Hong Kong Primary Care Conference

The Hong Kong College of Family Physicians

Hong Kong Primary Care Conference 2022

Committed. Versatile. Ever-growing: Primary Healthcare in the Time of COVID

17 - 19 June 2022
(Fri – Sun)

Wellness Prevention Community Empathy 關懷 家庭 社區

PROGRAMME BOOK

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WELCOME MESSAGE

On behalf of the Organizing Committee, I am delighted to invite you to the 12th Hong Kong Primary Care Conference (HKPCC) organized by the Hong Kong College of Family Physicians (HKCFP).

"Committed. Versatile and Ever-growing: Primary Health Care in the time of COVID" is the overarching theme of this year's conference. In early March, Hong Kong was hit with its worst outbreak since the COVID-19 pandemic started over two years ago. Healthcare professionals including family physicians have been ardently involved in combating this battle in various ways. This year's theme reflects the dedicated commitment, timely versatility and tremendous contributions of the primary care community in fighting against the fifth wave of COVID-19 pandemic in Hong Kong. HKCFP President Dr David Chao in his recent 'Message from President' reiterated the importance of having "one family doctor for each citizen in Hong Kong" during these challenging times. As family doctors have established long term relationships and good rapport with their patients, they are the most suitable healthcare professionals in taking care and supporting their patients in times like this. Furthermore, HKCFP has also launched the campaign "HKCFP Together We fight the Virus Campaign 2022" to appreciate the concerted efforts and unfailing support of our College members.

Our hallmark conference, held online for the past 2 years, has always captivated our participants with its well-curated program. We will continue our well-structured yet diverse theme-based seminars, plenary sessions, interactive workshops and interesting discussion forums. We are honored to have three eminent plenary speakers, namely, Professor Michael Kidd, Professor Donald Li and Dr Margaret Kay. Professor Michael Kidd will enlighten us on management of many "after effects" of the pandemic including patients with persistent symptoms of Long COVID Syndrome. Professor Donald Li will envision us regarding Family Medicine Development and Healthcare Reform during these challenging times. Dr Margaret Kay will inspire us on burnout in primary care providers and the key role of family physicians as transformative leaders in physician well-being in this emergent post-pandemic world. We have the pleasure of inviting speakers from different regions in Asia, namely, Malaysia, Singapore, Macau and Hong Kong to share their experiences regarding healthcare response to poor blood pressure control in our discussion forum on hypertension. Every year, there is always something new in our program to surprise and stimulate you.

Once again, I am confident that this online conference will continue to be an enriching experience for you all !

Dr. Lorna NG

Chairman, Organizing Committee
Hong Kong Primary Care Conference 2022

WELCOME MESSAGE from PRESIDENT

I would to take this opportunity to warmly welcome you all to the Hong Kong Primary Care Conference (HKPCC) 2022, organised by the Hong Kong College of Family Physicians. It has been another year with news dominated by the COVID-19 pandemic.

As always, when we are challenged by threats of any kind, there are opportunities that go with these threats. In the case of the COVID-19 pandemic, we have the opportunities to discover new knowledge, learn new skills, and apply new technologies in the fight against the virus. We should bear in mind that we should always be committed, flexible and versatile in various stages of the combat against the virus during the pandemic. Family Medicine as a discipline has indeed demonstrated the importance of providing accessible care and support in the community where they are needed most. The theme of the 12th HKPCC this year is entitled, "Committed. Versatile. Ever-growing: Primary Healthcare in the Time of COVID", which captured the spirits behind family doctors working with the primary healthcare team in helping the patients in need during this extraordinary period of time.

This year, we have the privilege of bringing together international and local experts, family doctors, nurses, allied health professionals, and other primary care providers in sharing advances in clinical knowledge, expertise and practices. The Conference continues to provide a convenient platform for potential collaborations and networking opportunities amongst academics, practising clinicians and management colleagues alike, thanks to the great work of the HKPCC Organising Committee. The Scientific Programme is richly packed with plenaries and seminar sessions, including hot topics on the challenges related to the pandemic, long COVID, chronic disease management, child psychiatric conditions, end of life care, clinical updates, research, medical legal and musculoskeletal workshops, health research and more. In addition, there are the popular full research paper competition, clinical case competition, e-posters and e-booths exhibitions.

Looking forward to greeting you online at the HKPCC 2022 !

Dr. David V.K. CHAO

President

The Hong Kong College of Family Physicians

Organizing Committee

Chairlady :	Dr. Lorna NG
Advisors :	Dr. Angus M.W. CHAN Dr. David V.K. CHAO Dr. LAU Ho Lim
Business Manager :	Dr. Will L.H. LEUNG (Coordinator)
Scientific Subcommittee :	Dr. CHIANG Lap Kin (Coordinator) Dr. Julie Y. CHEN Dr. Eric K.P. LEE Dr. Will L.H. LEUNG
Publication Subcommittee :	Dr. Judy G.Y. CHENG (Coordinator) Dr. Sharon S.W. HO Dr. Kathy K.L. TSIM
Clinical Case Presentation Competition :	Dr. KWAN Yu (Coordinator) Dr. Kathy K.L TSIM Dr. YAU Lai Mo
Venue :	Dr. Catherine P.K. SZE (Coordinator)
Information Technology :	Dr. Matthew M.H. LUK (Coordinator)
Nurse Planners :	Ms. Kathy Y.H. CHEUNG Ms. Samantha Y.C. CHONG
Allied Health Planner :	Ms. Brigitte K.Y. FUNG

Conference Information

Date : 17 – 19 June 2022 (Friday – Sunday)

Format : Digital Conference

Official Language : English

Academic Accreditation : Applications are in progress and please refer to p.6 for details.

Organizer : The Hong Kong College of Family Physicians

Conference Secretariat :

Scientific, Exhibition & Advertisement:
Ms. Teresa D.F. LIU

Publication:
Ms. Alky H.K. YU

Registration:
Ms. Nana H.T. CHOY and Ms. Iris W.M. IP

QA Accreditation:
Ms. John M.C. MA

General:
Ms. Erica M. SO and Ms. Crystal W.Y. YUNG

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Supported by : HKCFP Foundation Fund

CME/ CPD / CNE Accreditation

Accreditation for HKPCC 2022

College/Programme	For the whole function	17/6/2022 Whole Day	18/6/2022 Whole Day	19/6/2022 Whole Day	CME/CPD Category
Anaesthesiologists	11.5	1	6	4.5	PP-NA
Community Medicine	10	1	6	4	PP - PP
Dental Surgeons	11.5	1	6	4.5	PN-PB
Emergency Medicine	11.5	1	6	4.5	CME - PP
Family Physicians	10	1	5	5	Cat. 4.4
Obstetricians & Gynaecologists			Pending		
Ophthalmologists	12	1	6	5	CME - PP
Orthopedic Surgeons			Pending		
Otorhinolaryngologists	6	0.5	3	2.5	PP– 2.2
Paediatricians	-	1	3	3	Cat. A
Pathologists	11.5	1	6	4.5	CME - PP
Physicians	5.5	0.5	3	2	PP - PP
Psychiatrists	11.5	1	6	4.5	PP - OP
Radiologists	11.5	1	6	4.5	B - PP
Surgeons	11.5	1	6	4.5	CME - PP
Prosthetist-Orthotists	10	-	-	-	-
CEU (For HA Pharmacists)	8	2	3	3	-
MCHK CME Programme	7	1	3	3	Passive
CNE (For Nurse)	-	1	5	5	-

ACKNOWLEDGEMENT

The organizing committee wishes to express our most sincere thanks to all parties who have helped to make the HKPCC 2022 a successful one.

Officiating Guests

Professor Sophia S.C. CHAN, JP
Secretary for Food and Health, Food and Health Bureau, HKSAR

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

Plenary Speakers

Professor Michael KIDD AM FAHMS
Deputy Chief Medical Officer and Principal Medical Advisor, Australian Government Department of Health &
Foundation Professor of Primary Care Reform, The Australian National University

Professor Donald K.T. LI
Immediate Past President, World Organization of Family Doctors

Dr. Margaret KAY AM
Senior Lecturer, The University of Queensland
Academic Lead, Doctors' Health in Queensland

Seminar Speakers

Professor Martin C.S. WONG
Professor, JC School of Public Health and Primary Care, The Chinese University of Hong Kong;
Professor (by courtesy), Department of Sports Science and Physical Education
Faculty of Medicine, The Chinese University of Hong Kong;
Professor of Global Health, School of Public Health, Peking University (Adjunct);
Professor, School of Public Health, Peking Union Medical College (Adjunct)

Dr. Frank W.K.CHAN
Chief Manager (Service Transformation), Hospital Authority Head Office

Dr. Kendrick Co SHIH
Specialist in Ophthalmology

Ms. Sally S.P. POON
Private Practice Dietitian

Dr. Peter K.C. KWAN
Chief of Service, Department of Ear, Nose and Throat, Pamela Youde Nethersole Eastern Hospital;
Council Member, Hong Kong College of Otorhinolaryngologists

Dr. Stephen H.Y. HO
Private Psychiatrist

ACKNOWLEDGEMENT

Dr. Amos C.Y. CHEUNG
Clinical Psychologist

Dr. Jonathan K.C. LAU
Specialist in Family Medicine

Professor Frances K.Y. WONG
Chair Nursing Professor in Advanced Nursing Practice;
Associate Dean, Faculty of Health and Social Sciences, The Hong Kong Polytechnic University

Professor Arkers K.C. WONG
Assistant Professor, School of Nursing, The Hong Kong Polytechnic University

Mr. Jonathan BAYUO
PhD Student, School of Nursing, The Hong Kong Polytechnic University

Dr. Welgent W.C. CHU
General Registered Medical Practitioner;
Registered Social Worker

Dr. Paulin W.S. MA
Consultant, Division Head of General Gynaecology/ Urogynaecology,
Department of Obstetrics & Gynaecology, Queen Mary Hospital

Dr. Clarence L.H. LEUNG
Associate Consultant, Urology Team, Department of Surgery, Kwong Wah Hospital
Council Member, Hong Kong Urological Association

JC JoyAge Project Seminar

Professor Terry LUM
Henry G. Leong Professor in Social Work and Social Administration;
Professor, Department of Social Work and Social Administration;
Associate Director, Sau Po Centre on Ageing, The University of Hong Kong

Dr. Bridget LIU
Research Assistant Professor, Department of Social Work and Social Administration,
The University of Hong Kong;
Project Manager (Research), JC JoyAge Project

Workshop Speakers

Dr. LEO S.T. HO
Senior Physiotherapist, Kwong Wah Hospital

Professor Albert LEE
Clinical Professor, JC School of Public Health and Primary Care, The Chinese University of Hong Kong;
Honorary Professor, Department of Rehabilitation, The Hong Kong Polytechnic University

Dr. CHIN Weng Yee
Honorary Assistant Professor, Department of Family Medicine and Primary Care,
The University of Hong Kong

ACKNOWLEDGEMENT

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

Dr. Stanley K.H. LAM
President, Hong Kong Institute of Musculoskeletal Medicine
Clinical Associate Professor (Honorary), JC School of Public Health and Primary Care,
The Chinese University of Hong Kong;
Clinical Assistant Professor (Honorary), Department of Family Medicine, The University of Hong Kong

Dr. Mark W.W. LAI
Vice-President, Hong Kong Institute of Musculoskeletal Medicine

Discussion Forum Speakers

Professor Abdul Rashid ABDUL RAHMAN
Consultant Physician, Medical Director and Visiting Professor,
An Nur Specialist Hospital and University of Cyberjaya, Malaysia

Dr. Eric K.P LEE
Clinical Associate Professor, JC School of Public Health and Primary Care,
The Chinese University of Hong Kong

Dr. LEUNG Ka Pou
Specialist in Family Medicine in Macao;
Professional Representation of Chronic Disease Prevention and Control Committee Macao;
Representation (Hypertension programme) of the Chronic Disease Group,
Community Medical Care of the Macao Health Bureau

Dr. Valerie TEO
Consultant Family Physician;
Head, Kallang Polyclinic (National Healthcare Group Polyclinics), Singapore;
Chair, Medication management and usage committee (MMUC), Singapore;
Adjunct Senior Lecturer & Assistant Lead for Year 2 OSCEs, Lee Kong Chian School of Medicine (LKC), Singapore;
Clinical Lecturer, Yong Loo Lin School of Medicine (NUS), Singapore

Dr. Esther Y.T. YU
Clinical Assistant Professor, Department of Family Medicine and Primary Care, The University of Hong Kong

Sponsored Seminar Speakers

Dr. CHONG King Yee
Specialist in Psychiatry; Honorary Clinical Assistant Professor, The University of Hong Kong

Dr. WONG Cheuk Lik
Specialist in Endocrinology, Diabetes and Metabolism

Dr. CHAN Wing Bun
Specialist in Endocrinology, Diabetes and Metabolism

ACKNOWLEDGEMENT

Dr. Angus H.Y. LO
Specialist in Respiratory Medicine

Dr. Herbert W.C. KWOK
Specialist in Medicine, Queen Mary Hospital;
Honorary Clinical Tutor, The University of Hong Kong

Dr. Peter E. WEIMERSHEIMER
Vice President of Clinical Implementation, Butterfly Network

Dr. Julie K.L. WANG
Specialist in Respiratory Medicine

Dr. HO Lo Yi
Specialist in Nephrology

Dr. Raymond C.Y. FUNG
Consultant, Department of Medicine and Geriatrics, Princess Margaret Hospital

Dr. Annette W.K. TSO
Specialist in Endocrinology, Diabetes & Metabolism Honorary Associate Professor,
Department of Medicine, LKS Faculty of Medicine, The University of Hong Kong;
Honorary Consultant, Department of Medicine, Queen Mary Hospital, Hong Kong

Judges of Full Research Paper Competition

Professor Amanda HOWE
Professor of Primary Care, Norwich Medical School, University of East Anglia, England

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

Professor Albert LEE
Clinical Professor, JC School of Public Health and Primary Care, The Chinese University of Hong Kong;
Honorary Professor, Department of Rehabilitation, The Hong Kong Polytechnic University

Judges of Free Paper Competition – Oral Presentation

Professor Martin C.S. WONG
Professor, JC School of Public Health and Primary Care, The Chinese University of Hong Kong;
Professor (by courtesy), Department of Sports Science and Physical Education
Faculty of Medicine, The Chinese University of Hong Kong;
Professor of Global Health, School of Public Health, Peking University (Adjunct);
Professor, School of Public Health, Peking Union Medical College (Adjunct)

Professor William C.W. WONG
Clinical Associate Professor & Chief of Research, Department of Family Medicine and Primary Care,
The University of Hong Kong

ACKNOWLEDGEMENT

Judges of Free Paper Competition – Poster Presentation

Dr. Angus M.W. CHAN
Immediate Past President, The Hong Kong College of Family Physicians

Dr. Cecilia T.Y. SIT
Lecturer, School of Nursing, The University of Hong Kong

Judges of Clinical Case Presentation Competition

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

Professor Sylvia FUNG
Professor; Major Coordinator, Health Service Management, Tung Wah College

Panel of Advisors

Dr. Angus M.W. CHAN
Immediate Past President, The Hong Kong College of Family Physicians

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

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

Sponsored Seminars and Exhibition Booths

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Scientific Programme at-a-glance

17 June 2022 (Friday)

Time	Zoom Webinars			Zoom Meeting	
	ROOM-1	ROOM-2	ROOM-3	ROOM-4	ROOM-5
19:30 - 20:30	**Sponsored seminar 1** The Current Challenges in Treating Working Class Patients with Depression: How to Speed Up Functional Remission for Both Post-COVID and COVID-free Patients? **Speaker:** **Dr. CHONG King Yee** *Chairperson:* *Dr. Lorna NG*	**Sponsored seminar 2** Managing Residual Risk in Diabetic Dyslipidemia **Speaker:** **Dr. WONG Cheuk Lik** *Chairperson:* *Dr. Matthew M.H. LUK*		**Workshop 1** Myths about Exercise Prescription for Clients with Chronic Diseases **Speaker:** **Dr. Leo S.T. HO** *Chairperson:* *Dr. Sharon S.W. HO*	
20:30 - 21:00					

18 June 2022 (Saturday)

Time	Zoom Webinars			Zoom Meeting	
	ROOM-1	ROOM-2	ROOM-3	ROOM-4	ROOM-5
12:30 - 13:15	**Sponsored seminar 3** Role of Basal Insulin in Light of Latest Guidelines and Alternative Choices **Speaker:** **Dr. CHAN Wing Bun** *Chairperson:* *Dr. Catherine P.K. SZE*	**Sponsored seminar 4** Practical Considerations for Asthma Management in Primary Health Care Setting **Speaker:** **Dr. Angus H.Y. LO** *Chairperson:* *Dr. Will L.H. LEUNG*	**Sponsored seminar 5** The Nose and the Lung: Current Perspectives on United Airway Disease **Speaker:** **Dr. Herbert W.C. KWOK** *Chairperson:* *Ms. Kathy Y.H. CHEUNG*		
13:20 - 13:40	**e-Poster and Exhibition Booth Viewing**				
13:40 - 14:00	**Opening Ceremony**				
14:00 - 14:45	**Plenary I** Long COVID Syndrome and other Challenges for Primary Care arising from the Pandemic **Speaker: Professor Michael KIDD AM FAHMS** *Chairperson: Professor Samuel Y.S. WONG*				
14:50 - 16:05	**Seminar A** Gut Microbiota and Health: Research on Health Outcomes and Dietary Advice **Speaker:** **Professor Martin C.S. WONG** *Chairperson:* *Dr. CHIANG Lap Kin*	**Seminar B** Public-Private Partnership: Co-care Service Model **Speaker:** **Dr. Frank W.K. CHAN** *Chairperson:* *Dr. Will L.H. LEUNG*	**Seminar C** Update on Common Eye Problems in Primary Care **Speaker:** **Dr. Kendrick Co SHIH** *Chairperson:* *Dr. Julie CHEN*	**Workshop 2** Medical Legal Workshop **Speaker:** **Professor Albert LEE** *Chairperson:* *Dr. Kathy K.L. TSIM*	
16:10 - 16:55	**Plenary II** Family Medicine Development and Healthcare Reform During Challenging Times **Speaker: Professor Donald K.T. LI** *Chairperson: Dr. LAU Ho Lim*				

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17:00 - 17:40	**Seminar D** Different Diets and their Effects on Health **Speaker:** **Ms. Sally S.P. POON** *Chairperson:* *Dr. Judy G.Y. CHENG*	**Seminar E** Vertigo and Dizziness: How Can We Do Better? **Speaker:** **Dr. Peter K.C. KWAN** *Chairperson:* *Dr. Will L.H. LEUNG*	**JC JoyAge Project Seminar** Community-Based Participatory Process to Create a Vision for a Primary Mental Health Care System for Common Mental Disorders in Hong Kong **Speakers:** **Professor Terry LUM &** **Dr. Bridget LIU** *Chairperson:* *Dr Lorna NG*		
17:40 - 18:15					
18:20 - 19:00	**Sponsored seminar 6** POCUS as a Standard Clinical Assessment Tool in Primary Care: Lessons from the COVID-19 Pandemic **Speaker:** **Dr. Peter E. WEIMERSHEIMER** *Chairperson:* *Dr. Julie CHEN*	**Sponsored seminar 7** Severe Asthma Management: Changing the Paradigm **Speaker:** **Dr. Julie K.L. WANG** *Chairperson:* *Dr. Will L.H.LEUNG*			

19 June 2022 (Sunday)

Time	Zoom Webinars			Zoom Meeting	
	ROOM-1	ROOM-2	ROOM-3	ROOM-4	ROOM-5
9:00 - 10:15	**Seminar F** Child Psychiatric Conditions for Primary Healthcare: ADHD, ASD & Dyslexia **Speakers:** **Dr. Stephen H.Y. HO &** **Dr. Amos C.Y. CHEUNG** *Chairperson:* *Dr. Eric K.P. LEE*	**Clinical Case Presentation Competition** *Chairpersons:* *Dr. Kathy K.L. TSIM &* *Dr. YAU Lai Mo*	**Seminar G** End of Life Care in the Community - What can a Team of GPs and Nurses Do? **Speakers:** **Dr. Jonathan K.C. LAU,** **Professor Frances K.Y. WONG,** **Professor Arkers K.C. WONG,** **Mr. Jonathan BAYUO &** **Dr. Welgent W.C. CHU** *Chairperson:* *Dr. Julie CHEN*	**Workshop 3** Non-drug Intervention Toolbox for Psychological Distress **Speaker:** **Dr. CHIN Weng Yee** *Chairperson:* *Dr. Anthony K.Y. HO*	
10:20 - 11:05	**Plenary III** Burnout in Primary Healthcare Providers — Stepping Forward **Speaker: Dr. Margaret KAY AM** *Chairperson: Professor William C.W. WONG*				
11:10 - 11:40	**Seminar H** Updates in Treatment of Urinary Incontinence in Women and LUTs in Men **Speakers:** **Dr. Paulin W.S. MA &** **Dr. Clarence L.H. LEUNG** *Chairperson:* *Dr. Lorna NG*	**Full Research Paper Awards Presentation***	**Sponsored seminar 8** Practical Tips for Updated Albuminuria and Kidney Disease Management in Primary Care **Speaker:** **Dr. HO Lo Yi** *Chairperson:* *Dr. Kathy K.L. TSIM*	**Discussion Forum on Hypertension** Epidemic of Poor BP Control and The Ways Healthcare Systems Respond: The Asian Perspective **Panelists:** **Professor Abdul Rashid ABDUL RAHMAN,** **Dr. Eric K.P. LEE,** **Dr. LEUNG Ka Pou,** **Dr. Valerie TEO &** **Dr. Esther Y.T YU**	
11:40 - 11:55					
11:55 - 12:25			**Public Education Video**		
12:25 - 12:30		**Free Paper - Oral Presentation** *Chairperson:* *Dr. CHIANG Lap Kin*			**Workshop 4** Quick and Key Physical Examination of MSK Problems in a Busy Primary Care Setting **Speakers:** **Dr. Regina W.S. SIT,** **Dr. Stanley K.H. LAM &** **Dr. Mark W.W. LAI** *Chairperson:* *Dr. Matthew M.H. LUK*
12:30 - 13:15	**Sponsored seminar 9** How to Use Direct Oral Anticoagulants (DOACs) in Atrial Fibrillation Patients? **Speaker:** **Dr. Raymond C.Y. FUNG** *Chairperson:* *Ms. Brigitte K.Y. FUNG*		**Sponsored seminar 10** SGLT2 inhibitors in Primary Care: Cardio-renal Protection at a Glance **Speaker:** **Dr. Annette W.K. TSO** *Chairperson:* *Dr. Catherine P.K. SZE*		
13:15 - 13:40					

**The winner of the Best Research Paper Award will present his/her work during this session (11:10am - 11:40am)*

Disclaimer

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

Saturday, 18 June 2022 • 14:00 – 14:45

Plenary I

Long COVID Syndrome and Other Challenges for Primary Care Arising from the Pandemic

Professor Michael KIDD AM FAHMS

Deputy Chief Medical Officer and Principal Medical Advisor, Australian Government Department of Health & Foundation Professor of Primary Care Reform, The Australian National University

Professor Michael KIDD is an Australian primary care and public health researcher, medical educator and clinician leader. He is the current Principal Medical Advisor and Deputy Chief Medical Officer with the Australian Government Department of Health, and Foundation Professor of Primary Care Reform at the Australian National University. Prior to returning to Australia at the start of the COVID-19 pandemic, he was the Chair of the Department of Family and Community Medicine at the University of Toronto in Canada and Director of the World Health Organization Collaborating Centre on Family Medicine and Primary Care. A past president of both the Royal Australian College of General Practitioners and the World Organization of Family Doctors (WONCA), he is also an Honorary Fellow of the Hong Kong College of Family Physicians.

Primary care clinicians around the world have demonstrated their dedication and commitment throughout the COVID-19 pandemic, protecting the people most at-risk of the impact of COVID-19 infection, including the elderly and those with chronic health conditions; assessing and testing people with symptoms; managing people diagnosed with COVID-19; leading vaccination efforts in their local communities; continuing regular healthcare for the entire population through the use of telehealth and in-person consultations; and supporting the mental health needs of their patients at a time of great disruption and distress. As we move into the next phase of the pandemic, with high levels of protection being provided through vaccination in many countries, primary care clinicians will be involved in managing many of the "after effects" of the pandemic including patients with persistent symptoms of Long COVID Syndrome, treating acute and chronic and undiagnosed health concerns which may have been neglected during the time of acute emergency, supporting patients to catch up on essential preventive care interventions, and managing an expected increased incidence of mental health concerns as a consequence of the pandemic and its disruptive effects on the lives of billions of people. At the same time primary care clinicians are also experiencing, like our patients, the consequences of the pandemic and the relentless pressures and stresses which have been placed on safe clinical service provision. How can we prepare to continue to provide the best care possible to our individual patients and the communities that we serve?

Saturday, 18 June 2022 • 16:10 – 16:55

Plenary II

Family Medicine Development and Healthcare Reform During Challenging Times

Professor Donald K.T. LI
MBBS(HK), FRACGP, FRCGP, FHKCFP, FHKAM (Family Medicine), FFPH
Immediate Past President, World Organization of Family Doctors

Professor Donald Li is a specialist in Family Medicine and private practice in Hong Kong and mainland China. He is the Immediate Past President of the World Organization of Family Doctors (WONCA). He is the Censor of the Hong Kong College of Family Physicians. He is the Chairman of the Governing Board of the Hong Kong Jockey Club Disaster Preparedness and Response Institute of the Hong Kong Academy of Medicine. He is a member of the Chief Executive's Council of Advisers on Innovation and Strategic Development, Chairman of the Action Committee Against Narcotics of Security Bureau, member of the Steering Committee on Primary Healthcare Development of Food & Health Bureau.

The COVID19 pandemic is a call for us to take on the challenges facing Family Doctors in terms of our professional role as primary healthcare providers within the healthcare system and our relationship with the administrators and government. There are also challenges in terms of our encounter and relationships with our patients and their families during difficult times when face to face consultations are compromised. To meet challenges facing us, there is a call for healthcare reform which cannot simply be patched into the existing system. There must be reinforcement of core values which includes equity and accessibility; mutual care and joint responsibility; efficiency; safety, quality and choice. Professor Li will give us an update on the Global development in Family Medicine Training, emerging practice models as well as the Standards and Accreditation for delivery of safe and quality service. The roles of Family doctors during the Pandemic will also be presented and acknowledged. As the Hong Kong Government is committed to the development of primary care, ideas of patient expectation, the role of Family Doctors in the Primary Healthcare team, maintaining quality, development of ecosystems of District Health Centres, financing and stewardship will also be discussed.

Sunday, 19 June 2022 • 10:20 – 11:05

Plenary III

Burnout in Primary Healthcare Providers – Stepping Forward

Dr. Margaret KAY AM
MBBS(Hons) PhD FRACGP DipRACOG GAICD
Senior Lecturer, The University of Queensland
Academic Lead, Doctors' Health in Queensland

Dr. Margaret KAY AM is a general practitioner and Fellow of the Royal Australian College of General Practitioners. She holds an academic title as Senior Lecturer with The University of Queensland and trained as a leader in Primary Care Research in Oxford. Her PhD in Physician Health focused on doctors' access to health care. She has extensive experience teaching doctors and medical students about physician health and has over 30 peer-reviewed publications, many in the area of physician health. She is Academic Lead with Doctors' Health in Queensland. She is also passionate about her work in refugee and environmental health.

For fifty years, researchers have explored burnout; providing a detailed explication of its three dimensions (exhaustion, cynicism, inefficacy) and documenting its prevalence and consequences. Despite this academic approach, the question of 'what to do' remains a challenge.

Reminders about self-care and exhortations that doctors should have a family physician have echoed through the literature and across medical teaching - with little change.

During the COVID-19 pandemic, we have all been deeply moved by the reality of burnout, especially its impact on the frontline healthcare workers, including primary care. As family physicians, we have seen our peers quietly step back from their work. While we are adept at discussing burnout with our medical lens, we maintain our tone of professional distance. A culture of silence reinforces our personal silence.

This plenary presentation is designed to reframe our conversation about burnout, focusing on the unique role of the family physician and the primary health care team. After contextualising burnout within a holistic framework and acknowledging the importance of self-care, the presentation moves to highlight how the family physician is in an ideal position to do much more than the caring of individuals experiencing burnout. Strategies for constructing a robust framework designed to change the discourse around physician health will be explored, including a curriculum ensuring necessary skills, effective peer support and networks for advocacy across the breadth of the complex health landscape.

In this emergent post-pandemic world, family physicians have a key role: Stepping forward as transformative leaders in physician wellbeing.

Saturday, 18 June 2022 • 14:50 – 16:05

Seminar A

Gut Microbiota and Health: Research of Probiotics on Health Outcomes and Dietary Advice

Professor Martin C.S. WONG

BMedSc (Hons), MSc (Hons), MBChB, MD (CUHK), MPH, MBA, FRACGP, FRSPH, FHKCFP, FHKCCHP, FHKAM (Family Medicine), DCH (Ire), FESC, FACC, FAcadTM, FFPH, FHKAN (Hons), FRCP (Glasgow), FRCP (Edinburgh)

Professor, JC School of Public Health and Primary Care
Professor (by courtesy), Department of Sports Science and Physical Education
Faculty of Medicine, The Chinese University of Hong Kong
Professor of Global Health, School of Public Health, Peking University (Adjunct)
Professor, School of Public Health, Peking Union Medical College (Adjunct)

Professor Martin C.S. Wong is a researcher in the field of cancer screening and prevention of chronic diseases. Professor Wong has composed over three hundred publications in international peer-reviewed journals, and received over 15 research awards for studies in his research area. He is the Co-Chair of the NCD stream of APRU Global Health Programme; Co-Chairman of the Grant Review Board, HMRF, the FHB; the Convener of the Advisory Group on Hong Kong, Reference Framework for Care of Diabetes and Hypertension in Primary Care Settings; and a member of the Expert Advisory Panel in Implementation Science of the HKSAR government.

