have hands-on practice of ankle taping. Finally, we will share tips on exercise prescriptions for a person with ankle sprain.

Workshop 3

Sunday, 24 June 2018 • 10:35 – 11:50 • Rooms 903-4

Dementia Care in Primary Care

Dr. Victor Lui

MBBS, LLB, MSc, MRCPsych, FHKCPsych, FHKAM (Psychiatry)

A specialist in Psychiatry as well as being the holder of the Bachelor's degree of Laws (University of London).

He is a fellow of the Hong Kong College of Psychiatrists, and a member of the Royal College of Psychiatrists. He is the Honorary Clinical Assistant Professor in the Department of Psychiatry, The Chinese University of Hong Kong. His research interests focuses on dementia and mental capacity assessment. In 2017, he helped in the establishment of the Tai Po Dementia Supporter programme, which aims at making the community more dementia-friendly.

Dr. Gemma Law

CPsychol, AFBPsS, AFHKPA, CADC

Dr. Law is currently the Senior Programme Director at HKU SPACE. Her clinical experience with Dementia Care began in the 1990s when she worked in the Assessment Unit for the elderly with mental infirmity in England. Her interest continued after moving back to HK.

Since 1999, Dr. Law has developed two day care centres for Dementia care in collaboration with St James Settlement. She is currently the Consultant for the two day care centres situated in Sai Wan and Wan Chai both of which provide services for the elderly with Dementia and elderlies with cognitive impairment. Dr. Law is also the founder/advisor of the Hong Kong Carers Alliance for Dementia since 2007.

In this workshop, Dr. Lui will talk about the diagnosis of dementia and the commonly used assessment tools for the screening of cognitive impairment (e.g. MMSE, AMT, HK-MoCA, HK-MoCA 5-Min, etc). The use and limitations of these tools will be highlighted and an overview of the current referral system in Hong Kong for suspected cognitive impairment will be presented.

Dr. Law will deal with home care management for clients with Dementia in the community and the implementation of appropriate activity or games for persons with dementia. This will be followed by (a) case discussion(s) and application of games/activity to people with dementia at home.

Coffee Break Symposium

Saturday, 23 June 2018 • 17:00 – 17:20 • 1/F Foyer



New Insights in Pathophysiology of GERD

Dr. Lee Yuk Tong

Specialist in Gastroenterology and Hepatology

MD (CUHK), FRCP (Edin, Lond), FHKCP, FHKAM (Medicine)

Dr. Lee is a private specialist in Gastroenterology and Hepatology. He is a Fellow of the Academy of Medicine of Hong Kong, Fellow of the Royal College of Physicians of Edinburgh and London. He has also been conferred with the title of Doctor of Medicine (MD) by The Chinese University of Hong Kong. Dr. Lee is currently Honorary Clinical Associate Professor of the Faculty of Medicine of The Chinese University of Hong Kong; Honorary Consultant of Prince of Wales Hospital, Queen Mary Hospital; St Paul's Hospital and Hong Kong Adventist Hospital. Dr. Lee is the founding President of the Hong Kong Society of Endosonography, and is currently serving as a council member of Asiahep Hong Kong, Hong Kong Society of Digestive Endoscopy and a committee member of the Association of Private Medical Specialists of Hong Kong.

Dr. Lee's research interests focus mainly on clinical gastroenterology, advanced endoscopy and endoscopic ultrasonography (EUS). Dr. Lee has been invited to give lectures and demonstrations on various EUS and endoscopy workshops and symposiums both locally and internationally. He has published book chapters, act as the author and co-author of scientific journal articles on EUS, colonoscopy, endoscopic retrograde cholangiopancreatography (ERCP), gastroenterology and hepatology.

Gastroesophageal reflux disease (GERD) is a common disorder affecting 2.5 – 7.8% of the population in Asia and the incidence is rising due to obesity and an aging population. The diagnosis of GERD is difficult due to varying symptom severity, and overlapping with functional and psychological disorders. New investigational tools such as Bravo pH monitor and impedance study would help to separate different categories of reflux diseases. Proton pump inhibitor (PPI) remains the main treatment option for managing GERD. However, in certain subgroup of patients, the acid pocket phenomenon would lower the effectiveness of PPI treatment. Combining with other form of treatment such as alginates therapy may help to improve treatment success.

Dinner Symposium

Saturday, 23 June 2018 • 18:45 – 21:00 • Function Room 1&2



Critical Appraisal on the Hospital Management of Seasonal Flu

Dr. Joshua S.C. WONG

MBBS (HKU); DCH (RCPCH); MRCPCH, FHKAM (Paediatrics)

Dr. Wong is a paediatrician and obtained his fellowship in Paediatrics as well as fellowship of subspecialty of Paediatric Immunology and Infectious Diseases with the Hong Kong Academy of Medicine. Dr. Wong is now working in the Department of Paediatrics & Adolescent Medicine of the Princess Margaret Hospital. He received his training on Infectious Disease in the Department of Microbiology and Infectious Diseases of The Children's Hospital at Westmead, Australia and also in the Public Health Laboratory Service Branch, Department of Health. Dr. Wong is currently the Council Member of The Hong Kong Society for Paediatric Immunology Allergy and Infectious Diseases, and Junior Affiliate Member of the European Academy of Allergy and Clinical Immunology. He has shared his expertise on Influenza vaccine by publishing related articles in journals.

Influenza illnesses are usually self-limiting, but it can occasionally result in severe complications. Young infants, children with chronic medical problems or being immunosuppressed are at particular risk of developing severe disease. It is essential for paediatricians to be able to recognize signs of severe disease and intervene promptly. Rapid and sensitive diagnostic tests are available for identifying influenza in sick children. Children with severe disease or high risk of developing severe disease should be prescribed with neuraminidase inhibitors without confirming for influenza. Vaccination is the single most effective way in preventing severe influenza, and should be given to all high risk children.

Dinner Symposium

Saturday, 23 June 2018 • 18:45 – 21:00 • Function Room 1&2



Revision and Updates on Basal Insulin for Type 2 Diabetes – A Primary Care Perspective

Dr. Rose Ting

MBBS(HKU), MRCP(UK), FHKCP, FHKAM(Medicine)

Specialist in Endocrinology, Diabetes and Metabolism

Dr. Ting is a specialist in Endocrinology, Diabetes and Metabolism. She was the Associate Consultant in Prince of Wales Hospital before entering private practice.

Dr. Ting's special interest in endocrinology are diabetes and mental health, type 2 DM genetic testing, osteoporosis, thyroid disease and transgender endocrinology. She has actively participated in local & overseas conferences, as well as researches, especially on diabetes.

Type 2 diabetes is a chronic progressive disease associated with cardiovascular-renal complications and premature mortality. Optimizing glycaemic control reduces the risk of microvascular complications and if implemented early, may also lower the incidence of cardiovascular diseases. Oral anti-diabetic drugs were the recommended first-line treatment for type 2 diabetes. But with natural disease progression and decline in pancreatic beta cell function / glucose toxicity, insulin therapy becomes necessary to curb hyperglycaemia. Besides, when the HbA1c / glucose is very high on initial presentation of type 2 diabetes, prompt insulin initiation can relieve glucotoxicity. However we are still facing strong psychological resistance in both patients and physicians, delaying optimization of treatment. In this talk, the practical use of basal insulin in the primary care setting will be presented. The new basal insulin which features an ultra-long duration of action with a low hypoglycaemia risk will also be introduced. With the advancement of diabetes management, it is hoped that psychological insulin resistance can be reduced, while collaboration between primary care physicians and specialist in diabetes management can be enhanced.

Dinner Symposium

Saturday, 23 June 2018 • 18:45 – 21:00 • Function Room 1&2



Managing Mood Disorders in General Practice and Medications we have

Professor Tang Siu Wa

Emeritus Professor of Psychiatry, University of California, USA

Founding President, The Hong Kong Society of Biological Psychiatry

Professor Tang is a psychiatrist and a pharmacologist. He graduated from The University of Hong Kong Medical School and obtained his PhD in Neurochemistry at the University of Toronto, Canada. He is Emeritus Professor of Psychiatry, University of California, Irvine, USA. His former students include chairmen and senior professors in universities in Canada, USA, Japan and China.

Professor Tang was the founder of the Hong Kong Society of Biological Psychiatry (HKSBP). Together with Professor Brian Leonard, the Past President of The International College of Neuropsychopharmacology (CINP) and Professor S. Kasper, the Past President of World Federation of Societies of Biological Psychiatry (WFSBP), Professor Tang organized a recurrent General Certificate Course in Psychopharmacology for the training of physicians in the proper use of psychotropic drugs. In 2010, Professor Tang, together with Professor Brian Leonard and Professor Joseph Zohar, President of European College of Neuropsychopharmacology (ECNP), established the non-profit international educational organization, Institute of Brain Medicine.

Professor Tang's publications, research and teaching have been in the area of clinical and basic psychopharmacology. His research in brain noradrenaline metabolism was awarded both the Ontario provincial and Canadian national research competition prize in 1979. Professor Tang's scientific contribution to psychopharmacology was awarded the Kraepelin-Alzheimer Medal in 2010 and his teaching in psychopharmacology the WFSBP Excellence in Education award in 2011.

Mood disorders may be the underlying cause of many complaints in patients encountered in general practice. These include difficult to explain pains and aches, insomnia, feeling of weakness and many other strange symptoms. Successful management of mood disorders in these patients frequently results in rapid resolution of their symptoms. This talk will review some current effective and simple to use medications available for the treatment of common mood disorders in general practice.

Lunch Symposium

Sunday, 24 June 2018 • 12:40 – 14:00 • Function Room 1&2



The Benefit of Early Use of Dual Bronchodilator for COPD Patients

Dr. Chan Hok Sum

*MBBS (HK), MRCP (UK), MRCP (Ireland), FHKCP, FHKAM, FRCP(Edin)
Consultant (Medicine), Alice Ho Miu Ling Nethersole Hospital*

Dr. Chan is the Consultant Physician in the Department of Medicine of Alice Ho Miu Ling Nethersole Hospital. He is a fellow of the Hong Kong College of Physicians, Foundation Fellow of the Hong Kong Academy of Medicine (FHKAM) and Fellow of the Royal College of Physicians of Edinburgh.

Dr. Chan specializes in Respiratory Medicine, and in particular on the subject COPD. He has published over 70 articles in both local and international journals on Respiratory Medicine.

COPD is currently the fourth leading cause of death in the world.¹ It is projected to be the 3rd leading cause of death by 2020.² More than 3 million people died of COPD in 2012 accounting for 6% of all deaths globally. The burden of COPD is projected to increase in the coming decades with the continuous exposure to COPD risk factors, and ageing of the population.

COPD should be considered in any patient presented with dyspnea, chronic cough or sputum production, and/or a history of exposure to risk factors. Spirometry is required to make the diagnosis; the presence of a post-bronchodilator FEV1/FVC < 0.70 confirms the presence of persistent airflow limitation. The goals of COPD assessment are to determine the level of airflow limitation, the impact of disease on the patient's health status, and the risk of future events (such as exacerbations, hospital admissions, or death), in order to guide the COPD management.

The assessment and management of COPD have been updated in the Global Initiative for Chronic Obstructive Lung Disease (GOLD)³. In patients with group B disease (symptomatic but infrequent exacerbations), initial therapy should consist of a single long acting bronchodilator. Patients with persistent exacerbations may benefit from adding a second long acting bronchodilator (LABA/LAMA) or using a combination of a long acting beta₂-agonist and an inhaled corticosteroid (LABA/ICS). As the use of ICS increases the risk for developing pneumonia in some patients, the recommended choice is LABA/LAMA. According to published data, LABA/LAMA combination was more effective than LABA/ICS in preventing COPD exacerbations⁴. The incidence of pneumonia was lower in LABA/LAMA (3.2%) compared with LABA/ICS (4.8%, P = 0.02). LABA/LAMA combination was superior in preventing moderate to severe exacerbations compared with single LAMA⁵.

COPD is an important health concern and is a growing healthcare problem, particularly with an ageing population in HK. LABA/LAMA combination is superior to LABA/ICS or single LAMA in preventing exacerbations of moderate to severe COPD.

References:

1. Lozano R, Naghavi M, Foreman K, et al. Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 2012; 380(9859): 2095-128.
2. Mathers CD, Loncar D. Projections of global mortality and burden of disease from 2002 to 2030. *PLoS Med* 2006; 3(11): e442.
3. Global initiative for chronic obstructive lung disease. www.goldcopd.org
4. Wedzicha JA, Banerji D, Chapman KR, et al. Indacaterol-glycopyrronium versus salmeterol-fluticasone for COPD. *NEJM* 2016; 374: 2222-34.
5. Wedzicha JA, Decramer M, Ficker JH, et al. Analysis of COPD exacerbations with the dual bronchodilator QVA149 compared with the glycopyrronium and tiotropium (SPARK): a randomized, double-blind, parallel-group study. *Lancet Respir Med* 2013; 1: 199-209.

Lunch Symposium

Sunday, 24 June 2018 • 12:40 – 14:00 • Function Room 1&2



Novel Diabetes Management in Primary Care Setting

Dr. Terry Ma King Win

MBBS(HKU), MRCP(UK), FHKCP, FHKAM(Medicine)

Specialist in Endocrinology, Diabetes and Metabolism

Dr. Terry Ma is a private nephrologist. After completing his higher physician training in the Department of Medicine and Therapeutics at Prince of Wales Hospital, Dr. Terry Ma received his overseas training as a visiting research fellow at Hammersmith Hospital, Imperial College Renal and Transplant Centre, Imperial College London. He has been awarded the Hong Kong Kidney Foundation Fellowship 2015-16 and the Best Thesis Award, Bronze Award Winner of the Hong Kong College of Physicians 2014.