The human microbiota comprises 10 to 100 trillion symbiotic microbial cells with more than 500 different species harbored by each person, primarily bacteria in the gut. A human body consist of 10% human cells and 90% microbes. Imbalances between beneficial microbes (symbionts) and pathogenic microbes (pathobionts) could lead to a significant number of medical conditions, including colorectal cancer, allergies, inflammatory bowel diseases, dementia, obesity, autism, chronic pain, and a number of neuro-psychiatric disorders through the "gut-brain axis". Some examples of symbionts include Faecalibacterium prausnitzii, Eubacterium rectale and Bifidobacterium adolescentis; whilst Ruminococcus gnavus, Ruminococcus torques and Bateroides dorei could act as pathobionts. Recent studies in the Chinese University of Hong Kong (CUHK) has shown that 40% of Hong Kong residents demonstrated significant gut dysbiosis, which is comparable to that of patients with the coronavirus diseases 2019 (COVID-19), implying they could have impaired immunity. A probiotic formula that targets to alter gut dysbiosis bears potential to enhance immunity against COVID-19 and other emerging viral or bacterial infections. It is expected that the microbiome therapy could be transformed into a probiotic supplement which could benefit human health. However, the effectiveness of probiotics on human health differs among different individuals, and there is no guarantee that probiotic formula could treat the target diseases.

In this seminar, the role of human microbiota in human health will be critically discussed, followed by an updated, evidence-based recommendation on the prescription of dietary probiotics by primary care physicians to our patients.

Saturday, 18 June 2022 • 14:50 – 16:05

Seminar B

Public-Private Partnership: Co-care Service Model

Dr. Frank W.K. CHAN
MBChB (CUHK), FRACMA, FHKCCM,
FHKAM (Community Medicine)
Chief Manager (Service Transformation), Hospital Authority Head Office

Dr. Frank Chan graduated from the Chinese University of Hong Kong and is the fellow of the Hong Kong College of Community Medicine. He is currently appointed as the chief manager to oversee the formulation and implementation of the overall Public Private Partnership (PPP) strategy of the Hospital Authority (HA). He also led several initiatives to cope with the challenges of HA during the COVID-19 pandemic. Prior to his current position, he steered the service development and implementation on numerous chronic diseases including cardiac, cancer, DM, stroke, COPD and mental services.

With the increasing challenges arising from an ageing population and chronic disease burden, Public-Private Partnership (PPP) is one of the strategic directions in maintaining a sustainable healthcare system. To dovetail with the Government's policy in promoting primary healthcare, a new Co-care Service Model has been launched by the Hospital Authority (HA) since 2021 under the General Outpatient Clinic Public-Private Partnership (GOPC PPP) programme framework in extending the patient invitation pool to selected Specialist Outpatient Clinic (SOPC) patients of HA who are clinically stable and fit for continued care in the primary healthcare setting.

Co-care (MED) and Co-care (O&T) had been implemented by phases at various HA Clusters with ongoing engagements among the Participating Service Providers (PSPs), patients and HA stakeholders. Target patients fulfilling the pre-defined criteria of being clinically stable with less complex conditions, can be managed in the primary care level will be invited to join the programme. Further expansion of specialty coverage would be explored with review of corresponding support, such as the drug formulary and investigation items, to cater for the expansion of patient spectrum suitable for primary healthcare management under the PPP programme. It is hoped that such shared care and co-management model could enhance patient care in the community, deepen inter-professional communication, and promulgate the family doctor concept.

Saturday, 18 June 2022 • 14:50 – 16:05

Seminar C

Update on Common Eye Problems in Primary Care

Dr. Kendrick Co SHIH
MBBS (HK), MRes (Medicine), MRCSEd, FCOphth HK, FHKAM (Ophthalmology)
Specialist in Ophthalmology

Dr. Shih is the Director of Student Affairs and a Clinical Assistant Professor of Ophthalmology, School of Clinical Medicine at HKUMed. He is a clinician scientist with research interests in sight-threatening ocular surface diseases, cornea wound healing and medical education. He has over 70 publications in international peer-reviewed journals. He currently serves on the editorial board of the Asia Pacific Journal of Ophthalmology and was the immediate-past General Secretary for the Asia Pacific Ophthalmic Trauma Society. For his work, he was awarded the 2021 HKUMed Faculty Teaching Medal Award, the 2021 Japanese Ophthalmological Society Young International Investigator Award, the 2018 Asia Pacific Academy of Ophthalmology Achievement Award, the 2017 HKAM Distinguished Young Fellow Award and the 2016 HKAM Gold Medal for Best Original Research by a Trainee. Dr. Shih was the chief organizer of the 2017 HKU Emergencies in Eye Care Workshop and the 2018 HKU Primary Eye Care in the Digital Age Workshop.

Ophthalmic conditions commonly present in primary care and the family physician is often the first doctor sought out by patients. In such situations, it is most important to identify sight-threatening disease that warrant prompt referral for specialist intervention. In this talk, we will discuss a systematic approach to common eye problems in primary care. Specifically, we will discuss physical examination skills and clinic-based investigations that can greatly aid non-ophthalmic physicians in the management of common eye problems.

The first part of the talk will cover the approach to and management of common ophthalmic emergencies, including causes of red eye, causes of sudden visual loss and ocular trauma. The second part of the talk will cover the approach to and management of chronic progressive causes of visual impairment, including cataracts, glaucoma, diabetic retinopathy and age-related macular degeneration.

With a systematic approach, family physicians can confidently triage and manage common eye problems.

Saturday, 18 June 2022 • 17:00 – 18:15

Seminar D

Different Diets and their Effects on Health

Ms. Sally S.P. POON
Registered Dietitian (Health and Care Professions Council, UK)
Accredited Practising Dietitian (Dietitians Australia)
Master of Nutrition & Dietetics (The University of Sydney, Australia)
BSc Nutrition (King's College, London)
Private Practice Dietitian

Sally is currently Chairman of the Hong Kong Practising Dietitians Union, Committee Member of PolyU Laboratory for Probiotic and Prebiotic Research in Human Health, Member of Board of Advisor of Love 21 Foundation, and Honorary Advisor of Cancerinformation.com.hk Charity Foundation. Sally has 14 years of experience in dietetics. She provides medical nutrition therapy to patients affected by cancer, obesity, malnutrition, and metabolic syndrome. Sally is leading a nutrition and exercise community programme at Love 21 Foundation for people affected by Down syndrome, autism spectrum disorder or other intellectual disabilities.

The World Health Organization upholds limiting the intake of saturated and trans fatty acids, free sugars, and encourages the intake of fruit, vegetables, legumes, nuts, and whole grains as the dietary measures to promote health. Various types of diets have been evaluated for their overall effects on human health, including impact on weight reduction, cardiovascular disease, diabetes, hypertension, gut health, cancer, and mortality. Low-fat Diet, DASH (Dietary Approaches to Stop Hypertension), Vegetarian Diet, and Mediterranean Diet are among the most commonly used approaches to maintain good health. These diets will be discussed in detail separately.

Saturday, 18 June 2022 • 17:00 – 18:15

Seminar E

Vertigo and Dizziness: How Can We Do Better?

Dr. Peter K.C. KWAN

MBBS (HK), MRCSEd, FRCSEd (ORL), FHKCORL, FHKAM (Otorhinolaryngology)

Chief of Service, Department of Ear, Nose and Throat, Pamela Youde Nethersole Eastern Hospital; Council Member, Hong Kong College of Otorhinolaryngologists

Dr. KWAN graduated from the University of Hong Kong in 2007 and completed his specialist training in Otorhinolaryngology in 2014. He is currently the Chief of Service in the Department of Ear, Nose and Throat, Pamela Youde Nethersole Eastern Hospital. He was previously a member of the Education Committee of the Hong Kong College of Otorhinolaryngologists during 2019-21, and was elected as a Council Member of the same College in 2021. Dr. KWAN has been involved actively in the development of multidisciplinary integrated service for patients with vertigo and dizziness in the Hospital Authority.

Vertigo and dizziness are common symptoms leading patients to visit their primary care physicians. A wide range of vestibular and non-vestibular conditions can cause vertigo and dizziness, making the diagnostic process challenging. Sound knowledge and systematic assessment are critical to categorize and establish the diagnosis. In this presentation, essential knowledge on common vestibular disorders and important differential diagnosis will be revisited.

While diagnosis and treatment of some conditions can be completed within the primary care setting, a significant number of patients will still require referral for further specialized evaluation and management. To manage the long waiting time for specialized services in the public hospital, a new multidisciplinary service model involving Otorhinolaryngologists, Nurses and Allied Health Professionals is under development. The idea of this multidisciplinary service will also be shared at the latter part of this presentation.

Sunday, 19 June 2022 • 09:00 – 10:15

Seminar F

Child Psychiatric Conditions for Primary Healthcare: ADHD, ASD & Dyslexia

Dr. Stephen H.Y. HO

MBBS (HK); FHKCPsych; FHKAM(Psychiatry); MSocSc (Couns)(South Australia); DPD (Cardiff); Dip Med (CUHK)

Private Psychiatrist

Dr. HO is a private practice psychiatrist. He received his psychiatric training in the public psychiatric system before he left for private practice, where he could see patients of various age groups and of a wide spectrum of severity in the community setting. He received training for various types of psychotherapy which could offer additional benefits to medical treatments. He is an Honorary Clinical Assistant Professor in the University of Hong Kong.

Dr. Amos C.Y. CHEUNG

Ph.D. (Clinical Psychology) (HKU); BSW (HKU); RCP(HKPS); RSW; Fellow HKPS; Member of Register of Clinical Psychologists accredited by Department of Health.

Clinical Psychologist

Dr. Amos CHEUNG is a private practice clinical psychologist. Amos specializes in working with the depressed and anxious, marital relationships, children and families, as well as death and bereavement. He also has expertise in conducting neuropsychological assessments and forensic/custodial evaluations. Amos is trained in Cognitive Behavioral Therapy, Focusing Therapy (Person-Centered Therapy), and Satir Model Family Therapy.

Dr. CHEUNG is the Past President of the Hong Kong Psychological Society (2013-2014, 2017-2019) and Past Chair of the Division of Clinical Psychology, the Hong Kong Psychological Society (2014-2017).

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common, and most treatable psychiatric disorders in children and teenagers. Left untreated, the illness can adversely affect various aspects of the patient's functioning, including school performance and social life. Co-morbidities including mood disorders and behavioral problems are common.

Common presentations and management approach of ADHD patients will be covered.

Autism Spectrum Disorder and Dyslexia are conditions related to the brain development of children that can carry a wide variety of developmental impacts ranging from intellectual, social, parental, and intimate relationships across their life span.

While there are no cures for Autism Spectrum Disorder or Dyslexia, intensive, early treatment can make a big difference in the lives of many children.

Primary care is the frontline of care for children and families in the community. Early identification and referral to appropriate services are crucial. In this seminar, the common and significant symptoms of these two developmental disorders, as well as practical implications on assessment and management in primary care settings, will be discussed.

Seminar G

Sunday, 19 June 2022 • 09:00 – 10:15

End of Life Care in the Community – What can a Team of GPs and Nurses Do?

Dr. Jonathan K.C. LAU

MBBS (UNSW), Diploma in Obstetrics, FRNZCGP, FRACGP and FHKAM (Family Medicine)

General Practitioner / Family Physician

Dr. Lau has a broad and diversified clinical experience, having worked in a wide variety of organisations and clinical settings in Australia, New Zealand, Saudi Arabia, Hong Kong, Ireland, and United Kingdom. In recent years, he has been steadfast in promoting an all-round model of care to develop a health and wellness village – a supportive, equipped, and innovative centre for compassionate, socially connected, and coordinated community care, built for optimum health and wellness.

Professor Frances K.Y. WONG

R.N., Ph.D. (Soc.), M.A. (Ed.), B.Sc. in Nursing, FAAN, FHKAN

Chair Nursing Professor in Advanced Nursing Practice and Associate Dean of the Faculty of Health and Social Sciences at the Hong Kong Polytechnic University

Professor Wong has extensive clinical experience in the Intensive Care Unit, renal care and general medicine. Her research work and publications are in the areas of advanced nursing practice, transitional care and nursing education. She has published many refereed articles and edited 3 books. Her total research funding amounts to over $30 million. She serves as a member or expert consultant for a number of healthcare steering committees and nursing council in Hong Kong and Guangdong-Hong Kong-Macao Greater Bay Area.

Professor Arkers K.C. WONG

Doctor of Philosophy (HKPU), M.Sc. in Management (Health Services Management) (HKPU), Bachelor of Nursing (CUHK)

Assistant Professor in School of Nursing, the Hong Kong Polytechnic University

Professor Wong has extensive experience in emergency nursing, nursing education and research. He has attained several international and local teaching and research awards and he serves as board member for a number of educational organisations and council in Hong Kong. His research interests include telehealth, primary health care, and ageing-in-place and he has obtained more than $13 million from various funding sources. Professor Wong also published many articles in some high impact factor journals.

Mr. Jonathan BAYUO

MPhil Nursing (Ghana), MSc Burn Care (London), Clinical Fellowship in Burn Pain Management (Adelaide), and BSc Nursing (Ghana)

Jonathan is a Burn Care Nurse from Ghana, West Africa and currently completing his doctoral studies at the School of Nursing, The Hong Kong Polytechnic University. Jonathan has previously worked across varied healthcare settings in Ghana focusing on burn and pediatric critical care.

Dr. Welgent W.C. CHU

MBChB (Glasgow), MSW (HKU) RSW, MSc (Clinical Gerontology) (CUHK), Dip Geriatrics Medicine RCP (London), Dip Palliative Medicine (Cardiff)

General Registered Medical Practitioner and Registered Social Worker

Dr. Chu's medical career focused mainly on the medical care for elderly persons especially in the fields of dementia and end-of-life care (EOLC). In 2000, Dr Chu and his nursing home team members pioneered the EOLC for the nursing home residents in Hong Kong. Academic works on these areas published in local medical journals and international conferences. Dr. Chu is also keen on promoting inter-professional collaboration and learning, particularly on the medical and social integration in clinical practice. Currently Dr. Chu is also the Clinical Supervisor for several NGOs in the community.

EOLC in the community – what can a team of GPs and nurses do?

Outline of seminar:

1. The era of baby boomers aging
2. Home birth progressing to EOLC at home
3. Why home care? Challenges and Benefits?
4. A proposal: -
   a. A GP's central role – the good old 1A 3C
   b. The integrated team approach – the new 2A and 5C
   c. In focus:
      1. Decision making,
      2. Working with clients, families and other health and social care professionals
      3. Essentials in Advance Care Planning (ACP) and Advance Directive (AD)
5. Take home goodies – practice tips, a designed share care card
6. Q&A

Sunday, 19 June 2022 • 11:10 – 12:25

Seminar H

Updates in Treatment of Urinary Incontinence in Women and LUTs in Men

Dr. Paulin W.S. MA

MBBS (HK); MRCOG; FHKCOG; FHKAM (O&G); Cert HKCOG (Urogynaecology)

Consultant, Division Head of General Gynaecology/ Urogynaecology, Department of Obstetrics & Gynaecology, Queen Mary Hospital

Dr. Ma is a Consultant of the Department of Obstetrics & Gynaecology, Queen Mary Hospital. With her special interest in pelvic floor and urinary tract dysfunction, she is now leading the clinical service of urogynaecology of the unit with establishment of several relevant clinics in the subspecialty. Apart from clinical work at a tertiary urogynaecology referral centre, she is also involved in clinical research in the field. Her main interest is the impact on psychology and quality of life in patients presenting with different urogynaecological problems. She is currently a council member of the Hong Kong Urogynaecology Association which helps to facilitate interchange of information in the field of urogynaecology and promote the public awareness of the pelvic floor dysfunction and health in women.

Dr. Clarence L.H. LEUNG

Associate Consultant, Urology Team, Department of Surgery, Kwong Wah Hospital

Council Member, Hong Kong Urological Association

Dr. LEUNG is currently Associate Consultant working in Kwong Wah Hospital. He obtained his fellowship in Urology in Hong Kong in training 2018 and has been the Council Member of the Hong Kong Urological Association for 4 years. He completed his overseas training in Functional Urology and Neuro-urology in the University College London Hospital and Paediatric Urology in Great Ormond Street Hospital in 2019. He has been active in improving urology services in the primary care sector. He was part of a working group formed by Geriatricians and Urologists, focusing on the management of male LUTS in primary care of which a consensus paper was published in HKMJ in April 2021.

Urinary incontinence is common among women which poses significant effect on one's quality of life. Careful history taking can help to differentiate transient urinary incontinence from chronic urinary incontinence and guide management. On top of the traditional treatment, there are emerging management which involves newer techniques and newer medications. This session aims to review the current evidence and recommend on the treatment that should be offered to the patients presenting with urinary incontinence.

Lower urinary tract symptoms (LUTS) are common complaints of adult men. Benign prostatic hyperplasia (BPH) represents the most common underlying cause. As the incidence of BPH increases with age, and pharmacological treatment is a major part of the disease' s management, the majority of patients with LUTS are managed by primary care practitioners. There are circumstances in which specialist care by urologists or geriatricians is required, such as failure of medical treatment, adverse effects from medical treatment, or complications from BPH. Referral choices can be confusing to patients and even practitioners in different specialties under such circumstances. There is currently no local consensus with regards the diagnosis, medical management, or referral mechanism for patients with BPH. A workgroup was formed from the members of The Hong Kong Geriatrics Society (HKGS) and the Hong Kong Urological Association (HKUA) to review evidence for the diagnosis and medical treatment of LUTS. A consensus was reached by HKGS and HKUA on an algorithm for the flow of male LUTS care and the use of uroselective alpha blockers, antimuscarinics, beta-3 adrenoceptor agonists, and 5α-reductase inhibitors in the primary care setting. This consensus by HKGS and HKUA provides a new management paradigm for male LUTS.

Saturday, 18 June 2022 • 17:00 – 17:40

JC JoyAge Project Seminar

Community-Based Participatory Process to Create a Vision for a Primary Mental Health Care System for Common Mental Disorders in Hong Kong

Professor Terry LUM
Ph.D (WashU) MSW (HKU) BSocSci (HKU)
Henry G. Leong Professor in Social Work and Social Administration
Professor, Department of Social Work and Social Administration
Associate Director, Sau Po Centre on Ageing
The University of Hong Kong

Professor Terry Lum's research focuses on elderly services and policies. He is currently directing several large-scale social interventions to prevent physical frailty and late-life depression and develop innovative medical social collaboration models. Professor Lum had taught at the University of Minnesota for 12 years before joining the University of Hong Kong in 2011. He was elected as a Fellow by the Gerontological Society of America in 2011. He was awarded the Career Leadership Award by the Association of Gerontology Education in Social Work (AGESW) in the United States in 2016.

Dr. Bridget LIU
Ph.D (HKU) MAAT (SMWC) BSocSci (HKU)
Research Assistant Professor, Department of Social Work and Social Administration,
The University of Hong Kong
Project Manager (Research), JC JoyAge Project

Dr. Bridget Liu was trained in cognitive psychology, and her current work centers around mental health issues and services, focusing on the older adult population. She is currently the project manager (research) of the JC JoyAge project, a holistic support project for elderly mental wellness. Dr. Liu is also a licensed art therapist, and now leading a pilot study to investigate the effectiveness of using participatory art to reduce self-stigma and empower older adults.

Abstract

Common mental disorders (CMD) are highly prevalent, affecting about 1 in 9 older people in Hong Kong. However, the current mental health services for older people are fragmented and challenged by a shortage of skilled human resources. There is an urgent need to increase access to mental health care for older people in primary care settings and enhance medical-social collaboration to provide evidence-based pharmacological and non-pharmacological interventions for CMD in the community. This presentation will cover two related topics. First, it will present findings of a rapid situation analysis that focuses on the mental health service in primary care settings for older people. With input from frontline service providers and service recipients, we summarized several potential help-seeking pathways from a service user's perspective and highlighted the barriers to services. Different stakeholders discussed what needs to be in place to optimize the primary mental health care system to address the needs of people with CMD. Second, it will present a Theory of Change Workshop findings to develop a vision and roadmap for a primary mental health care system for older people in Hong Kong. Thirty-three stakeholders participated in a three-month process to discuss and envision primary mental health care for older people. They included professional mental health specialists (e.g., psychiatrists, clinical psychologists, mental health nurses), professional non-specialists (e.g., family physicians, social workers, occupation therapists), peer supporters, and service recipients. We will present the preliminary road map developed from this process.

Friday, 17 June 2022 • 19:30 – 21:00

Workshop 1

Myths about Exercise Prescription for Clients with Chronic Diseases

Dr. Leo S.T. HO

Senior Physiotherapist, Kwong Wah Hospital

Dr. Leo HO has been the co-editor of the Editorial Board of News Bulletin of the Hong Kong Physiotherapy Association since 2001. Currently serving in Kwong Wah Hospital as Senior Physiotherapist, Dr HO remains actively involved in leading cardiopulmonary teams. Apart from specializing in cardiopulmonary, neurology and clinical oncology, he also assists in conducting clinical education on cardiopulmonary care to PT undergraduate HKPolyU at KWH. Having attained basic physiotherapy training, MSc in Health Care (Physiotherapy Stream) and DHSc in Health Care (Physiotherapy Stream), and attended Overseas Scholarship Program for Allied Health Professionals in Primary Care / Chronic Disease Management in a Multidisciplinary Team in Australia, he is also an American College of Sports Medicine (ACSM) Certified Clinical Exercise Physiologist, Long Distance Running Instructor, and Advanced Personal Fitness Trainer.

Physiotherapists have been actively involved in expert consultations, specific plans of fitness-related activities to clients suffering from a variety of chronic diseases, helping them recover, manage and prevent injury or chronic conditions, and move towards rehabilitation. Besides physiotherapists' guidance and supervision, prescribed exercise programs require clients to take an active role in working towards specific objectives.

This presentation intends to give the participants a glance at the common myths, underlying principles and practical tips in exercise prescriptions for clients with chronic diseases focusing on diabetes mellitus, hypertension and those recovering from coronavirus (COVID-19). At the end of the talk, there will be a brief demonstration of a few quick start exercise testing and clinical exercise prescriptions that can be performed during clinical consultations with very few or minimal assessment tools and equipment.

Saturday, 18 June 2022 • 14:50 – 16:05

Workshop 2

Medico-Legal Workshop

Professor Albert LEE

MB BS (Lond) LLB (Hons-Lond) LLMArbDR (Distinct-CityUHK) MPH MD (CUHK) FRACGP FHKAM (FamMed) FRCP (Lond & Irel) HonFFPH (UK) FCIArb (UK) FACLM (Aus) FCLM (US) GDLP (AusColl Law) Accredited Mediator (CEDR-UK)

Clinical Professor of Public Health and Primary Care, The Chinese University of Hong Kong; Honorary Professor, Department of Rehabilitation, Hong Kong Polytechnic University

Professor Albert Lee graduated with a medical degree from the University of London (University College London-Middlesex Hospital) in 1984 with higher professional and academic qualifications in Family Medicine, Public Health, Legal Medicine, Law, and Arbitration and Dispute Resolution. He has published over 240 journal papers and over 200 invited presentations. He was elected as an International Member of the US National Academy of Medicine in 2012 and election to National Academy which is considered the highest honours in Medicine and Public Health. Legal medicine and healthcare ethics is one of his key areas of interest. Together with Drs James Chiu and Kar-wai Tong, they edited a book on 'Practical Healthcare Law and Ethics". He is serving as a member of the Education Committee of Australasian College of Legal Medicine and Editorial Executive Committee of Journal Medicine and Law. Albert was admitted as a lawyer by the New South Wales Supreme Court in March 2021.

Negligence arises when there is a breach of duty of care causing damage, and there is a causal relationship between the conduct of the defendant and damage suffered by the claimant, and the damage is not too remote or not reasonably foreseeable. This is a rather philosophical statement. What does it mean to practising clinicians in their day to day practice with regards to clinical negligence? Breach of duty of care is judged upon whether the practitioner has delivered the care up to a reasonable standard. What does a reasonable standard mean in daily practice? This is particularly puzzling for family physicians. If I am attending a patient with cardiac symptoms, will my standard of care be judged according to the practice of cardiologists? The 'Montgomery' case has shifted the standard of disclosure of information to 'reasonable patient' test rather than 'reasonable doctor' that doctors need to address the significant risks perceived by that particular patient. Is it too harsh for doctors in daily practice? This workshop aims to unfold ethical dilemmas through case discussions. The ultimate goal is to empower us to deliver the best possible care to our patients as family physicians.

Lee A. Bolam' to 'Montgomery' is result of evolutionary change of medical practice towards 'Patient-Centered Care. Postgraduate Medical Journal 2017; 93:46–50. doi:10.1136/postgradmedj

Sunday, 19 June 2022 • 09:00 – 10:15

Workshop 3

The Non-drug Intervention (NDI) Toolbox for Psychological Distress: What Family Doctors Can Do in a Routine Consultation

Dr. CHIN Weng Yee
MBBS, MD, FRACGP
Honorary Assistant Professor,
Department of Family Medicine and Primary Care
The University of Hong Kong

Dr. CHIN Weng Yee is a graduate of the University of Western Australia and a Fellow of the Royal Australian College of General Practitioners. She joined the Department of Primary Care and Family Medicine at the University of Hong Kong in 2008. Her MD thesis examined the longitudinal outcomes of depression in Hong Kong's primary care.

She has 70+ publications with a focus on mental health, chronic disease health service delivery, quality of care and doctors' mental health. Weng has a specific interest in training doctors and medical students on strategies to help address psychological distress in primary care patients with common mental health problems.

Weng currently resides in New York.

This workshop is based on the WONCA Working Party for Mental Health Guidance Document "Family doctors' role in providing non-drug interventions (NDIs) for common mental health disorders in primary care"

https://www.globalfamilydoctor.com/site/DefaultSite/filesystem/documents/Groups/Mental%20Health/18%20Oct%20NDIs_updated.pdf

Learning outcomes

By the end of the workshop participants will be able to:

1. Discuss the evidence for NDIs in the management of depression in primary care
2. Use the BATHE technique and Satir Iceberg model as tools to assess, understand and communicate with patients who are affected by emotional distress
3. Perform a few low-intensity NDIs which can help reduce suffering in patients experiencing psychological distress

Workshop Description

This will be a 75-minute interactive workshop incorporating small group work, role play and case discussion. It is targeted for all family doctors who are interested in enhancing their consultation skills for managing patients experiencing psychological distress.

Participants will be introduced to the rationale and evidence for using non-drug interventions (NDIs) to help manage depression and other common mental health problems in primary care and explore various ways NDIs can be incorporated into a routine primary care consultation.

Participants will be introduced to the BATHE technique as a structured way to perform a psycho-social assessment and practice using Satir's Coping Stances and Personal Iceberg Model to explore change possibilities.

NDI techniques which will be learnt include: (1) psychoeducation, (2) activity planning/ behavioural activation and (3) relaxation techniques.

Sunday, 19 June 2022 • 12:25 – 13:40

Workshop 4

Quick and Key Physical Examination of MSK Problems in a Busy Primary Care Setting

Dr. Regina W.S. SIT

MBBS(HK),FRACGP,FHKCFP, FHKAM(Family Medicine), MD (CUHK)

Clinical Associate Professor, the Jockey Club School of Public Health and Primary Care, Chinese University of Hong Kong

Dr. Regina Sit is the associate professor of Family Medicine. She obtained her MBBS degree from the University of Hong Kong and became a Family Medicine Specialist since 2011. As a Family Physician, with special skills in pain management and is a Certified Interventional Pain Sonologist by the World Institute of Pain. Regina obtained her Doctor of Medicine (MD) research degree from the Chinese University of Hong Kong. Her clinical and research interests focus on the study of musculoskeletal pain and regenerative medicine, with papers published in top-tier primary care journals including the Annals of Family Medicine and British Journal of General Practice. Regina has been appointed as the Lancet Commissioner on Osteoarthritis since August 2020. Currently, she is the director of the "Jockey Club Confront Pain with Ease Project", and is leading an interdisciplinary team for chronic pain management in community.

Dr. Stanley K.H. LAM

MBBS(HK), FHKAM(FM), MScSEM, MScSMHS, PGDipMSM(Otago), FHKCFP, FRACGP, DFM(CUHK), Grad Dip(Derm), NUS, DCH(Irel)

President, Hong Kong Institute of Musculoskeletal Medicine
Clinical Associate Professor (Honorary), the Jockey Club School of Public Health and Primary Care, Chinese University of Hong Kong
Clinical Assistant Professor (Honorary), Department of Family Medicine, the University of Hong Kong
Consultant, KH Lam Musculoskeletal Pain Management and Sports Injuries Centre

Dr. Lam is a specialist in family medicine in Hong-Kong with special interest in sports medicine, musculoskeletal medicine and pain management.

Dr. Lam has RMSK and POCUS(MSK-Tissues) credentials in USA and awarded RMSK Pioneer Certificate in 2012. He has passed certifications in CIPS and FIPP by the World Institute of Pain(WIP) in 2017. He has been a teaching-faculty and Examiner of WIP since 2018.

Dr. Lam has delivered numerous international lectures and hands-on workshops on: "US-guided hydrodissection of nerves"; "Dynamic MSKUS Scanning of Joints and Nerves"; "US-Guided Spine Injection"; and "Regenerative medicine for managing sports injury, musculoskeletal and chronic pain".

Dr. Mark W.W. LAI

MBBS(HK), FHKCFP, FRACGP, FHKAM(FM), PGDipMSK(Otago), MScSM&HS(CUHK)

Vice- President, Hong Kong Institute of Musculoskeletal Medicine
Consultant, Revive Musculoskeletal Pain Centre

Dr. Lai is a specialist in family medicine with a special interest in Musculoskeletal Medicine and Sport Medicine. His daily work is managing various pain patients via detailed history taking, performing proper musculoskeletal physical examination and musculoskeletal ultrasound while offering non-surgical ultrasound assisted interventions.

Chronic musculoskeletal pain is a global health problem with varying impact on patient's physical, psychological and social functioning. According to the Global Burden of Disease in 2016, chronic musculoskeletal pain, especially low back pain and neck pain, is the leading cause of disability worldwide. The burden is expected to increase with an ageing population and longevity. Chronic musculoskeletal pain is commonly managed in primary care and accounts for 15%-20% of all annual visits to general practitioners. Therefore, it is essential for primary care physicians to be able to conduct quick key physical examinations for the different presentations of musculoskeletal pain. In this workshop, participants will have the chance to refresh their knowledge on the anatomy of the spine and peripheral joints, to take a focused history and to conduct key physical examinations for the various common musculoskeletal complaints. We will also demonstrate simple bedside manual therapy and prescribe exercise for pain rehabilitation.

Friday, 17 June 2022 • 19:30 – 20:30

Sponsored Seminar 1

The Current Challenges in Treating Working Class Patients with Depression: How to Speed Up Functional Remission for Both Post-COVID and COVID-free Patients?

Dr. CHONG King Yee
MBChB (CUHK), FHKCPsych, FHKAM(Psychiatry), PDipComPsychMed(HK), DFM (CUHK)
Specialist in Psychiatry
Honorary Clinical Assistant Professor, HKU

Dr. CHONG is a Specialist in Psychiatry and Honorary Clinical Assistant Professor of the University of Hong Kong. Besides her clinical psychiatric practice, Dr. CHONG is also active in international psychiatric and psychological education: she is the committee of World Psychiatric Association (WPA) scientific section, and is the translator of the WPA Position Statement on S/R in psychiatry. She had research in the management of mental disorder from family perspective and psychiatric comorbidity in common physical disorder in community. She is also the council member of the Hong Kong Community Psychological Medicine Association (HKCPMA) with the objective to provide high quality continuous medical education (CME) in psychological medicine for family doctors and specialists who have special interest in mental health and related disorders.

Other than medical professional education, Dr. CHONG is active in professional education and supervision for counsellors, social workers and teachers. She is the honorary consultant for counselling services and SEN student support in local tertiary institute. She provides professional training in Addiction Psychiatry and Child and Adolescents psychiatry for social workers in non-government organizations (NGO). She is the trainer of Hong Kong Academy of Social Work and Hong Kong Social Workers' Association for supporting SEN students, and providing training to teachers in teenage suicide prevention.

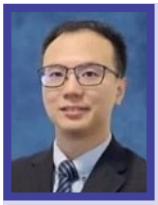
Illustration of neuro-psycho-social impact of COVID-19 on working class and students with MDD using local case vignettes. We will explore the common cognitive symptoms, such as brain fog reported during the global pandemic as well as the current challenges and long-term implications this will present for clinical practice. Technique in cognitive assessment through neuropsychiatric history taking and characteristics of cognitive assessment tools will be discussed. Speaker will address treatment options and considerations to tackle cognitive impairment for patients with MDD during and post-pandemic.

Further discussion on the impact of functional impairment in working class patients with MDD and challenges when they return to real life environment. Deep dive in clinical evidence and effective treatment for tackling functional challenges. Key considerations in selecting optimized antidepressants in helping patients to achieve both symptom remission and functional remission.

Friday, 17 June 2022 • 19:30 – 20:30

Sponsored Seminar 2

Managing Residual Risk in Diabetic Dyslipidemia



Dr. WONG Cheuk Lik
MBBS (HK), MRCP (UK), FHKCP, FHKAM (Medicine)
Specialist in Endocrinology, Diabetes and Metabolism in Private Practice

Dr. Wong graduated from the University of Hong Kong in 2007 and completed his specialist training in Endocrinology, Diabetes and Metabolism in 2015. He is Fellow of the Hong Kong College of Physicians and the Hong Kong Academy of Medicine. He previously worked as Associate Consultant in the Department of Medicine and Geriatrics, Caritas Medical Centre and was the Quality and Safety Coordinator of the Hospital. He participated actively in the development of endocrinology and diabetes service of Caritas Medical Centre and Kowloon West Cluster. He was also enthusiastic in training junior doctors and interns and was awarded with Exemplary Teachers' Award by the Department of Medicine and Therapeutics, the Chinese University of Hong Kong from 2016- 2018. In addition, he was the awardee of the Young Achievers' Awards in Caritas Medical Centre and Hospital Authority in 2018 and 2019 respectively. He is currently in private practice at Qualigenics, a health awareness program supported by the Chinese University of Hong Kong and is the Editorial Board member of Diabetes Hongkong Newsletter. He has authored/ co-authored multiple journal articles, conference abstracts, audits and protocols in endocrinology and diabetes.

Low-density lipoprotein cholesterol (LDL-C) is the primary lipid target for prevention of cardiovascular disease in patients with diabetes. Despite optimally controlled LDL-C which is often achieved by a statin of moderate to high intensity, patients with diabetes continue to face a high risk of adverse cardiovascular events. Diabetic dyslipidemia contributes significantly to this increased residual cardiovascular risk and is characterized by elevated triglyceride, low high-density lipoprotein cholesterol (HDL-C), normal LDL-C with small dense LDL particles and high levels of triglyceride-rich apolipoprotein-B (ApoB) containing lipoproteins. Given the well-established efficacy and emphasis of LDL-C lowering therapy, the management of residual risk is often neglected. In the presentation, I shall briefly review the basic pathophysiology of diabetic dyslipidemia which is of paramount importance to the management of this condition. I shall also discuss the role of various readily available biomarkers that could assist clinicians to assess residual risk. Latest evidence on therapeutic options that address the residual risk will be reviewed.

Saturday, 18 June 2022 • 12:30 – 13:15

Sponsored Seminar 3

Role of Basal Insulin in Light of Latest Guidelines and Alternative Choices

Dr. CHAN Wing Bun
MBChB (CUHK), Y.C.Liang Award
Specialist in Endocrinology, Diabetes and Metabolism
Medical Director
Hong Kong Diabetes Specialist Centre

Dr. CHAN Wing Bun graduated from The Chinese University of Hong Kong, studying MBChB, with a Distinction in Physiology. His research interest lies in Diabetes, Endocrinology and Atherosclerosis. He was previously involved in publishing numerous peer reviewed journal articles and publications. As a seasoned Endocrinologist, Dr. Chan has also been involved in public education and actively shares his expertise with other Healthcare Practitioners.

With the availability of newer oral agents such as SGLT2 inhibitors and new once weekly injectable such as GLP-1 Receptor Agonists, which not only help to control hyperglycaemia, and offer the advantages of weight loss and end organ protection, latest guidelines have therefore lowered the priority in the use of insulin. However, one size will never fit all. Insulin has the irreplaceable advantage of not only rapid and confident control of hyperglycaemia, but also reducing the severity of diabetes by beta cell protection, especially in the setting of severe hyperglycaemia. Dose titration also makes it possible to handle patients of different disease severities and adjust therapies as the disease progresses. The GRADE trial, which looked at different treatment modalities at the time of metformin failure, showed that basal insulin outperformed Sulphonyurea, DPP IV inhibitors, GLP-1 RAs during the 5 year follow up and shined light on the role of insulin in the regard. This is particularly relevant for patients with early disease where glycaemia control is important due to its legacy effect, and in populations where obesity is of less concern.

Saturday, 18 June 2022 • 12:30 – 13:15

Sponsored Seminar 4

Practical Considerations for Asthma Management in Primary Health Care Setting

Dr. Angus H.Y. LO
MBBS (HKU), MRCP (U.K.), FHKCP, F.H.K.A.M (Medicine), F.R.C.P (Edinburgh)
Specialist in Respiratory Medicine

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

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

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

Asthma is a common lower respiratory disease which affects about 5% of the population globally. In Hong Kong, asthma leads to several thousand hospital admissions a year. In 2016, there were 113 registered deaths caused by asthma, of which 30% aged below 65 years old.

Airway inflammation is the root cause of asthma exacerbation, however, short-acting bronchodilators (SABA) are more widely used than inhaled corticosteroid (ICS) in the treatment of asthma. SABA as reliever for asthma has been widely used worldwide since 50 years ago, which provides rapid bronchodilation but no anti-inflammatory effect. Recent multi-national SABINA studies confirmed that SABA over-reliance is a common issue worldwide, ranging from 26% - 63% of asthmatic patients in different western countries. Solid evidence shows that regular use of SABA even for 1-2 weeks is associated with adverse events such as increased eosinophilic airway inflammation. Dispensing ≥3 canisters/year is associated with higher risk of severe exacerbation including death.

Realizing the issue, GINA (Global Initiatives for Asthma) has no longer recommended SABA alone for asthma treatment since 2019. From 2021 onwards, GINA has recommended ICS-formoterol anti-inflammatory reliever with or without maintenance to be the preferred option (track 1) across all severity of asthma, as this treatment track provides better exacerbation reduction compared with SABA-reliver plus controllers (track 2).

This presentation will cover key GINA updates and clinical aspects that primary care practitioners should consider when diagnosing and treating patients with asthma.

Saturday, 18 June 2022 • 12:30 – 13:15

Sponsored Seminar 5

The Nose and the Lung: Current Perspectives on United Airway Disease

Dr. Herbert W.C. KWOK
MB BS (HK) FHKAM(Medicine)
Resident Specialist (Queen Mary Hospital)
Honorary Clinical Tutor, Department of Medicine, LKS Faculty of Medicine, the University of Hong Kong

Dr. KWOK is a specialist in respiratory medicine currently working in Queen Mary Hospital. Dr. Kwok received his medical degree (M.B.,B.S.) from The University of Hong Kong in 2009, with training in internal medicine and respiratory medicine in the Department of Medicine, Queen Mary Hospital. His research interest is in airway diseases. He is actively conducting clinical researches in respiratory diseases especially on airway disease, as well as participating in multi-centre clinical trials in various areas in respiratory medicine.

Asthma and rhinitis, chronic inflammatory diseases of the upper and lower airways, are usually viewed as separate diseases. Recent clinical literature has revealed strong epidemiologic and pathophysiologic linkages supporting the concept of "united airway disease". Rhinitis has been found as a strong predictor of adult-onset asthma, while majority of asthma patients suffer from rhinitis at the same time. Increased bronchial hyperresponsiveness, deteriorated lung function and higher type 2 biomarkers are observed in patients with coexist asthma and allergic rhinitis. Severity and symptoms control of asthma and rhinitis can be impacted by each other, while joint management leads to better control of both diseases.

Despite corticosteroid is considered the backbone treatment for both asthma and allergic rhinitis in international guidelines, undertreatment is still very common due to "steroid-phobia", resulted from the misaligned understanding in treatment goals and advances of treatment options. Development of newer corticosteroids with higher therapeutic index (TI) has enabled better health outcomes with lower systemic bioavailability. More effective anti-inflammatory response, better symptoms control, reduced risk of exacerbation and improved quality of life has been demonstrated in clinical studies. One common challenge to asthma and allergic rhinitis management is poor treatment adherence and persistence leading to suboptimal efficacy. Physician-patient discussion on the selection of the most suitable devices for both inhaled corticosteroid (ICS) and intra-nasal corticosteroid (INCS) is high advised.

Saturday, 18 June 2022 • 18:20 – 19:00

Sponsored Seminar 6

POCUS as a Standard Clinical Assessment Tool in Primary Care: Lessons from the COVID-19 Pandemic

Dr. Peter WEIMERSHEIMER
M.D. (University of Vermont), FACEP, FAAEM
Vice President of Clinical Implementation, Butterfly Network

Peter Weimersheimer, MD is Vice President of Clinical Implementation at Butterfly Network, Inc. He formerly was Professor of Surgery (EM) at the University of Vermont Larner College of Medicine with 28 years of clinical experience. He was the founder and Director of the University of Vermont (UVM) Emergency Ultrasound Section, the UVM EM Residency PoCUS curriculum, a TEE program, and a 4th year medical student elective in point of care ultrasound. Dr. Weimersheimer also initiated development of a 4-year integrated medical school curriculum, hospital medicine and primary care curricula, and a successful nurse/tech ultrasound-guided peripheral IV program. He was the Regional Director of Clinical Ultrasound for 7 UVM Health Network Emergency Departments and developed global credentialing and practice standards for that system. Dr. Weimersheimer is a Professor in the Ultrasound Leadership Academy and is a course director for Echo Guided Life support (EGLS). Most recently he has been the Co-Director of a lung/ critical ultrasound course in Uganda for the management of Covid-19. He lectures, teaches, and mentors physicians internationally.

Primary Care Medicine is the integral base of modern medical systems. In addition to supporting general wellness and preventative care, primary care clinicians are also first line in diagnosing and managing developing diseases and pathology. One challenge in primary care is to identify disease early in the course of presentation for optimal management. In 2022, while traditional clinical assessment remains the basis for patient care, it is often not sensitive enough to truly differentiate specific diagnoses. 80% of patients receive additional testing as part of their initial assessment to better risk stratify the actual diagnosis associated with their presentation[1]. However, neither basic labs nor plain radiography have sufficient sensitivity for many diagnoses and more advanced testing or imaging is eventually needed. This is associated with delay in diagnosis, delay in treatment, and increased costs, especially in outpatient and/or resource limited settings. The recent COVID pandemic challenged primary care providers to risk-stratify patients accessing the system with undifferentiated febrile illness or respiratory disease. Clinical exam, chest x-ray, and even early COVID testing were relatively poor at differentiating COVID from other diseases. Conversely, point of care ultrasound or POCUS approached the sensitivity of CT scanning in diagnosing this disease. POCUS is becoming a practice standard for primary care, empowering clinicians with accurate diagnostic information at the bedside as part of initial patient assessment. When POCUS is used at initial intake, patient management is adjusted 50% of the time[2]. This session will review how incorporating POCUS as part of routine primary care assessment was transformative during the COVID pandemic and is an important bedside adjunct for primary care in general.

1. Charlson ME, Karnik J, Wong M, McCulloch CE, Hollenberg JP. Does experience matter? A comparison of the practice of attendings and residents. J Gen Intern Med. 2005;20(6):497-503.
2. Aakjær Andersen C, Brodersen J, Davidsen AS, Graumann O, Jensen MBB. Use and impact of point-of-care ultrasonography in general practice: a prospective observational study. BMJ Open. 2020;10(9):e037664

Saturday, 18 June 2022 • 18:20 – 19:00

Sponsored Seminar 7

Severe Asthma Management: Changing the Paradigm

Dr. Julie K.L. WANG
MB BS (HK), MRCP (UK), FRCP (Edin), FHKCP, FHKAM (Medicine)
Specialist in Respiratory Medicine,
Honorary Clinical Assistant Professor, Department of Medicine, the University of Hong Kong

Dr. WANG graduated from the medical school of the University of Hong Kong in 1994 and completed training in Respiratory Medicine and Internal Medicine in Queen Mary Hospital in 2003.

Her scope of service includes diagnosis and treatment of asthma and chronic obstructive pulmonary disease; lung cancer diagnostics and treatment; management of pulmonary infections, bronchiectasis and pleural infections; diagnosis and management of interstitial lung disease, diagnosis and treatment of sleep apnea and respiratory failure.

Dr. WANG has developed a special interest is in severe asthma treatment including the use of asthma biologics and bronchial thermoplasty. She also provides expertise services in interventional pulmonology and treatment of advanced lung cancer.

Dr. WANG is appointed the Honorary Clinical Assistant Professor of the Department of Medicine, the University of Hong Kong; She is also the Deputy Head of Clinical Respiratory Medicine Assembly of Asia Pacific Society of Respirology and the Regional Program Director of Steering Committee for Respiratory Care "Asia Primary Care Masterclass".

Asthma is a heterogenous disease with different phenotypes identified in severe asthma is currently considered predominantly a T-helper 2 cell (Th2 high) disease, where chronic airway inflammation is mediated by Th2 cytokines (including interleukin IL-4, IL-5 and IL-13), eosinophilic inflammation and IgE-mediated inflammation.

The 2022 difficult-to-treat and severe asthma guideline (GINA) addressed the use of clinical biomarkers to guide decision and personalized treatment for patients. Novel asthma biologics currently available in our locality for the treatment of Th2 high severe asthma will be discussed.

These biologics target at the IL-5/5R pathway blockade or the IL-4 receptor blockade that blocks the IL-4 and IL-13 pathway. Significant clinical benefits to patients including reduction of exacerbation, OCS reduction and improvement in quality of life are found.

This lecture will discuss the treatment pathway for severe asthma, key considerations to start biologic treatment and their clinical outcomes.

Sunday, 19 June 2022 • 11:10 – 11:55

Sponsored Seminar 8

Practical Tips for Updated Albuminuria and Kidney Disease Management in Primary Care

Dr. HO Lo Yi
FHKAM (Medicine), FHKCP (Nephrology), MRCP (UK), MBBS
Specialist in Nephrology in Private Practice

Dr. Ho graduated from the University of Hong Kong in 2007, and obtained her fellowships in Nephrology and Advanced Internal Medicine in 2015 and 2016 respectively at Kwong Wah Hospital. She then underwent fellowship training in the fields of Interventional Nephrology and Kidney Transplantation at Seoul St. Mary's Hospital in 2019. She was formerly an Associate Consultant in the Department of Medicine & Geriatrics, Kwong Wah Hospital. She is also an Honorary Assistant Professor of the Department of Medicine at the University of Hong Kong, and of the Department of Medicine & Therapeutics at the Chinese University of Hong Kong.

Chronic kidney disease (CKD) has become one of the most common non-communicable diseases worldwide. As we are facing an aging population and the rising of metabolic disease, early detection (by eGFR and UACR monitoring) and intervention are the key to protect residual renal function and delay progression to end stage kidney disease.

Sodium glucose co-transporter 2 inhibitors (SGLT2i) was first discovered more than 100 years ago but its clinical implication in chronic kidney disease was only demonstrated in the last decade, and it brought a paradigm shift in the pharmacological management of diabetic kidney disease (DKD).

Over the years, several large-scale, well conducted randomized controlled trials have demonstrated cardio-renal benefits with the use of SGLT2i in a wide range of patients with type 2 diabetes. The latest American Diabetes Association guidelines recommend the use of SGLT2i in DKD patients with an estimated glomerular filtration rate ≥25ml/min/1.73m2 with and urine albumin to creatinine ratio (UACR) ≥30mg/mmol Cr to retard renal disease progression, regardless of the level of HbA1c. Similarly, according to the latest KDIGO guidelines, the use of SGLT2i also is recommended in patients with type 2 diabetes, chronic kidney disease with an eGFR ≥20ml/min/1.73m2. In this talk, the role of SGLT2i and the practical tips in management of chronic kidney disease will be discussed.

Sunday, 19 June 2022 • 12:30 – 13:15

Sponsored Seminar 9

How to Use Direct Oral Anticoagulants (DOACs) in Atrial Fibrillation Patients

Dr. Raymond C.Y. FUNG

Consultant, Dept of Medicine and Geriatrics, Princess Margaret Hospital

Dr. Raymond C.Y. FUNG is an Interventional Cardiologist working at Princess Margaret Hospital. He obtained his medical degree from the University of Sydney in 1997. He completed his postgraduate training in Internal Medicine and Cardiology at the Department of Medicine and Geriatrics, United Christian Hospital in 2007. He then pursued study at the Chinese University of Hong Kong leading to the award of a master's degree in Epidemiology and Biostatistics in 2013. He obtained Hong Kong Heart Foundation Scholarship in the same year and underwent one-year overseas fellowship training in the field of Interventional Cardiology at the Royal Alexandra Hospital, University of Alberta, Edmonton, Canada. He is currently a Consultant in Princess Margaret Hospital specializing in Chronic Total Occlusion and Structural Heart Intervention.

Area of interest:

Complex Coronary Intervention and Structural Heart Intervention

Direct Oral Anticoagulant (DOACs) has emerged as the preferred anticoagulant option for stroke prevention in atrial fibrillation (AF) patients. There are 4 DOACs in the current market and they all have their own benefits. While the risk of stroke increases with age, balancing the risk and benefit is crucial in the use of DOACs in a real-life setting. In this lecture, we will discuss the management of DOACs in different case scenarios from body weight, age, and renal functions to the potential drug-drug interactions with polypharmacy issues. With the latest real-world evidence, we could provide the most suitable DOACs to our individual patients.

Sunday, 19 June 2022 • 12:30 – 13:15

Sponsored Seminar 10

SGLT2 Inhibitors in Primary Care: Cardio-renal Protection at a Glance

Dr. Annette W.K. TSO
M.B., B.Chir., F.R.C.P.(Edin), F.H.K.C.P., F.H.K.A.M.
Specialist in Endocrinology, Diabetes & Metabolism
Honorary Associate Professor, Department of Medicine, LKS Faculty of Medicine, The University of HK
Honorary Consultant, Department of Medicine, Queen Mary Hospital, Hong Kong

Dr. TSO matriculated at Newnham College, the University of Cambridge, U.K. in 1989 as a Prince Philip Scholar, and graduated with B.A. (Honours) in 1992. She subsequently continued her medical degree at Addenbrookes Hospital at Cambridge and graduated with M.B., B.Chir. in 1994. After internship, she worked at the Royal Free Hospital and The London Chest Hospital, U.K. as Senior House Officer in 1996-1997. She returned to Hong Kong in 1997 and continued her medical training in at Queen Mary Hospital in Hong Kong, specializing in Endocrinology, Diabetes, and Metabolism. She also trained for a year as Research Fellow at Joslin Diabetes Center, Harvard Medical School, Boston, U.S.A. in 2001. She was admitted as Fellow of Hong Kong College of Physician and Academy of Medicine in 2003 and was awarded the Best Thesis Award from the Hong Kong College of Physician. She obtained Fellowship of the Royal College of Physicians of Edinburgh in 2013.

After obtaining her fellowship, she worked as a specialist in Endocrinology, Diabetes and Metabolism at Queen Mary Hospital and subsequently as Assistant Clinical Professor at the University of Hong Kong and Honorary Associate Consultant, with duties including research, undergraduate teaching, supervision of post-graduate students as well as clinical work as a specialist and supervision of trainees in Endocrinology. Her research interest includes the roles of adipokines, biomarkers and genetic variants in diabetes and the metabolic syndrome and she has over 60 publications in peer-reviewed journals including Nature, Circulation and PloS One. Dr. TSO has been in private practice as an endocrinologist since 2011, but has continued to teach at the University of Hong Kong as Honorary Associate Professor.

During her career, Dr. TSO has been an active member in the field of Endocrinology. She had served for 8 years as Board Member of the Specialty Board in Endocrinology, Diabetes and Metabolism of the Hong Kong College of Physician whose role encompasses upholding the standard of endocrinology practice and training in Hong Kong and the examination of specialty trainees. Dr. TSO had also served as Council Member of the Hong Kong Society of Endocrinology, Metabolism and Reproduction for 9 years. She remains an active speaker at Continuing Medical Education conferences for primary care physicians and specialists and also at patient education forums.

Primary care physicians commonly encounter patients Type 2 diabetes, which affects over 10% of our population. Type 2 diabetes is becoming a major healthcare burden, due to the development of related comorbidities, among which are cardiovascular diseases and chronic kidney disease (CKD). Prevention of long term diabetes-related complications is paramount in the management of patients with diabetes mellitus, and cardio-renal protection is of utmost importance.

SGLT2 inhibitors are oral hypoglycaemic agents which are not only efficacious in metabolic control of diabetes, especially in post-prandial glucose control, but have also been shown in outcome trials to have cardiovascular as well as renal benefits in patients with type 2 diabetes.

In this lecture, we shall discuss the clinical evidence in the cardio-renal-metabolic benefits of SGLT2 inhibitors, and recent international guideline recommendations on the use of SGLT2 inhibitors.

Discussion Forum on Hypertension

Sunday, 19 June 2022 • 11:10 – 12:25

Epidemic of Poor BP Control and The Ways Healthcare Systems Respond: The Asian Perspective

Professor Abdul Rashid ABDUL RAHMAN

MBChB, PhD, FRCPI, FRCPEd, FNHAM, FAsCC

Consultant Physician, Medical Director and Visiting Professor
An Nur Specialist Hospital and University of Cyberjaya

Graduated from the University of Sheffield in 1984. Obtained his PhD on the Renin Angiotensin Aldosterone System from the University of Dundee in 1992. Founding Director of Advance Medical and Dental Institute in Penang Malaysia. Was Head of Research at the School of Medicine, University Sains Malaysia and Cyberjaya University. Past President of the Malaysia Society of Hypertension. Currently Executive Committee Member of the Asia Pacific Society of Hypertension and President of the Federation of Islamic Medical Associations. Chairman of the Malaysian Clinical Practice Guideline on Hypertension, Chairman of the Specialist Review Panel for First into Human Trial in Malaysia.

Dr. Eric K.P. LEE

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

Clinical Assistant Professor

Dr Lee is a family medicine specialist, and a member of the European Society of Hypertension Working Group on Blood Pressure Monitoring and Cardiovascular Variability. He is also a teacher and a researcher in the Chinese University of Hong Kong. He has published research detailing the (i) possible treatments for nocturnal hypertension, including melatonin and mindfulness meditations, (ii) comparisons between different blood pressure measurement methods, (iii) preferred blood pressure measurement methods in primary care and (iv) epidemiology of non-adherence to hypertensive drug treatments.

Dr. LEUNG Ka Pou

Fellow of Academy of Family Physicians (Macao); Specialist of Family Medicine; Professional Representation of Chronic Disease Prevention and Control Committee Macao

Representation (Hypertension programme) of the Chronic Disease Group, Community Medical Care of the Macao Health Bureau

Dr. LEUNG Ka Pou is a clinical family medicine specialist and work in the Macao Health Bureau . She is the Representation of the Chronic Disease Group, Community Medical Care of the Macao Health Bureau and responsibility the Program of Hypertension in the primary care group working. She is also the Professional Representation of Chronic Disease Prevention and Control Committee Macao Government and the tutor of education committee in the Macao Academy of Family Physicians.

Dr. Valerie TEO

MBBS (NUS, Singapore) Master of Medicine Family Medicine (Singapore) ; Collegiate membership of the College of Family Physicians Singapore, MCFP (S); Fellowship of the College of Family Physicians (Singapore), FCFP (S)

Consultant Family Physician
Head, Kallang Polyclinic (National Healthcare Group Polyclinics)
Chair, Medication management and usage committee (MMUC)
Adjunct Senior Lecturer and Assistant Lead for Year 2 OSCEs, Lee Kong Chian School of Medicine (LKC)
Clinical Lecturer, Yong Loo Lin School of Medicine (NUS)

Dr. Teo is the current head of Kallang Polyclinic and is a Consultant Family Physician with special interest in medication use and safety as well as innovation and technology. She is also an avid tutor for undergraduate and post graduate training.

Dr. Teo has been an anchor in driving the use of technology and innovation in primary care including successful programs such as primary tech enhanced care – hypertension (PTEC) which leverages on technology to encourage and empower patients to self manage through a home BP monitoring device, mobile application and chatbot that provides timely advise and feedback. This allows patients to modify and improve their lifestyle and provides ownership over their own health. Dr. Teo is also involved in other innovations such as the creation of a SMART vaccine fridge that provides added safety and staff efficiency when dispensing vaccines to children and adults in a busy primary care clinic.

In her role in medication management, Dr Teo is also actively looking at ways to improve the electronic medical records system to improve medication prescription safety and also cost effective prescribing amongst clinicians.

Dr. Esther Y.T YU

BSc (PT), MBBS (HK), DipMed (CUHK), DPD (Cardiff), FRACGP, FHKCFP, FHKAM (Family Medicine)

Clinical Assistant Professor, Department of Family medicine and Primary Care, the University of Hong Kong

Dr. Yu joined the Department of Family Medicine and Primary Care, the University of Hong Kong, as a Clinical Assistant Professor since 2012. One of her most recognized research areas was multi-disciplinary management of hypertension and diabetes in the public primary care sector in Hong Kong, where such model of care was demonstrated to prevent adverse health outcomes and reduce healthcare burden. Her work on the effectiveness and cost-effectiveness of the *"Risk Assessment and Management Program for primary care patients with Hypertension (RAMP-HT)"*, were awarded the HKCFP Best Research Award 2018 and HKPCC 2021 Best Oral Presentation Award.

Hypertension is the most common chronic condition. However, good blood pressure control is obtained by around one-third of patients with hypertension, thereby burdening healthcare systems around the globe. Although evidence-based interventions such as accurate and early diagnosis hypertension, simplification of the drug regimen, encouraging home blood pressure monitoring, screening for non-adherence and use of combination pills can all improve blood pressure control, these interventions may not be adequately implemented into the healthcare systems.

During this discussion forum:

The epidemiology of poor BP control and corresponding evidence-based interventions are reviewed

Experts from Hong Kong, Macao, Malaysia and Singapore will describe the interventions used in their healthcare systems.

Participants will have the chance to interact with experts from these regions to reflect on their clinical practice and to improve blood pressure control in their patients.