Type 2 diabetes mellitus (T2DM) is the most common cause of end stage renal disease in Hong Kong. Obesity is a common comorbidity in T2DM patients, hence the term “diabesity”. Hyperglycaemia is just a symptom of diabetes. Ideally, the treatment goal of T2DM should be “reversal or remission of diabetes” instead of “control of blood sugar”.

The recent DiRECT study published in Lancet clearly showed that remission of diabetes could be achieved by primary care-led weight management program. Remission of diabetes, defined as glycated haemoglobin (HbA1c) of less than 6.5% after at least 2 months off all antidiabetic medications, was achieved in 86% of diabetic patients who lost more than 15kg in 1 year.

Visceral fat accumulation plays an important role in the pathogenesis of T2DM. Fatty liver is closely associated with insulin resistance and fat accumulation in pancreas is associated with beta-cell dysfunction. One of the reasons that bariatric surgery can lead to remission of T2DM is due to reduction of visceral fat. SGLT2 inhibitor is the only oral hypoglycaemic agent that can reduce visceral fat accumulation in T2DM patients, and hence is increasingly used as a second-line agent after metformin.

CLINICAL CASE PRESENTATION COMPETITION – SCHEDULE

Saturday, 24 June 2018 • Lim Por Yen Lecture Theatre

TIME	TOPIC	PRESENTING AUTHOR
09:05 – 09:20	Approach to a Patient with Complex Health and Social Care needs in Primary Care	Dr. KOONG Ying Leng Agnes
09:20 – 09:35	Doctor, I can't breathe!	Dr. LEUNG Lok Hang
09:35 – 09:50	Shortness of breath (SOB) in Chronic Obstructive Airway Disease (COAD) patients	Dr. SY Wing Man
09:50 – 10:05	Extensor Hallucis Longus Release for Hyperextended Fixed Hallux with Chronic ulcer	Ms. CHUNG Suet Ling

FREE PAPER COMPETITION –

SCHEDULE OF ORAL PRESENTATION

Saturday, 23 June 2018 • Lim Por Yen Lecture Theatre

TIME	TOPIC	PRESENTATION GROUP
17:20 – 18:35 (Part I)		
17:25 – 17:40	Prevalence of limited health literacy among patients with Type 2 Diabetes Mellitus: A systematic review and meta-analysis	Dr. ABDULLAH Adina LIEW, S. M., NG, C. J., HANI, S., KARUTHAN, C
17:40 – 18:00	Effectiveness of Brief Pulmonary Rehabilitation Programme in Primary Care Setting - For Patients with Known and Newly Diagnosed Chronic Obstructive Pulmonary Disease	Mr. LEE Sing Yu LEUNG M. K.W., KAN Y.S., SIU D. C.H., CHIU W.H., LIA. Y.L., LI H.W., WONG C.L., LEUNG S.Y., CHOW K.C., AU F. L.Y., HUI E. M.T.
18:00 – 18:15	Effectiveness of DASH Diet promotion in the elderly population by community dietitians	Ms. LAU Pik Shan LO M.Z.
18:15 – 18:30	Review on the Enhanced Cognitive Services in KWC Primary Care Setting	Ms. TONG Yuk Chung SO M.K., TAM H.S., LEE W.Y., FU S.N., CHEUNG K.L., LUK W.

Sunday, 24 June 2018 • Lim Por Yen Lecture Theatre

TIME	TOPIC	PRESENTATION GROUP
10:35 – 11:50 (Part II)		
10:40 – 10:55	Hypertensive retinopathy is predictive risk of serious cardiovascular complications: prospective cohort study in primary care	Dr. CHIANG Lap Kin YAU K.C., NG V. L.
10:55 – 11:10	ITICO: Do integrated teams improve clinical outcomes?	Dr. HU Pei Lin TAN N.C., NADKARNI N.V., NGUYEN N.H.L., BAHADIN J., WU R.R.
11:10 – 11:25	Direct access endoscopy booking by family physicians: evaluating a new service model and factors associated with positive endoscopy findings at primary care setting	Dr. LEUNG Lok Hang

FREE PAPER COMPETITION –

ORAL PRESENTATION

ORAL 001

Prevalence of limited health literacy among patients with type 2 diabetes mellitus: A systematic review and meta-analysis

Abdullah, A., Liew, S. M., Ng, C. J., Hani, S., Karuthan, C.

Introduction:

Type 2 diabetes mellitus (T2DM) patients with limited health literacy (HL) have poorer outcomes. The global burden of limited HL in this population is largely unknown. This review aims to report the world prevalence of limited HL in patients with T2DM and its associated factors.

Methods:

A systematic literature searches was performed using MEDLINE, EMBASE, PsycINFO, CINAHL and ERIC databases on articles published up to January 2017. Studies measuring levels of HL using any validated HL tools in adults with T2DM were included. Two reviewers independently assessed studies for eligibility, performed quality assessment and extracted the data. Prevalence of limited HL was expressed as number of patients with less than adequate HL over the total number of patients with T2DM. OpenMetaAnalyst software was used.

Results:

Twenty-nine articles were included. These studies were done in seven countries with a total of 13,457 T2DM patients. A total of seven different HL measurement tools used by the included studies. The prevalence of limited HL ranged from 7.3% in Switzerland to 82% in Taiwan. Meta-analysis could not be performed for all studies. Thirteen out of 18 studies done in the USA measured functional HL; an aspect of HL relating to reading and comprehension abilities. The pooled prevalence of these studies was 28.9 % (95% CI: 20.4–37.3), with high heterogeneity ($I^2 = 97.9\%$, $p < 0.001$). Meta-regression analysis showed that study settings ($p = 0.005$) and education level ($p = 0.009$) explained the heterogeneity.

Discussion:

The prevalence of limited HL in patients with type 2 DM varies between countries. Nearly 30% of T2DM patients in the USA have limited functional HL. Study settings and education levels influenced the findings.

FREE PAPER COMPETITION –

ORAL PRESENTATION

ORAL 002

Hypertensive retinopathy is predictive risk of serious cardiovascular complications: prospective cohort study in primary care

Chiang LK, Yau KC, Ng VL

Introduction:

Poorly controlled hypertension causes damage to the retinal microcirculation, which can be reliably documented by retinal photographs. Studies had shown that hypertensive retinopathy was predictive and associated with risk of stroke.

Methods:

This prospective cohort study involved hypertensive patients with gradable retinal photographs done in year 2011 to 2012. Consecutive subjects with HTR and without HTR were allocated to cohort and control group respectively until ceiling of 138. Patients with comorbidity of diabetes were excluded. They were followed for 5 years, aiming to investigate the incident of hypertensive retinopathy related serious cardiovascular complications; and to examine the predictive risk of hypertensive retinopathy associated with serious cardiovascular complications.

Results and Discussion:

The cohort group was younger (Mean age 57.3 versus 61.0, $P < 0.01$), and had higher proportion of comorbid hyperlipidaemia ($P = 0.02$). There was no statistical difference in sex, smoking status, duration of HT, number of medication taking and mean blood pressure. At five year, both groups had no cardiovascular related mortality. Cohort group had 13 events of cardiovascular disease (Incidence rate 9.42%), while control group had 5 events (Incidence rate 3.62%). The five year relative risk (RR) of HTR for serious cardiovascular diseases was 2.77 (95% CI: 0.96-7.98, $P = 0.051$), while five year RR of HTR for stroke was 9.56 (95% CI 1.19-76.5, $P = 0.010$). With logistic regression analysis, HTR was risk factor for both serious cardiovascular events and stroke, with RR 3.38 ($p = 0.037$) and 8.55 ($p = 0.047$) respectively. In conclusion, hypertensive retinopathy is the independent predictive risk factor for serious cardiovascular events and stroke.

Key words

Hypertensive retinopathy, cardiovascular disease, stroke

FREE PAPER COMPETITION – ORAL PRESENTATION

ORAL 004

Effectiveness of DASH Diet promotion in the elderly population by community dietitians

Lau Pik Shan, Service Manager, Community Nutrition Service, UCNCHS

Lo Man Sze, Senior Community Dietitian, Community Nutrition Service, UCNCHS

Introduction:

Hypertension is a common health problem in Hong Kong. A study by the School of Public Health of the University of Hong Kong in 2012 revealed that about 1 in 3 adults/elderly in Hong Kong has hypertension. Dietary Approaches to Stop Hypertension (DASH) diet, developed by the National Heart, Lung and Blood Institute in 1997, which principles include diet rich in potassium; magnesium; calcium, high in fruits & vegetables, fibers, low fat dairy, appropriate amount of cereals and grains, protein foods (poultry and fish), nuts and less saturated fat, red meats, sweets and sugar-containing drinks; had been proven to reduce systolic blood pressure. Hence, this program were aimed 1) to increase the awareness and capability of the elderly and/or middle-aged adults to adapt DASH diet for 2) to provide train-the-trainer opportunities on DASH diet to community professionals (e.g. Doctors and Nurses) and 3) to provide training and practicum opportunities with future community nutrition promoters.

Methods:

- 1) 15 participating Elderly Community Center (ECC) received 1 educational workshop and 2 focus groups, each at 1.5hr. The educational workshop included the education of relationship between diet and hypertension, low sodium & DASH diet. Participants who participated educational workshop were invited to join focus group 1 (an in-depth DASH diet mock practice to adapt DASH in daily life) and focus group 2 (~2-3 months after focus group), to share practical experience, successfulness and difficulties on adaptation of DASH diet, in order to sustain long-term compliance. Participants' knowledge on components of DASH diet, attitude on willingness to adapt DASH diet and behavior changes on spreading of DASH information and frequency of practicing DASH diet were evaluated before and after the program.
- 2) 80 community professionals, including doctors/nurses/allied health professionals were trained with DASH diet and tips to deliver DASH diet in the community
- 3) 46 students taking postgraduate diplomas in human nutrition were provided with practicum opportunities in delivering DASH diet in the community, supervised by community dietitians

Results:

A total of 690 direct beneficiaries (80.9% attendance) joined the program. Average knowledge score of participants' DASH diet components raised from **37.3%** to **94.8%**. Average attitude score of participants towards willingness on adapting DASH diet raised from **91.3%** to **95.2%** (Figure 1). The average spreading of information of DASH Diet/DASH a DAY educational booklet from participants joined focus group and not joined focus group were **85.0%** and **61.2%**, with an average of 1 participant spread to **2.0** and **1.1** people, respectively. Also, **95.7%** participants, who joined focus group (N=234), reported with adapting DASH diet in daily life **5.4 days** per week, compared with **84.0%** participants, who did not join focus group (N=213), reported with adapting DASH diet in daily life **3.0 days** per week (Figure 2).

Conclusion:

Participants were provided with practical experiences for knowledge attainment and DASH diet application and thus increase the frequency of applying DASH diet in their daily lives after this program. This program also showed the advantages of participants joining focus group to enhance his/her enthusiasm to spread out DASH diet to their families & peers and frequency of practicing DASH diet in participants' daily lives. Besides, community professionals and future community promoters were trained with health communication skills on promoting DASH diet that will further enhance the sustainability of the program in the community.

Acknowledgement:

This program was funded by the Health Care and Promotion Fund, Food and Health Bureau, the Hong Kong Special Administrative Region.

Figure 1 The average knowledge and attitude change of participants before and after program

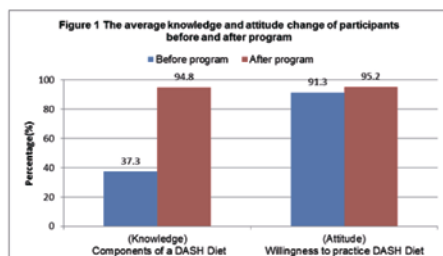
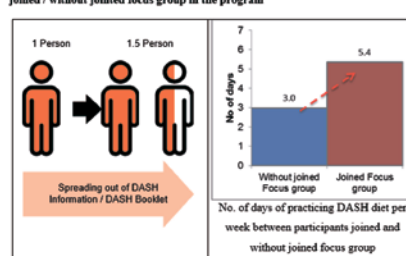


Figure 2 The average spreading out of DASH information/DASH booklet per participant and no. of days of practicing DASH diet per week for participants joined / without joined focus group in the program



FREE PAPER COMPETITION –

ORAL PRESENTATION

ORAL 005

Effectiveness of Brief Pulmonary Rehabilitation Programme in Primary Care Setting - For Patients with Known and Newly Diagnosed Chronic Obstructive Pulmonary Disease

LEE Sing Yu^{1,2}, LEUNG Maria Kwan Wa¹, KAN Yuen Shan¹, SIU Damian Chi Hong^{1,3}, CHIU Wai Hing¹, LI Anita Yuk Ling¹, LI Heung Wing¹, WONG Chi Lung¹, LEUNG Shuk Yun¹, CHOW Kwok Chun², AU Frederick Lap Yan³, HUI Eric Ming Tung¹

¹Department of Family Medicine, New Territories East Cluster, Hospital Authority

²Department of Physiotherapy, North District Hospital, New Territories East Cluster, Hospital Authority

³Department of Occupational Therapy, Prince of Wales Hospital, New Territories East Cluster, Hospital Authority

Introduction:

Nurse and Allied Health Clinic – Respiratory Disease Management Programme is (NAHC-RESP) a programme in New Territories East Cluster of Hospital Authority. This programme aimed to make early detection for people with COPD and provide interventions to manage their respiratory symptoms in primary care setting since 2009. Six-session bPRP would be provided, which consisted of patient education on pathology, puff technique, dyspnea management, lifestyle re-design and exercise prescription.

Method:

Patients diagnosed with COPD in NAHC-RESP were recruited into bPRP for training. Effect of bPRP was measured by COPD Assessment Test (CAT), Shortness of Breath Questionnaire (SOBQ), 6-minute walk distance (6MWD) and St. George's Respiratory Questionnaire (SGRQ). Outcomes were assessed at 4 points: initial assessment, immediate after bPRP (post-PRP), 6-month and 12-month review after bPRP.

Results & Discussion:

From September 2009 to December 2015, 669 COPD patients completed bPRP and the effect was evaluated. Significant differences ($p < 0.01$) were found in CAT, SOBQ, 6MWD and SGRQ in over time. CAT, 6MWD and SGRQ were improved at post-PRP, 6-month and 12-month review when compared to initial assessment data. For SOBQ, significant difference was found between initial assessment and 12-month review.

Besides, interaction effects between time and COPD groups (known COPD and newly diagnosed COPD) were found, in CAT, SOBQ and SRGQ ($p < 0.05$). The results indicated that known COPD patients with more respiratory symptoms and poorer quality of life (QoL) at baseline benefited more from bPRP.

In summary, bPRP in primary health care setting was effective in improving respiratory symptoms, exercise capacity and QoL in COPD patients.

FREE PAPER COMPETITION –

ORAL PRESENTATION

ORAL 006

ITICO: Do integrated teams improve clinical outcomes?

Hu Pei Lin, Tan Ngiap Chuan, Nadkarni Nivedita Vikas, Nguyen Ngoc Hoang Long, Juliana Bahadin, R. RYANNE WU

Introduction:

Primary care faces the ever-growing burden of multi-morbidity and constrained healthcare workforce in an ageing population. An integrated care team approach with focusing on team accountability, data sharing and task delineation according to roles was piloted in a public polyclinic to better manage the health burden of multi-morbidity. This study aims to compare clinical and process outcomes between the integrated care team (ICT) and usual care (UC) groups.

Methods:

This is a retrospective cohort study. Consecutive ICT subjects attending the study site between January to March 2016 (n=1723) were selected in form the intervention group. UC subjects managed by non-care-team doctors during the same period were selected consecutively from provider lists (n=1579) to form the control group. Clinical and process data were collected from January 2016 to September 2017 and analyzed using established statistical tests. Their clinical and process outcomes were determined by their clinical and laboratory parameters, which defined their control of hypertension, hyperlipidemia, diabetes mellitus (T2DM) and uptake of screenings for complications.

Results:

The proportion of subjects achieving HbA1c, LDL-Cholesterol and systolic BP to treatment goals increased from baseline in both groups. More poorly-controlled subjects in the ICT group achieved good metabolic control status (27.2% vs 14.6%, $p=0.012$). Subjects with T2DM in the ICT group had higher adherence to retinal screening (79.9% vs 69.0%, $p=0.008$) and foot screening (84.4% vs 76.7%, $p<0.001$).

Discussion:

Clinical outcomes improved in both groups. However, subjects with T2DM in the ICT group attained higher uptake of screening for retinal and foot complications.

FREE PAPER COMPETITION –

ORAL PRESENTATION

ORAL 007

Direct access endoscopy booking by family physicians: evaluating a new service model and factors associated with positive endoscopy findings at primary care setting

Leung Lok Hang

Dyspepsia is a common clinical problem affecting the population with a variety of presentations e.g. pain, bloating, or reflux symptoms. Conventionally, patients requiring an oesophagogastroduodenoscopy (OGD) were referred by the primary care doctor to surgeons or gastroenterologists, who would perform OGD. However, the waiting time is very long for the GOPC-SOPC-endoscopy model. At the Kowloon West Cluster (KWC), the Sham Shui Po (SSP) district General Outpatient Clinics (GOPCs) implemented the direct access endoscopy since late 2015 in collaboration with the Department of Surgery, Caritas Medical Centre (CMC). OGDs performed by surgeons were arranged by GOPC doctors of the 5 participating clinics directly after patients' assessment. Post-OGD follow-up care would be offered by GOPC. The service was evaluated by a retrospective study from 1 October 2015 to 31 December 2016. 198 patients were arranged direct access endoscopy under the programme. 173 patients completed OGD. The 50-percentile GOPC-to-endoscopy waiting time was 16 weeks (23.7% completed within 8 weeks). 26 patients (15.0%) had positive OGD findings including ulcer and neoplastic conditions. Factors associated with positive OGD findings included ever smoking status (adjusted OR 3.15; 95%CI 1.00-9.86; P 0.049), presence of epigastric pain on history (adjusted OR 3.32; 95% CI 1.19-9.26; P 0.022) and a positive H. Pylori status (adjusted OR 3.60; 95%CI 1.39-9.36; P 0.009). The direct access endoscopy model had shortened the GOPC-to-endoscopy time. Only 12.7% in the cohort required SOPC follow-up. The service demonstrated a successful primary and secondary health care collaboration in shared care of patients in community settings.

FREE PAPER COMPETITION –

ORAL PRESENTATION

ORAL 008

Review on the Enhanced Cognitive Services in KWC Primary Care Setting

TONG YC, SO MK, TAM HS, LEE WY, FU SN, CHEUNG KL, LUK W

Department of Family Medicine and Primary Health Care, KWC

Introduction:

With increasing prevalence of dementia in the aging population, early screening and intervention for cases with cognitive problem are essential. Memory Clinic(MC) was set up to aim at early investigation and treatment in Kowloon West Cluster Out-patient Clinics(KWC GOPC) since 2015. Occupational therapists(OT) conduct initial assessment, triage suitable patients to MC and provide cognitive intervention. Caregiver empowerment is conducted by OT and doctors.

Method:

The outcome and satisfaction of the enhanced cognitive services in KWCGOPC were reviewed with Montreal Cognitive Assessment (HK-MoCA), WHO-5 Well-being Index and satisfaction questionnaires.

Results:

During Nov2015- Mar2018, 256 patients (61% female; mean age was 75, SD=11; mean HKMoCA was 16, SD=7) were triaged to memory clinic. The mean waiting time to MC was significantly shortened to be less than two months. 189 patients or caregivers attended the empowerment talks and all showed satisfaction (5/6, SD=1). Patients attended cognitive training groups feedback the training were helpful in knowing more memory strategy and reducing stress in relation to memory problem (8/10, SD=2). 78 patients had re-assessment after one year, the HKMoCA score was significantly improved from 15/30(SD=6.2) to 17/30(SD=5.8)($p<0.05$); WHO-5 Well-being Index was significantly improved from 67/100(SD=9) to 79/100(SD=13)($p<0.05$). All patients were highly satisfied with MC program (9/10, SD=1).

Discussion:

The preliminary outcomes of MC and cognitive programs were promising and effective. This multidisciplinary program demonstrates the capability of GOPC in managing dementia patients in their early journey and ready to share the SOPC burden to a greater extent if with additional resources.

FREE PAPER COMPETITION –

POSTER PRESENTATION

Saturday, 23 June 2018 • 17:00 – 17:20 • Foyer
Sunday, 24 June 2018 • 10:15 – 10:35 • Foyer

Poster	Presentation Topic	Authors (the underlined author is the presenting author)
001	The Elderly Healthcare Voucher (EHV): influence on utilization of vision care services amongst the elderly in the HKSAR	<u>Ms. Rita W.M. SUM</u> , YAP M.K.H.
002	Erectile dysfunction and sexuality of elderly males in the primary care: a mixed quantitative and qualitative study	<u>Dr. CHIANG Lap Kin</u> , NG V. L.
003	Older Subjects with Asthma: Disease Burden in Primary Care and Modifiable Factors Associated with Their Medication Adherence	<u>Dr. ZHENG Lifeng</u> , Liu Changwei, Koh Yi Ling Eileen, Sankari Usha, Tan Ngiap Chuan
004	Rise in creatine kinase in a patient on statin	<u>Dr. Emily T.Y. TSE</u>
005	On-site mini health checks for Community Members in their 40s+. Is that worth to do so?	<u>Ms. Evelyn L.Y. LEE</u>
006	Severe gout in young adults: how can we do better?	<u>Dr. Li Yufei</u> , Ng C.W., QUAH J. H.M.
007	Dietary Management for Children with Attention Deficient Hyperactivity Disorder (ADHD) in Community Dietitian Clinic in Tin Shui Wai, Hong Kong	<u>Ms. Doris P.S. LAU</u> , CHAN H. T.M., TANG J. S.F., CHAN V. W.C., YEUNG T. M.H., CHAN S. H.F.
009	Effectiveness of interactive interventions for promoting sex education among at-risk children	<u>Ms. Afra N.W. WONG</u>
010	Empowering Self-management of Hypertensive Patients by Risk Assessment and Management Programme	<u>Ms. MAK Chui Ling</u> , LEUNG M.C., WONG K.W., CHAN P.F., HO S.M., CHAO D. V.K.
011	Role of Family Physician in a Child with Self Harm and Suicide Attempts	<u>Dr. LIM Weai Ling</u>
013	Have you ever had a mammogram before?	<u>Dr. Joyce S.F. TANG</u> , WONG F. T.H., CHUNG J. T.N.
014	Trend in uptake of breast screening amongst general health checkup attendees 2013 to 2017	<u>Dr. Joyce S.F. TANG</u> , WONG F. T.H., CHUNG J. T.N.
015	Bright futures: a community based attention deficit hyperactivity disorder clinic in the community	<u>Dr. Joyce S.F. TANG</u> , YEUNG T. M.H.; CHAN V. W. C., LI E. P.W., CHAN S. H.F.
016	Religious affiliation and its impact on smoking cessation	<u>Ms. Sharmila GURUNG</u> , CHAN K. K.C., SHARMA B., LAU R. C.C., TANG J. S.F.
017	Middle Aged South Asians at high risk of developing Cardiovascular Diseases	<u>Ms. Sharmila GURUNG</u> , TANG J. S.F., BATOOL A., CHAN L.H.
018	How can a joint clinic enhance the medical care and hasten the return-to-work of healthcare workers with work disability?	<u>Dr. KWAN Yu</u> , YAU L.M., PUN L.Y., KWOK P.K., WONG M., CHOI T.L., CHAN P.F., CHAO D. V.K., CHENG H.C.
019	Workflow Enhancement on Handling of Laboratory Investigation Reports in GOPC	<u>Ms. LAM Pui Ha</u> , CHIU C. W.H., LEUNG W.K., CHEUK C., FUNG W.M., LEUNG M. K.W., HUI E. M.T., HUI E., LI P. K.T.

FREE PAPER COMPETITION –

POSTER PRESENTATION

Saturday, 23 June 2018 • 17:00 – 17:20 • 1/F, Foyer

Sunday, 24 June 2018 • 10:15 – 10:35 • 1/F, Foyer

Poster	Presentation Topic	Authors (the underlined author is the presenting author)
020	Is Risk-Assessment-and-Management-Programme for primary care patients with Hypertension (RAMP-HT) cost-effective?	<u>Dr. Esther Y.T. YU</u> , WAN E. Y.F., HO E. H.M., HO S.Y., LAM C. L.K.
021	A review on use of insulin among patients with type II diabetes mellitus in Cheung Sha Wan Jockey club General out-patient clinic	<u>Dr. KWAN Sin Man</u> , SY W.M., YIU M.P., CHAN C.W., YIU Y.K., LUK W.
022	Cross sectional survey on caregiver burden and associated risk factors for patients with advanced cancers in palliative care setting	<u>Dr. CHAN Ngai Ping</u> , LAM P.T., WUN Y.T., CHAO D. V.K.
023	Screening for Obstructive Sleep Apnoea among Nocturnal Dipping and Non-Dipping Hypertensive Patients in Primary Care Setting	<u>Dr. TSE Tak Kei</u> , CHIANG L.K.
024	A Survey on the Use of Social Media as an Educational Tool for Evidence-based Medicine among Doctors of a Primary Care Group Practice	<u>Dr. CHU Tsun Kit</u> , CHAN K.H., TSUI F., CHAN Y.H., NG Y.S., LIANG J.
026	To standardize patient journey and nursing staff practice in Risk Assessment and Management Program to improve service quality and practice	<u>Ms. HUNG Shuk Yee</u> , CHAN T. Y.L., LAM S. S.K., LEUNG W. W.C., LEUNG W. W.M., LEUNG, LEUNG C. P.S., CHEUNG K. Y.H., WONG M. M.Y.
027	Standardization of Cold Chain Management among GOPCs in Hong Kong West Cluster – an important milestone	<u>Dr. Alfred S.K. KWONG</u> , FUNG F., LEUNG A., LEE L.L., HO C., TSUI W., KO W.
028	Inhaler Technique Enhancement for patients in a Primary Care Setting	<u>Ms. Emily C.L. MA</u> , WU S.C., CHAN Y.K., FU Y.W., LAM H.Y., LAM K.F., SUN W., WONG Y.F., WONG B.C., LIANG J.
029	Exploring the hidden problems of patients to improve clinical outcome of chronic disease/s management	<u>Ms. HUNG Shuk Yee</u> , LEUNG W. W.C., CHEUNG K. Y.H., WONG M. M.Y.
030	The Early Return-to-Work Program for Patients with Injury on Duty in KWC Primary Care Settings	<u>Ms. TONG Yuk Chung</u> , SO M.K., LEE K.Y., IP S.W., KWAN S.M., LAU S.F., FU S.N., CHEUNG K.L., LUK W.
031	A Service Evaluation on a Community-based Diabetes Telephone Support Program (Diabetes Helpline) Led by a Diabetes Nurse in Hong Kong	<u>Ms. Cindy W.C. LUI</u>
032	A Service Evaluation on a Community-based Small Group Interactive Diabetes Education Program Facilitated by a Diabetes Nurse in Hong Kong	<u>Ms. Cindy W.C. LUI</u>
033	Procedural training in family medicine residency in Singapore – challenges and changes	<u>Dr. KOH Kim Hwee</u>
034	Implementation of check-attendance system in a general out-patient clinic: can it reduce unnecessary call back?	<u>Dr. NG Kwok Fai</u> , SY W.M., YIU M.P., CHAN C.W., LUK W.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 001

The Elderly Healthcare Voucher (EHV): influence on utilization of vision care services amongst the elderly in the HKSAR

Sum WMR, Yap MKH

Introduction:

Early detection and intervention to visual impairment are important to the elderly. The long waiting time for public eye specialist appointment in the HKSAR suggests a role for the private vision care sector. The EHV Scheme was launched to provide more choices for private healthcare services. This study collects views on how the voucher influences potential use of private vision care services.