Full Research Paper Competition

No.	PRESENTATION TOPIC	AUTHORS *(The name of the submitting author is underlined)*
01	Comparison of Effectiveness of Ear Syringing with or without Pre-Ear Oil Application, Non-randomized Control Trial	**Dr. Wells CHANG**
03	Integrated Care for Multimorbidity Population in Asian Countries: A Scoping Review	**Ms. J. LIN**, K. ISLAM, S. LEEDER, Z. HUO, C.T. HUNG, E.K. YEOH, J. GILLESPIE, H. DONG, J.E. ASKILDSEN, D. LIU, Q. CAO, A. CASTELLI, Benjamin H.K YIP
04	Understanding the Priorities in Life beyond the First Year after Stroke: Qualitative Findings and Non-participant Observations of Stroke Survivors and Service Providers	**Prof. Suzanne H.S. LO**, Janita P.C. CHAU, Simon K.Y. LAM, R. SARAN
05	Revealing the Dynamics of Transmission Patterns through Four Waves of the COVID-19 Epidemics in Hong Kong: A Real-time Data-driven Analysis	**Mr. Z. GUO**, S. ZHAO, S.S. LEE, C.T. HUNG, N.S. WONG, T.Y. CHOW, Carrie H.K. YAM, Maggie H. WANG, J. WANG, K.C. CHONG, E.K. YEOH
06	Distribution, Risk Factors, and Temporal Trends for Lung Cancer Incidence and Mortality: A Global Analysis	**Dr. J. HUANG**, Y. DENG, M.S. TIN, V. LOK, C.H. NGAI, L. ZHANG, D.E. LUCERO-PRISNO III, W. XU, Z.J. ZHENG, E. ELCARTE, M. WITHERS, Martin C.S. WONG
07	Association between Doctor-patient Familiarity and Patient-centred Care during General Practitioner's Consultations: A Direct Observational Study in Chinese Primary Care Practice	**Ms. C. ZHONG**, M. ZHOU, Z. LUO, C. LIANG, L. LI, L. KUANG
08	Worldwide Burden of, Risk Factors for, and Trends in Pancreatic Cancer	**Dr. J. HUANG**, V. LOK, C.H. NGAI, L. ZHANG, J. YUAN, X.Q. LAO, K. NG, C. CHONG, Z.J. ZHENG, Martin C.S. WONG
09	An Overview of General Practitioner Consultation in China: A Direct Observational Study	**Ms. C. ZHONG**, Z. LUO, C. LIANG, M. ZHOU, L. KUANG
10	Development and Validation of a Rapid Assessment Version of the Assessment Survey of Primary Care(RA-ASPC) Scale in China	**Ms. C. ZHONG**, L. LI, Z. LUO, C. LIANG, M. ZHOU, L. KUANG

Full Research Paper Competition – Full Research Paper

FULL 01

Comparison of Effectiveness of Ear Syringing with or without Pre-Ear Oil Application, Non-Randomized Control Trial

Wells CHENG

Objective:

To compare the success rates and complication rates of ear syringing with and without pre-olive oil treatment.

Design:

Prospective multicenter controlled trial.

Subject:

Patients >5 years old, who were found to have impacted earwax in 3 general outpatient clinics in Hong Kong.

Main Outcome Measures:

The success rates of ear syringing, and mean numbers of syringing attempts (and 95% confidence interval) were calculated for those with or without pre-ear oil application. And compared by testing the difference between the means, using a t test for independent samples.

Results:

122 patients (163 ears) were recruited for analysis. 68 patients (80 ears) received no olive oil and 59 patients (83 ears) received olive oil. There was no significant difference in the success rates of ear syringing with olive oil (80/83, 96.4%) and without olive oil (73/80, 91.3%) (P=0.205). The overall success rate of ear syringing was 93.9% (153/163). However, the olive oil group required significantly less number of ear syringing when compared to the non-olive oil group (2.46 vs 3.5; Interquartile range 1-4 vs Interquartile range 1-3) (table 1). Overall rate of ear canal bleeding was 8% (13/163). For those with ear canal bleeding, 84.6% (11/13) were medium to hard earwax while 15.3% (2/13) were soft earwax.

Conclusion:

This study showed that family physicians in a GOPC can manage most of the cases of earwax successfully even without preceded olive oil application. Therefore, for earwax which was soft to medium soft in nature, it is worth trial of ear syringing without pre-ear oil application which can save the 2nd consultation time and have immediate relief for patients.

Full Research Paper Competition – Full Research Paper

FULL 03

Integrated Care for Multimorbidity Population in Asian Countries: A Scoping Review

Jiaer LIN[1], Kamrul ISLAM[2,3], Stephen LEEDER[4], Z. HUO[1], C.T. HUNG[1], E.K. YEOH[1], James GILLESPIE[4], H. DONG[5], Jan E. ASKILDSEN[3], Dan LIU[6], Q. CAO[7], Adriana CASTELLI[8], Benjamin H.K. YIP[1]

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Background:

The complex needs of patients with multiple chronic diseases call for integrated care (IC). This scoping review examines several published Asian IC programmes and their relevant components and elements in managing multimorbidity patients.

Method:

A scoping review was conducted by searching electronic databases encompassing Medline, Embase, Scopus, and Web of Science. Three key concepts – 1) integrated care, 2) multimorbidity, and 3) Asian countries – were used to define searching strategies. Studies were included if an IC programme in Asia for multimorbidity was described or evaluated. Data extraction for IC components and elements was carried out by adopting the SELFIE framework.

Results:

This review yielded 1,112 articles, of which 156 remained after the title and abstract screening and 27 studies after the full-text screening – with 23 IC programmes identified from seven Asian countries. The top 5 mentioned IC components were service delivery (n=23), workforce (n=23), leadership and governance (n=23), monitoring (n=15), and environment (n=14); whist financing (n=9) was least mentioned. Compared to EU/US countries, technology and medical products (Asia: 40%, EU/US: 43%-100%) and multidisciplinary teams (Asia: 26%, EU/US: 50%-81%) were reported less in Asia. Most programmes involved more micro-level elements that coordinate services at the individual level (n=20) than meso- and macro-level elements, and programmes generally incorporated horizontal and vertical integration (n=14).

Conclusion:

In the IC programmes for patients with multimorbidity in Asia, service delivery, leadership, and workforce were most frequently mentioned, while the financing component was least mentioned. There appears to be considerable scope for development.

Full Research Paper Competition – Full Research Paper

FULL 04

Understanding the Priorities in Life beyond the First Year after Stroke: Qualitative Findings and Non-participant Observations of Stroke Survivors and Service Providers

Suzanne H.S. LO, Janita P.C. CHAU, Simon K.Y. LAM, Ravneet SARAN

The Nethersole School of Nursing, Faculty of Medicine, The Chinese University of Hong Kong, Shatin, Hong Kong

Long-term unmet health needs are associated with a lower quality of life in stroke survivors. Survivors' priorities in living their lives and health professionals' recognition influence survivors' perceptions of their needs. From the perspectives of survivors and service providers, this study investigated survivors' long-term priorities for continuing their lives after stroke. A qualitative study was conducted with a convenience sample of 40 stroke survivors and a purposive sample of 11 providers who had worked with survivors for more than five years and were currently managers of community-based stroke care services or leaders of volunteer groups. Following the survivors' interviews, non-participant observations of a random day's activities were conducted. Data were transcribed verbatim. Survivors' and providers' data were analyzed separately and then together thematically. Five themes emerged: healing the mind in order to move forward, optimizing adaptations and maintaining physical function, living a safe and cost effective life, returning to work, and giving back to society. Community-based services can be improved to offer more at-home, technology-supported psychological and self-management interventions, barrier-free and one-stop services, and opportunities for employment and volunteering. It would be worthwhile to invest in conducting public education to promote social inclusion and strengthening collaboration between academic and community organizations.

Full Research Paper Competition – Full Research Paper

FULL 05

Revealing the Dynamics of Transmission Patterns through Four Waves of the COVID-19 Epidemics in Hong Kong: A Real-time Data-driven Analysis

Z. GUO[1], S. ZHAO[1], S.S. LEE[1,3], C.T. HUNG[1,2], N.S. WONG[1,3], T.Y. CHOW[1,2], Carrie H.K. YAM[1,2], Maggie H. WANG[1], J. WANG[1], K.C. CHONG[1,2], E.K. YEOH[1,2]

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The COVID-19 is continuously spreading worldwide. Understanding the disease transmission pattern is imperative for region-wide mitigation. Hong Kong has experienced four waves of COVID-19 epidemics, yet the dynamics of local transmission pattern haven't been well-characterized. Epidemiological contact tracing data was analyzed on confirmed COVID-19 cases from 23 January 2020 to 30 September 2021. Temporal distributions of superspreading events (SSEs) and secondary cases by reconstructed transmission cluster data were obtained. Moreover, by extending the previous branching process models, we developed a new framework to real-time joint estimating the reproduction number R and dispersion parameter k to monitor the transmissibility and transmission heterogeneity, by which the real-time expected SSEs potential was also calculated. We found that the local epidemics exhibited substantial heterogenous pattern especially during the initial phase of large outbreaks, when the transmissions were characterized by SSEs. Real-time analysis showed that the transmission patterns unfolded though time, with abrupt high R and low k estimates at initial phase of epidemic waves, followed by continuously dropping and rising respectively as the public health control measures escalated. Stochastic simulations indicated even with a R value lower than unity, the epidemics still had high potential of resurgence when k value was also lower than one. Cumulatively, our study identified the possible role of SSEs as one of the key initiators of large outbreaks, highlighting the importance of real-time surveillance on R and k, particularly during a period when public health interventions were relaxed.

Full Research Paper Competition – Full Research Paper

FULL 06

Distribution, Risk Factors, and Temporal Trends for Lung Cancer Incidence and Mortality - A Global Analysis

J. HUANG[1], Y. DENG[1], M.S. TIN[1], Veeleah LOK[2], C.H. NGAI[1], L. ZHANG[3,4], Don E. LUCERO-PRISNO III[5], W. XU[6], Z.J. ZHENG[7], Edmar ELCARTE[8], Mellissa WITHERS[9], Martin C.S. WONG[1,4,7]

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[9] *Department of Population and Public Health Sciences, Institute for Global Health, University of Southern California, Los Angeles, CA*

Background:

Lung cancer ranks second for cancer incidence and first for cancer mortality. Investigation into its risk factors and epidemiologic trends could help describe geographical distribution and identify high-risk population groups.

Research Question:

What is the global incidence, mortality, associated risk factors, and temporal trends of lung cancer by sex, age, and country?

Study Design and Methods:

Data on incidence and mortality were retrieved from the Global Cancer Observatory (GLOBOCAN), Cancer Incidence in Five Continents series I-X, World Health Organization (WHO) mortality database, the Nordic Cancer Registries (NORDCAN), and the Surveillance, Epidemiology, and End Results Program (SEER). We searched the WHO Global Health Observatory data repository for age-adjusted prevalence of current smoking. The Average Annual Percentage Change (AAPC) of the trends were obtained by Joinpoint Regression.

Results:

The age-standardized rate of incidence and mortality were 22.4 and 18.0 per 100,000 globally. The lung cancer incidence and mortality were associated with Human Development Index (HDI), Gross Domestic Products (GDP), and prevalence of smoking. For incidence, more countries had increasing trends in females but decreasing trends in males (AAPC, 1.06 to 6.43 for female; -3.53 to -0.64 for male). A similar pattern was found in those 50 years or older, whereas those aged younger than 50 years had declining incidence trends in both sexes in most countries. For mortality, similar to incidence, 17 of 48 countries showed decreasing trends in males and increasing trends in females (AAPC, -3.28 to -1.32 for male, 0.63 to 3.96 for female).

Interpretation:

Most countries had increasing trends in females but decreasing trends in males and in lung cancer incidence and mortality. Tobacco related measures and early cancer detection should be implemented to control the increasing trends of lung cancer in females, and in regions identified as having these trends. Future studies may explore the reasons behind these epidemiological transitions.

Key Words: incidence; lung cancer; mortality; temporal trend

Full Research Paper Competition – Full Research Paper

FULL 07

Association between Doctor-patient Familiarity and Patient-centred Care during General Practitioner Consultation: A Direct Observational Study in Chinese Primary Care Practice

C. ZHONG[1,2], M. ZHOU[1,3], Z. LUO[1], C. LIANG[1], Lina LI[1], Li KUANG[1]

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Background:

Patient-centred care is a core attribute of primary care. Not much is known about the relationship between patient-centred care and doctor-patient familiarity. This study aimed to explore the association between general practitioner (GP) perceived doctor-patient familiarity and the provision of patient-centred care during GP consultations.

Method:

This is a direct observational study conducted in eight community health centres in China. Level of familiarity was rated by GPs using a dichotomized variable (Yes/No). The provision of patient-centred care during GP consultation was measured by coding audiotapes using a modified Davis Observation Code (DOC) interactional instrument. Eight individual codes in the modified DOC were selected for measuring the provision of patient-centred care, including 'family information', 'treatment effects', 'nutrition guidance', 'exercise guidance', 'health knowledge', 'patient question', 'chatting', and 'counseling'. Multivariate analyses of covariance were adopted to evaluate the association between GP perceived doctor-patient familiarity and patient-centred care.

Results:

A total of 445 audiotaped consultations were collected, with 243 in the familiar group and 202 in the unfamiliar group. No significant difference was detected in overall patient-centred care between the two groups. For components of patient-centred care, the number of intervals (1.36 vs 0.88, p = 0.026) and time length (7.26 vs. 4.40 seconds, p = 0.030) that GPs spent in 'health knowledge', as well as time length (13.0 vs. 8.34 seconds, p = 0.019) spent in 'patient question' were significantly higher in unfamiliar group. The percentage of 'chatting' (11.9% vs. 7.34%, p = 0.012) was significantly higher in the familiar group.

Conclusion:

Our results suggested that GP perceived doctor-patient familiarity may not be associated with GPs' provision of patient-centred care during consultations in the context of China. Not unexpectedly, patients would show more health knowledge and ask more questions when GPs were not familiar with them. Further research is needed to confirm and expand on these findings.

Keywords: Doctor-patient familiarity, Davis Observation code, Consultation, Patient-centred care, Primary care

Full Research Paper Competition – Full Research Paper

FULL 08

Worldwide Burden of, Risk Factors for, and Trends in Pancreatic Cancer

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Background and Aims:

We evaluated global and regional bur-dens of, risk factors for, and epidemiologic trends in pancreatic cancer among groups of different sexes and ages.

Methods:

We used data from the GLOBOCAN database to estimate pancreatic cancer incidence and mortality in 184 countries. We examined the association between lifestyle and metabolic risk factors, extracted from the World Health Organization Global Health Observatory database, and pancreatic cancer incidence and mortality by uni-variable and multivariable linear regression. We retrieved country-specific age-standardized rates (ASRs) of incidence and mortalities from cancer registries from 48 countries through 2017 for trend analysis by joinpoint regression analysis.

Results:

The highest incidence and mortality of pancreatic cancer were in regions with very high (ASRs, 7.7 and 4.9) and high human development indexes (ASRs, 6.9 and 4.6) in 2018. Countries with higher incidence and mortality were more likely to have higher prevalence of smoking, alcohol drinking, physical inactivity, obesity, hyperten-sion, and high cholesterol. From 2008 to 2017, 2007 to 2016, or 2003 to 2012, depending on the availability of the data, there were increases in incidence among men and women in 14 (average annual percent changes [AAPCs], 8.85 to 0.41) and 17 (AAPCs, 6.04 to 0.87) countries, respectively. For mortality, the increase was observed in 8 (AAPCs, 4.20 to 0.55) countries among men and 14 (AAPCs, 5.83 to 0.78) countries among women. Although the incidence increased in 18 countries (AAPCs, 7.83 to 0.91) among individuals 50 years or older, an increasing trend in pancreatic cancer was also identified among individuals younger than 50 years and 40 years in 8 (AAPCs, 8.75 to 2.82) and 4 (AAPCs, 11.07 to 8.31) countries, respectively.

Conclusions:

In an analysis of data from 48 countries, we found increasing incidence and mor-tality trends in pancreatic cancer, especially among women and populations 50 years or older, but also among younger individuals. More preventive efforts are recommended for these populations. Keywords: ASR; Pancreas; Trend Analysis; Epidemiology.

Full Research Paper Competition – Full Research Paper

FULL 09

An Overview of General Practitioner Consultations in China: A Direct Observational Study

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Objective:

General practitioner (GP) consultation has long been considered an important component of general practice, but few studies have focused on its characteristics in China. This study aimed to explore the content and elucidate the characteristics of GP consultations in general practice in China.

Method:

A multimethod investigation of GP consultations in eight community health centers (CHCs) in Guangzhou and Shenzhen, China, was conducted between July 2018 and January 2019. Data from 445 GP consultations were collected by direct observation and audio tape and analyzed by a modified Davis Observation Code (DOC) with indicators for frequencies and detailed time durations. GP and patient characteristics were collected by post-visit surveys.

Results:

The mean visit duration was approximately 5.4 minutes. GPs spent the most time on treatment planning, history taking, negotiating, notetaking and physical examination and less time on health promotion, family information collecting, discussing substance use, procedures, and counseling. The time spent on procedures ranked first (66 s), followed by history taking (65 s) and treatment planning (63 s). Besides, patients were very active in the consultation, specifically for topics related to medicine ordering and drug costs.

Conclusion:

This study described the profile of GP consultations and illustrated the complexity of care provided by GPs in China. As patient activation in GP consultations becomes increasingly important, future studies need to explore how to promote the engagement of patients in the whole consultation process other than just requesting for medicine.

Keywords: consultation, doctor-patient interaction, primary care, quality of care

Full Research Paper Competition – Full Research Paper

FULL 10

Development and Validation of a Rapid Assessment Version of the Assessment Survey of Primary Care (RA-ASPC) Scale in China

C. ZHONG[1,2], Lina LI[1,3], Z. LUO[1], C. LIANG[1], M. ZHOU[1,4], L. KUANG[1]

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Background:

Measuring quality of primary care has attracted much attention around the world. Our team has developed and validated an Assessment Survey of Primary Care (ASPC) for evaluating quality of primary care in China. To facilitate the daily use of ASPC, this study aimed to develop and validate a rapid assessment version of ASPC (RA-ASPC) in China.

Methods:

This is a multi-phase study on 21 experts and 1,184 patients from 12 primary care facilities in ten cities in China. Importance, representativeness, easy understanding, and general applicability of each item in ASPC scale were rated to select the top two ranked items for constituting RA-ASPC. Reliability of RA-ASPC was tested by calculating both Cronbach's alpha and McDonald's omega coefficients. Structural validity was assessed by exploratory and confirmatory factor analysis (EFA and CFA). Concurrent validity was performed by analysing the relationship between RA-ASPC and patient satisfaction. Discriminant validity was tested by assessing the difference of RA-ASPC scores between patients with or without family doctors.

Results:

Ten items were selected for RA-ASPC. Both Cronbach's alpha (0.732) and McDonald's omega (0.729) suggested satisfactory internal consistency. In EFA, explained variance of RA-ASPC (72.6%) indicated its ability to measure quality of primary care in China. CFA indicators showed convincing goodness-of-fit (GFI=0.996, AGFI=0.992, CFI=1.000, NFI=0.980, RMR=0.022, and the RMSEA=0.000) for RA-ASPC. Positive association between RA-ASPC and patient satisfaction supported the concurrent validity of RA-ASPC. Patients with family doctors perceived higher quality of primary care than those without family doctors, indicating good discriminant validity of RA-ASPC.

Conclusions:

The theoretical framework of RA-ASPC was in line with internationally recognized core functions of primary care. Good psychometric properties of RA-ASPC proved its appropriateness in assessing quality of primary care from patients' perspectives in China.

Keywords:

COSMIN checklist, confirmatory factor analysis, exploratory factor analysis, primary care, quality assessment, validation

Clinical Case Presentation Competition – Schedule

Date : 19 June 2022 (Sunday)

Time : 09:00 – 10:15

TIME	TOPIC	PRESENTING AUTHOR
09: 05 – 09:20	Simple Steps in Facilitating Patient Completion of Advance Directive and DNACPR in Hospital Authority System & Provision of Community Resources by General Practitioners: A Case Illustration	Dr. Welgent W.C. CHU
09:20 – 09:35	Trigger Finger... or What Else	Dr. CHAN Kam Sum
09:35 – 09:50	An Interesting Case	Dr. Olivia B.Y. CHOI
09:50 – 10:05	A Case of Pericarditis after COVID-19 Vaccine	Dr. Esther S.C. PANG

Free Paper Competition – Schedule of Oral Presentation

Date : 19 June 2022 (Sunday)

Time : 11:40 – 13:40

No.	TOPIC	AUTHORS (The name of the presenting author is underlined)
02	Virtual Reality (VR) Assisted Exercise Therapy in Chronic Musculoskeletal Pain: A Systematic Review and Meta-analysis	**Ms. Hermione H.M. LO**, M.T. ZHU, Z.H. ZOU, C.L. WONG Suzanne H.S. LO, Vincent C.H. CHUNG, Samuel Y.S. WONG, Regina W.S. SIT
03	From Classroom to Digital Platform to Deliver Glucose and Cholesterol Management Nutrition Class through Mobile Support Group (MSG) during COVID-19 Pandemic by Community Dietitian	**Ms. Heidi T. M. CHAN**, Mancy M. S. LO
04	Association between Musculoskeletal Pain and Handgrip Strength among Elderly Patients with Multimorbidity	**Ms. Xin WEN**, D. ZHANG, Regina W.S. SIT, Eric K.P. LEE, Samuel Y.S. WONG
05	Prescribing Trends and Outcomes Associated with the Use of Short-acting β2 Agonists: A Hong Kong-wide Study	**Ms. Lydia W.Y. FUNG**, Vincent K.C. YAN, Christine M.L. KWAN, W.C. KWOK, Esther W. CHAN
07	Factors Associated with Uptake of Colorectal Cancer Screening in Hong Kong: A Population-based Study	**Dr. Junjie HUANG**, Peter CHOI, Xiao CHEN, J. WANG, H. DING, Y. JIN, Z. ZHENG, Martin C.S. WONG
01	Global Burden, Regional Differences, Trends, and Health Consequences of Medication Non-Adherence for Hypertension during 2010 - 2020: A Meta-analysis Involving 27 Million Patients	**Dr. Eric K.P. LEE**, Paul POON, Y. BO, M.T. ZHU, C.P. YU, Alfonse C.H. NGAI, Martin C.S. WONG, Samuel Y.S. WONG
08	Associations between Metabolic Syndrome and Cancer in Chinese: A Meta-analysis	**Dr. Junjie HUANG**, Jason L.W. HUANG, J. WANG, Vincent C.H. CHUNG, Martin C.S. WONG

Free Paper Competition – Oral Presentation

ORAL 01

Global Burden, Regional Differences, Trends, and Health Consequences of Medication Non-Adherence for Hypertension during 2010 - 2020: A Meta-analysis Involving 27 Million Patients

Eric K.P. LEE[1], Paul POON[1], Y. BO[1], M.T. ZHU[1], C.P. YU[2], Alfonse C.H. NGAI[1], Martin C.S. WONG[1], Samuel Y.S. WONG[1]

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Introduction:

Non-adherence to anti-hypertensive medications (anti-HT non-adherence) is the leading cause of poor blood pressure (BP) control, and thereby cardiovascular diseases and mortality worldwide. We investigated the global epidemiology of anti-HT non-adherence via a systematic review and meta-analysis of its global prevalence, regional differences, and trends from 2010 - 2020.

Methods:

Multiple medical databases and clinicaltrials.gov were searched for articles. Observational studies reporting the proportion of patients with anti-HT non-adherence were included. The proportion of non-adherence, publication year, year of first recruitment (for trend analysis), country, and health outcomes due to anti-HT non-adherence were extracted. Two independent reviewers screened abstracts and full texts, classified countries according to levels of income and locations, and extracted data. The Joanna Briggs Institute prevalence critical appraisal tool was used to rate the included studies. Meta-analyses were conducted using a random-effects model and trends in prevalence were analysed using meta-regression. The certainty of evidence concerning the effect of health consequences of non-adherence was rated according to GRADE.

Results:

A total of 161 studies were included. The global prevalence of anti-HT non-adherence was 43%. Non-adherence was more prevalent in low-to-middle-income countries than in high-income countries, and in non-Western countries than in Western countries. No significant trend in prevalence was detected during 2010??020. Patients with anti-HT non-adherence had suboptimal BP control, complications from HT, all-cause hospitalization, and all-cause mortality.

Conclusions:

While high prevalence of anti-HT non-adherence was detected worldwide, higher prevalence was detected in low-to-middle-income and non-Western countries. Interventions are urgently required, especially in these regions. Current evidence is limited by high heterogeneity.

Keywords: Hypertension, adherence, meta-analysis

Free Paper Competition – Oral Presentation

ORAL 02

Virtual Reality (VR) Assisted Exercise Therapy in Chronic Musculoskeletal Pain: A Systematic Review and Meta-analysis

Hermione H.M. LO[1], M.T. ZHU[2], Z.H. ZOU[2], C.L. WONG[1], Suzanne H.S. LO[1], Vincent C.H. CHUNG[2], Samuel Y.S. WONG[2], Regina W.S. SIT[2]

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[2] *The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong*

Introduction:

Exercise therapy is a well-known non-pharmacological modality in chronic pain management. Technology advancement such as virtual reality (VR) has been shown to increase attractiveness of exercise programs, thus further improve its compliance, adherence and clinical outcomes. We conducted this systematic review of randomized control trials (RCTs) to assess and analyze the effectiveness of VR-assisted exercise in chronic musculoskeletal pain.

Methods:

Eight databases were searched from inception to 6th November 2021. Primary outcome of interest was pain intensity; secondary outcomes included disability and kinesiophobia scores. Available data were pooled in meta-analysis.

Results:

Twenty-three RCT (n=677) articles with some concerns to high risk of bias were identified, of which 19 were included in meta-analysis. At post-intervention for chronic low back pain, VR was effective to reduce pain (SMD -1.35, 95% CI: -2.20 to -0.50, P=0.002), disability (SMD: -0.51, 95% CI: -0.82 to -0.20, P=0.001) and kinesiophobia (SMD: -2.34, 95% CI: -3.66 to -1.03, P=0.0005), compared to conventional exercise. Long-term outcomes assessed at 24 weeks showed that VR is effective over conventional exercise in reducing pain (SMD: -8.15, 95% CI: -15.29 to -1.01, P=0.03) and kinesiophobia (SMD: -4.28, 95% CI: -8.12 to -0.44, P=0.03). VR also reduced pain intensity in chronic neck pain (SMD: -0.55, 95% CI: -0.82 to -0.29, P<0.0001) but not disability and kinesiophobia.

Conclusions:

Low to very low quality of evidence suggested VR is more effective than conventional exercise in managing chronic musculoskeletal pain.

Keywords: virtual reality, chronic musculoskeletal pain, exercise

Free Paper Competition – Oral Presentation

ORAL 03

From Classroom to Digital Platform to Deliver Glucose and Cholesterol Management Nutrition Class through Mobile Support Group (MSG) during COVID-19 Pandemic by Community Dietitian

Heidi T.M. CHAN[1], **Mancy M.S. LO**[2]

[1] *Service Manager, M.S., R.D., CSG; 2 Senior Community Dietitian, A.P.D.*

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Introduction:

The COVID-19 pandemic has affected community dietitians to provide face-to-face nutrition classes to participants who need glucose and/or cholesterol management (GLU/CHL). In order to enhance interactions between participants and healthcare professional & increase personal awareness on glucose and cholesterol management, a combined tool (pre-recorded short videos and mobile support group (MSG) was conducted in delivering community nutrition class.

Methods:

Thirty-five participants joined community GLU/CHL MSG during November 2021 to March 2022. A total of 4 sessions, with two 15-min videos for each session to cover basic nutrition theory of carbohydrate exchange/counting, food labelling reading and cholesterol lowering strategies, were delivered by Registered Dietitian. WhatsApp and YouTube were used to form the support group and videos transfer respectively. Participants could be free to raise out questions regarding glucose monitoring, food labelling reading and cholesterol & food with the design of MSG session. Registered Dietitian would give instant responses and share practical nutrition tips. Pre and post-test surveys were conducted before and after the MSG to evaluate participants' knowledge, attitude and behaviour change.

Results:

The results of pre/post-test demonstrated improvement on knowledge score before and after attending four sessions of mobile support group (55.4% vs 85.0%). There was a positive attitude for participants to express reading food labels could help them choose healthier pre-packaged foods and on their dietary management (44% vs 83.3%). Participants also showed a positive behaviour change of practising food label reading every time (11.5% vs 27.5%) when purchasing pre-packaged food and reduce saturated fat intake by taking out fat/skin of animal meat (11.5% vs 31.0%). Furthermore, participants graded an average of 93% on the class racticability of attending this MSG group.

Conclusions:

The COVID-19 has changed the mode of delivery for community nutrition education from face-to-face to virtual with social distancing measures. It suggested that pre-recorded videos and MSG showed effectiveness on improvement of nutrition knowledge, attitude and behavior changes. With the trend and application of online learning would increase in the future, format of education for focusing on self-care dietary management should be continuously integrated into community nutrition education, thus to optimize health outcomes and quality of life.

Keywords: Digital, Nutrition, COVID-19

Free Paper Competition – Oral Presentation

ORAL 04

Association between Musculoskeletal Pain and Handgrip Strength among Elderly Patients with Multimorbidity

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

Introduction:

Musculoskeletal (MSK) pain and low muscle strength were common among elderly patients with multimorbidity, and was demonstrated associated with each other in previous cross-sectional studies. However, longitudinal data for the association is still absent. Additionally, the prediction effect of specific pain areas on the change of muscle strength is yet investigated.

Methods:

In this 2-year prospective cohort study, patients with multimorbidity were recruited from 2016 to 2017 in primary care clinics in Hong Kong. Muscle strength was measured by the average of left and right handgrip strength (HGS). MSK pain predictors included experience of MSK pain, number of pain area, Brief Pain Inventory pain severity and interference, and pain in shoulder, hip, knee, back, and neck. Age, gender, BMI, and number of comorbid chronic disease were covariates. Multivariate linear regression was conducted for the association between MSK pain and HGS at follow-up.