Methodology:

A population-based cross-sectional survey was conducted in community centers in the 18 districts of the HKSAR and followed by individual face-to-face interviews. All subjects were aged 65 or above.

Results:

From November 2017 to February 2018, 500 questionnaires were collected. 303 (61%) elderly had eye assessments within the past 2 years, while 38% had last assessment in public hospital. Optometric service was one of the three most preferred services of the voucher scheme (38%), following medical doctors (82%) and TCM practitioners (40%). Those who used the voucher for vision care had more frequent eye check ($p < 0.05$). One-fourth indicated that they would not check eyes without the voucher. Most of the elderly expressed that the voucher amount was insufficient and some wanted to save the voucher usage for curative care.

Discussion:

The voucher scheme fulfills its intended purpose of enhancing primary care access to the elderly. As preventive care is known to have bigger pay-offs in terms of healthcare financing and population health, better promotion of customized strategies on the most effective use of the voucher may have a positive impact on health outcomes and future demand on public medical services.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 002

Erectile dysfunction and sexuality of elderly males in the primary care: a mixed quantitative and qualitative study

Chiang LK, Ng VL

Introduction:

Erectile dysfunction (ED) is estimated to be 70% in those over 70 years of age. To enjoy sex and to fulfill sexual desires is thought to be part of good quality of life, and challenges the traditional 'asexual' image of older adults.

Method:

Retrospective case series involving all consecutive patients aged 65 or above seen in a regional hospital family physician led Erectile Dysfunction Clinic from April 2014 to March 2016. Randomly selected subjects will invited for a qualitative in depth interview. The study aims to review characteristics of elderly males with ED in primary care; and to explore the health seeking behavior and perception of sexuality among elderly males with ED.

Results and Discussion:

Six-eight elderly patients presented with ED with mean age 69.9 years old were studied. 52 patients (76.5%) had comorbidity of chronic diseases, including 61.8% had hypertension. Based on International Index of Erectile Function (IIEF-5) score, 64.7%, 17.6% and 17.6% had severe, moderate and mild ED respectively. Phosphodiesterase-5 (PDE-5) inhibitors were prescribed to 38 (55.9%) patients, and 57.9% of them achieved good response. Among 8 patients referred to other specialty, half of them had contraindication for PDE5 inhibitor. For qualitative interview, six out of eight patients seek medical help for ED because of second marriage and they would like to have descendants. In conclusion, high proportion of elder ED patients have comorbidity of chronic diseases. 57.9% of those patients receiving PDE5 inhibitors show good response. Many elders seek functioning sexuality for reproduction purpose.

Key words

Erectile dysfunction; Elderly sexuality; Primary care

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 003

Older Subjects with Asthma: Disease Burden in Primary Care and Modifiable Factors Associated with Their Medication Adherence

Zheng Lifeng¹, Liu Changwei², Koh Yi Ling Eileen¹, Sankari Usha¹, Tan Ngiap Chuan^{1,3}

¹*SingHealth Polyclinics*

²*National Healthcare Group Polyclinics*

³*SingHealth Duke-NUS Family Medicine Academic Clinical Programme*

Introduction:

More senior subjects with asthma are seeking treatment in primary care. Their adherence to inhaled corticosteroid (ICS) is vital to optimize asthma control. We postulated variability in their ICS adherence due to illness perception and medication beliefs.

The study aimed to determine the (1) proportion of older subjects with good adherence to ICS and their asthma control status, and (2) associated factors such as illness perception and medication beliefs.

Method:

The methods of the study comprised (1) data mining from the EMR of subjects, aged 65 years and older, with diagnosis code of asthma, their prescriptions of ICS (including combinations with LABA) and Asthma Control Test (ACT) scores; (2) questionnaire survey using Medication Adherence Report Scale for asthma (MARS) to compute ICS adherence, Brief-Illness Perception Questionnaire (B-IPQ) and Beliefs about Medications Questionnaire (BMQ) to determine illness perception and medication beliefs.

Results:

From 2015 to 2017, asthma attendances for older subjects rose from 13,664 to 15,876. Good asthma control (ACT>20) among them increased from 76.6% to 78.7 %. Prescriptions of ICS declined but ICS-LABA increased. Among 323 subjects in the survey (mean age 71.5 years, 43% females), 40.9% had good ICS adherence (mean MARS item score=4.5) and were positively associated with perception of chronicity of asthma (B-IPQ), ICS as essential, fewer medication concerns (BMQ) and use of ICS-LABA.

Discussion:

Despite rising polyclinic attendances by older subjects, and about 40% of them had good ICS adherence, more had good asthma control, were prescribed ICS-LABA, and influenced by illness perception and medication beliefs.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 004

Rise in creatine kinase in a patient on statin

TSE Tsui Yee Emily

Department of Family Medicine and Primary Care, The University of Hong Kong

Introduction:

Statins are commonly used in family medicine practice. Myopathy is one of the known possible side effects. Should creatine kinase (CK) be routinely checked for patients on statin? This is a clinical case report.

Methods:

A 62-years old lady was followed-up in a general outpatient clinic for hypertension, hyperlipidaemia and obesity. Her 10-years cardiovascular risk was medium. A routine blood test of her in June 2017 showed low density lipoprotein cholesterol (LDL_C) 4.1mmol/L. She was put on simvastatin 20mg nocte. The attending doctor ordered a follow-up lipid profile, routine liver function and CK checking 3 months later.

Patient had her blood test in Sept 2017. Here LDL_C dropped to 2.7mmol/L. Her liver function was normal but her CK was elevated to 198 U/L (Ref: 40-161U/L). Patient reported no myalgia. However, she recalled having an upper respiratory tract infection treated symptomatically during her blood test. The simvastatin was continued at the same dose.

CK was rechecked 1 month later in Oct 2017 and dropped to 177U/L. Patient remained asymptomatic. Simvastatin was continued.

Further repeating of CK another month later in Nov 2017 noticed the level almost normalized (169U/L).

Results and Discussion:

Upon a 3 months' observation without intervention, the rise in CK didn't seem to be related to the statin given. This case demonstrated a routine checking of CK in an asymptomatic patient on statin would be unnecessary. This echoes with most of the international guidelines.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 005

On-site mini health checks for Community Members in their 40s+. Is that worth to do so?

Evelyn Lai Yan LEE

Introduction:

Nowadays, people in local community are getting more health-conscious. Nevertheless, many people still find difficulties to visit a clinician for regular body check-ups. Providing health-checks onsite hence provide a simple and easy access for community members to help identify key areas of health concerns. It helps to limit health risks by identifying potential problem areas and giving the members an intrinsic motivation to make changes.

Method:

We had been to Cheung Chau & Tung Chung in January 2018 and provided free mini health checks to the community members. 134 persons had had his/ her body height, weight, fat %, wrist circumference, blood pressure, blood glucose, uric acid and total cholesterol measured. Each member also met registered nurses for health advice afterwards. Participants took away the documented results to a GP for further testing if required.

Results:

Majority of the participants were **in their 40s+** (87.3%). 103 (76.9%) were females, indicating that women are having greater self-health consciousness. 96 (71.6%) participants were found overweight or even obese or very obese. More than two-thirds (89) of participants were having abdominal obesity. 35 participants were found having higher than normal blood glucose levels during the check-up despite some of them were on regular medications already. 67 (50%) were screened having higher than normal cholesterol level in which 2/3 of them did not know that before.

Discussion:

Many people do not have regular check-ups. Whilst such small scale health-check could never be substituted for a proper body check-up, the event does serve provide opportunities for participants to know more about their health status. It would be interesting to explore if living district would be a factor affecting member's health status in future.

Implications:

Chronic illness such as central obesity, diabetes and high cholesterol swell in middle age. Despite the fact that previous studies have revealed community screenings are lacking of data regarding their ultimate efficacy, screening individuals in 40s+ with one or more risk factors are still, be beneficial. The screening results and lifestyle modification advice given by qualified healthcare professionals help build awareness of one's health risks and provide him/ her an intrinsic motivation to live healthier. Nevertheless, though the provision of one-off screenings allow for early detection of some chronic illnesses at that particular time; however, without systematic follow up and treatment, there are limitations on these community screenings' ability to reduce disease occurrences. Government may consider taking the lead to organize community screenings to targeted groups and work collaboratively with local Primary Care providers to ensure follow-up access to ongoing and regular health care services.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 006

Severe gout in young adults: how can we do better?

Li Yufei, Ng Chung Wai, Joanne Quah Hui Min

Singhealth Family Medicine Residency, Singapore

A 29-year-old male presented with an acutely inflamed right knee. He was known to have gout with frequent gout flares, involving multiple joints. He had previously been on allopurinol but stopped taking it due to more frequent flares. He was not on regular follow-up despite having seen various general practitioners. His serum uric acid level was raised (666 $\mu\text{mol/L}$). He was given colchicine and non-steroidal anti-inflammatory drugs for the most current flare. In addition, he was given comprehensive counselling. Allopurinol was subsequently started with prophylactic colchicine. He was given advice on lifestyle modification, and his comorbid cardiovascular conditions were looked into. According to literature, management of gout is still suboptimal in more than half of the patients. Poor health literacy, leading to non-compliance is among the commonest barriers to effective treatment. Fostering a therapeutic relationship between patients and primary care physicians makes a significant difference to the success of the management of this condition.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 007

Dietary management for children with Attention Deficient Hyperactivity Disorder (ADHD) in community dietitian (CD) clinic in Tin Shui Wai (TSW), Hong Kong (HK)

LAU Pik Shan Doris¹, CHAN Tze Man Heidi², TANG Shao Fen Joyce³, CHAN Wai Chung, Virginia⁴, YEUNG Ming Hong, Timothy⁵, CHAN Hiu Fan Sibyl⁶

¹Accredited Practising Dietitian, Community Nutrition Service, PMCS, UCNCHS, ²Registered Dietitian, Community Nutrition Service, PMCS, UCNCHS, ³Medical Director, PMCS, UCNCHS, ⁴Medical Officer/Center in charge, Jockey Club Tin Shui Wai CHC, UCNCHS, ⁵Part-time psychiatrist, Jockey Club Tin Shui Wai CHC, UCNCHS, ⁶Clinic Manager, Jockey Club Tin Shui Wai CHC, UCNCHS

Introduction:

Imbalance diet has adverse effect to children with ADHD (C/ADHD). Medical treatment for C/ADHD (methylphenidate HCl) will increase nutritional risk for appetite/weight loss. Dietary management by registered dietitian (RD) should be part of clinical management for C/ADHD to achieve balanced diet with good nutrition¹.

Methods:

A retrospective cohort review with available patient data from a local community program “Bright Futures Early Diagnosis and Intervention for children with ADHD in TSW”². C/ADHD aged < 17 years, with ≥1 medical treatment by psychiatrist between April 1, 2017 and March 31, 2018, received anthropometry (growth chart) and dietary assessments (food diary) in dietitian counseling. Nutrition education (meal plan/ portions/exchanges) and practical advices were given to carers.

Results:

48 dietitian clinic sessions (@30-60 mins) of which 34 new cases and 14 follow-up visits. Age range from 6 -14 years old with more boys (82%) than girls (18%). 17.6% (6 of 34 new cases) with wt/ht at ≤10th %tile was identified at higher risk or at risk of underweight. Actual food intake was found incompatible to the daily recommendation³ or food pyramid⁴ for age including inadequate dairy, vegetable, and fruit groups, while unhealthy foods (high sugar/ fat and/or sodium with low nutrient contents) were regularly consumed.

Conclusion:

Dietary management by RD should be implemented to prevent C/ADHD on medical treatment (especially at risk of low/underweight) from developing nutritional risks to interfere proper growth and development. Value of balanced diet/good nutrition (regardless of weight status) should be emphasized to develop positive dietary habit and attitude, which show positive influence in adulthood. Practical tips were advised to acquire daily nutritional needs and reduce unhealthy foods. Community dietitian clinic equipped with food replicas, meal planning/recipe booklets, education pamphlets and periodical follow up were provided on need basis as part of essential management components.

References:

1. PubMed Health. A service of the National Library of Medicine, National Institutes of Health. National Collaborating Centre for Mental Health (UK). Attention Deficit Hyperactivity Disorder: Diagnosis and Management of ADHD in Children, Young People and Adults. Leicester (UK): British Psychological Society (UK); 2009. (NICE Clinical Guidelines, No. 72.)
2. Criterion and program enrollment for Bright Future Program: Children aged less than 17 years who have not been diagnosed as ADHD with referrals by medical doctors, teachers, social workers, clinical psychologist and parents. Enrolled children received assessment in Jockey Club Tin Shui Wai Community Health Centre and upon diagnosed, children with parents joined the one year program including medical treatment by psychiatrist, workshops by registered nurses/clinical psychologist as well as individual diet counseling by registered dietitian.
3. Appendix 2: Part One of Nutritional Guidelines on Lunch for Students (Quantity) - Examples of Food Items, Nutritional Guidelines on Lunch for Students For Use in Primary and Secondary Schools, Department of Health, HKSARG
4. Healthy Eating Food Pyramid for Children 2-5, 6-11 years old and Adolescents 12-17 years old, Centre for Health Protection, Department of Health, HKSARG

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 009

Effectiveness of interactive interventions for promoting sex education among at-risk children

Afra Nga Wun WONG BScN, MPH

Introduction:

Children lacking parental guidance are often found having higher risk for unsafe sexual behaviour and substance abuse. Local parents resided in less household income districts have to work from all day long and tend to have less fruitful parental time with their children. It is therefore essential to provide these children with relevant sex education on an outreach basis.

Method:

Interactive workshops including educational health talks and playing role play games were conducted to secondary school students from low income districts to achieve the aims. Knowledge, attitude and behaviour enhancement were evaluated by using pre and post questionnaire.

Results:

By the end of the project, 802 secondary school students have received sex education and 788 completed pre and post questionnaires were successfully collected. Among the attendees, 205 (26%) were male, 583 (74%) were female. The proportions of students' improvement in knowledge, attitude and behavioural intention score were 82.3%, 67.9% and 80% respectively after workshop. Result showed that more than 50% of the participants claimed that they did not receive adequate sex knowledge from reliable sources and 68% of them felt that it was embarrassing to discuss this topic.

Discussion:

Our multiple interactive workshops could effectively enhance the participants' knowledge and raise their awareness on STD transmission and unsafe sexual behaviours. In addition, this study indicated the knowledge deficit regarding safe sex among them as it is still perceived as a taboo subject to be discussed. Therefore, it is crucial enough to incorporate sex education into their course curriculum in the future.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 010

Empowering Self-management of Hypertensive Patients by Risk Assessment and Management Programme

Mak CL, Leung MC, Wong KW, Chan PF, Ho SM, Chao DVK

Department of Family Medicine and Primary Health Care, United Christian Hospital and Tseung Kwan O Hospital, Kowloon East Cluster.

Introduction:

Risk Assessment and Management Programme – Hypertension has been launched in our General Out-patient Clinics (GOPCs) since October 2011. The service includes intake assessment (IA) by trained nurses. During IA, the nurses would perform cardiovascular risk and complications assessment, and provide individual health counselling and education with the aim of empowering self-management. This study was conducted to examine the patients' self-management pattern and their satisfaction with the service.

Method:

Hypertensive patients who had attended the IA at a GOPC in May and June of 2017 were recruited. Before-after study design was employed to evaluate the effect on clinical outcomes. Telephone interviews by direct questioning on relevant self-management areas were conducted at six months after the IA to retrieve relevant data.

Results:

389 out of 530 patients responded to the interview. The response rate was 73.4%. The mean age of the respondents was 64.0 and 49.6% were male. Patients performing regular exercise increased from 19.0% to 24.4% at six months after the IA ($p=0.05$). More patients complied with low salt diet after the IA. It increased from 46.5% to 68.6% at six months ($p<0.001$). Medication adherence rate remained high (96.8%) at six months. 98.5% were very satisfied or satisfied with the service. 96.9% strongly agreed or agreed that programme was useful to them.

Discussion:

The study showed the health counselling and education offered during the IA sessions had a positive effect on the patients' self-management in taking regular exercise and complying with low salt diet. Overall, the patients showed high satisfaction to the programme.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 011

Role of Family Physician in a Child with Self Harm and Suicide Attempts

Lim Weai Ling

Suicide was one of the five leading causes of death for children, adolescent, and adults 10 to 54 years of age. Repetitive deliberate self-harm, previous suicide attempt and mental health problem increase the risk of suicide.

A 10 year-old boy with previous multiple self-harm and suicide attempts was brought to the emergency department for recurrent suicide attempt. Recent stressful event has triggered the suicide attempt. Multiple risks factors identified in this case. He was reviewed by a multidisciplinary team during inpatient stay. Assessment was that of moderate suicide risk, aggravated by stress. The team had ruled out any psychiatric illness, and that suicide attempts were secondary to parental conflict. Long term psychological support was deemed necessary for the child and his mother. He underwent multiple sessions of psychotherapy for three weeks, before being discharged home with a safety plan and referred to community resources.

This case illustrates high risk of completed suicide if identification with appropriate referral is delayed. Family physician also part of safety net during high suicide risk period, such as after discharged from hospital for this case. The family physician plays an important role by being the first point of contact, and providing anticipatory guidance during well-child visit. Family physicians also responsible in screening for mental health problems in adolescent. Assessment and timely management of suicide risk in the appropriate setting is crucial to ensure patient safety, continuity of care and treatment success.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 013

Have you ever had a mammogram before?

Joyce S.F. TANG; Felix T. H. WONG; John T. N. CHUNG

Introduction:

Breast cancer is the commonest cancer and 3rd commonest cause of cancer death in Hong Kong women (2015 Hong Kong Cancer registry). This survey aims to find out the proportion and characteristics of women who have had breast screening.

Method:

This is a questionnaire based survey carried out at 4 community health centres of the United Christian Nethersole Community Health Service from 1 January 2017 to 31 December 2017.

Inclusion criteria were female gender, age between 40 to 69 years and all ethnicities. They were asked in a face to face voluntary health assessment interview if they had ever had a screening mammogram in a cross sectional survey. This is a descriptive analysis. The categorical data was analysed by Chi-square test. $P < 0.05$ is considered statistically significant.

Results:

Among the 8013 cases fulfilling the inclusion criteria, 7729 women had valid responses, with a response rate of 96.46%. Among all respondents, 4198 (54.31%) had had a previous mammogram. Comparing those who had had previous mammogram with those who had not, 17.12% vs 21.4% respectively had an education level of primary or below primary level ($\chi^2=30.22$, $df=2$, $p=0.000$); 82.44% vs 64.69% respectively were aged 50 to 69 years ($\chi^2=317.04$, $df=1$, $p=0.000$); 75.61% vs 73.75% respectively were married ($\chi^2=3.02$, $df=1$, $p=0.082$); and 90.76% vs 84.85% respectively had had a PAP smear ($\chi^2=84.41$, $df=1$, $p=0.000$).

Discussion:

We can observe a statistically significant relationship between doing mammogram and education level, age group and doing PAP smear. More health promotion is needed especially for the lesser educated women on preventive care. Family doctors may routinely enquire about breast screening status with Pap smear for eligible women.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 014

Trend in uptake of breast screening amongst general health checkup attendees 2013 to 2017

JOYCE S.F. TANG; FELIX T. H. WONG; JOHN T. N. CHUNG

Introduction:

Breast cancer is the commonest cancer and 3rd commonest cause of cancer death in Hong Kong women (2015 Hong Kong Cancer registry). This survey aims to find out the trend in uptake of breast screening over 5 years.

Method:

From 1 January 2013 to 31 December 2017, women between 40 to 69 years attended 4 community health centres of the United Christian Nethersole Community Health Service for voluntary health check. All women were asked if they had ever had a screening mammogram in a cross sectional survey.

Results:

Of the 40,466 valid responses, the proportion of women who had had a mammogram before has increased over the years. The proportions were: 48.36% in 2013, 49.99% in 2014, 51.57% in 2015, 51.67% in 2016 and 54.31% in 2017. The average ages of women who have had mammogram ranged from 55.3 to 56.7 years and that of women who had not had mammogram ranged from 53.11 to 55.3 years. Those who had had mammogram were also more likely to also have had a Pap smear screening done. This finding was consistent over the 5 years. Comparing women who had had mammogram with those who had not, the proportions who had Pap smear done were 93.1% vs. 87.1% in 2013 (χ^2 81.89, df1, p0.00); 92.7% vs 86.7% in 2014 (χ^2 78.61, df1, p0.00); 92.4% vs 86.9% in 2015 (χ^2 65.89, df1, p0.00); 91.6% vs 85.7% in 2016 (χ^2 69.11, df1, p0.00); and 90.7% vs 84.9% in 2017 (χ^2 84.41, df1, p0.00).

Discussion:

There is an increasing uptake trend for mammogram breast screening among middle aged women attending general health check.

Conclusion:

Family doctors are in a good position to enquire about breast health and introduce screening during general health checks.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 015

Bright futures: a community based attention deficit hyperactivity disorder clinic in the community

JOYCE S.F. TANG; TIMOTHY M.H. YEUNG; VIRGINIA W. C. CHAN, ERIC P.W. LI, SIBYL H.F. CHAN

Introduction:

Attention deficit hyperactivity disorder affects 3.9% of adolescents (mental health report 2016). The disorder requires early identification and timely intervention by a multidisciplinary team to reduce the potentially adverse developmental and social outcomes. The 7 child assessment centres in Hong Kong have a large case burden and long waiting time for assessment, while the 5 Hospital Authority child mental health clinics are similarly burdened.

Method:

The United Christian Nethersole community Health Service started the “Bright futures” project for early diagnosis and intervention of ADHD children at our Jockey Club Tin Shui Wai community health centre in 2017. Cases of confirmed ADHD were treated by psychiatrist. They would receive subsidized drug treatment, family/parent education and support and 2 comprehensive assessments using standardized tools. Dietitian support was provided for those with appetite and growth problems.

Results:

In the first year of the project, out of 112 potential cases were seen by psychiatrist and 60 fit the diagnosis and received initial comprehensive assessment and 59 prescribed medication.

Discussion:

Of those who were diagnosed to have ADHD, many parents were initially hesitant for medication use. Family movement over the summer vacation interrupts treatment. Missed appointments were common. The reasons included cost, impatience to see a result, drug compliance issues. The availability of dietitian’s counseling and the parents’ support and behavioural skills training workshops were very practical.

Conclusion:

As the number of cases will increase in the second year, the caseload for one psychiatrist is very heavy. A shared care arrangement between psychiatrist and our 2 family doctors may be proposed for stable and more straightforward cases to alleviate the bottleneck in appointments. A protocol for shared care will be developed to allow flexibility, quality and efficiency in the pathway of care.

Acknowledgements: S.K.Yee Medical Foundation for project funding support

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 016

Religious affiliation and its impact on smoking cessation

Sharmila GURUNG; Keith K.C. CHAN; Bulbul SHARMA;; Rex C.C. LAU; Joyce S.F. TANG

Introduction:

United Christian Nethersole Community Health Service (UCNCHS) initiated one-stop smoking cessation service for Ethnic Minorities (EM) and New Immigrants (NI) since 2013. It was observed that many EM have religious beliefs and follow their culture. Thus this study aims to identify impact of religious affiliation on smoking cessation

Method:

From April 2015 – March 2017, in addition to community venues, health promotion and outreach was conducted at faith based organization, church, mosque, temple and Buddhist association. Identified smokers were referred to UCN smoking cessation clinic.

Results:

467 smokers received the smoking cessation service and 344 participants were successfully followed-up. EM group (Indian, Nepalese, Pakistani) have a higher abstinence rate (52-week 7 days abstinence) than local Chinese. The abstinence rate for Indian, Nepalese and Pakistani were 57.1%, 57.6% and 32.3% respectively. Abstinence rate of Local Chinese was 21.6%.

As for the religion most of the EM's were religious, All Pakistani believe in Islam (100%); Nepalese believe in Hinduism (68.7%). Whereas local Chinese reported less religious belief (17.0%).

Discussion:

Many EMs community congregate at religious setting, thus it could be promotional channel of smoking cessation.

Promoting smoking cessation service among ethnic minority community during festive period especially through faith based affiliation tend to have positive effect and acts as a protective measure.

Further studies are needed to clarify the impact of religious involvement on quitting smoking.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 017

Prevalence of Cardiovascular Disease Risk Factors among the Ethnic Minorities of Hong Kong: a review of health promotion programme

Sharmila GURUNG, Joyce Shao Fen TANG, Asma BATOOL, CHAN Lai Hung

Introduction:

Ethnic Minorities (EM) account for 7% of the Hong Kong's population. Many of the EM residents of South Asian origin in Hong Kong have limited access to the local health system due to language and culture barriers. There is paucity of health research in this aspect. United Christian Nethersole Community Health Service has health promotion service for the ethnic minority community-" South Asian Health Support Programme". This study aims to identify the prevalence of cardiovascular disease risk factors amongst EM community in Hong Kong.

Method:

During April 2017 to March 2018, 24 community-based health promotion events were organized, which focused on basic health screening for EM population in Hong Kong. Those persons with elevated blood pressure (BP), random blood sugar (RBS), total cholesterol (TC) or body fat percentage were promoted to go for further cardiovascular assessment.

Results:

156 South Asian enrolled in South Asian Health Support programme(41% Indian, 44% Nepalese and 15% Pakistanis), aged between 21-74 attended UCN clinics. It was identified that 15.5% (24/156) had BP >140/90 mmHg, 18% (28/156) had FBS > 5.6 mmol/L, 42% (65/156) had Total Cholesterol>5.2mmol/L, (11% had Triglyceride>2.3 and 12% had LDL>4.1mmol/L. Among all, the age group of 40-49 years old had the highest prevalence of elevated BP, FBS and Total cholesterol .They were followed up for diagnosis and treatment.

Discussion:

Though this is not a random sample, the findings give an indication that there is high prevalence of cardiovascular disease risk factor particularly amongst the middle aged South Asian ethnic minorities in Hong Kong.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 018

How can a joint clinic enhance the medical care and hasten the return-to-work of healthcare workers with work disability?

Kwan Y^{1,2}, Yau LM^{1,2}, Pun LY^{1,2}, Kwok PK^{1,2}, Wong M^{1,2}, Choi TL³, Chan PF², Chao DVK², Cheng HC³

¹Occupational Medicine Care Service (OMCS), Kowloon East Cluster (KEC)

²Department of Family Medicine and Primary Health Care, United Christian Hospital

³Department of Orthopaedics and Traumatology, United Christian Hospital

Introduction:

Prompt orthopaedics assessment and intervention are crucial for successful work rehabilitation for workers suffered from significant work disability due to orthopaedics problems. A joint clinic setting can enhance communication between primary healthcare providers and orthopaedics specialists and facilitate faster and better decision on treatment and rehabilitation plan. A joint clinic was established under OMCS in KEC in May 2015. Healthcare workers with complicated orthopaedics problems resulting in significant work disability were selected for fast track orthopaedics specialist assessment and therapeutic procedures in the joint clinic.

Objectives:

To evaluate the characteristics and work status outcomes of patients attending the joint clinic.

Methodology:

All patients attended the joint clinic between May 2015 and December 2017 were included. Clinical data were retrieved through Clinical Management System.