Results:

744 elderly patients completed both baseline and follow-up assessment. About 70.4% of them were females. Participants had mean age of 69.45±6.19 years, BMI of 24.14±3.62 kg/m2, baseline HGS of 20.71±6.63 kg, and 4.06±1.81 comorbid chronic diseases. After adjusting for covariates, age (β=-0.11; 95% CI, -0.16 – -0.07; P<0.001), female (β=3.03; 95% CI, 2.22 – 3.84; P<0.001), and baseline HGS (β=0.67 95% CI, 0.62 – 0.73; P<0.001) were found to significantly predict HGS at follow-up. Among those who have MSK pain, number of pain area (β=-0.20; 95% CI, -0.35 – -0.05; P=0.008), pain in hip (β=-1.14; 95% CI, -1.97 – -0.31; P=0.007) and neck (β=-1.02; 95% CI, -1.78 – -0.25; P=0.009) was significantly associated with HGS, after controlling for baseline HGS and other covariates.

Conclusions:

Study findings indicated significant prediction effect of MSK pain on low HGS. Medical professional are suggested to pay more attention to patients' multiple pain areas to improve their muscle strength.

Free Paper Competition – Oral Presentation

ORAL 05

Prescribing Trends and Outcomes Associated with the Use of Short-acting β2 Agonists: A Hong Kong-wide study

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Introduction:

Overuse of short-acting β2 agonists (SABA) among patients with asthma remains a concern because of its association with increased mortality.

Methods:

A retrospective cohort study was conducted using electronic healthcare records of Hong Kong to investigate the prescribing pattern and clinical outcomes associated with SABA use. Patients newly diagnosed with asthma between 2011 and 2018 and aged ≥ 12 years were included, stratified by SABA use (≤2, 3-6, 7-10, ≥11 canisters/year) during the one-year period since the date of first asthma diagnosis. Risks of mortalities associated with SABA use were estimated using Cox proportional hazards regression and frequency of hospital admissions associated with SABA use was estimated using negative binomial regression after adjusting for age, sex, Charlson Comorbidity Index (CCI) and inhaled corticosteroid (ICS) dose.

Results:

A total of 17,782 patients with asthma (mean age 46.7 years, 40.8% male) were included. During the study period, each patient was prescribed a median of 5.61 SABA canisters/year on average. Overuse of SABA (>2 canisters/year) during the baseline period was associated with a higher risk of all-cause mortality compared to patients with ≤2 canisters/year. The association was dose-dependent, with highest risk in those who used ≥11 canisters/year (Adjusted Hazard Ratio (HR): 1.84, 95% CI: 1.55, 2.19) followed by 7-10 canisters/year (Adjusted HR: 1.42, 95% CI: 1.13, 1.79) and 3-6 canisters/year (Adjusted HR: 1.22, 95% CI: 1.00, 1.50). Higher SABA prescription volume was associated with increased frequency of hospital admissions with the greatest risk observed in 7-10 canisters/year subgroup (Adjusted Rate Ratio (RR): 4.81, 95% CI: 3.66, 6.37).

Conclusions:

SABA overuse was prevalent among patients with asthma in Hong Kong and was associated with an increased risk of all-cause mortality and increased frequency of hospital admissions. Over-reliance on SABA as reliever and low prescription volume to ICS-containing controller medications may have contributed to poor symptom control of asthma.

Keywords: asthma, short-acting β2 agonists, prescribing trends

Free Paper Competition – Oral Presentation

ORAL 07

Factors Associated with Uptake of Colorectal Cancer Screening in Hong Kong: A Population-based Study

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Introduction:

Screening for colorectal cancer can reduce mortality, yet, the participation rate is suboptimal in various countries. Early screening for colorectal cancer can improve prognosis and reduce early mortality. However, the participation rate for these processes is suboptimal in various countries. The present study aimed to evaluate the effectiveness of a pilot programme for colorectal cancer screening in a large Chinese population. Factors associated with participation were examined to determine ways in which enabling factors could be strengthened.

Methods:

Data from 3600 screening subjects who had participated in the government colorectal cancer screening programme was collected through random sampling using a telephone list. An additional 3600 participants were recruited through random sampling of telephone numbers in a territory-wide directory and responses were obtained via a telephone survey. Data on socio-demographic factors, enabling factors of screening—such as knowledge levels of colorectal cancer, perceptions of colorectal cancer screening, and cues to actions—, and barriers preventing screening were collected. A logistic regression model was constructed to identify the association between these factors and participation in colorectal cancer screening with age, gender, level of education, and household income adjusted. The study was funded by the Health and Medical Research Fund (No. 6904168), Food and Health Bureau, Hong Kong, China.

Results:

The knowledge level of colorectal cancer screening tools (from 67.9% to 85.4%, p<0.001), perceived severity of having colorectal cancer (from 37.7% to 42.8%, p<0.001), perceived benefits of screening (from 54.9% to 72.1%, p<0.001), and reductions in access barriers to colorectal cancer screening (from 18.5% to 7.5%, p<0.001) significantly improved from 2016 to 2018. People who were older (adjusted odds ratio [AOR] 2.02, 95% CI 1.77–2.30, p<0.001), had a higher level of knowledge regarding screening methods (6.70, 4.40–10.20, p<0.001), greater perceived severity (2.03, 1.69–2.43, p<0.001), and coverage of insurance (1.25, 1.09–1.43, p<0.01) were more likely to participate in screening. By contrast, more affluent people (0·68, 0.57–0.80, p<0.001), female individuals (0.64, 0.56–0.72, p<0.001), higher level of perceived psychological barriers (0.54, 0.42–0.69, p<0.001), and access barriers (0.57, 0.44–0.73, p<0.001) were associated with poorer participation.

Conclusions:

The findings of the study suggest that the effectiveness of the screening program may be improved by strengthening enabling factors. Intensive educational initiatives to enhance participation should target groups identified to be at risk of colorectal cancer, such as younger individuals, females, and those who are more affluent.

Keywords: colorectal cancer screening, uptake, Hong Kong

Free Paper Competition – Oral Presentation

ORAL 08

Associations between Metabolic Syndrome and Cancer in Chinese: A Meta-analysis

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Introduction:

Metabolic syndrome has become increasingly prevalent worldwide, especially in China. Past literature suggests that metabolic syndrome is associated with the risk of cancer, though it is unclear if this is present within Chinese populations. A systematic review and meta-analysis was conducted to evaluate the association between metabolic syndrome and cancer risk in Chinese populations.

Methods:

A comprehensive search of Embase, MEDLINE, PubMed, and the WanFang database was conducted to identify studies that met the following criteria: (1) investigation of the association between metabolic syndrome and risk of cancers; (2) case-control or cohort studies; (3) participants were Chinese individuals aged 20 years and older; (4) information on the number of cases and controls was available. A random-effects model in the meta-analysis was adopted to estimate the relative risk (RR) and 95% Cis. A subgroup analysis was carried out to assess sex and cancer types.

Results:

The 36 datasets obtained from 22 articles contained 7,273 cancer cases (2,429 with metabolic syndrome) and 49,987 controls (11,440 with metabolic syndrome). Overall, the presence of metabolic syndrome was associated with a twofold increase in cancer risk (RR=1.96; 95% 1.63–2.35). The association was observed to be stronger in females (RR=2.18; 95% CI 1.67–2.86) than in males (RR=1.12; 95% CI 0.57–2.22). In the group of female participants, the presence of metabolic syndrome was associated with ovarian (RR=3.42; 95% CI 2.84–4.11), endometrial (RR=2.53; 95% CI 1.56–4.08), cervical (RR=2.39; 95% CI 1.72–3.32), and breast cancers (RR=1.61; 95% CI 1.27–2.05). An association between prostate cancer and males was not found (RR=0.93; 95% CI 0.43–2.03).

Conclusions:

Current findings indicate an elevated risk of cancer for individuals with metabolic syndrome, particularly for females of the Chinese population. The results highlight an urgent need to develop preventive measures and therapeutic interventions for metabolic syndrome in female individuals to reduce the overall disease burden that continues to rapidly increase.

Keywords: metabolic syndrome, cancer, Chinese

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Free Paper Competition – Poster Presentation

POSTER 01

Associations between Leisure Sedentary Behaviours and Risk of Breast Cancer: A Two-sample Mendelian Randomisation Study

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Introduction:

Previous observational studies have shown that leisure sedentary behaviours were associated with breast cancer risk, but whether there are causal relationships remains unknown. This study aimed to explore the potential cause-and-effect associations between leisure sedentary behaviours and risk of breast cancer and its immunohistochemical types by a two-sample Mendelian randomisation (MR) study.

Methods:

The summary-level genome-wide association studies data for three leisure sedentary behaviours (television watching, leisure computer use, and driving behaviour) and breast cancer and its immunohistochemical types (estrogen receptor (ER) positive and ER negative breast cancer) were derived from the United Kingdom Biobank and the Breast Cancer Association Consortium, respectively. Single-nucleotide polymorphisms (SNPs) that were significantly associated with the exposures (P-value<1?10-8) were identified as instrumental variables (IVs). The odds ratios (ORs) and 95% confidence intervals (95% CIs) per one standard deviation (SD) change in the exposures for risk of breast cancer and its subtypes were calculated by the inverse variance weighted method.

Results:

We selected 84, 19, and three SNPs as IVs for television watching, leisure computer use, and driving behaviour, respectively. Each SD (1.5 h) increase in television watching time was positively associated with risk of overall breast cancer (OR=1.25, 95% CI=1.08-1.45, P=0.003), ER positive breast cancer (OR=1.28, 95% CI=1.08-1.53, P=0.005), and ER negative breast cancer (OR=1.30, 95% CI=1.04-1.62, P=0.020). However, no associations of leisure computer use and driving behaviour with risk of breast cancer and its subtypes were found.

Conclusions:

Leisure sedentary behaviours (especially for television watching) were causally associated with risk of breast cancer and its immunohistochemical types. Our findings highlight the significance of reducing leisure sedentary behaviours in preventing breast cancer. Future MR studies with more and stronger SNPs and external validation of the findings are needed.

Keywords: sedentary behaviour, breast cancer, Mendelian randomisation

Free Paper Competition – Poster Presentation

POSTER 02

Clinical Audit on Management of Familial Hypercholesterolaemia in Cheung Sha Wan General Out Patient Clinic

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Introduction:

Familial hypercholesterolaemia (FH) is a common autosomal dominant disease associated with premature atherosclerotic cardiovascular disease (CVD). Early identification and management of these patients can reduce CVD events and there are well established guidelines available. There is no previous local audit on the management of FH. This study aims to audit on the diagnosis and management of FH and to improve the management and outcome of patients with FH in CSW GOPC.

Method:

The audit is carried out from 01/2021 to 02/2022 and five audit criteria are set according to Simon Broom Criteria. There are two cycles in this audit and intervention measures are implemented in between. 50 patients are sampled by random sampling in 1st and 2nd cycle..

Results:

In the 1st cycle, only 58% of patients are labelled FH correctly. There is a significant gap in asking family history of myocardial infarction (10%) and family history of hyperlipidaemia (16%). Only 16% of patients are assessed for tendon xanthoma. In the 2nd cycle, there is marked improvement in all audit criteria especially the history taking and examination for tendon xanthoma.

	Audit criteria	Standard setting (%)	1st cycle (%)	2nd cycle (%)
1	Patients who ever had LDL > 4.9 or TC > 7.5 should be labelled as definite familial hypercholesteroaemia or possible familial hypercholesterolaemia accordingly	70	58	**78**
2	Patients who ever had LDL > 4.9 or TC > 7.5 should have their family history of myocardial infarction recorded on their notes (<50 years of age in second-degree relative or <60 years of age in first-degree relative)	70	10	60
3	Patients who ever had LDL > 4.9 or TC > 7.5 should have their family history of hypercholesterolemia recorded on their notes (>7.5 in adult first- or second-degree relative or >6.7 in child or sibling <16 years of age)	50	16	**62**
4	Patients who ever had LDL > 4.9 or TC > 7.5 should have assessment for tendon xanthoma	70	16	64
5	Patients who ever had LDL > 4.9 or TC > 7.5 should be started on lipid lower drug with aim of LDL < 2.6	80	56	64

Conclusion:

There is a gap in diagnosis and management for patients with suspected FH. During the 2nd cycle, there are improvements in all audit criteria although some criteria still have not reached the standard. Regular audit can be carried out in the future to ensure the quality care for patient with FH.

Keywords: clinical audit, familial hypercholesterolaemia, Simon Broome Criteria

Free Paper Competition – Poster Presentation

POSTER 03

Controlled-release Oral Melatonin Supplementation for Hypertension: A Systematic Review and Meta-analysis

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Introduction:

Oral melatonin is a potential alternative treatment for hypertension. However, high-quality and relevant meta-analyses are lacking. This meta-analysis aimed to investigate whether oral melatonin supplementation reduces daytime/asleep blood pressure and cardiovascular risk, improves sleep quality, and is well-tolerated compared with placebo

Methods:

Relevant articles were searched in multiple databases, including MEDLINE, EMBASE, CINAHL Complete, and the Cochrane Library, from their inception to June 2021. The included studies were randomized controlled trials recruiting patients with hypertension, using oral melatonin as the sole intervention, and investigating its effect on blood pressure. The mean out-of-office (including 24-h, daytime, and asleep) systolic and diastolic blood pressures, sleep quality, and side effects were compared between the melatonin and placebo arms using pairwise random-effect meta-analyses. A risk of bias assessment was performed using the Cochrane risk-of-bias tool.

Results:

Four studies were included in the analysis and only one study was considered to have a low risk of bias. No study reported on cardiovascular risk or outcomes. Only controlled-release melatonin (not an immediate-release preparation) reduced asleep systolic blood pressure by 3.57 mm Hg (95% confidence interval: -7.88??.73; I2=0%). It also reduced asleep and awake diastolic blood pressure, but these differences were not statistically significant. Melatonin improves sleep efficacy and total sleep time and is safe and well-tolerated. Due to the limited number of high-quality trials, the quality of evidence was low to very low.

Conclusions:

Therefore, adequately powered randomized controlled trials on melatonin are warranted.

Keywords: Melatonin, hypertension, meta-analysis

Free Paper Competition – Poster Presentation

POSTER 04

Use, Satisfaction, and Preference of Online Health Interventions among Older Adults with Multimorbidity in Hong Kong Primary Care during COVID-19

Z. XU, D. ZHANG, X. ZHENG, Rym C.M. LEE, Carmen K.M. WONG, Samuel Y.S. WONG
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Introduction:

This study first aimed to identify the use of social media in older adults with multimorbidity in Hong Kong primary care. It also aimed to assess the implementation and feasibility of online health interventions in this population, including their satisfaction and preference for online interventions.

Methods:

This cross-sectional study was conducted in a primary care programme among older adults with multimorbidity in Hong Kong. Online and face-to-face interventions (e.g. pain management, cognitive training) were offered based on the participants' physical needs (e.g. chronic pain, sarcopenia) or mental/social needs (e.g. depression, cognitive impairment, loneliness). Participants attending online interventions were invited to complete a feedback questionnaire regarding their online experience. Independent sample t-test, Chi-square test, and logistic regression were used in the analysis.

Results:

The study included 752 participants, with 497(66.1%) using social media every day. A total of 429(57.0%) were offered eight kinds of online interventions when face-to-face interventions could not be offered during COVID-19 and 362(84.4%) of them attended. Participants who declined to attend were found to be significantly older, lived alone, had lower income, had more social security assistance, were more cognitively declined and were less depressed($p<0.05$). Non-respondents to the online questionnaires had fewer education years and more declined cognitive function($p<0.05$). Most responders(n=206, 96.7%) used Whatsapp as the main channel of social media. Their overall satisfaction with online interventions was 7.5/10, and 14.6% preferred online more than face-to-face intervention. Higher education levels, fewer connectivity issues, and higher self-efficacy on mobile apps were associated with more satisfaction after adjustment($p<0.05$). Connectivity issues and higher self-efficacy on mobile apps were associated with participants' preference for online intervention($p<0.05$).

Conclusions:

The use of social media in older adults with multimorbidity in Hong Kong primary care is high. Connectivity issues can be a significant barrier to the implementation of online interventions in this population.

Keywords: Online health intervention, COVID-19, Primary care

Free Paper Competition – Poster Presentation

POSTER 05

Comparing Effect of Definition of Diurnal Periods by Diary, Fixed Periods, and Actigraphy on Ambulatory Blood Pressure Parameters in a Chinese Population

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Eric K.P. LEE and M.T. ZHU contributed equally to the manuscript

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Introduction:

Reliable measurement of daytime and night-time blood pressure (BP), and degree of BP dipping during sleep during ambulatory blood pressure monitoring (ABPM) requires an accurate definition of sleep time (diurnal definition). However, superiority of any diurnal definition on ABPM remains unclear. The present study compared mean daytime and night-time systolic BP (SBP) and diastolic BP (DBP) obtained by using different methods for diurnal definition in a Chinese population with diagnosed essential hypertension.

Methods:

From April 2017 to October 2019, 203 Chinese patients diagnosed with hypertension were recruited prospectively from Lek Yuen Clinic and 179 completed a 48-h ABPM study. The differences in the mean BPs provided by different diurnal definition were compared using paired t-tests and Bland-Altman plots. The prevalence of elevated BP, dipping status categories, overall percent agreement and the Kappa statistic were calculated by pairwise comparisons between different diurnal definitions.

Results:

Mean daytime and nighttime BPs were similar regardless of the definition used (mean difference <2mmHg). Kappa statistics and overall percentage agreement found excellent agreement between different definitions to diagnose elevated daytime BP (Kappa ranged from 0.80-0.91) and nighttime BP (Kappa ranged from 0.74-0.89). Good agreement to diagnose non-dipping was also detected (Kappa ranged from 0.65-0.78). Furthermore, ABPM values were most reproducible when diurnal periods were defined by patients' diary (intra-class correlation coefficient = 0.82-0.93). Daytime and nighttime BP values obtained using different diurnal definitions did not differ in their association to end-organ damage.

Conclusions:

Differing estimations of diurnal definitions provide similar mean BP values and have good agreement for diagnosis of elevated BP and dipping status. In individual patients, clinicians should be aware that different definitions of diurnal periods can lead to a 3-5 mmHg difference in patients' BP values and may affect the diagnosis of elevated BP in patients with BP close to diagnostic cut-offs.

Keywords: ambulatory blood pressure, diurnal periods, actigraphy

Free Paper Competition – Poster Presentation

POSTER 06

Patient Preferences in the Treatment of Chronic Musculoskeletal Pain: A Systematic Review of Discrete Choice Experiments

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Introduction:

Chronic musculoskeletal pain (CMP) is a preference-sensitive condition; numerous treatment options are available, each with its tradeoffs in benefits and risks. Patient preferences thus play a critical role in decision-making. This study aimed to summarize evidence that used discrete choice experiment (DCE) to quantify patient preferences for CMP treatment and identify important treatment attributes.

Methods:

A systematic review of DCEs about patient preferences for CMP treatment was conducted. Studies were included if they utilized DCE to elicit patients' preferences for CMP. A methodological assessment tool was used to assess for risk of bias. Attributes of treatment were summarized and sorted according to the frequency being cited. Subgroup analyses were conducted to explore the intervention-specific attributes.

Results:

A total of 15 eligible studies with 4065 participants were included. We identified "capacity to realize daily life activities", "risk of adverse events", "effectiveness in pain reduction" and "out of pocket cost" were important and frequently mentioned attributes in patients' preferences for the treatment of CMP. Although "treatment frequency" and "onset of treatment efficacy" were less frequently mentioned, they were also considered important attributes. The attribute of "risk of adverse events" was especially important for drug treatment. The "out of pocket cost" and "treatment location and mode" were rated as the important attributes of exercise therapy.

Discussion:

Attributes identified in this review will inform the design of future DCE studies, facilitate the translation of measurement-based care to value-based care and provide the rationale to promote shared decision making and patient-centered care.

Keywords: treatment preferences; discrete choice experiments; chronic musculoskeletal pain; systematic review

Free Paper Competition – Poster Presentation

POSTER 07

The Effects of Infant Abdominal Massage on Postnatal Stress Level among Chinese Parents in Hong Kong - A Pilot Study

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Introduction:

Maternal psychological distress is one of the most common perinatal complications, affecting up to 25% of pregnant and postpartum women. Parenting stress which involved both parents has shown to be interrelated with depressive symptoms. To alleviate the severity of parental stress, studies have shown that parent training and support programs can reduce child behaviour problems and maternal anxiety and stress. Training parents on infant massage is simple and can be a low cost and efficient intervention in primary care for improving postpartum depression or parental stress.

Methods:

A single arm pilot study was conducted on 8 parents (with 4 couples and 4 mothers) with babies less than 1 year-old. The Chinese version of the Parenting Stress Index (PSI-SF) (4th version) was used to assess the parental stress level of parents. The PSI-SF was collected at baseline and 4 weeks after baseline. Besides, self-reporting data has also been collected on the compliance of the intervention and also if the intervention can help improve their babies' sleep quality and problem of colic.

Results:

All of the 8 parents (2 males and 6 females) aged 25-44 completed questionnaires at baseline and 4 weeks after baseline. All (100%) participants completed the training class and 75% of them are from diploma or degree level. For parents with compliance of intervention equals or greater than 50%, a decrease in total PSI-SF (decreased mean score from 60.4 to 58) and all subscales was found. While increases on all scales were detected for parents with intervention compliance lower than 50% (increased from 63.7 to 92).

Conclusions:

Recruitment was feasible; the intervention can be feasibly delivered to the subjects and abdominal massage has the potential to improve the postpartum parental stress level of Chinese parents in Hong Kong. Furthermore the intervention will be modified by having a smaller intervention group each time because of the outbreak of COVID in Hong Kong. Measures should be given to improve the compliance of the intervention, for instance, regular follow-up and reminder to participants.

Keywords: Parental stress, Abdominal massage, infant massage

Free Paper Competition – Poster Presentation

POSTER 08

Effectiveness of Boosting Self-Management Skills of Patients with Shoulder Problems in Primary Care Setting

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Introduction:

A New-Model Shoulder Programme (NM) has been launched in the General Outpatient Clinics of HKEC since 2019. This physiotherapy programme aims to promulgate to patients the self-management skills in shoulder problem, which is the third most common musculoskeletal disorders referred for physiotherapy. Physicians in General Out-patient Clinics recruit suitable patients of age less than 70 at the consultation. The objective of this study is to evaluate the effectiveness of NM.

Methods:

NM cultivated and engaged patients to take active roles in disease management. In the first session, the physiotherapist led an interactive group education (GROUP) which fostered self-management through specifically-designed home-based therapeutic exercise, posture and functional ergonomics practice. Subsequent reviews were conducted as individual consultations (INDIVIDUAL), with the first one scheduled at 4 weeks after GROUP. Pre- and post- program outcomes were compared with conventional model which only comprised INDIVIDUAL.

Results:

After implementation of NM, waiting time for access to first INDIVIDUAL reduced from 20.4 to 16.8 weeks (p=0.000). Mean duration to discharge from INDIVIDUAL shortened to 8.7 weeks (from 13.4 weeks; p=0.01). Clinical outcomes of 191 patients (mean age 58.7+/- 8.8) were evaluated. Patients completed NM showed an improvement in mean Numeric Pain Rating Scale from 5.0+/-2.5 to 1.5+/-1.9 (p=0.000) and Quick DASH disability score from 45.6+/-23.4% to 14.5+/-10.9% (p=0.002). Patients also showed better self-management concept and compliance after NM.

Conclusions:

With the collaboration between physicians and physiotherapists, earlier boosting of self-management skills in shoulder problems enhanced both clinical outcomes and physiotherapy service accessibility.

Keywords: Physiotherapy, shoulder problem, primary health care

Free Paper Competition – Poster Presentation

POSTER 09

The Effect of Social Isolation on Sarcopenia: A Longitudinal Study among the Middle-aged and Older Population in China

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Introduction:

Sarcopenia is a common skeletal muscle disorder characterized by the progressive loss of muscle mass and strength that occurs with ageing. Social isolation is associated with premature death and certain somatic and mental diseases, but evidence of their long-term effect on sarcopenia is scarce. This study aimed to examine the association between social isolation and change in social isolation with possible sarcopenia in a longitudinal study of middle-aged and older Chinese adults.

Methods:

We extracted data from the China Health and Retirement Longitudinal Study and restricted it to participants aged 45 years or above. Social isolation was measured based on living alone, marital status, frequency of contact with adult children and friends, and participation in social activity. Possible sarcopenia was detected by handgrip strength and 5-time chair stand test. Mixed effect logistic regression was used to examine the association between baseline social isolation and change in social isolation with possible sarcopenia at follow-up.

Results:

A total of 5289 participants free of possible sarcopenia at baseline were included. After 4 years, possible sarcopenia was detected in 21.7% (1146/5289) of participants. Compared with the low social isolation group, the average social isolation group (OR=1.54, p=0.003) and high social isolation group (OR=1.65, p<0.001) were associated with a higher risk of possible sarcopenia. Participants with progressive social isolation were associated with a greater risk of possible sarcopenia (OR=1.52, p=0.001) but those with regressive social isolation were not associated with a lower risk of possible sarcopenia.

Conclusions:

Social isolation was associated with an increased risk of possible sarcopenia. Progression to high social isolation elevated the risk of possible sarcopenia. Future studies are needed to elucidate the biological mechanisms of these observed associations.

Keywords: Sarcopenia, Social isolation, Muscle strength, Five-time chair stand test

Free Paper Competition – Poster Presentation

POSTER 10

Empower Primary Care Doctors in Performing Minor Surgical Procedure in an Outpatient Setting - Corticosteroid Injection for Trigger Finger Treatment

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Introduction:

Trigger finger causes significant functional impairment to patient. Corticosteroid injection should be considered when conservative treatment fails. However, in Hospital Authority these are usually performed in secondary care setting with a prolonged waiting time. Empowering GOPC doctors in performing corticosteroid injection of trigger finger can reduce referral to SOPC and enhance quality of care.

Methods:

A structured program of corticosteroid injection for trigger finger treatment was started since July 2021 in the NTWC for adult patients who attended GOPCs in Tin Shui Wai district for trigger finger, and had considered corticosteroid injection as treatment. They were assessed and managed in an integrated approach by family doctors. Corticosteroid injections were performed by doctors under the supervision of family physician specialist. All patients who had undergone the procedure were followed up 4 weeks afterwards for outcome evaluation.

Results:

From July to December 2021, 23 patients were recruited and 13 of them had corticosteroid injection. No complications were reported. All of them showed symptoms improvement, of which 70% had symptom resolution. Patients who did not have injection were either clinically unsuitable (n=5), e.g. having prior repeated corticosteroid injection to the same digit, or had preferred to continue conservative treatment after discussion (n=5).

Conclusions:

This pilot program demonstrated that corticosteroid injection for trigger finger treatment is feasible in GOPC. Family doctors could be empowered to perform minor surgical procedures with adequate training. This could significantly reduce the number of referrals to secondary care and contribute to sustainability of the public healthcare service.

Keywords: Trigger finger, Steroid, Injection

Free Paper Competition – Poster Presentation

POSTER 11

Wound Management Orientation Program in Primary Health Care

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Introduction:

Wound dressing service was the majority services in General Out-patient Clinics (GOPC). 3-tier Wound Management Model was pursued in Hong Kong East Cluster (HKEC) since 2009. 1st tier wound care service was mainly provided by part-time and new nursing staff. Therefore, providing training is essential to standardized the wound care service in GOPC.

Methods:

A 3-hours Wound Management Orientation program was provided to standardize wound care standard. New nursing staff with less than 1 year working experience in GOPC and all part-time nurses were invited. The course contents were basic wound assessment, management and wound product applications. Timely referral to 2nd tier was emphasized to accelerate the wound healing.

16 questions pre and post-test in clinical photos was designed to test the wound knowledge on wound assessment and management. The questions were answered in HKEC GOPC wound assessment form to enhance the familiarize on clinical wound documentation. Besides, 12-questions of staff evaluation survey was prepared to understand participant's course satisfaction.

Results:

There were 24 participates in Wound Management Orientation Program. The pre and post-test shown 79% of participates had improvement after attending the course and the highest improvement was 31%. The result found that the lowest score in the pre-test had the greatest improvement in post-test and the longer working experience, the higher pre-test score.

More than 90% of participants agreed the course was practical in their daily work in the course evaluation. All of the participants agreed the presentation were clear and easy understanding. Some of participates preferred to extend the course into two half days due to informative contents.

Conclusions:

In conclusion, the Wound Management Orientation program provided a basic concept to the new comers and standardize the wound care in HKEC GOPC.

Keywords: Wound Management, Wound training, Primary Health Care

Free Paper Competition – Poster Presentation

POSTER 12

Remarkable Results on Blood Test Service Scheduling in General Outpatient Clinics

Annette K.K LAM, Y.T. WAN, Y.L. CHAN, N. CHAN, Wanmie W.M. LEUNG, S.Y. HUNG, P.H. CHEUNG, Kathy Y.H. CHEUNG, Marcus M.S WONG, Michelle M.Y. WONG

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Introduction:

Diabetes mellitus and hypertension are major chronic diseases managed in General Outpatient Clinics (GOPC). The increasing demand on laboratory investigations to assess disease control and comorbidities. There was a 17.2% rise in blood taking attendances in 2020 compared with 2019. Blood test service (BTS) was no quota setting. Due to the first-come-first-served basis and herd behavior, patients tend to come early in the morning to get the queue number. Some patients expressed long waiting time up to 2-3 hours causing prolonged fasting. Therefore, conflicts between patients and health care workers arose and created tension and stress in health care workers. Limited space and difficult crowd control was made worse under the COVID-19 pandemic.