Results:

65 patients attended the joint clinic. The mean age of patients was 43.2. 57 (87.7%) patients were female, 44 (67.7%) patients were supporting staff, and 18 (27.7%) patients were nurses. 47 (72.3%) patients' problems were due to injury-on-duty. There were totally 77 pathologies and the 4 most prevalent body parts involved were: back (24, 31.2%), wrist (12, 15.6%), neck (9, 11.7%) and shoulder (9, 11.7%). The average waiting time for the clinic was 15.6 days. 13 cases (20%) were referred to orthopaedics clinic, with a median waiting time of 29 days.

The work statuses before and after attending the joint clinic were:

Before: sick leave (33, 50.8%), modified duty with reduced work hours (4, 6.2%), modified duty (37, 38.5%);

After 1 month: sick leave (19, 30.6%), modified duty with reduced work hour (10, 16.1%), modified duty (28, 45.2%);

After 3 months: sick leave (9, 15.8%), modified duty with reduced work hour (11, 18.6%), modified duty (32, 54.2%) and full duty (7, 11.9%).

For those 49 patients joined the clinic more than 6 months ago, the return-to-work rate was significantly improved at 6th month, with 46 (93.7%) healthcare workers resumed modified or full duty.

Conclusion:

A joint clinic could provide prompt medical care for healthcare workers with significant work disability and successfully hasten their return-to-work.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 019

Workflow Enhancement on Handling of Laboratory Investigation Reports in GOPC

Lam PH, Chiu CWH, Leung WK, Cheuk C, Fung WM, Leung MKW, Hui EMT, Hui E, Li PKT

Department of Family Medicine, New Territories East Cluster, HK

Introduction:

Laboratory investigation results provide crucial information for patient management. Timely screening of laboratory reports benefit patient management in early detection, diagnose of disease and appropriate treatment to patients. Lek Yuen General Out-patient Clinic (LYGOPC) is well known the busiest clinic in New Territories East Cluster (NTEC). There are over 30,000 attendances per year and more than 1,800 laboratory reports received every day. Other than medical staff, several disciplines of staff including nursing, clerical and supporting staff handle the laboratory reports. The man hour spent in processing the laboratory reports is 417 minutes in average which is equivalent to 7 hours. Long consuming process time and complicated workflow are prone to producing errors. In order to enhance the efficiency and effectiveness of handling laboratory reports, the workflow was streamlined to reduce the processing time for providing timely delivery of laboratory reports to doctors.

Methods:

Lean management approach was adopted in streamlining the workflow. Situation analysis was done to measure the processing time from the collection of laboratory reports from Clinical Management System (CMS) printers to the re-collection of the screened laboratory reports from doctors. Fishbone analysis was employed to investigate the cause of wastage. The processing time and manpower involved before and after enhancement were compared for evaluation.

Results:

After the workflow enhancement, an average total consuming time in the whole process from reports collection to reports screened obviously improved from 417 minutes to 274 minutes per day. The total processing time was lowered by 34.3%. The efficiency process percentage was significantly increased from 64.5 % to 92.7%. Manpower saved from 4 to 2.

Discussion:

The workflow enhancement of handling laboratory investigation reports was successful in improving the efficiency of laboratory reports handling. In addition, the lean management approach deemed to reduce the risk of mishandling of laboratory reports.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 020

Is Risk-Assessment-and-Management-Programme for primary care patients with Hypertension (RAMP-HT) cost-effective?

Esther Yee Tak Yu^{1*}, Eric Yuk Fai Wan¹, Eric Ho Man Tang¹, Sin Yi Ho¹, Cindy Lo Kuen Lam¹

¹Department of Family Medicine and Primary Care, the University of Hong Kong

Introduction:

The multi-disciplinary Risk-Assessment-and-Management-Programme for patients with hypertension (RAMP-HT) integrated into usual care was effective in improving blood pressure (BP) control and reducing 10-year predicted cardiovascular disease (CVD) risk of primary care hypertensive (HT) patients after 12 months. This study aimed to assess the long-term cost-effectiveness of the RAMP-HT after 5 years.

Methods:

A territory-wide prospective cohort was conducted on 58,514 RAMP-HT participants matched by propensity score with the same number of HT patients managed by General-Out-Patient-Clinics (GOPC) between October 2011 and September 2013. All subjects were aged ≥ 18 years without previous clinical diagnosis of CVD or end-stage renal disease (ESRD). RAMP-HT costs included set-up cost, administrative cost, and the number of RAMP-HT interventions used multiplied by unit cost. RAMP-HT effectiveness was estimated by 5-year cumulative incidence of developing complications and all-cause mortality. RAMP-HT cost-effectiveness was reflected by Incremental-Cost-Effectiveness Ratio (ICER) and program costs per event prevented.

Results:

RAMP-HT significantly reduced incidences of CVD (9.0% vs 14.1%, $p < 0.001$), ESRD (1.3% vs 2.3%, $p < 0.001$) and all-cause mortality (5.3% vs 10.9%, $p < 0.001$), compared to usual care. The 5-year average RAMP-HT cost was US\$63 per participant. The RAMP-HT costed US\$1,242, US\$6,732 and US\$1,333 to reduce one CVD, ESRD and death over 5 years, respectively.

Discussion:

The encouraging results confirmed that RAMP-HT was cost-effective in preventing HT-related complications and mortality up to 5 years. Further study should be conducted to evaluate the lifetime cost-effectiveness of the RAMP-HT to confirm the sustainability of RAMP-HT and its actual impact on healthcare services and resources.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 021

A review on use of insulin among patients with type II diabetes mellitus in Cheung Sha Wan Jockey club General out-patient clinic

SM Kwan, WM Sy, MP Yiu, CW Chan, YK Yiu, W Luk

Introduction:

Type II diabetes mellitus is a common chronic disease in Hong Kong with the majority being managed in the public setting. Prescribing insulin for patients in the general outpatient clinic can further help diabetic control when patients are already on the maximal doses of oral hypoglycemic agents.

Objectives:

To know the number of patients who have insulin injections in our clinic and their current regime

To know the control of diabetes among patients who have insulin injections

To know the prevalence of hypoglycemia among diabetic patients who have insulin injections

To identify any room for improvement in diabetic patients who are currently having insulin injections

Methodology:

Patients who attended CSGO for follow up of type II diabetes mellitus and who required insulin injections from 1 September 2017 -31 December 2017 were identified. Clinical records of patients who were prescribed insulin were reviewed. Patients' demographics, duration of insulin usage, dosage of insulin, HbA1c results and presence of hypoglycemia (self- reported symptoms, evidence from blood test/H'stix results or hospital admissions due to hypoglycemia) were reviewed retrospectively.

Results:

93 patients including 44 males and 49 females were included in this review. Their age ranged from 50 to 88 years old. 43 (46.2%) patients had insulin initiated in the past 1 year. 32(34.4%) patients were receiving split doses of insulin. Average HbA1c was around 9.1% before insulin injection vs 8.7% after insulin injection. 30(32.2%) patients achieved a HbA1c <8% after insulin injection. Only 7 (7.5%) patients had hypoglycemia/hypoglycemic symptoms. There was no admissions due to hypoglycemia

Discussion:

It is encouraging that doctors in our clinic are more willing to initiate insulin injection in the primary care setting as 46.2% of these patients had insulin started in the recent 1 year. It also shows that family physicians are willing to shoulder the responsibility of managing complicated cases e.g. patients who require a split dose of insulin. Adverse effects e.g. hypoglycemia is uncommon though there is room for better diabetes control via more education from nurses and dieticians. Further study can be conducted to look into ways to further improve diabetic control and to lower the rate of hypoglycemia e.g. introducing long acting insulin/set up joint clinics with DM nurses.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 022

Cross sectional survey on caregiver burden and associated risk factors for patients with advanced cancers in palliative care setting

Ngai-ping Chan¹, Po-tin Lam², Yuk-tsan Wun³, David VK Chao¹

¹Family Medicine and Primary Health Care, United Christian Hospital, Hong Kong

²Medicine and Geriatrics, United Christian Hospital, Hong Kong

³Family Medicine and Primary Care, The University of Hong Kong, Hong Kong

Introduction:

The caregivers of patients with advanced cancer are prone to physical, psychological, social and financial problem. The burden of caregiver is often being neglected. The study aims to assess the severity of burden experienced, and the risk factors contributing to it.

Method:

An exploratory and cross-sectional questionnaire survey was taken at the outpatient palliative care clinic of a regional hospital in Hong Kong. During the study period from 1 November 2014 to 31 December 2015, 200 dyads of patients and their caregivers were invited to complete a questionnaire. The Zarit Burden Interview (ZBI), the Chinese Self-Report Family Inventory (C-SFI), the Palliative Performance Scale (PPS), patients' social demographic data and financial support status were collected. ZBI was the outcome measure of the caregivers' burden. Risk factors were put into a multivariable linear regression for analysis. p-value less than 0.05 was considered as statistically significant.

Result:

70 dyads were successfully recruited. The overall caregiver's stress was mild to moderate. The independent factors significantly associated with ZBI include: PPS, patient's financial status, the caregiver's age, and whether the caregiver was the main carer, the cohesiveness and the expressiveness of the family. Both patients and the caregivers rarely talked with their doctors about the burden.

Conclusion:

The risk factors for the caregiver's burden could readily be identified and they should be encouraged to talk with their family doctors on their stress. Family doctors bear a significant role in assessing and offering appropriate help for this group of caregivers.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 023

Screening for Obstructive Sleep Apnoea among Nocturnal Dipping and Non-Dipping Hypertensive Patients in Primary Care Setting

Tak-Kei TSE, Lap-Kin Chiang

Resident, Kwong Wah Hospital general Out-patient Clinic

Introduction:

Absence of nocturnal dipping of blood pressure was suggested to be associated with obstructive sleep apnoea (OSA). However, current guidelines on the management of hypertension did not address on the need of screening for OSA for these patients.

The aim of our study was to estimate the prevalence of overnight pulse oximetry screened OSA among nocturnal dipping and non-dipping hypertensive patients.

Method:

Cross-sectional study.

Subjects and Procedure:

61 dippers and 61 non-dippers in a primary care clinic in Hong Kong were invited to perform an overnight pulse oximetry.

Main Outcome Measures:

The prevalence of OSA among nocturnal dipping and non-dipping hypertensive patients.

Results:

The mean age of the subjects was 61.57 ± 11.43 years. 80 (65.5%) of them were female. 76.9% of our subjects were overweight or obese. 27 out of 61 dippers (44.3%) and 37 out of 61 non-dippers (60.7%) were screened positive for OSA respectively. The difference was not statistically significant ($P=0.070$).

Discussion:

OSA is highly prevalent among hypertensive patients. Non-dippers tended to be more likely to have OSA, although it is not statistically significant.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 024

A Survey on the Use of Social Media as an Educational Tool for Evidence-based Medicine among Doctors of a Primary Care Group Practice

TK Chu, KH Chan, F Tsui, YH Chan, YS Ng, J Liang

Department of Family Medicine and Primary Care, New Territories West Cluster, The Hospital Authority, Hong Kong

Introduction:

Social media is gaining popularity worldwide. There is evidence that using social media as a teaching intervention is supported by adult learners and could promote learner's engagement in medical education. This study aims to investigate the feasibility of using a social media platform as an educational tool for evidence-based medicine among primary care doctors.

Method:

Anonymous questionnaires were sent to all doctors (n=72) of one regional primary care department of 10 clinics by mail and then collected by returned mail over a 2-weeks period. The questionnaire was designed after piloting in a group of 10 doctors. Demographic data, working experience, training status, habit of using social media, and acceptability of the use of social media as an educational tool were collected.

Results:

Response rate was 77.8%. Facebook was the most popular social media. Almost all of them (98.2%) used social media daily. About two third of them (64.3%) agreed social media could be used as educational tool. Fifty-nine percent of them were willing to follow a social media group for evidence-based medicine learning.

Conclusion:

Social media is a feasible tool for evidence-based medical education among primary care doctors in a regional primary care department.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 026

To standardize patient journey and nursing staff practice in Risk Assessment and Management Program to improve service quality and practice

Hung S Y, Teresa Chan Y L , Sally Lam S K, Wangie Leung W C, Wanmie Leung W M Leung, Crystal Leung P S, Annow Chow W P, Cheung P H, Kathy Cheung Y H, Marcus Wong M S, Michelle Wong MY

Family Medicine and Primary Health Care, HKEC

Introduction:

Risk Assessment and Management Program (RAMP) aims to provide a risk assessment, timely intervention and education to Diabetes Mellitus (DM) and Hypertension (HT) patients to prevent complications.

In HKEC, after the initial rollout of the RAMP service in 3 clinics - Chai Wan General Outpatient Clinic (GOPC), Sai Wan Ho GOPC & Violet Peel GOPC, the program was rolled out to other urban clinics. An outreaching RAMP service for outlying island clinics was started in 2013. It was found that there was a need to standardize the workflow and patient journey at the different RAMP sites to improve service quality and decrease inequity. On strategy to achieving this was through the development of a shared protocol to standardize the workflow and enhance communication.

Objective:

To improve the RAMP service quality by setting standards and provides guidance on RAMP better standardizing the patient journey and monitoring of staff performance.

Methodology:

Patient journey and workflow of RAMP were reviewed and redesigned by RAMP committee. Briefing sessions were conducted to RAMP nursing staff before the new implement. A standardized template for documenting DM and HT assessments and nursing interventions were developed and placed on the Clinical Management system (CMS). Spot checks on workflow of DM and HT and on documentation audit of DM risk assessment and nursing intervention were conducted by APNs through direct observations on the nursing staff's performance using checklists and with feedback provided to those audited staff.

Result and Conclusion:

In 2017, the RAMP patient journey and workflow were standardized across all GOPCs in HKEC. The DM risk assessment and nursing intervention documentation audit were conducted and there were 26 staff recruited. 16 and 8 criteria were audited respectively. For both audits, there were 100% compliance of: right patient identification, input data in all items of the template, documented correct drug treatment of patients, identified and documented patient's health problems based on available data. Around 90 % compliance of using appropriate abbreviations. For DM risk assessment audit, there were more than 92 % compliance of correct stratification of patient's risk level according to protocol and correct documented patients' foot problem/s. The overall compliance rate was 95.7% and 96.1% respectively.

With standardized protocols, supervisors can more easily monitor staff performance and give feedback for improvement. Staff appear to be willing and able to use CMS documentation template as evidenced by the high compliance rate. It is hoped that better standardized practices in different clinics will decrease staff adaptation problems in the staff rotation plan and ultimately improve service outcomes.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 027

Standardization of Cold Chain Management among GOPCs in Hong Kong West Cluster – an important milestone

Kwong A, Fung F, Leung A, Lee LL, Ho C, Tsui W, Ko W

Department of Family Medicine & Primary Healthcare, Queen Mary Hospital, Hong Kong West Cluster

Introduction:

Refrigerated products need to be handled in a manner that ensures their quality would not be adversely affected. A comprehensive guideline of Cold Chain Management has been developed to standardize the clinic practice, temperature monitoring and contingency plan for cold chain breach among GOPCs of Hong Kong West Cluster.

Objectives:

- To standardize the practice of cold chain management among all GOPCs in HKWC.
- To provide guidance on the temperature monitoring procedure of pharmaceutical refrigerators in GOPCs
- To enhance medication safety and provision of quality care to patients.
- To minimize incidents associated with handling of refrigerated medications/ vaccines.

Methods:

The Cold Chain Management guideline was developed by the department project team members in 2015. To prepare for its implementation, the standardized drug fridges, temperature monitoring devices and related equipment were equipped in each of the GOPCs. The five phases of implementation included:

- Development of training packages (2 months)
- Training and delivering tools to nursing staffs (2 months)
- Demonstration of daily practice and workflow for cold chain breach (1 month)
- Rolling out of project among all GOPCs (1 month)
- Evaluation – The compliance audit on Cold Chain Management was conducted in Nov 2016

Results:

The compliance audit was conducted among 5 GOPCs of HKWC. It showed smooth implementation among all clinics. All clinics are equipped with the standardized equipment and clinic staff are well trained on the Cold Chain Management, with 100% compliance on refrigerated products storage practice, daily temperature monitoring, documentation, counter-checking and practice on reporting of temperature excursion.

Discussion:

The project provides guidance on requirements and maintenance on the storage equipment, and the temperature monitoring procedure of pharmaceutical refrigerators in GOPCs (HKWC) to maintain the cold chain and safeguard the quality of vaccine and medication. The medication safety and provision of quality care to patients has been enhanced and associated incidents have been minimized. The suggested appropriate response to medication incidents and actions to be taken in response to cold storage breach situation of the pharmaceutical refrigerators has been established.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 028

Inhaler Technique Enhancement for patients in a Primary Care Setting

Chor Lee Emily Ma, Suk Ching Wu, Yu Ki Chan, Yuet Wah Fu, Hing Yan Lam, King Fong Lam, Wun Sun, Yuen Fan Wong, Bo Chu Wong, Jun Liang

Department of Family Medicine and Primary Health Care, NTWC

Introduction:

Inhaled medications are the cornerstone of pharmacological treatment for most respiratory diseases. However, they are effective only when they are administered properly. The Society of Hospital Pharmacists of Hong Kong recently reported that more than 70% citizens used inhalers incorrectly. Therefore, it is important to ensure that patients have received education on inhalation techniques and the quality of such provided by our primary health care nurses is standardized.

Methods:

This project had 2 stages which took place in the 6 GOPCs in NTWC. Stage 1, all nurses in GOPCs were given standardized education program on pMDI use. Stage 2 involved patient empowerment of inhalation technique with outcome evaluation.

Results:

There were total 56 nurses and 73 patients recruited. We assessed and educated both the nurses' and patients' technique in using of pMDI and pMDI with spacers. Before the program, there were only 35.7% and 26.8% of the nurses using respectively pMDI and pMDI with spacer correctly. After the program, almost all of them (96.4% and 94.6%) could manage the correct technique. There were only 3.5% of the patients could using the pMDI correctly and no patients could use the MDI with spacers correctly before the program. After education, there were 87.7% and 100% of them could use respectively pMDI and pMDI with spacers correctly.

Discussion:

The education program not only improved nurses and patients technique in using inhaler and devices but also enhances the confident in using of the devices. Moreover, patients reduce the fear of exacerbation as increasing the ability of disease control.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 029

Exploring the hidden problems of patients to improve clinical outcome of chronic disease/s management

Hung S Y, Wangie Leung W C, Kathy Cheung Y H, Michelle Wong MY

Family Medicine and Primary Health Care, HKEC

Introduction:

Treatment of patients with chronic disease will be one of the main challenges of medicine, unmet psychosocial needs will promote poor coping, decrease disease control progress. Chinese culture does not want to talk about their personal problems to health care professional. Integrated Family Medicine Nurse Clinic (FMNC) was set up in April 2016 in Chai Wan General Out Patient Clinic. Nurse will meet both physical and psychosocial needs of patients.

Objective:

- To provide one stop holistic nursing care
- To review the prevalence and understanding the psychosocial needs in chronic illness patients
- To provide information, counseling, education or referral to patients

Methodology:

Patients who referred to FMNC, nurse will do a comprehensive assessment, explore the social situation, attitudes, beliefs and worries related to the chronic disease and self-care issues; assesses the well-being and psychological status; will refer patients to social worker in necessary. Nurses also provide counseling to patients.

Result and Conclusion:

From 1-4-2016 to 31-12-2017, there were 193 patients attended the service, 34% of patients have psychosocial problem/s, some of them had more than 1 problem: 35.3% had family problem, 26.5% had job-related stress, 20.6% had financial problem or felt lonely; 14.7 % had carer stress, 5.9 % had parenting problem; 2.9% had gambling habit.

After nursing intervention and counselling, > 80% of patients built up positive rapport with nurses. Their HbA1c, low density lipoprotein, body weight, lifestyle are all improved.

Health care professional should understanding the hidden psychosocial issues of patients to improve their clinical outcome.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 030

The Early Return-to-Work Program for Patients with Injury on Duty in KWC Primary Care Settings

Tong YC, SO MK, LEE KY, IP SW, KWAN SM, LAU SF, FU SN, Cheung KL, LUK W

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

Introduction:

According to the statistics from the Labour Department, an average of 4400 workers suffered from injury on duty (IOD) annually. Without prompt and appropriate management, they were noted to have prolonged sick leave and delayed work resumption.

Methods:

An Early Return-to-Work (ERTW) Program was established in Kowloon West Cluster (KWC) since 2016 aiming to enhance IOD patients to resume work earlier with early referral to both physiotherapy and occupational therapy (OT). Early OT vocational intervention was facilitated in GOPC and selected patient will be arranged fast track to OT SOPD work rehabilitation.

Results:

From Jan 2016 to Mar 2018, 118 IOD patients (52% male; mean age: 50, SD=10) were recruited to ERTW program. The mean waiting time to first OT assessment from IOD was significantly shortened (from 8 to 2 month, $p<0.005$) when comparing that prior to program. Their mean duration of active participation of training (from 0.5 to 3 hours per day, $p<0.03$) and knowledge of IOD and pain management (8/10) were significantly improved. Upon discharge from the ERTW program, 90% of them had referred for medical assessment board and the rate of work resumption was 50%.

Discussion:

The promising preliminary outcomes showed that the ERTW program had stratified IOD patients with early referral and work rehabilitation, could facilitate them for early work resumption.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 031

A Service Evaluation on a Community-based Diabetes Telephone Support Program (Diabetes Helpline) Led by a Diabetes Nurse in Hong Kong

Lui CWC

Diabetes Hongkong

Introduction:

Health education and counseling on diabetes self-management is vital in every stage of diabetes care and control. If diabetes patients can equip with the skills and knowledge at an earlier stage, it will certainly reduce the risk of diabetes complications. A nurse-led telephone support program, Diabetes Helpline, was organized by Diabetes Hongkong under the “Care for You” Diabetes Support Program in May 2015 with funding support from the Operation Santa Claus, in order to offer a channel for diabetes patients to seek help and psychological support.

Objectives:

To evaluate the effectiveness of a community-based telephone support program (Diabetes Helpline) led by a Diabetes nurse on meeting DM patients’ needs in Diabetes Hongkong.

Methodology:

All the Diabetes Helpline users’ conversations were grouped into different categories for further analysis. Their satisfaction levels on the helpline were collected through the telephone interactive voice response system.

Results:

From the period of May 2014 to May 2017, there were 2,562 telephone enquiries. Most enquiries endured for 5-20 minutes. Most of the patients had regular follow up on diabetes, including Hospital Authority general outpatient clinics (33%) and special outpatient clinics (33%), general practitioners (24%), private endocrinologists (3%) and others (4%). The users consisted of existing diabetes patients (44%), newly diagnosed diabetes patients (15%), health care professional / worker (14%), family member with diabetes (12%), people with high risk for diabetes (6%) and others (9%). Their enquires involved multiple aspects on diabetes care, including diabetes self-care (34%), classification and diagnosis of diabetes (18%), diet / nutrition (16%), community resources (10%) and emotional / psychological issues (3%).

Through the telephone interactive voice response system, a total of 144 telephone questionnaires were collected. The average score of satisfactory level on this service was 9.3 (whereas 10 being the highest score). Almost all the clients found the service being able to increase their diabetes knowledge and answer their enquiries. Some clients reflected that we had helped them clarify their myths and confusion concerning diabetes received from the mass media and internet. Majority of callers (91%) would recommend the Diabetes Helplines to others in need.

Conclusion:

The Diabetes Helpline is effective in satisfying the needs of diabetes patients, which has become a regular service of Diabetes Hongkong. The community-based telephone support program (Diabetes Helpline) can provide an additional resource for doctors and diabetes patients as an adjunct to medical treatment so as to empower patient’s self-management skills.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 032

A Service Evaluation on a Community-based Small Group Interactive Diabetes Education Program Facilitated by a Diabetes Nurse in Hong Kong

Lui CWC

Diabetes Hongkong

Introduction:

Diabetes Conversation Map (DCM) tools were proven to have the potential to improve patient behaviors and outcomes. A community-based small group interactive diabetes education program was organized by Diabetes Hongkong under the “Care for You” Diabetes Support Program in May 2015 with funding support from the Operation Santa Claus, in order to offer a channel for diabetes patients to learn more about diabetes, diet & exercises, foot care and diabetes complications.

Objective:

To evaluate the effectiveness of a community-based small group interactive diabetes education program using the Diabetes Conversation Map (DCM) tools facilitated by a Diabetes nurse, on meeting DM patients’ needs in Diabetes Hongkong.

Methodology:

Participants of the small group interactive diabetes education program were given evaluation questionnaires after each group session.

Results:

From the period of May 2014 to May 2017, there were a total of 44 group sessions which had served 345 participants. The group sessions composed of a combination of T2DM patients (92%), family members (5%) and T1DM (3%). The patient participants consisted of those having 3 to 10 years of diabetes (34%), over 10 years of diabetes (49%) and newly diagnosed with diabetes (17%).

The overall grading of the Small Group Interactive Diabetes Education Program was 4.45, with the highest score of 5. The participants were highly satisfied with the facilitator’s attitude (4.58). Other impact of the program, like increased knowledge on own health condition and treatment (4.5), increased confidence to start insulin treatment (4.24), reduced worries on the use of medication (4.28) and increased knowledge to communicate with doctor (4.33) were also achieved. The appropriateness of date, time and course duration was highly appreciated by participants. Overall speaking, 98.7% of the participants stated that they would recommend this Small Group Interactive Diabetes Education Program to their friends or relatives.

Conclusion:

Diabetes education, in the form of small group interactive diabetes education group, using the DCM tool, was proved to satisfy with the needs of participants.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 033

Procedural training in family medicine residency in Singapore – challenges and changes

Koh Kim Hwee^{1,2,3}

¹*SingHealth Polyclinics*

²*Duke NUS Medical School*

³*Lee Kong Chian School of Medicine, Nanyang Technological University*

In Singapore, the Family Medicine (FM) residency program is a 3 year program, whereby the resident would exit as a Family Physician (FP). Procedural training is an integral part of the program. However, many challenges exist in the current training framework.

Firstly, the scope of procedural practice for FP remains poorly defined. Unlike specialties with a narrower scope of procedures, FP practice a wide variety of procedural skills. The policies and requirements of many family medicine organizations emphasize the importance of procedural skills training without specifying which procedures must be learned. The existing core procedure list in our FM residency program is limited and not specific. While having a comprehensive list of procedures to achieve competency is desirable, limitation of training time, lack of patient volumes and case encounters, scheduling difficulties and lack of procedurally trained faculty may result in difficulty in completing all procedures listed.

Second, no consensus exists on the optimal way to assess proficiency and competence to perform procedures independently. The current framework of logging minimum number of procedures or doing Directly Observed Procedural Skills (DOPS) assessment for selected procedures seems inadequate. Furthermore, performing a minimum number of procedures may not be necessary or sufficient to ensure competency.

Standardizing our procedural training could bring about many benefits to our healthcare system and our graduates. It could also help provide assurance that all graduates can provide this basket of services independently. In this paper, we will propose some changes to the current training program to address these barriers.

FREE PAPER COMPETITION –

POSTER PRESENTATION

POSTER 034

Implementation of check-attendance system in a general out-patient clinic: can it reduce unnecessary call back?

Ng KF, Sy WM, Yiu MP, Chan CW, Luk W

CSW JC GOPC, Department of Family Medicine & Primary Health Care, Kowloon West Cluster, Hospital Authority

Introduction:

Abnormal reports are commonly encountered during report screening in daily clinic settings. However, their severity may vary upon different scenarios. The check-attendance system aims to reduce unnecessary urgent call-backs so as to reserve quotas for urgent patients and avoid unnecessary anxiety induced in patients.