Methods:

A new BTS scheduling system was piloted in Violet Peel GOPC in Aug 2020.

Clinic divided the blood taking period into 3 slots. The former part of the session was reserved for fasting blood tests, and the latter part for non-fasting blood tests. Patient attended according to the arranged time slot. Corporate Queue Management System and Kiosks smoothened patient's journey.

Results:

Since the implementation, patient's waiting time for blood taking had markedly shortened from 2-3 hours to less than 1 hour. Besides, it facilitated crowd management to achieve social distancing under COVID-19. The segregation between fasting and non-fasting blood taking minimized the risk of prolonged fasting. Last but not least, BTS facilitated manpower arrangement under its constraint.

Conclusions:

The BTS scheduling system establishes a win-win situation for both patients and staff. This implementation process requires behavioral change through patient education and staff effort.

Keywords: Blood taking, Scheduling, Queueing

Free Paper Competition – Poster Presentation

POSTER 13

Using Ultrasound Imaging to Assess the Invisible Deep Tissue Defect in Primary Health Care Wound Clinic

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Introduction:

Some problematic wound like wound with undermining, tract, sinus or pocketing with small opening which are difficult to assess the condition, volume or configuration of wound.

Portable ultrasound is suitable for clinic to assess wound condition which had unknown condition under skin. Since Oct 2021, portable ultrasound was firstly introduced in Primary Health Care Wound Clinic in Hong Kong East Cluster (HKEC).

Methods:

The case studies were conducted in 2 Wound Clinics HKEC. Those cases had undermining wound were invited to have portable ultrasound imaging in the bedside of Wound Clinic. The wound opening was covered by transparency dressing. Portable ultrasound device was connected to iPad for imaging.

A female case presented with umbilicus abscess, the wound with pin-hole opening and mild erythema. Ultrasound shown 3cm deep undermining with tissue defect under skin.

Another female case presented left breast wound, 1.5cm wound opening on the base of left breast with unknown depth of track on 12H. Ultrasound shown around 7cm deep straight tract without branching.

An old lady with right hip abscess wound, on and off with fluid collection detected. Suction tubing to assess the depth but coiled inside. After ultrasound imaging, around 3cm tract with 2.2cm x 0.8cm dome shape under skin and form a mushroom like undermining.

Results:

After Ultrasound imaging, proper packing and drainage could be performed for unvisualized wound. In order to eliminate pre-mature healing and fluid collection aiming to promote wound healing gradually and prevent further complication.

Conclusions:

Ultrasound can provide accurate and meaningful information to assist in clinical decision making. Future studies should be conducted to enlarge the data base and consider as a routine incorporation of ultrasound in wound assessment to improves patient outcomes.

Keywords: Ultrasound, Wound, Imaging

Free Paper Competition – Poster Presentation

POSTER 14

Absent Adaptive Postural Responses in Children with Developmental Coordination Disorder: Implications for Treatments in the Primary Healthcare Settings

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Introduction:

Adaptive postural control is an important yet underexamined area in children with developmental coordination disorder (DCD). This study aimed to compare the adaptive postural responses between children with DCD and those with typical development.

Methods:

This was an exploratory, cross-sectional study. Fifty-two children with DCD (aged 6–9 years) and 52 age- and sex-matched children with typical development participated in the study. Their adaptive postural (motor) responses were assessed using the Adaptation Test (ADT) on a computerized dynamic posturography machine. The sway energy score (SES) for each ADT testing trial and the average SES of 5 testing trials for both toes up and toes down platform inclination conditions were recorded.

Results:

We found SES was lower in the DCD group compared with the control group in ADT toes up trial 1 ($p = 0.009$) and on average ($p = 0.044$). Moreover, SES decreased from trial 1 to trail 2 in exclusively the control group for both ADT toes up ($p = 0.005$) and toes down conditions ($p < 0.001$).

Conclusions:

Adaptative postural responses were absent in children with DCD and these children used less force (sway energy) to overcome postural instability. Therefore, both adaptative balance and neuromuscular training should be factored into treatments for children with DCD in the primary healthcare settings. (Acknowledgements: This work was supported by the Research Grants Council of the Hong Kong Special Administrative Region, China (General Research Fund numbers: 17658516 and 17112018).)

Keywords: Dyspraxia, Body balance, Pediatrics

Free Paper Competition – Poster Presentation

POSTER 15

Attention-neuromuscular Training for Children with Developmental Coordination Disorder: A Randomised Controlled Trial

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Introduction:

Poor body balance is common in children with developmental coordination disorder (DCD). Atypical timing of postural muscle activation and inattentiveness to movements are two major underlying causes of poor postural control in these children. This single-blinded, randomised controlled study aimed to compare the effects of attention-neuromuscular training (AT-NMT), NMT alone, AT alone and control on reactive balance performance and mental attention and leg muscle activity in children with DCD.

Methods:

175 children with DCD were randomly assigned to the AT-NMT (n = 43), NMT (n = 44), AT (n = 44) and control groups (n = 44). The 3 intervention groups received the indicated treatment twice weekly for 12 weeks. Outcomes were evaluated at baseline, 3 months (post-intervention) and 6 months (follow-up). A motor control test (MCT; a reactive balance test) with concurrent electroencephalography (EEG) and electromyography (EMG) were used to determine the MCT composite latency score (primary outcome), EEG mental attention level and leg muscle EMG activation onset latency during MCT platform translations.

Results:

Post-intervention, the MCT composite latencies were shorter in the AT-NMT, NMT and AT groups than in the control group ($p < 0.001$). The attention index before MCT backward platform translation improved from baseline to 3 months only in the AT group ($p = 0.005$), while the attention indices throughout backward platform translation and before forward platform translation improved in the AT-NMT group at 3 and 6 months ($p < 0.017$).

Conclusions:

AT-NMT, AT and NMT yielded equal improvements in the reactive balance performance of children with DCD. However, only AT-NMT and AT improved attention during or before a postural disturbance. Therefore, both AT-NMT and AT are ideal treatments for children with DCD in the primary healthcare settings. (Acknowledgements: General Research Funds, Research Grants Council of the Hong Kong Special Administrative Region, China (project numbers: 17658516 and 17112018).)

Keywords: Dyspraxia, Mental concentration, Muscle strengthening

Free Paper Competition – Poster Presentation

POSTER 16

Chronic Disease Self-Management among South Asians in Hong Kong: A Qualitative Study

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Introduction:

Providing equitable self-management support to chronic diseases (CD) patients of all ethnicities is an important task in primary care. South Asian populations in Hong Kong (HK-SA) in general have higher prevalence of CD yet poorer self-management outcome compared with Chinese. This study aims to investigate the experience and determinants of self-managing among HK-SA patients with CD.

Methods:

This is a qualitative study using semi-structured, one-on-one, in-depth interviews. Between May and October 2021, 40 HK-SAs with CD, defined as having any of hypertension, diabetes, or hyperlipidemia, were recruited in HK-SA neighborhoods and interviewed in their native language by trained researchers. Purposive and snowball sampling was adopted. Self-management behavior pattern was explored by learning their health-seeking experiences including perceived support by caregivers, capability building and self-management outcome, using the phenomenological analysis.

Results:

77.5% of the informants had hypertension, followed by diabetes (62.5%) and hyperlipidemia (40.0%). Three patterns of self-management were identified. Self-determined pattern was the predominant pattern (n = 20, 50.0%), where patients actively seek support and improve their capability in self-management. However, due to lack of high-quality support from trained caregivers, misunderstandings or even wrongdoings were observed. Nine patients (22.5%) exhibited Doctor-entrusted pattern, where they depend on the clinicians for medical decision-making and neglect the self-empowerment. Illness-denial pattern emerged in eight patients (20.0%) who prioritize themselves as successful members of their ethnic group, hence reject their identity as patients, as well as the stigma and self-management behaviors attached to it. Three (7.5%) patients exhibited a mixture of multiple patterns. The patients' socioeconomic background and their migration experiences in Hong Kong interact with their particular self-management pattern.

Conclusions:

Three patterns of self-management behavior were identified among HK-SA patients with CD, with self-determined pattern being the predominant one. These results will enhance the strategic implementation of effective self-management interventions designed for minority groups.

Keywords: Chronic disease, Self-management, South Asian ethnic minorities

Free Paper Competition – Poster Presentation

POSTER 17

Comparison of Effectiveness of Ear Syringing with or without Pre-Ear Oil Application, Non-randomized Control Trial

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Objective:
To compare the success rates and complication rates of ear syringing with and without pre-olive oil treatment.

Design:
Prospective multicenter controlled trial.

Subject:
Patients >5 years old, who were found to have impacted earwax in 3 general outpatient clinics in Hong Kong.

Main Outcome Measures:
The success rates of ear syringing, and mean numbers of syringing attempts (and 95% confidence interval) were calculated for those with or without pre-ear oil application. And compared by testing the difference between the means, using a t test for independent samples.

Results:
122 patients (163 ears) were recruited for analysis. 68 patients (80 ears) received no olive oil and 59 patients (83 ears) received olive oil. There was no significant difference in the success rates of ear syringing with olive oil (80/83, 96.4%) and without olive oil (73/80, 91.3%) (P=0.205). The overall success rate of ear syringing was 93.9% (153/163). However, the olive oil group required significantly less number of ear syringing when compared to the non-olive oil group (2.46 vs 3.5; Interquartile range 1-4 vs Interquartile range 1-3) (table 1). Overall rate of ear canal bleeding was 8% (13/163). For those with ear canal bleeding, 84.6% (11/13) were medium to hard earwax while 15.3% (2/13) were soft earwax.

Conclusions:
This study showed that family physicians in a GOPC can manage most of the cases of earwax successfully even without preceded olive oil application. Therefore, for earwax which was soft to medium soft in nature, it is worth trial of ear syringing without pre-ear oil application which can save the 2nd consultation time and have immediate relief for patients.

Keywords: ear wax, ear syringing, olive oil

Free Paper Competition – Poster Presentation

POSTER 18

Risk Factors for Autism Spectrum Disorders in Individuals Born Pre-term: A Systematic Review and Meta-analysis of Population-based Studies

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Introduction:

Preterm birth is a leading risk factor for autism spectrum disorder (ASD). It is proposed that risk factors associated with and/or underlying preterm birth may themselves be linked to ASD outcome, potentially comprising an ASD subtype of distinct environmental origin. The aim of this systematic review and meta-analysis is to summarize the existing literature on environmental risk factors associated with ASD outcome in cohorts of preterm born infants.

Methods:

Ovid MEDLINE, Embase, and Web of Science were searched for qualifying studies up to September 2020. Original studies examining the associations between ASD and pre-, peri-, and post-natal factors in preterm-born children were included. A total of 18 eligible studies were identified and included in a qualitative synthesis, and six were meta-analysed.

Results:

Many significant exposures from prenatal, perinatal, and postnatal period were identified. Across studies, male sex, low birth weight, and inflammation are the most consistent risk factors associated with increased ASD risk.

Conclusions:

Our overall findings indicate that this topic is under-studied. Preterm cohorts are lacking, and among those existing, there is little overlap in examined exposures. We did find that male sex, low birth weight, and inflammatory biomarkers were consistently significantly associated with increased ASD risk in the available literature. Other risk factors require further investigation due to lack of replication.

Keywords: Autism spectrum disorder, Preterm birth, Environmental risk factors

Free Paper Competition – Poster Presentation

POSTER 19

Prostate Cancer Survivorship in Primary Care – A Pilot Program in the New Territories West Region of Hong Kong

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Introduction:

Involving family physicians in cancer survivorship care under primary care setting aligns with our corporate's cancer service strategic plan. There is an increasing service demand for prostate cancer survivors for both cancer-related and unrelated co-morbidities such as non-communicable diseases. A pilot program for prostate cancer survivorship in collaboration between Oncology and Family Medicine departments was initiated.

Methods:

Collaboration for this pilot program was started since early 2019. Phase One included working group formation, program design, service framework, protocol development, staff engagement, consensus on participant selection criteria and workflow, strengthening of inter-departmental communication including survivorship care plan and referral back mechanism.

Prostate cancer patients with low risk of recurrence under three specified categories were recruited. Those with non-salvageable persistent disease, high risk of progression/ recurrence, on life-long androgenic deprivation therapy, post-castration, with metastasis, or having second malignancy were excluded. There would be a fast-track back referral for oncologist assessment when secondary biochemical recurrence defined as reaching a specific PSA level for each category, clinical progression, late complications such as radiation proctitis, or secondary malignancy.

Phase Two started in Jun 2020 for rolling out of the program in a primary care clinic for prostate cancer survivors who have chronic diseases follow-up in selected clinics. Setting up of a patient registry, preparation of patient information sheets, ongoing service monitoring and regular review of staff feedback have facilitated patient recruitment and patient care journey. Interim evaluation of service deliverables was done in late 2021. Patient outcome would be reviewed later when a more desirable sample size is achieved later.

Results:

A total of 14 patients were recruited over the 12-month roll-out period. Clinical surveillance for prostate cancer survivors was performed during regular follow up consultation for chronic disease management by experienced family physicians who are competent in handling multi-morbidity with complexity. No back referral or adverse outcome have been reported. Patient feedbacks were positive.

Conclusions:

A survivorship care model applicable to local primary health care setting has been developed to meet the growing needs of prostate cancer survivors.

Keywords: Prostate cancer, Cancer survivorship, Primary care

Free Paper Competition – Poster Presentation

POSTER 20

Creating a Culture of 5S Practice in General Out-patient Clinic, Hong Kong East Cluster

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Introduction:

5S is a popular housekeeping and workplace safety management tool. It is intended for the physical work environment and is the simplest to implement for organizing, standardizing and maintaining the workplace (Kilpatrick, 2003). 5S projects were started since 2019 in the 10 General Out-patient Clinics (GOPC) of the Hong Kong East Cluster.

Objective:

- Promote staff awareness of Occupational Safety and Health, ensue a healthy workplace
- Improve work efficiency
- Enhance teamwork and colleagues' sense of ownership
- Build up 5S culture in GOPC

Methodology:

5S training was arranged for staff. To encourage staff participation, promotion was conducted in department meetings and individual clinic meetings. All staff were engaged in the project. Staff of different ranks were assigned to each group and will be responsible for a designated area. A 5S leader was appointed in each clinic and was responsible for monitoring, up keeping and sharing of good practice.

Results:

As of 2021, 36 staff had completed 5S training. The 5S project commenced in 2019. After a 2-year implementation, an on-line survey was conducted. 113 staff (56.5%) responded. The result showed that around 85% of staff agreed 5S improved clinic environment and increased their work efficiencies. 98.2% agreed that 5S culture was gradually established. 42.5% showed interest in 5S training. Most of the respondents commented the workplace became well-organised, visual management reduced time to search equipment, staff developed a habit to maintain tidy working environment. Injury-on-duty cases related to slip, trip, fall and struck decreased to one case in 2021. There were 5 and 6 cases in 2020 and 2019 respectively.

Conclusions:

5S is a valuable tool for staff to incorporate into daily practice to create a safe and efficient work environment, and hence it can boost staff morale. Through the process, staff engagement and teamwork are enhanced.

Keywords: 5S, culture, safe and healthy workplace

Free Paper Competition – Poster Presentation

POSTER 21

Optimizing Disease Control of Diabetic Patient and Service Enhancement in General Out-patient Clinic, Hong Kong East Cluster

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Department of Family Medicine & Primary Health Care, Hong Kong East Cluster, Hospital Authority, Hong Kong

Introduction:

Diabetes Mellitus (DM) is a common chronic disease that requires lifelong care. As of 2020/21, there were 30,173 DM patients under the care of General Out-patient Clinics (GOPC) of the Hong Kong East Cluster. This accounted for a 52.2% increase compared with a total of 19,827 DM patients in 2010/11. With the rapid increase in DM prevalence, a well-designed and systematic service enhancement with measurable goals is essential to empower patients to achieve optimal disease control and reduce complications

Methods:

- Improve key performance index (KPI), self-management of DM patients
- Enhance service for DM patient followed up in Sunday clinics to fill in the service gap

Methodology:

A focus group comprising doctors and nurses was formed to discuss the strategies and implementation. key performance index (KPI) concept was shared in clinic meetings. Comprehensive service enhancement framework was designed for the whole patient care process (before, during and after consultation). Training was provided to nursing staff to conduct more focused patient education. Patient education material was updated and standardized. Pre-consultation patient education by nurse for young DM patients with borderline control since July 2020. In 2021, 2 sessions of lunch seminars were conducted to update nurses on DM management. Extended nurse education and support to DM patients in Sunday clinic was started from May 2021.

Results:

From 2019/20 to 2020/21, the annual capture rate of HbA1c increased from 90.1% to 94.8%. DM patients with HbA1c <7% increased from 59% to 64.1%. Capture rate of annual Low density lipoprotein – cholesterol (LDL-C) increased from 86.3% to 93%. Percentage of DM patients achieving optimal LDL-C control (<2.6mmol/L) increased from 82.8% to 86.1%.

Conclusions:

Structured DM care is essential to improve patient's clinical outcome.

Keywords: Diabetes, Optimizing disease control, service enhancement

Free Paper Competition – Poster Presentation

POSTER 22

The Effectiveness of Atrial Fibrillation Special Clinic on Oral Anticoagulants Use for High Risk Atrial Fibrillation Patient Managed in the Community

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Introduction:

Deficiencies existed in atrial fibrillation (AF) management in Hong Kong with suboptimal utilization of oral anticoagulants. The purpose of this study was to explore the clinical effectiveness of Atrial Fibrillation Special Clinic (AFSC) by evaluating its impact on the oral anticoagulants use and the control of modifiable cardiovascular disease (CVD) risk factors in high risk AF patients.

Methods:

A quasi-experimental, pre-test/post-test study. AFSC was set up in Kowloon Central Cluster (KCC) of the Hospital Authority of Hong Kong to manage high risk AF patients (CHA2DS2-VASc score ≥2) after Novel Oral Anticoagulants (NOACs) were introduced to Drug Formulary of General Out-patient Clinics in 07/2019. All AF patients FU at AFSC from 01/08/2019 to 31/10/2020 were included.

Main Outcome Measures:

1. Primary outcomes: total number of patients agreed for novel oral anticoagulant (NOAC) treatment after recruitment at AFSC, and modifiable CVD risk factors control including blood pressure (BP), Haemoglobin A1c (HbA1c) if diabetic and low-density lipoprotein-c (LDL-c) level, compared at baseline and after one year FU.
2. Secondary outcomes: drug-related adverse events, major bleeding and non-major bleeding episodes, stroke or systemic embolism events, Accident and Emergency Department attendance or hospitalisation episodes, survival and mortality rates after one year FU.

Results:

Among the 299 high risk AF patients included in the study, significant increase in NOAC utilization was observed from 58.5% to 82.6% after FU in AFSC (P <0.001). Concerning the CVD risk factors control, the average diastolic BP level was significantly reduced (P=0.009) and the satisfactory BP control rate in non-DM patients was significantly improved after one year FU (P=0.049). However, the average HbA1c and LDL-c level remained static. The annual incidence rate of ischaemic stroke/systemic embolism was 0.4%, intra-cranial haemorrhage was 0.4%, major bleeding episode was 3.2% and all-cause mortality was 4.3%, all of which were comparable to the literatures.

Conclusions:

AFSC is effective in enhancing NOAC use and maintaining optimal modifiable CVD risk factors control among high risk AF patients managed in primary care setting, therefore may reduce AF-associated morbidity and mortality in the long run.

Keywords: Atrial fibrillation, oral anticoagulant, cardiovascular disease risk factor

Free Paper Competition – Poster Presentation

POSTER 23

Pubic Private Collaborative Care under COVID-19 Pandemic for hypertension patients in the Hong Kong East Cluster (HKEC) General Out-patient Clinic (GOPC) Pubic Private Partnership Program (PPP) of Hospital Authority (HA)

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Introduction:

The GOPC Public Private Partnership Program (PPP) has launched out in the Hong Kong East Cluster since October 2016. As at 31 Mar 2022, over 3800 stable hypertension patients were participating in the program. Their follow up interval was shorter. They expressed satisfaction with the program as their primary care service in private sector were easily accessible. They all satisfied with their chosen family doctors.

Background:

Hong Kong was facing an unprecedented and challenging epidemic situation, the attack of COVID-19 Pandemic, since Dec, 2019 until now.

Unfortunately, one of our private family doctor got confirmed COVID-19 on 20 Jul 2020. He was admitted to hospital. All the private clinic staff were needed to quarantine for 14 days. The private clinic was closed for thorough disinfection. Total 86 patients who were under his care were affected in their coming medical consultation.

Objectives:

- To ensure the continuity care of chronic illness.
- To promote public private collaboration of primary health care in Pandemic.
- To maintain family doctor concept in private service.

Methods:

On 20th Jul 2020 which was the day of confirmed COVID-19 of the private service provider Dr Chan. HA staff of GOPC phone contacted to schedule an interim follow up at HA General Out-Patient Clinics. The appointment was arranged within 1 week.

Results:

The 86 patients were well looked after under public service when private Dr's clinic service was temporarily suspended. All patients expressed satisfaction and heartfelt thanks for the timely arrangement of public health service and care.

Conclusions:

The scenario demonstrated the spirit of good quality care in public private collaboration at time of Pandemic. Our patients received seamless care from the health care system of public private partnership program in Hong Kong. This is a win-win-win service model.

Keywords: Collaborative care, Pubic Private Partnership Program, under COVID-19 Pandemic

Free Paper Competition – Poster Presentation

POSTER 24

Association of Oral Hygiene and the Severity of Patients with COVID-19: A Rapid Review

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Introduction:

COVID-19 pandemic has caused 471 million confirmed cases and 6.1 million deaths dated in April 2022. Recently, the literature indicated that oral hygiene has become a controversial topic with coronavirus disease because of found association with several respiratory diseases. Nevertheless, the evidence is still unclear. Therefore, the study aimed to review the latest evidence and report the association between oral hygiene and COVID-19 severity.

Methods:

Literatures published between July 2020 and January 2022 were systematically searched and reviewed following PRISMA guidelines. The databases included PubMed, Wiley Online Library and Google Scholar. Information about study design, study context, sample characteristics and key findings were tabulated, appraised, compared and reported with reference to EPHPP.

Results:

A total of twenty articles were comprehensively reviewed and only eight studies (covering 7 countries near to the equator) were selected based on inclusion criteria. Following EPHPP, The quality of that studies ranged from moderate to strong. The demographics presented that patients with mild COVID-19 were asymptomatic without hospitalization while patients with serious COVID-19 were with symptoms of tachycardia, hypoxia, hyperthermia and required oxygen therapy or ICU admission.

This review indicated a negative association between oral hygiene and the severity of patients with COVID-19. Mild COVID-19 patients have lower values of plaque scores, D-dimer, WBC, and CRP serum levels. Periodontitis was found associated with COVID-19 complications including mortality rate, ICU admission rate and use of pulmonary ventilator.

A significant association was found in gargling and reducing severity of COVID-19. An antiseptic ingredient showed 100% oral cavity viral clearance in Betadine gargle. Furthermore, essential oils in Listerine Original mouthwash indicated disinfecting effect evidenced by 80% viral clearance.

Conclusions:

The better the oral health status, the lower the severity of COVID-19. Therefore, healthcare providers' awareness of maintaining patient's oral hygiene was crucial in caring patients with COVID-19.

Keywords: Oral hygiene, Severity of COVID-19, Rapid review

Free Paper Competition – Poster Presentation

POSTER 25

Drugs Refills Service Utilisation by Patients with Type 2 Diabetes Mellitus in Primary Care Setting during the COVID-19 Pandemic

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Introduction:

During Coronavirus Disease 2019 (COVID-19) pandemic, Drug Refill Service (DRS) was introduced in all general outpatient clinics (GOPCs) of Hospital Authority to maintain continuity of care and reduce social contacts. This study aimed to estimate utilisation rate of DRS among patients with Type 2 Diabetes Mellitus (T2DM) in primary care setting, and compare characteristics of T2DM patients utilising DRS with those receiving routine care during COVID-19 pandemic.

Methods:

A secondary data analysis was conducted by retrieving data from the Clinical Data Analysis and Reporting System of Hospital Authority to estimate the proportion of T2DM patients with annual diabetic risk assessment records having utilized DRS in two GOPCs in Hong Kong West Cluster from 22 January to 30 June 2020. DRS utilisation rate on a per-person basis was computed by dividing the total number of T2DM patients using DRS by the total number of eligible T2DM patients over the entire study period. "DRS users" were patients who utilised DRS at least once during the study period while "Non DRS users" were those who had not used DRS but attended clinic for face-to-face consultation.

Results:

Out of 6,946 eligible T2DM patients, 247 used DRS. Utilisation rate of DRS was 3.6% (95% CI: 3.1%-4.0%). The findings of logistic regression showed that patients aged ≥70 years (OR=3.28, 95%CI=1.50-7.17; compared with <60 years), being house-worker/non-manual worker/unemployed/retired (OR=2.56, 95%CI=1.15-5.70; OR=2.69, 95% CI=1.11-6.56; OR=3.21, 95% CI=1.43-7.19; compared with manual workers), non-drinkers (OR=2.18, 95%CI=1.11-4.29; compared with social and current drinkers), and underweight/overweight (OR=3.85, 95%CI=1.35-11.03; OR=2.16, 95%CI=1.14-4.09; compared normal weight) were statistically significantly more likely to utilise ($p<0.05$).

Conclusions:

The utilization rate was low and people at higher risk from COVID-19 including people with older age and abnormal body weight were more likely to utilise DRS.

Keywords: COVID-19, Drug refill, Diabetic care

Free Paper Competition – Poster Presentation

POSTER 26

Feasibility of Using Text Messaging and Timeline Followback Method to Monitor Patient Compliance to Exercises

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Introduction:

Implementation of health behaviour change is a common management strategy used in primary care setting and an effective mean to monitor patient compliance to health behaviour changes is crucial. Due to the widespread use of mobile technology, text messaging would be a useful method for patient communication in healthcare. The Timeline Followback (TLFB) is a calendar that retrospectively assess a target behaviour daily over a specified time. It has been shown to be useful for monitoring addictive behaviour and exercise compliance in both clinical and research settings.

Methods:

Patients with trigger finger, who had received steroid injection at the Prince of Wales Hospital family medicine specialist clinic, were invited to perform regular finger gliding exercises twice per day and the exercise compliance were monitored by TLFB method. An online calendar was sent to the participant through text messaging and it required the participant to have retrospective exercise record for the past 1 week. The exercise calendar was sent weekly for the first 4 weeks and then at the 8th week. The response rate to TLFB and exercise compliance rate were recorded.

Results:

Twenty-five trigger finger patients, mean age 61.3, were recruited from the period of August 2021 to January 2022 and two dropped out from the study. A total of 115 exercise calendars were sent through text messages to the 23 participants and the response rate was 96%. The weekly exercise compliance rates from the 1st to 4th weeks were 72 %, 83.2%, 88.2 % and 87% respectively and it was 75.1% at the 8th week.

Conclusions:

It is feasible to use text messaging to monitor patients compliance to exercises in a family medicine clinic. The TLFB can serve as a tool to assess behaviour change and a reminder to enhance patient compliance.

Keywords: Patient compliance, text messaging, Timeline Followback

Free Paper Competition – Poster Presentation

POSTER 27

Last but Not Least: Nutrition Counselling by Dietitian for Women with Cancer during COVID-19 Pandemic

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Introduction:

The COVID-19 pandemic has affected healthcare system to provide routine services to patients with cancer. Vulnerable group such as cancer patients have higher risk of getting COVID-19 with higher mortality rate. Guidelines on Prevention of COVID-19 for the general public emphasizes vaccination, good personal/environmental hygiene and social distancing measures, while keeping balance diet is included at the end. The CATWALK (Cancer Alliance Together We Achieve Leisure Kinetics) program initiated to offer women with cancer individualized nutrition and dietary advice, supplemented with physical fitness and emotion support elements, to boost their ability of self-care in nutrition.

Methods:

Fifty women with cancer joined the CATWALK program during July 1st 2020- June 30th, 2021. Two sessions of dietitian counselling including anthropometry, biochemical and psychosocial parameters review, comprehensive dietary assessment and individualized nutrition and dietary advice were given. Two supplementary talks with topic on physical fitness and emotion support were delivered. Surveys were conducted before and after intervention to evaluate patients' knowledge and attitude change.

Results:

It showed improvement on knowledge score before and after attending two sessions of dietitian counselling (42% vs 66.7%) and two supplementary talks (58.3% vs 85.4%). Most participants had positive attitude toward their dietary management (93.4%) and expressed satisfaction with the program (95.6%). Indication of willingness to join similar nutrition program in the future (93.3%) was shown.

Conclusions:

Healthy diet is important to our immune system and overall wellness. Patients with cancer continue to be threaten during COVID-19 pandemic. While focusing on prevention, treatment and recovery for COVID-19, nutrition monitoring, nutrition screening, education and individualized dietary plan to maintain adequate nutrition status and improve self care on management of diet-related symptoms should be integrated into community standard care to this vulnerable group, to optimize health outcomes and quality of life during COVID-19 and Long-COVID.

Keywords: Dietitians, Nutrition, Covid 19

Free Paper Competition – Poster Presentation

POSTER 28

"Homemakase" - Master Healthy Cooking Skills during the Covid-19 Pandemic

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Kwun Tong District Health Express (KTDHCE), Service Development Division, United Christian Nethersole Community Health Service (UCNCHS)

Introduction:

Community Teaching Kitchen (CTK) showed in researches could improve participants' knowledge, attitude and beliefs related to healthy eating, prevention of chronic diseases complication related to poor diet and obesity-related chronic diseases1,2,3. The fully furnished CTK at Kwun Tong District Health Express (KTDHCE) Core Centre facilitated implementation of cooking skills programmes, and evidence-based nutrition information given by Registered Dietitian (RD) to enhance their confidences and eventually change in eating behaviors to influence diet quality4.

Methods:

Two identical 1.5-hour cooking workshops, face-to-face (F2F) and online (OL) module, focusing bone health nutrition based on district residents' health need, were piloted and compared during Nov., to March 2022. Due to 5th wave of Covid-19, actual cooking practical at CTK for F2F module have modified to a pre-recording cooking video for OL module performed by RD. All participants received calcium-rich recipe and completed a post-workshop Knowledge-Attitude-Behavioural test (KAB) to examine their understanding of bone health eating principles, attitude, and readiness for a long-term adaptation to healthy eating.

Results:

A total of 16 and 29 participants (age 31 – 80, average 67) attended F2F and OL respectively, with 100% and 66% post-test response rate. KAB scores were all met with target level (TL) for both modules. Average knowledge scores for F2F and OL were 83% and 87% (TL >70%); average attitude scores were 92% and 99% (TL >60%); average behavioural scores were 89% and 93% (TL >50%) and average satisfaction scores were 86% and 93% (TL >80%) respectively.

Conclusions:

Despite tightened social distancing measures during 5th wave, people stayed home for safe, comfortable, healthy online learning observed with comparable positive outcome as F2F module, and middle-aged to young-old population accepted the challenge to use advanced technology, future tele-medicine/rehabilitation program would be warranted as smart ageing development in community and as contingency protocol in rapid changing era of the Covid-19 pandemic.

Keywords: Chronic disease management, Healthy Cooking, Online module

Free Paper Competition – Poster Presentation

POSTER 29

"Enhance Safety Culture by Walking Around" - Integrated Safety Round in General Out-patient Clinics of Hong Kong East Cluster

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Introduction:

In order to increase the staff awareness on workplace safety and health as well as develop safety culture, the Quality & Safety Committee of Department of FM&PHC /HKEC initiated to conduct Integrated Safety Round (ISR) in 10 General Out-patient Clinics (GOPCs) since 2017.

Methods:

A team of multidisciplinary staff, including doctors, nurses, hospital administrator, Infection Control nurse, Facility Management staff visited 1-2 clinics every 2 months according to pre-set schedule of Integrated Safety Round and followed up the improvement measures. Integrated round reports with photos were shared in clinic meetings, Q&S Committee and Department Operational Team meetings to share and align practice in all GOPCs. Patient fall, Injury on duty rate, staff and patients' feedback were closely monitored and reviewed in department meetings.

Results:

1. Risks areas were identified and rectified timely; reports and improvement measures were shared in department meetings
2. Clinic staff actively participated in the safety round, provided feedback and shared good practice among GOPCs
3. Decreased patient fall rate by 47% and IOD rate by 36% from 2016-2021

Conclusions:

Regular multidisciplinary team integrated safety round was very effective to engage frontline staff in promotion of safety culture in workplace. The approach also allowed direct communication and collaboration between frontline and management team for continuous quality improvement. Cross clinic visits would be introduced in 2022 as a tool for staff training and development.

Keywords: integrated safety round, quality improvement, multidisciplinary team

Free Paper Competition – Poster Presentation

POSTER 30

Continuing Tele-Web Dietitian Consultation (TWDC) at Community Setting during the Fifth Outbreak of COVID-19 Pandemic in Hong Kong (HK)

Heidi T.M. CHAN, Tony S.F. CHAN
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Introduction:

The trend of telehealth is increasing in HK especially during the 5th wave of COVID-19 pandemic. The ways of people receiving healthcare services were changed due to social distancing measures; numerous non-emergency healthcare services including dietary consultations in the community were affected. Our team have continued TWDC to support patients in need of dietary advice while adhering social distancing measures since 2020. Accumulated experience over the past two years, TWDC has been enhanced on the information exchange with the patients through online platform.

Methods:

Operation procedures with references on relevant overseas guidelines was established, emphasizing on patients' confidentiality (i.e. security of environment and tools like telephone-call or appropriate online software in a private room). Selection of suitable patients, consent on informed choices, limitations of TWDC and professional indemnity coverage were also being reviewed. Visual aids of the nutritional education materials, virtual supermarket tour, and exchange of information (i.e. anthropometric measurement) were used with ZOOM for the TWDC.

Results:

During 1st Apr., to 31st Dec., 2022, the COVID-19 conditions were relatively less severe, there were 18 (2 news and 16 follow-ups). Average number of TWDC was 2 cases per month. Whilst during 1st Jan., until Mar., 2022, when the 5th wave of COVID-19 started in HK, the number of patients received TWDC service rose to 29 cases (2 news and 27 follow-ups.) With more people in HK have used ZOOM since the pandemic, patients appeared more accepting to TWDC via ZOOM, with patient showing kitchen environments/foods stored /meal portions at meal times at home in additional to traditional food records. It significantly facilitated dietitian's assessment and advice-giving process.

Conclusions:

TWDC was used to increase access to community dietetic services despite during severe COVID-19 pandemic and opened up opportunities for outpatients who were unable to attend face to face clinic.

Patients' familiarity with the online platforms could affect the usage of TWDC, therefore, it may be worthwhile to investigate different platforms or software such to broaden population and usage.

Keywords: Dietitian, COVID19, Tele-web

Free Paper Competition – Poster Presentation

POSTER 31

A Novel Approach of using Virtual Activity to Enhance Participants' Healthy Cooking Skills and Nutrition Knowledge by Community Dietitians

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Introduction:

Infection control measures including dine-in bans have been implemented in Hong Kong during the fifth wave of COVID-19, which leading some changes in home cooking and culinary practices among people in Hong Kong.

In order to encourage healthy cooking as part of healthier lifestyle, four-session courses were organized in March 2022 to equip participants with nutrition knowledge and healthy cooking skills. The content covered basic nutrition theory such as creating a well-balanced diet, tips for preparing 3-low-1-high meals with healthier ingredients of various cuisines, as well as menu designing skills and knowledge. Given that the adoption of social distancing measures in public places, the delivery mode was changed from face-to-face to hybrid virtual format (video recordings) and Zoom platform. The aim of this paper is to evaluate the effectiveness of changing participants' Knowledge, Attitude and Behaviour (KAB) before and after the novel course.

Methods:

Pre/post-test were conducted before and after virtual course to evaluate participants' change of KAB (n=14).

Results:

The results of pre/post-test demonstrated improvement on participants' knowledge (Overall average score: 42.9% vs 73.5%) and positive feedback showing increased interest and enjoyment for home cooking were expressed by participants. (Overall average score: 42.8% vs 92.8%). Participants believed that home cooking could facilitate healthy dietary habit and was easy to manage (Overall average score: 14.3% vs 57.2%). Participants were highly satisfied with the virtual cooking class. (Score: 4.4/5).

Conclusions:

The novel course demonstrated virtual cooking class positively improves participants' KAB. By attending the virtual activity, participants can develop cooking skills and raise nutrition knowledge to initiate healthy cooking practices in sustaining a hearty eating pattern. Besides, community dietitians (facilitators) can reveal participants' needs and preference for developing future classes. The novel virtual activity may be more effective than conventional approach in terms of interactive learning, time management and preservation of education materials to improve participants' overall health outcomes.

Keywords: Healthy Cooking, Nutrition, Virtual Activity

Free Paper Competition – Poster Presentation

POSTER 32

Case Review of an Underweight End Stage Renal Disease Patient Presented with Hyperkalaemia for Dietary Management by Registered Dietitian via TeleHealth Consultation

Heidi T.M. CHAN, Aster Y.T. CHAN
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Introduction:

People suffering from End Stage Renal Disease (ESRD) would require to have dietary modification to minimize complications. . Complications like hyperkalaemia, hyperphosphatemia and hypertension may compromise the dietary variety and appetite of patients, leading to increased risk of underweight. Under COVID-19 pandemic, foods supply in Hong Kong was greatly impacted, with delayed follow up treatments with health professionals may pose physical and psychological stress to patients. This case review aims to demonstrate the needs of TeleHealth Medical Nutrition Therapy (MNT) provided by Registered Dietitian for renal patients with multiple complications to improve health outcomes during the 5th pandemic wave.

Methods:

A 40 y.o. female with history of hearing loss, ESRD, insulin-dependent T2DM, hyperlipidemia, hypertension with ventricular hypertrophy, presented with hyperkalaemia and underweight (BMI = 17.0kg/m2) was referred. TeleHealth (Zoom consultation) was arranged with dietitian in view of her urgent need under COVID-19 pandemic. Patient attended the session with her father as carer.

Anthropometric and biochemical measurements were collected by patient and medical team. Nutritional assessment was conducted at initial consultation, with dietary pattern and nutritional adequacy analysed by dietitian.

Results:

Nutrition diagnosis were irregular meal pattern, inadequate energy intake, inappropriate intake of carbohydrates and potassium, related to over restriction of seasoning/fruit and vegetables/variety of meals, with lack of previous nutritional education, corresponding to T2DM diet management and high potassium foods.

Dietary advice (Calorie Counted with DM plan, moderate protein and fat diet with even distribution of carbohydrates among regular meals) was given to patient and carer by dietitian. Education on carbohydrate counting, high potassium foods and seasoning usage were focused for complication management. SMBG were encouraged for monitoring prior follow up.

Conclusions:

Patients with complicated diseases experience barriers in seeking appropriate and timely professional advice during COVID, which may compromise disease prognosis. Dietetic MNT via TeleHealth plays an important role in the management of chronic diseases for better overall health outcomes.

Keywords: TeleHealth, Dietary Management, Dietitian

Free Paper Competition – Poster Presentation

POSTER 33

Upskilling Elderly in Smartphone Technology for Health

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Introduction:

Health care access and monitoring in 2022 requires competency in use of mobile technology. The elderly in Hong Kong are left behind as many have minimal such knowledge even if they have a smartphone.

Methods:

Our team designed a course specifically to upskill the elderly in this technology to improve their health literacy, access to healthcare and self-monitoring. Small group face-to-face classes were conducted by social worker and assistant in 3 districts – Tai Po, Tin Shui Wai, Kwun Tong- from 1 April 2021 to 31 March 2022 in between covid waves.

Results:

Total 321 elderly joined the classes. Skills upgraded included general basic functions of a smartphone in IOS and Android; use of QR code scanner, how to fill out forms on electronic platform, use of Whatsapp and Wechat and Zoom, google map, search for bus route, enlarging fonts, how to operate the built in camera and the smart camera, uploading photos, Centre for health protection website and covid vaccination, use of HA GO app etc.

There was a high degree (85.7%) client satisfaction on evaluation. Small group setting allowed interaction with peers. Feedback form elderly included the desire to be able to see more of their own health details on the HA Go app. They reported more confidence in clicking on links for recorded exercise videos or install exercise apps. Through e-Health/HA Go apps, they can trace booking information at Government clinics and personal drug information, record personal health indices such as blood pressure, blood sugar.

Conclusions:

Many community elderly live alone and are left out of the health care system through lack of competence in mobile technology use. These classes empowered elderly with such skills to manage daily life as well as health information access. As technology accelerates, ongoing skills training should be made available to all elderly who wish to join.

Keywords: Elderly, Mobile Technology, Medical Social Collaboration

Free Paper Competition – Poster Presentation

POSTER 34

An Infant with Umbilical Hernia

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Introduction:

Umbilical hernias are common in infants. Family physicians should know its presentation, the red flags and the natural course of the condition and advise the parents accordingly.

Methods:

The Case:

A 49-day old infant girl born at 36 weeks maturity was brought by her mother to a GOPC for an umbilical swelling noted since a few days ago. It was more obvious when the baby was crying. The infant also had repeated vomiting for the past 1 week, the onset time can be up to 3 hours after feeding. She had no fever, but was more irritable than before. She had normal bowel opening and urination. Physical exam showed an umbilical hernia. The infant was well perfused. In view of the repeated vomiting, she was referred to the hospital.

Results:

The infant was admitted through the emergency department. After admission, she vomited twice without bilious fluid. She had normal bowel opening and her umbilical hernia was reducible. Over-feeding was noted upon further enquiry with the parents. She was discharged with follow up.

Discussion: Around 20% of babies are born with umbilical hernias. The condition is usually detected during newborn examination. The majority (90%) of the umbilical hernias present during infancy will naturally close by the child's 5th year of age. Surgical intervention earlier than that is required only in a minority of patients such as strangulated hernia, large, trunk-like hernias without any decrease in size of the umbilical ring defect over the first 2 years of life, hernias associated with genetic and syndromic conditions (since these are less likely to have spontaneous closure).

Conclusions:

Family physicians should note the red flags in patients presenting with umbilical hernia. In stable cases, the natural course of the condition and its management should be conveyed to the parents to alleviate any unnecessary worries.

Keywords: Umbilical hernia, clinical presentation, management

Free Paper Competition – Poster Presentation

POSTER 35

The Way Forward for DHC – Tai Po DHCE Experience Review and Sharing

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Service Development Division, United Christian Nethersole Community Health Service

Introduction:

The District Health Centre (DHC) is a district-based medical-social collaboration scheme to raise public awareness on personal health management, enhance disease prevention, and strengthen medical and rehabilitation services in the community. The government set up DHC in Kwai Tsing District in 2019 and progressively to all 18 districts.

Tai Po District Health Centre Express (TP-DHCE) as one of the eleven interim DHCE was bought into operation in October 2021. We provide a brand new type of service in TP-DHCE includes health promotion, health screening for target groups, and chronic disease management. It is a huge challenge for our team and yet it is full of opportunities.

Methods:

Gather and review feedbacks and comments from DHC staff and different stake-holders in the community.

Results:

At the beginning, people are unclear about the service scope of DHCE. The three main concerns we often encountered are DHCE disturbs the healthcare market; DHCE service overlaps existing service; and DHCE is impotent as there are no medical consultation provided. Numerous clarification and explanation was done and, gladly, people starts to understand. TP-DHCE is now operated for nearly 6 months, with more than 1000 recruited members, we believe it is a good start. In spite of the fact that member profile skewed to elderlies and female, other groups are catching up. Moreover, TP-DHCE participated in fighting COVID-19 which illustrated the strong supportive role of DHCE in the whole healthcare system.

Conclusions:

We conclude that, to maximize the impact of DHCE to the society, there are three main tasks to achieve. Firstly, we have to be clear and make clear of the role of DHC in the healthcare system. And then, in order to provide high quality service, we need to strengthen medical-social collaboration and continuously evaluate and learn with an open-mind. We believe in the coming future, DHC could be an essential part of primary care in Hong Kong.

Keywords: District Health Centre, Medicalsocial Collaboration, Prevention

Free Paper Competition – Poster Presentation

POSTER 36

Underprivileged Women Still Have Higher Rates of Pap Smear Abnormality

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Introduction:

Regular cervical screening has become routine for most Hong Kong women. The incidence of cervical cancer has reduced over that past 20 years. However, there are still some groups who are relatively underscreened and at higher risk for cervical cancer.

Methods:

This is a descriptive analysis of cervical screening done in the medical service of the United Christian Nethersole Community Health Service (UCN). In 2021, 7892 women received cervical screening by pap smear in 5 UCN clinics with 61.4% of cases from routine health check service. Most of the cases were middle aged or older, with 50.4% of clients aged 40-59 years. More than one third of cases, 38.1% had a 12-35 months interval from the previous PAP. Of the 7892 women, 833 (10.55%) were either domestic helpers or South Asian ethnic minorities who received subsidized service. There were more cases having their first ever Pap smear under two subsidised service categories, where 56.15% of the domestic helper group and 27.04% of the South Asian group were first-time up takers of PAP, compared to 8.8% to 9.8% of non-subsidized group.

Results:

The epithelial cell abnormality rate overall was 4.61%. This is lower than the 5.6% in Hong Kong territory-wide prevalence 1. But, subsidised service clients showed a significantly higher in epithelial abnormality rate, with 8.82% of domestic helpers and 9.06% of South Asian ethnic minorities screening positive. ASCUS accounted for about 72.5% of all types of abnormality in 2021.

Conclusions:

Clients who belonged to subsidized service group had a higher prevalence of abnormality. It is easy to understand that considering they were from under-privileged/ethnic minority groups in the community. Active education of importance of PAP smear to ethnic minority groups is needed. For the 18-39 age group, health promotion for regular PAP is needed considering most of them may only attend the PAP if signs and symptoms already present. The active opportunistic promotion of Pap smear by doctors during consultations is encouraged. Systematic and subsidised cervical screening should be promoted and made accessible to all women including ethnic minorities and underprivileged group.

Acknowledgements:

Subsidised PAP smear for domestic helper group by S.K Yee Medical Foundation;

for South Asian ethnic minority group by The Community Chest of Hong Kong

Keywords: cervical screening, ethnic minority, underprivileged

Free Paper Competition – Poster Presentation

POSTER 37

Virtual Home Visit Mode Health Promotion on COVID-19 Prevention

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Introduction:

Since March 2021, UCN had been providing home visit based health promotion on COVID-19 prevention, however face to face mode had to be drastically terminated due to COVID-19 pandemic 5th wave. As it was inevitable that the vulnerable ethnic minority needed the service different mode was adopted to continue the service

Objective:

- To promote COVID-19 prevention measures through virtual home visit mode.
- To provided Ethnic Minorities accurate information on COVID-19 vaccination

Methods:

Ethnic minorities living in Yau Tsim Mong, Sham Shui Po, Yuen Long and Kwai Chung were targeted. Online mode such as Zoom and WhatsApp video calls were used. Contacts of contact methods were used to reach out to the community. A structured baseline questionnaire used. Online demonstration of hand hygiene and environmental hygiene was done

Results:

From January to March 2022 total of 464 virtual home visit was conducted. All the participant who agreed for virtual home visit appreciated that the online mode was useful as they could still get the service which was timely and informative. They were also able about to seek assistance for booking vaccination and join the group vaccination.

Conclusions:

This is the era of technology , thus to reach out to the unreachable who may fall of the safety net due to various reasons, therefore a committed and versatile mode of service should be implemented. The study findings provide valuable information for further development of a culturally relevant virtual health promotion on different health promotion intervention.

Keywords: Virtual home visit, Health Promotion, COVID-19 prevention

Free Paper Competition – Poster Presentation

POSTER 38

COVID-19 Care Package with Health Information for Ethnic Minorities in Hong Kong

S. GURUNG, D. GURUNG
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Introduction:

So far COVID-19 pandemic 5th wave is one of the hardest time effecting everyone in Hong Kong. During such time, it is inevitable that the grassroots vulnerable groups are effected even more, due to various reasons such as lack of access, community and cultural difference myths, social and financial issues. All this will eventually have impact in health of a person as a whole, particularly on mental health.

Objective:

- To provide much needed care package during the COVID-19 pandemic.
- To provided Ethnic Minorities information on coping strategies for mental health care

Methods:

Ethnic minority's families living in Yau Tsim Mong, Sham Shui Po, and Yuen Long were target. Volunteers were recruited to provide the service. A care package containing mask, RAT kits, sanitizers, milk powder and multivitamins were packed.

A multilingual leaflet with title "Let's fight the virus with peace of mind "containing information and coping strategies for mental health was developed. The leaflets also contained information on where to get the updated and accurate information on COVID-19 prevention.

Results:

From 21st March to 8th April 2022, a total of 693 care package with health information were distributed, reaching out to 2725 household members. 14 volunteers contributed to the project. Collaboration was made with 5 different organization.

Conclusions:

There are many organization providing the COVID-19 care package, a care package with nutritious substance cum vitamins and multilingual health information made it a special care package in need during this pandemic. This small scale project is evident that health promotion could be done in versatile mode.

Keywords: COVID-19 care, health information, Ethnic Minorities

Free Paper Competition – Poster Presentation

POSTER 39

COVID-19 Vaccination Uptake amongst Different Aged Group Ethnic Minorities

S. GURUNG, R. CHODOR
United Christian Nethersole Community Health Service (UCNCHS)

Introduction:

COVID-19 Vaccination for young Children (starting 3 yrs old), started from January 2022. UCN has a health promotion project for ethnic minorities on COVID-19 prevention, the project team started getting enquires regarding children's vaccination, in the meantime was also receiving enquiries on 3rd dose for adults.

Objective:

- To promote COVID-19 prevention measures including vaccination
- To provide accurate information on COVID-19 vaccination

Methods:

A structured questionnaire assessment to assess uptake of COVID-19 vaccination amongst different age group. Assessment conducted on virtual mode Zoom, WhatsApp. As the vaccination for young children started in January 2022, assessment included uptake of 1st dose amongst children aged 3-17 yrs old, while for those aged 18 yrs and above uptake of 3rd dose.

Results:

From February to March 2022, total of 360 questionnaire assessment was conducted, reaching out to 1339 household members. Overall 82% (1106/1339) had taken at least 1 dose of COVID-19 vaccination but fully vaccination rate varied amongst different age group. Amongst the age group 3-17 yo, 47.6% (118/247) had taken at least 1 dose of COVID-19 vaccination. Those aged 18-19 yo 31% (304/973) had 3rd dose and age =>60 yo, 21.6% (8/37) had 3rd dose.

Conclusions:

COVID-19 vaccination is effective in fighting the COVID-19 virus. This study identified that the uptake of vaccination amongst the ethnic minority children and 3rd dose amongst adult and elderly is lagging behind. It is early to draw conclusion with this small sample size and within 2 months of start of children vaccination. However to an extend it reflects the current vaccination uptake amongst ethnic minority children and 3rd dose uptake amongst adults. Therefore at present there is a need for promotion of COVID-19 vaccination amongst ethnic minority groups.

Keywords: COVID-19 vaccination, Age group, Ethnic minorities

Free Paper Competition – Poster Presentation

POSTER 40

COVID-19 Influence: Intention of Smoker and Different Mode of Service to Assist Smokers to Quit

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United Christian Nethersole Community Health Service (UCNCHS)

Introduction:

Apart from current pandemic of COVID-19, tobacco epidemic is always influencing public health crisis. Support from smoking cessation service (SCS) to smokers, especially for those who are determined to quit, plays an important role in a community health setting. Under the pandemic, Mail-to-Quit (MTQ) service is introduced to help service seekers receive SCS without attending clinic appointments.

Aims and objectives:

- To study their intention and quitting performance among self-confidence level upon 8th week and 26th week after enrollment
- To assess the quit rate on Clinic-Based and MTQ mode

Methods:

- A baseline assessment with structured questionnaire.
- Flexible approach was adopted, clinic based or online counselling, follow up and postage of Nicotine Replacement Therapy (NRT).

Results:

From 1st April 2021 to 31st March 2022, a total of 1006 smokers received service, of which 478 used clinic-based service and 578 with MTQ service. The quit rate of clinic-based mode was higher than MTQ service (42% and 23% respectively upon 8-week follow up, while 46% and 28% respectively upon 26-week follow up). However, the reduction rate was similar (83% and 74% respectively upon 8-week follow up, while 79% and 84% respectively upon 26-week follow up). The self-confidence score indicated by the service seekers had a proportional relationship with their quit rate.

Conclusions:

This study shows that self-confidence of the service seeker is a determinant for smokers to quit, thus while assessing the cases, the case manager need to assess accordingly. Though the quit rate amongst clinic based service is higher compared to MTQ, this has the examined further as in the 5th wave of COVID-19 majority of our cases used MTQ service.

Keywords: Self-Confidence, Smoking Cessation, Quit-Rate

Free Paper Competition – Poster Presentation

POSTER 41

Family Roles in Supporting Healthy Eating among Adolescents – Qualitative Interviews with Parent-adolescent Dyads

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Introduction:

Healthy eating is vital in reducing adolescent obesity and future morbidities. While family influence on adolescent eating habits is well-studied, how families are able to support healthy eating in adolescents varies culturally. This study aims to explore the factors underlying family influence of adolescent knowledge, attitudes and practices (KAP) of healthy eating in local context.

Methods:

Parent-adolescent dyads were purposively sampled by age, gender, dietary intake and household income until data saturation. A semi-structured interview of 30 to 60 minutes was conducted by Zoom conferencing with each family. The interviews were audiotaped, transcribed verbatim in Chinese, and independently analyzed by two coders using thematic analysis.

Results:

25 adolescents aged 12 to 19 years and their mothers participated. We ascertained family roles of nutrition education, role modeling and food availability in promoting dietary KAP in adolescents. Five domains were found underlying these family roles – 1) Authoritative parenting style (child involvement, family expectation, cultivation of preference), 2) Parental dietary knowledge (preparation of home meals, healthy food choice), 3) Parental dietary attitudes (priority of family health, importance of healthy eating to child), 4) Family heath (experience of health problems) and 5) Socio-economic factors (limited time, cost concerns).

Conclusions:

This study highlights the supporting roles of authoritative parenting styles, parental dietary knowledge and attitudes, and family health in family influence on adolescent KAP of healthy eating. Health education on parents should promote their food skills, health concern and adoption of authoritative parenting to secure healthy home food environment for adolescents. Cultivating child preference for healthy food and involving child in meal planning and preparation are possible solutions to time and cost barriers in healthy home cooking.

Keywords: Eating habits, Adolescent, Family influence

Free Paper Competition – Poster Presentation

POSTER 42

An Overview of General Practitioner Consultation in China: A Direct Observational Study

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Introduction:

General practitioner (GP) consultation has long been seen as an important point of general practice, but few studies have looked into the details of its characteristics in China. This study aimed to explore the content and open the black box of GP consultation in Chinese general practice.

Methods:

A multimethod investigation of GP consultation was conducted in eight community health centers, in Guangzhou and Shenzhen, China. Data of 445 GP consultations was collected by direct observation and audio tape. Frequency and detailed time length of the different content of the consultation were analyzed using a modified Davis Observation Code. GP and patient characteristics were collected by a post-visit survey respectively.

Results:

The mean duration of visits was approximately 5.4 minutes. GPs spent the most time on planning treatment, taking history, negotiation, taking notes and physical examination, and were less involved in health promotion, family information, substance use, taking procedures, and counseling. The time length of taking procedures ranked the first (with the number of 66 seconds), followed by history taking (65s) and planning treatment (63s). Besides, it was prominent that patients were very active in the consultation, the topics of which were always related to medicine ordering and drug cost issues.

Conclusions:

This study described the profile of GP consultation and illustrated the complexity of care provided by GPs in China. As patient activation in GP consultation became more and more important, future studies also need to explore how to promote the engagement of patients in the whole consultation process other than just requesting for medicine.

Keywords: General practitoner consultation, Doctor-patient relationship, David Observational Code

Free Paper Competition – Poster Presentation

POSTER 43

Development and Validation of a Rapid Assessment Version of the Assessment Survey of Primary Care(RA-ASPC) Scale in China

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Introduction:

Measuring quality of primary care has attracted much attention around the world. Our team has developed and validated an Assessment Survey of Primary Care (ASPC) for assessing quality of primary care in China. To facilitate the daily use of ASPC, this study aimed to develop and validate a rapid assessment version of ASPC (RA-ASPC) in China.

Methods:

This is a multi-phase study on 21 experts and 1,184 patients from 12 primary care facilities in ten cities. Importance, representativeness, easy understanding, and general applicability of each item in ASPC scale were rated to select the top two ranked items for constituting RA-ASPC. Reliability of RA-ASPC was tested by calculating both Cronbach's alpha and McDonald's omega coefficients. Structural validity was assessed by exploratory and confirmatory factor analysis (EFA and CFA). Concurrent validity was performed by analysing the relationship between RA-ASPC and patient satisfaction. Discriminant validity was tested by assessing the difference of RA-ASPC scores between patients with or without family doctors.

Results:

Ten items were selected for RA-ASPC. Both Cronbach's alpha (0.732) and McDonald's omega (0.729) suggested satisfactory internal consistency. In EFA, explained variance of RA-ASPC (72.6%) indicated its ability to measure quality of primary care in China. CFA indicators showed convincing goodness-of-fit (GFI=0.996, AGFI=0.992, CFI=1.000, NFI=0.980, RMR=0.022, and the RMSEA=0.000) for RA-ASPC. Positive association between RA-ASPC and patient satisfaction supported the concurrent validity of RA-ASPC. Patients with family doctors perceived higher quality of primary care than those without family doctors, indicating good discriminant validity of RA-ASPC scale.

Conclusions:

The theoretical framework of RA-ASPC was in line with internationally recognized core functions of primary care. Good psychometric properties of RA-ASPC proved its appropriateness in assessing quality of primary care from patients' perspectives in China.

Keywords: Scale development and validation, Primary care quality assessment, COSMIN checklist

Free Paper Competition – Poster Presentation

POSTER 44

Incidence, Morality, Risk Factors, and Temporal Trends of Cervical Cancer

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Introduction:

The current study aimed to provide an updated overview of the worldwide distribution, risk factors, and temporal trends of cervical cancer in different countries and age groups.

Methods:

Age-standardised rates (ASR, per 100,000 persons) for incidence and mortality of cervical cancer were obtained from the Global Cancer Observatory database. Prevalence of risk factors, such as alcohol drinking, smoking, obesity, and hypertension was retrieved from the Global Health Observatory database. Associations between risk factor prevalence and incidence and mortality rates of cervical cancer were examined utilising a multivariable linear regression analysis, adjusting for human development index (HDI) and gross domestic products (GDP) per capita. A joinpoint regression analysis was conducted to calculate the 10-year annual average percent change (AAPC) for cervical cancer incidence and mortality.

Results:

In 2020, a total of 604,127 new cases (ASR, 13.3) and 341,831 deaths (ASR, 7.3) of cervical cancer were reported worldwide. The highest incidence and mortality rate were observed in Eastern Africa (ASRs, 40.1 and 28.6) and countries with low HDI (ASRs, 29.8 and 23.0). Countries with higher incidence and mortality had lower HDI (β = –8.19, 95% CI -11.32 to –5.06, $p < 0.001$; β = –7.66, CI -9.82 to –5.50; $p < 0.001$) but higher alcohol consumption (β = 1.89, 95% CI 0.59 to 3.19, $p = 0.005$; β = 0.98, CI 0.08 to 1.88; $p = 0.033$). An increasing trend of incidence was also observed in younger populations, with significant rates detected in Cyprus (AAPC, 6.96), Sweden (AAPC, 4.88), and Norway (AAPC, 3.80).