Methodology:

A due date was assigned to less alarming reports to allow patients to book appointments themselves before the due date. If the patients attend before the due date, call-back action will be withheld. If not, the patients will be called back. A 10-month statistics of the check-attendance system was performed from April 2017 to January 2018. The percentage of check-attendance cases not requiring and requiring call-backs were reviewed.

Results/ Discussion:

366 patients were involved in the check-attendance system from April 2017 to January 2018. 237 patients (64.8%) booked appointments within the time interval (thus not requiring call-backs). 129 patients (35.2%) did not book appointments to review their reports, of which 95 patients were eventually called back, and other patients had their medical conditions reviewed or managed by other medical units.

The reduction of call-back cases (237 patients in 10 months) might reflect a better utilization of the call-back system by releasing quota for urgent cases, and avoid unnecessary anxiety induced to patients.



Hong Kong
Primary Care
Conference

The Hong Kong College
of Family Physicians

特別鳴謝



旅港順德綿遠堂

贊助

第八屆香港基層醫療會議

香港家庭醫學學院

致意

2018.6.23-2018.6.24



COUNTER-STRIKE

DIABETIC NEPHROPATHY in Hypertension

APROVEL®
(irbesartan) Tablets



To Protect: Diabetic Nephropathy

Prevention



Reduces
microalbuminuria
by 38%¹



Restoration to
normoalbuminuria in
34% of patients¹

Delays disease progression



Time to doubling of baseline serum creatinine
concentration, ESRD or death from any cause
RRR vs. amlodipine: 24%^{1,2}

¹ In IRMA 2, urinary albumin excretion was reduced by 38% in the Aprovel® 300 mg group and 24% in the Aprovel® 150 mg group respectively¹. Microalbuminuria is defined as an albumin excretion rate of 20 to 200 µg/min in two of three consecutive, sterile, overnight urine samples¹. 34% (95% CI: 26% - 40%) of patients on Aprovel® 300 mg had restoration of normoalbuminuria (defined as urinary albumin excretion rate < 20 µg/min)¹. The reduction of the level of urinary albumin excretion and the restoration of normoalbuminuria were secondary end points of the study. During the 24-month study, nephropathy developed in 30 patients in the placebo group, 19 patients in the 150 mg group (p = 0.08) and 10 patients in the 300 mg group (p < 0.001) respectively. The adjusted HR for first detection of diabetic nephropathy (please refer to study design) was 0.56 in the 150 mg group (95% CI: 0.31 - 0.99, p = 0.05) and 0.32 in the 300 mg group (95% CI: 0.15 - 0.65, p < 0.001). SAEs were less frequent in the combined Aprovel® group (15.4%) than in the placebo group (22.8%; p = 0.02)¹.

The most common undesirable effects of Aprovel® include dizziness, nausea/vomiting, fatigue, musculoskeletal pain, orthostatic hypotension, orthostatic dizziness, hyperkalaemia and increase in plasma creatine kinase³.

Study design

¹IRMA 2 was a multinational, double-blind, placebo-controlled, randomised study¹ of hypertensive patients with T2DM and persistent microalbuminuria. Patients were randomised to receive once daily Aprovel® 150 mg (n = 195), Aprovel® 300 mg (n = 194) or placebo (n = 201) after a 3-week run-in screening period. Patients were followed for a median of 2 years with the primary end point as the first detection of diabetic nephropathy (defined as urinary albumin excretion rate > 200 µg/min in an overnight specimen and ≥ 30% higher than the baseline rate on at least two consecutive visits). The adjusted HR for diabetic nephropathy was 0.56 in the 150 mg group (95% CI: 0.31 - 0.99, p = 0.05) and 0.32 in the 300 mg group (95% CI: 0.15 - 0.65, p < 0.001). During treatment and up to 2 weeks after treatment, a lower incidence of SAE was reported in the combined Aprovel® group (15.4%) than in the placebo group (22.8%; p = 0.02).

²IDNT was a prospective, double-blind, randomised trial² of patients with T2DM, hypertension and diabetic nephropathy (defined as a 24-hour urinary protein excretion ≥ 900 mg). Patients were randomised to receive either Aprovel® (target dose: 300 mg daily; n = 579), amlodipine (target dose: 10 mg daily; n = 567) or placebo (n = 569) after discontinuing all ACE inhibitors, ARBs, and CCBs for at least 10 days before screening. Patients were followed for a median of 2.6 years with the primary end point as the composite of a doubling of the baseline serum creatinine concentration, the onset of ESRD or death from any cause. The patients in the Aprovel® group had an adjusted RR of reaching the primary composite end point that was 19% lower than that in the placebo group (p = 0.03) and 24% lower than that in the amlodipine group (p = 0.005). During the study, hyperkalaemia requiring treatment discontinuation was reported at a higher rate in the Aprovel® group (1.9%) versus those of the amlodipine (0.5%) and placebo groups (0.4%; p = 0.01 for both comparisons). However, the rate of adverse events per 1,000 days of treatment was significantly lower in the Aprovel® group than those in the amlodipine and placebo groups (p = 0.002).

ACE = angiotensin-converting enzyme. ARB = angiotensin II receptor blocker. CCB = calcium channel blocker. CI = confidence interval. ESRD = end-stage renal disease. HR = hazard ratio. RR = relative risk. RRR = relative risk reduction. SAE = serious adverse event. T2DM = type 2 diabetes mellitus.

References:

1. Parving HH, et al. N Engl J Med 2001;345:870-8. 2. Lewis EJ, et al. N Engl J Med 2001;345:851-60. 3. Aprovel® (irbesartan) tablets, for oral use [prescribing information]. Hong Kong: sanofi-aventis Hong Kong Limited; 2015 Jan 14.

Presentation: Irbesartan tablet **Indication & Dosage:** Treatment of essential hypertension: **150mg once daily. Maximum: 300 mg daily.** Treatment of renal disease in patients with hypertension and type 2 diabetes mellitus as part of an antihypertensive drug regimen: Initiate at 150mg qd and titrate up to 300mg qd as the preferred maintenance dose. Haemodialysis patients & elderly greater than 75 years old: initiate with 75 mg once daily. **Contraindications:** Pregnancy and lactation. Hypersensitivity to the active substance. Co-administration with aliskiren-containing medicines in patients with diabetes or with moderate to severe renal impairment (GFR <60ml/min/1.73m²). **Precautions:** Intravascular volume depletion, renovascular hypertension, renal impairment, kidney transplantation, primary aldosteronism, co-administration with ACE inhibitors, angiotensin II receptor blockers and aliskiren, patients at risk of developing hyperkalaemia, aortic and mitral valve stenosis, obstructive hypertrophic cardiomyopathy. **Drug interactions:** Diuretics & other antihypertensives, ACE inhibitors, angiotensin II receptor blockers and aliskiren-containing products, lithium, potassium supplements and potassium-sparing diuretics, NSAIDs. **Undesirable Effects:** Dizziness, nausea/ vomiting, fatigue, musculoskeletal pain, orthostatic hypotension, hyperkalaemia, increase in plasma creatine kinase. For uncommon, rare and very rare undesirable effects, please refer to the full prescribing information. **Preparations:** 150mg x 28's, 300mg x 28's. **Legal Classification:** Part 1, First & Third Schedules Poison **Full prescribing information is available upon request.** API-HK-IRB-15.01

SANOFI

Units 706-710, Level 7, Core C, Cyberport 3, 100 Cyberport Road, Hong Kong
Tel.: (852) 2506 8333 Fax: (852) 2506 2537

SAHK-IRB.17.10.0331



輝瑞

168·家·健康

生命增輝

健康添瑞



地址：香港鰂魚涌英皇道683號嘉里中心18樓 電話：(852) 2811 9711
傳真：(852) 2579 0599 網址：www.pfizer.com.hk

美國輝瑞科研製藥
榮獲2009香港管理專業協會
優質管理獎金獎



PP-PFE-HKG-0088

once-daily
forxiga.
(dapagliflozin) 10mg tablets

糖適雅。

DON'T WAIT. MOTIVATE.

GLUCOSE OUT. RESULTS IN.



HbA_{1c} reduction
Reduction of 1.45%¹



Weight loss
Reduction of 3.65 kg²



BP reduction
3.69 mmHg reduction in SBP²

糖適雅 forxiga is not indicated for the management of obesity or high blood pressure, they are secondary endpoints in clinical trials.

Study design: 1. In a randomized, double-blind, controlled trial, patients with baseline HbA_{1c} 7.5-12% were randomized to receive either dapagliflozin 10 mg with metformin XR, dapagliflozin 10 mg alone or metformin XR alone for 24 weeks. The primary efficacy endpoint was the HbA_{1c} change from baseline at week 24. Change in total weight was one of the key secondary endpoints, and blood pressure changes were measured as safety assessment. 2. The present study was an extension of an earlier randomized, double-blind, phase III study of dapagliflozin (n=408) vs glipizide (n=408) to 208 weeks (4 years). Patients continued to receive their assigned medication.

Patients continued to receive their randomly assigned medication, either dapagliflozin (2.5, 5 or 10mg) or glipizide (5, 10 or 20mg), combined with open-label metformin (1500-2500mg/day), as well as lifestyle advice. The aim is to assess the long-term efficacy and tolerability of dapagliflozin versus glipizide as add-on to metformin in patients with inadequately controlled type 2 diabetes.

BP=blood pressure. HbA_{1c}=glycated hemoglobin. SBP=systolic blood pressure.

References: 1. Henry RR, et al. Int J Clin Pract. 2012;66(5):446-56. 2. S. Del Prato, et al. Long-term glycaemic response and tolerability of dapagliflozin versus a sulphonylurea as add-on therapy to metformin in patients with type 2 diabetes: 4-year data.

Presentation: dapagliflozin propanediol monohydrate film-coated tablet. **Indication and Usage:** Improve glycaemic control in adults aged 18 years and older with type 2 diabetes mellitus, as monotherapy when diet and exercise alone do not provide adequate glycaemic control in patients for whom use of metformin is considered inappropriate due to intolerance; or in combination with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. **Dosage and Administration:** 5 mg or 10 mg. To be taken orally once daily at any time of day with or without food. Tablets are to be swallowed whole. **Contraindications:** Hypersensitivity to the active substance or to any of its excipients. **Warnings and Precautions:** Should not be used in type 1 diabetes mellitus; treatment of diabetic ketoacidosis; hereditary problems of galactose intolerance, the Lapp lactase deficiency, or glucose-galactose malabsorption; and while breast-feeding. Not recommended in moderate to severe renal impairment; concomitant treatment with pioglitazone or loop diuretics; volume depletion; and in elderly (≥ 75 years) when initiating dapagliflozin. Discontinue if renal function falls below CrCl < 60 ml/min or eGFR < 60 ml/min/1.73 m²; in suspected or diagnosed diabetic ketoacidosis; and when pregnancy is detected. Temporarily interrupt when volume depleted; treated for pyelonephritis or urosepsis; and hospitalised for major surgical procedures or acute serious medical illnesses. Caution in concomitant anti-hypertensive therapy with a history of hypotension; elderly; and already elevated haematocrit. Limited or no data in hepatic impairment; cardiac failure; pregnancy; paediatric population; and when used with DPP4 inhibitors or GLP1 analogues. **Adverse Reactions:** Very common: Hypoglycaemia when used with SU or insulin. Common: Vulvovaginitis, balanitis and related genital infections, urinary tract infection, dizziness, rash, back pain, dysuria, polyuria, dyslipidaemia, decreased creatinine renal clearance, and increased haematocrit. Uncommon: Fungal infection, volume depletion, thirst, constipation, dry mouth, nocturia, renal impairment, vulvovaginal and genital pruritus, increased blood creatinine and blood urea, and decreased weight. Rare: Diabetic ketoacidosis. **Drug Interaction:** Co-administration with rifampicin may reduce dapagliflozin systemic exposure; co-administration with mefenamic acid may increase dapagliflozin systemic exposure. **Local prescribing information is available upon request. APL.HK.FOR.0617**

Please contact (+852) 2420 7388 or HKPatientSafety@astrazeneca.com for reporting individual Case Safety Report (ISCR) to AstraZeneca Hong Kong Limited.

糖適雅 forxiga is trademark of the AstraZeneca group of companies.

AstraZeneca Hong Kong Limited Unit 1-3, 11/F, 18 King Wah Road, North Point, HK
Tel: 2420 7388 Fax: 2422 6788 Website: www.forxiga.com.hk

AstraZeneca
阿斯利康

Actonel® 健骨龍®
Risedronate Sodium



Actavis Woman
Every Woman,
Every Stage.



Actonel - A Brand New Chapter For Actavis Specialty

- * Reduced risk of new vertebral fracture by 77% after 1 year¹
- * Achieve significant lower incidence of non-vertebral and hip fracture as early as 6 month²
- * Safe and good tolerability profile³

References

1. Watts NB, Lindsay R, Li Z, et al. Use of matched historical controls to evaluate the anti-fracture efficacy of once-a-week risedronate. Osteoporos Int 2003; 14:347-41
2. Silverman SL, Watts NB, Delmas PD, et al. Effectiveness of bisphosphonates on nonvertebral and hip fractures in the first year of therapy: the risedronate and alendronate (REAL) cohort study. Osteoporos Int. 2007;18:25-34
3. Steven T. Harris, Nelson B, Harry K. et al. Effects of Risedronate Treatment on Vertebral and Nonvertebral Fractures in Women With Postmenopausal Osteoporosis. JAMA, October 13, 1999-Vol 282, No. 14

Full prescribing information available on request.



Hong Kong Primary Care Conference

The Hong Kong College
of Family Physicians



HEALTH • HYGIENE • HOME



MENARINI



do more
feel better
live longer



MSD



Enquiry

E-mail: hkpcc@hkcfp.org.hk

Tel: (852) 2871 8899

Fax: (852) 2866 0616

Website: www.hkcfp.org.hk