Conclusions:

Cervical cancer incidence and mortality were observed to be highest in regions with low and medium HDI, thus reflecting a heavier burden upon the healthcare system. Higher rates were associated with a higher prevalence of alcohol consumption. Although there was a decrease in the overall burden caused by cervical cancer, a rise in incidence and mortality was reported in some regions. It is recommended that more intensive preventive strategies should be formulated to target these specific populations.

Keywords: Cervical Cancer, Epidemiology, Risk Factors

Free Paper Competition – Poster Presentation

POSTER 45

Prevalence of Metabolic Syndrome in Chinese Population: A Meta-Analysis

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Introduction:

The adoption of a sedentary lifestyle and rising rates of obesity in recent years has led to a marked increase in the prevalence of metabolic syndrome. Metabolic syndrome is considered an important risk factor associated with health conditions, such as diabetes and cardiovascular disease, that may increase all-cause mortality. As few studies have examined the gender difference in metabolic syndrome prevalence, the present study compared the prevalence and temporal trends of metabolic syndrome across Chinese women and men.

Methods:

A PRISMA-compliant search in MEDLINE and Embase was conducted for epidemiological studies reporting the prevalence of metabolic syndrome in Chinese individuals. Data was extracted from population-based studies on individuals aged 15 years and older and a random-effect model was used to estimate the prevalence and 95% confidence interval (CI). Within the study variability by binomial distribution and Freeman-Tukey double arcsine transformation was modelled to stabilise variances. Subgroup analyses were organised by sex, age, region, and screen period.

Results:

In the 80 eligible studies with 734,511 subjects, the overall prevalence of metabolic syndrome in China was 22.0% (95% CI 19.9–24.1). Its prevalence was higher in women (23.6%, 21.0–26.3) than in men (21.0%, 18.8–23.3), in urban areas (23.5%, 20.7–26.0) more than in rural regions (20.3%, 16.4–24.6), and in people older than 40 years (27.6%, 23.9–31.6) than in those aged 15–40 years (8.3%, 6.5–10.3). Between the years 1991 to1995 and 2011 to2015, the prevalence of metabolic syndrome rose rapidly from 8.8% (2.8–17.7) to 29.3% (21.8–37.3), with a greater increase observed in women (from 7.9% to 30.7%) than in men (9.4% to 27.2%).

Conclusions:

Due to the rising prevalence of metabolic syndrome in Chinese women, it is suggested that targeted lifestyle interventions and early screening programmes should be implemented for better overall health outcomes.

Keywords: metabolic syndrome, prevalence, Chinese

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NAME OF THE MEDICINAL PRODUCT; CHOLIB TABLETS 145MG/20MG; QUALITATIVE AND QUANTITATIVE COMPOSITION: One film-coated tablet contains 145 mg of fenofibrate and 20 mg of simvastatin. **Therapeutic indications:** Cholib is indicated as adjunctive therapy to diet and exercise in high cardiovascular risk adult patients with mixed dyslipidaemia to reduce triglycerides and increase HDL-C levels when LDL-C levels are adequately controlled with the corresponding dose of simvastatin monotherapy. **Posology and method of administration:** Secondary causes of hyperlipidaemia, such as uncontrolled type 2 diabetes mellitus, hypothyroidism, nephrotic syndrome, dysproteinemia, obstructive liver disease, pharmacological treatment (like oral oestrogens), alcoholism should be adequately treated, before Cholib therapy is considered and patients should be placed on a standard cholesterol and triglycerides-lowering diet which should be continued during treatment. Contraindications: Hypersensitivity to the active substances, peanut, soya or to any of the; Known photoallergy or phototoxic reaction during treatment with fibrates or ketoprofen; Active liver disease or unexplained persistent elevations of serum transaminases; Known gallbladder disease; Chronic or acute pancreatitis with the exception of acute pancreatitis due to severe hypertriglyceridaemia; Moderate to severe renal insufficiency (estimated glomerular filtration rate < 60 mL/min/1.73 m2); Concomitant administration of fibrates, statins, danazol, ciclosporin or potent cytochrome P450 (CYP) 3A4 inhibitors; Concomitant administration of glecaprevir, pibrentasvir, elbasvir or grazoprevir; Paediatric population (age below 18 years); Pregnancy and breast-feeding; Personal history of myopathy and/or rhabdomyolysis with statins and/ or fibrates or confirmed creatine phosphokinase elevation above 5 times the upper limit of normal (ULN) under previous statin treatment; Concomitant administration of amiodarone, verapamil, amlodipine or diltiazem; strong CYP3A4 inhibitors (e.g itraconazole, ketoconazole, posaconazole, voriconazole, HIV protease inhibitors, boceprevir, telaprevir, erythromycin, clarithromycin, telithromycin and nefazodone), gemfibrozil, ciclosporin and danazol. **Special warnings and precautions for use:** Simvastatin 80 mg should be used only in patients who have been taking this dose for 12 months or more without evidence of muscle toxicity.; Simvastatin 80mg should not be started in new patients, including patients already taking lower doses of the drug.; It is recommended that liver function tests should be performed before the initiation of Cholib, and thereafter when clinically indicated. **Interaction with other medicinal products and other forms of interaction:** Do not exceed 10 mg simvastatin daily with verapamil, diltiazem and other fibrates (except fenofibrate).; Do not exceed 20 mg simvastatin daily with amiodarone, amlodipine and ranolazine.; Patients should be closely monitored when taking fusidic acid with simvastatin. Temporary suspension of simvastatin treatment may be considered.; Avoid grapefruit juice when taking simvastatin. **Undesirable effects:** The most commonly reported adverse drug reactions (ADRs) during Cholib therapy are increased blood creatinine, upper respiratory tract infection, increased platelet count, gastroenteritis and increased alanine aminotransferase.

For healthcare professional only. Full prescribing information available on request.

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References: 1. O'Byrne PM et al. N Engl J Med 2018; 378: 1865-76. **2.** Bateman ED et al. N Engl J Med 2018; 378: 1877-87. **3.** Beasley R et al. N Engl J Med 2019; DOI: 10.1056/NEJMoa1901963. **4.** Hardy J et al. Lancet 2019; Published online Aug 23, 2019; http://dx.doi.org/10.1016/S0140-6736(19)31948-8. **5.** Kuna P et al. Int J Clin Pract 2007 (May); 61(5): 725 – 36. **6.** Bousquet J et al. Respir Med 2007; 101: 2437 – 46. **7.** Sobieraj DM et al. JAMA 2018; doi: 10.1001/jama.2018.2769. **8.** Symbicort Hong Kong Package Insert. Feb 2021.

Presentation: Budesonide/Formoterol Turbuhaler. **Indications:** In adults and adolescents (12 years and older), for the treatment of asthma, to achieve overall asthma control, including the relief of symptoms and the reduction of the risk of exacerbations. Symptomatic treatment of moderate to severe COPD in adults. **Dosage: Asthma *1) Symbicort anti-inflammatory reliever therapy (patients with mild disease) 160/4.5 mcg Turbuhaler*** *Adult & Adolescent ≥ 12yr:* 1 inhalations as needed in response to symptoms. If symptoms persist after a few minutes, 1 additional inhalation should be taken. No more than 6 inhalations should be taken on any single occasion. A total daily dose of more than 8 inhalations is normally not needed, however a total daily dose of up to 12 inhalations can be used temporarily. ***2) Symbicort maintenance and reliever therapy*** *Adult & Adolescent ≥ 12yr:* Patients should take 1 inhalation of Symbicort Turbuhaler 160/4.5 mcg as needed in response to symptoms to control asthma. If symptoms persist after a few minutes, 1 additional inhalation should be taken. No more than 6 inhalations should be taken on any single occasion. Recommend maintenance dose is 1 inhalation b.d. and some may need 2 inhalations b.d.. A total daily dose of more than 8 inhalations is normally not needed, however a total daily dose of up to 12 inhalations can be used temporarily. ***3) Symbicort maintenance therapy 160/4.5 mcg Turbuhaler*** *Adult & Adolescent ≥ 12yr:* 1-2 inhalations b.d.. Max daily dose is 4 inhalations. **COPD *160/4.5 mcg Turbuhaler*** *Adult:* 2 inhalations b.d.. Max daily dose is 4 inhalations. **Contraindications:** Hypersensitivity to budesonide, formoterol or lactose. **Precautions:** Should be used for the shortest duration of time required to achieve control of asthma symptoms. Should only be used long-term in patients whose asthma cannot be adequately controlled on asthma controller medications. Not be used to initiate treatment with inhaled steroids in patients being transferred from oral steroids. It is recommended that the maintenance dose be tapered when long-term treatment is discontinued. Potential systemic effects of ICS, HPA axis suppression and adrenal insufficiency, bone density, growth, visual disturbance, infections/tuberculosis, sensitivity to sympathomimetic amines, cardiovascular disorders, hypokalaemia, diabetes, pneumonia, lactose, pregnancy & lactation. Not recommended for children below 12 years of age. Incidence of candidiasis can be minimized by having patients rinse their mouth out with water after inhaling their maintenance dose. **Interactions:** CYP3A4 inhibitors, beta-receptor blocking agents, other sympathomimetic agents, Xanthine derivatives, mineralocorticosteroids and diuretics, Monoamine oxidase inhibitors, tricyclic antidepressants, quinidine, disopyramide, procainamide, phenothiazines and antihistamines. **Undesirable effects:** Palpitations, Candida infections in the oropharynx, headache, tremor, mild irritation in the throat, coughing, hoarseness. **Full local prescribing information is available upon request.** API.HK.SYM.0721

Please visit contactazmedical.astrazeneca.com, for (1) enquiring Medical Information (MI), (2) reporting Individual Case Safety Report (ICSR) and/or (3) reporting product quality complaint (PQC) to AstraZeneca Hong Kong Limited.

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HK-5814 27/08/2021

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forxiga®
(dapagliflozin)

BRING PROTECTION TO LIFE IN CKD

THE ONLY SGLT2i

Now Approved for Chronic Kidney Disease Treatment*,¶¶,1

↓39% Composite of CKD progression†, ESKD, and renal or CV death‡ vs placebo (NNT=19 patients)
(HR 0.61; 95% CI, 0.51, 0.72; p<0.001)[2]

↓31% All-cause mortality vs placebo
(HR 0.69; 95% CI, 0.53, 0.88; p=0.004)[2]

↓29% Composite of CV death or hHF vs placebo
(HR 0.71; 95% CI, 0.55, 0.92; p=0.009)[2]

Slowed eGFR deterioration
(Between-group change/year in mean eGFR (chronic slope)): 1.9 mL/min/1.73 m² (FORXIGA/placebo)[2]

Consistent Efficacy§
Regardless of T2D status[3], baseline eGFR[1,2], CKD stage** and aetiology[1†,3,4]

Simple and well tolerated
Consistent safety shown in patients with CKD, with or without T2D[2,3].
Similar hypoglycaemia rates¶ and less frequent AKI-related SAEs vs placebo[3,5]

INITIATE TREATMENT§§

GFR ≥25

ONCE DAILY 10 tablet NO TITRATION††

For broad range†† of CKD patients, TREAT EARLY WITH FORXIGA NOW

* FORXIGA is indicated for the treatment of chronic kidney disease in adult patients with or without T2D.
† ≥50% sustained decline in eGFR.
‡ There were comparable rates of the individual component of CV death vs placebo (3.0% vs 3.7%; HR 0.81; 95% CI, 0.58, 1.12).
§ Primary composite endpoint of ≥50% sustained decline in eGFR, reaching ESKD, and renal or CV death. ESKD is defined as the need for maintenance dialysis for at least 28 days and renal transplantation or sustained eGFR <15 mL/min/1.73m² for at least 28 days.
¶ Baseline eGFR categories: <45 mL/min/1.73m² and ≥45 mL/min/1.73m².
¶ Observed only in T2D patients.
** CKD stage groups: Stage 4 and Stage 2/3.
†† Diabetic nephropathy, glomerulonephritides, ischaemic or hypertensive CKD, or CKD of other or unknown cause.
‡‡ In patients with severe hepatic impairment, a starting dose of 5 mg is recommended. If well tolerated, the dose may be increased to 10 mg.
§§ In DAPA-CKD, patients may continue on FORXIGA 10 mg once daily if eGFR falls below 25 mL/min/1.73m².
¶¶ Due to limited experience, it is not recommended to initiate treatment with dapagliflozin in patients with GFR <25 mL/min.

AKI, acute kidney injury; CI, confidence interval; CKD, chronic kidney disease; CV, cardiovascular; CVD, cardiovascular disease; eGFR, estimated glomerular filtration rate; ESKD, end-stage kidney disease; HF, heart failure; hHF, hospitalization for heart failure; HR, hazard ratio; SAE, serious adverse event; SGLT2i, sodium-glucose co-transporter-2 inhibitor; T2D, type 2 diabetes; UACR, urine albumin-creatinine ratio.

References: 1. FORXIGA Hong Kong Prescribing Information. 2. Heerspink HJL, et al. N Engl J Med. 2020;383:1436-1446. 3. Wheeler DC, et al. Lancet Diabetes Endocrinol. 2021;9:22-31. 4. Chertow GM, et al. J Am Soc Nephrol. 2021;32:2352-2361. 5. Heerspink HJL, et al. Kidney Int. 2021:S0085-2538(21)00865-6.

Abbreviated Prescribing Information (API)
FORXIGA (dapagliflozin)
Composition: Dapagliflozin propanediol monohydrate film coated tablet, 5 mg or 10 mg. **Therapeutic Indications:** For the treatment of insufficiently controlled type 2 diabetes mellitus in adults as an adjunct to diet and exercise, either as monotherapy when metformin is considered inappropriate due to intolerance, or in addition to other medicinal products for the treatment of type 2 diabetes. For the treatment of symptomatic chronic heart failure with reduced ejection fraction. For the treatment of chronic kidney disease. **Dosage and Administration:** Type 2 diabetes mellitus: Recommended dose is 10 mg to be taken orally once daily at any time of day with or without food. Tablets are to be swallowed whole. Heart Failure: Recommended dose is 10 mg to be taken orally once daily. Chronic Kidney Disease: Recommended dose is 10mg to be taken orally once daily. In patients with severe hepatic impairment, a starting dose of 5 mg is recommended. **Contraindications:** Hypersensitivity to the active substance or to any of its excipients. **Warnings and Precautions:** Renal function, risk of volume depletion and/or hypotension should be taken into account in patients. Dosage of insulin and sulphonylurea (SU) may need to be readjusted to reduce the risk of hypoglycaemia. May add to the diuretic effect of thiazide and loop diuretics and may increase the risk of dehydration and hypotension. Use with caution in patients with increased risk of diabetic ketoacidosis; on anti-hypertensive therapy with a history of hypotension; elderly (≥ 65 years). Treatment should be temporarily interrupted when volume depleted; when treating pyelonephritis or urosepsis; in patients who are hospitalized for major surgical procedures or acute serious medical illnesses, until ketone values are normal. Should not be initiated in patients with type 1 diabetes; hereditary problems of galactose intolerance, total lactase deficiency, or glucose-galactose malabsorption. Additional glucose lowering treatment should be considered for glycaemic control improvement.If GFR is persistently below 45 ml/min for the treatment of diabetes; no dose adjustment is required based on renal function for the treatment of heart failure and chronic kidney disease. Due to limited experience, it is not recommended to initiate treatment with dapagliflozin in patients with GFR < 25 mL/min. Discontinue if suspected or diagnosed diabetic ketoacidosis; if Fournier's gangrene is suspected; when pregnancy is detected; while breast-feeding. Limited or no data in cardiac failure NYHA class IV; pregnancy; and paediatric population. **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 (during initial treatment), and increased haematocrit. Uncommon: Fungal infection, volume depletion, thirst, constipation, dry mouth, nocturia, vulvovaginal and genital pruritus, increased blood creatinine (during initial treatment), increased blood urea, and decreased weight. Rare: diabetic ketoacidosis (when used in type 2 diabetes). Very rare: necrotising fasciitis of the perineum (Fournier's gangrene), angioedema. Not known: acute kidney injury. **Drug interaction:** Coadministration with rifampicin may reduce dapagliflozin systemic exposure; coadministration with mefenamic acid may increase dapagliflozin systemic exposure. Monitoring glycaemic control with 1,5-AG assay is not recommended in patients taking SGLT2 inhibitors. **Storage:** Store below 30 °C. **Local prescribing information is available upon request. API.HK.FOR.1221**

Intended for Healthcare professionals only.
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T2D HF CKD
Bring Protection to Life

HK-6632 17/2/2022 4iC_2172C

In the treatment of patients with type 2 diabetes and established CV disease receiving standard of care,†‡§
CV death can strike at any time

BATTLE CV DEATH NOW MORE THAN EVER§

CV Indication Approved

JARDIANCE demonstrated 38% RRR in CV death[1,2]

- Established HbA1c efficacy[2]
- Demonstrated safety profile[1,2]
- Convenient, once-daily oral dosing[2]

ADA & EASD recognize JARDIANCE as the SGLT2 inhibitor with stronger evidence of CV benefits[3#]

Jardiance®
(empagliflozin)

CV: cardiovascular; RRR: relative risk reduction; ADA: American Diabetes Association; EASD: European Association for the Study of Diabetes; CVD: cardiovascular disease; OAD: oral antidiabetic drug; T2DM: type 2 diabetes mellitus

Reference: 1. Zinman B, et al. N Engl J Med. 2015;373(22):2117-2128. **2.** Jardiance Hong Kong Prescribing Information. **3.** Davies MJ, D'Alessio DA, Fradkin J,et al. Management of hyperglycaemia in type 2 diabetes, 2018. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). Diabetologia. 2018.

† JARDIANCE demonstrated RRR in CV death in adult patients with insufficiently controlled type 2 diabetes (baseline HbA1c 7-10%) and established CV disease (coronary artery disease, peripheral artery disease, or a history of myocardial infarction or stroke).[1]
‡ Standard of care included CV medications and glucose-lowering agents given at the discretion of physicians.[1]
§ Empagliflozin versus placebo on top of standard of care.[1]
\# Management of hyperglycemia in type 2 diabetes, 2018. A consensus report by the ADA and EASD stated that among patients with established CVD, there is likely cardiovascular benefit, with the evidence of benefit modestly stronger for empagliflozin than canagliflozin[3]

JARDIANCE® Abbreviated Prescribing Information (aPI-JARD-01)

Presentation: Empagliflozin. Film-coated tablets 10 mg; 25 mg. **Indications: 10 mg and 25 mg:** Indicated in the treatment of type 2 diabetes mellitus to improve glycaemic control in adults 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; and as add-on combination therapy with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. Indicated in patients with type 2 diabetes mellitus and established cardiovascular disease to reduce the risk of cardiovascular death. **10 mg:** Jardiance is indicated in adults for the treatment of symptomatic chronic heart failure with reduced ejection fraction. **Dosage and administration:** Glycaemic control and Reduction of risk of cardiovascular death: 10 mg once daily. In patients tolerating 10 mg once daily and requiring additional glycaemic control, the dose can be increased to 25 mg once daily. Can be taken with or without food. No dose adjustment is required for patients with eGFR ≥ 30 mL/min/1.73m² or with hepatic impairment, or for elderly patients. **Heart Failure:** 10 mg once daily. In HF patients with or without T2DM, 10 mg may be initiated or continued down to an eGFR of 20 ml/min/1.73m² or CrCl of 20 ml/min. **Contraindication:** Hypersensitivity to empagliflozin or any of the excipients. For Glycaemic Control and Reduction of risk of cardiovascular death, patients with severe renal impairment (eGFR < 30 mL/min/1.73m²), end-stage renal disease and patients on dialysis. The efficacy of JARDIANCE is dependent on renal function. For treatment of heart failure in patients with or without T2DM, 10 mg is not recommended in patients with eGFR < 20 ml/min/1.73m² or CrCl < 20 ml/min. Rare hereditary conditions that may be incompatible with an excipient. **Special warnings and precautions:** Should not be used in patients with type 1 diabetes or for treatment of DKA. Discontinue immediately when DKA is suspected or diagnosed. Treatment should be interrupted in patients who are hospitalised for major surgical procedures or acute serious medical illnesses, and may be restarted once the patient's condition has stabilised. For Glycaemic control and reduction of risk of CV death, discontinue when eGFR < 30 mL/min/1.73m² or CrCl < 30 mL/min. For HF, not recommended when eGFR < 20 mL/min/1.73m². Discontinue in cases of recurrent UTI. Due to a risk of modest decrease in blood pressure, caution should be exercised in patients with known cardiovascular disease, patients on diuretics, patients with history of hypotension or patients aged 75 years and older. Monitoring of volume status and electrolytes is recommended. Regularly examine the feet and counsel patients on routine preventative footcare. Caution is advised in patients at increased risk of genital infections. Avoid use during pregnancy and breast-feeding. Safety and effectiveness in children under 18 years of age have not been established. Initiation is not recommended in patients aged 85 years and older. Urine will test positive for glucose while patients are taking JARDIANCE. **Interactions:** Risk of dehydration and hypotension may increase when used in combination with thiazide and loop diuretics. Lower dose of insulin or an insulin secretagogue may be required to reduce the risk of hypoglycemia when used in combination with JARDIANCE. **Adverse reactions:** Hypoglycaemia (depends on type of background therapy of patients); Urinary tract infection, vaginal moniliasis, vulvovaginitis, balanitis and other genital infection; Increased urination, dysuria; Pruritus; Volume depletion; Thirst; Glomerular filtration rate decreased, blood creatinine increased, haematocrit increased, serum lipids increased. Post-marketing experience: Ketoacidosis, urosepsis, pyelonephritis, necrotising fasciitis of the perineum (Fournier's gangrene), allergic skin reaction, angioedema. **Storage condition:** Please refer to outer packaging for special precautions for storage. **Note:** Before prescribing, please consult full prescribing information.

THE ONLY OAD WITH CV INDICATION

Jardiance is indicated in T2DM patients and established cardiovascular disease to reduce the risk of cardiovascular death[2]

Boehringer Ingelheim

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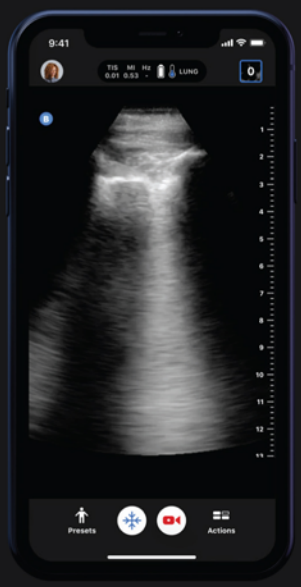

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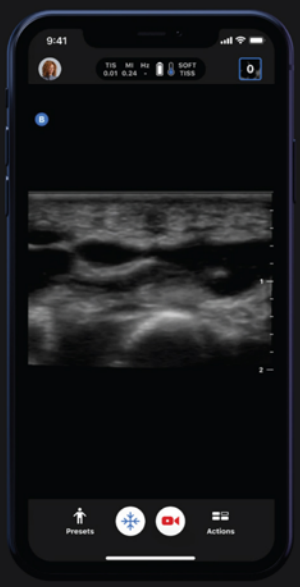
Evaluate urinary retention



Assess soft tissue infection

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once-daily

Lixiana®

edoxaban

Developed with the **Elderly** *in* **Mind**

- **Superior reduction in major bleeding** vs. well-managed warfarin[1]
- **The only NOAC with significant reduction** in CV and all cause mortality in Asian[2*]
- **Can be co-administered with other commonly** used cardiovascular agents[3,4]

Simple and Convenient,
once-daily dosing, with or without food.

NOAC: Novel oral anticoagulants; CV: cardiovascular

* Compare with warfarin

Reference : 1. Giugliano RP, et al. N Engl Med. 2013; 369 (22): 2093-2104. **2.** Chiang CE, et al. J Arrhythm. 2017; 33: 345-367. **3.** Steffel J, et al. EP Europace, 2021; euab065. Available at https://doi.org/10.1093/europace/euab065. Last accessed on 16 Aug, 2021 **4.** Hong Kong Lixiana Package Insert Jul 2019.

LIXIANA® (Edoxaban) 60mg/30mg/15mg film-coated tablets. **Indications:** Prevention of stroke & systemic embolism in adult patients w/ nonvalvular atrial fibrillation (NVAF) w/ ≥1 risk factors e.g., CHF, HTN, ≥75 yr of age, DM, prior stroke or transient ischaemic attack. Treatment of DVT & pulmonary embolism (PE), & prevention of recurrent DVT & PE in adults. **Dosage:** Prevention of stroke & systemic embolism 60 mg once daily. Treatment of DVT & PE & prevention of recurrent DVT & PE (VTE) 60 mg once daily following initial use of parenteral anticoagulant for at least 5 days. Moderate or severe renal impairment (CrCl 15-50 mL/min), ≤60 kg body wt, concomitant use of the following P-gp inhibitors: ciclosporin, dronedarone, erythromycin, or ketoconazole 30 mg once daily. **Contraindications:** Hypersensitivity. Clinically significant active bleeding; hepatic disease associated w/ coagulopathy & clinically relevant bleeding risk; lesion or condition, if considered to be a significant risk for major bleeding, including current or recent GI ulceration, presence of malignant neoplasms at high risk of bleeding, recent brain or spinal injury, recent brain, spinal or ophth surgery, recent intracranial haemorrhage, known or suspected oesophageal varices, arteriovenous malformations, vascular aneurysms or major intraspinal or intracerebral vascular abnormalities; uncontrolled severe HTN; concomitant treatment w/ any other anticoagulants eg, unfractionated heparin (UFH), LMWH (enoxaparin, dalteparin, etc.), heparin derivatives (fondaparinux, etc.), oral anticoagulants (warfarin, dabigatran etexilate, rivaroxaban, apixaban, etc.) except under specific circumstances of switching oral anticoagulant therapy, or when UFH is given at doses necessary to maintain an open central venous or arterial catheter. Pregnancy & lactation. **Precaution:** Lixiana 15 mg is not indicated as monotherapy. **Interactions:** Reduced dissolution & absorption w/ medicines or disease conditions that increase gastric emptying & gut motility. Increased plasma conc w/ P-gp inhibitors (ciclosporin, dronedarone, erythromycin, ketoconazole, quinidine, verapamil, amiodarone). Reduced plasma conc w/ P-gp inducers (rifampicin, phenytoin, carbamazepine, phenobarb or St. John's wort). Increased risk of bleeding w/ other anticoagulants; SSRIs or SNRIs. Increased bleeding time w/ ASA (≥100 mg). Increased clinically relevant bleeding w/ thienopyridines (e.g., clopidogrel); NSAIDs. **Undesirable effects:** Anaemia; dizziness, headache; epistaxis; abdominal pain, lower/upper GI haemorrhage, oral/pharyngeal haemorrhage, nausea; increased blood bilirubin, increased γ-glutamyltransferase; cutaneous soft tissue haemorrhage, rash, pruritus; macroscopic haematuria/urethral haemorrhage. Version: Jul 2019. Please refer to Package Insert before prescribing. **Daiichi Sankyo Hong Kong Limited**

Daiichi-Sankyo

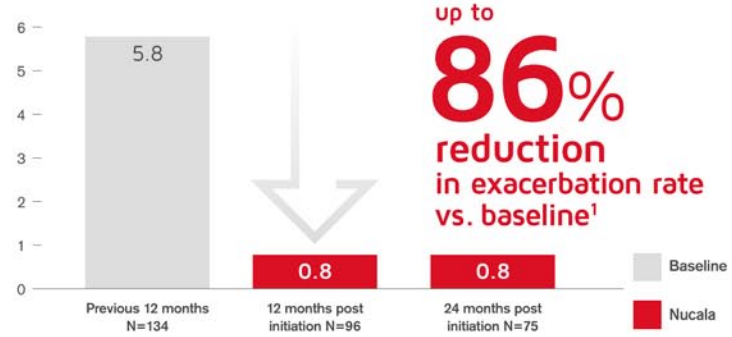
Daiichi Sankyo Hong Kong Limited
Unit 1205, 12/F., Sino Plaza, 255-257 Gloucester Road,
Causeway Bay, Hong Kong
Tel : (852) 2868 9079 Fax : (852) 2801 4341

HK-DAI-LIX-2107023 Date of approval: Oct 2021

Choose **Nucala** to protect against exacerbations[2]

France ATU (2 years)±[1]

Average rate of asthma exacerbations*



up to

86% reduction in exacerbation rate vs. baseline[1]

- Up to **86% reduction** in exacerbation rate vs. baseline[1]
- **68% reduction** in exacerbation requiring hospitalization/ED visits vs. baseline*[2]

Reduce blood eosinophils and maintain within normal healthy levels[3-5]

4.8 Only asthma biologics with 4.8 years **long-term efficacy and safety** data in SEA[6]

Only asthma biologics for SEA with **at-home administration** (Pre-filled pen)[8]

ATU, Temporary Authorisation for Use; ED, emergency department; SEA, severe eosinophilic asthma

*Defined as those requiring ED visit/hospitalisation and/or use of OCS for ≥48 hours or an increase of ≥50% in daily OCS dose. Average exacerbations/patient/year: 5.8 ± 4.4 at baseline (over the previous 12 months) vs 0.8 ± 1.1 (over the first 12 months after the first injection) and 0.8 ± 0.9 between 12 and 24 months.[1]

†Results are descriptive. French ATU is a retrospective observational study. Measurement of asthma exacerbation rates were part of the primary objective of the ATU study. Study did not contain endpoints. The main limitation of this study was the retrospective nature of the data collection and analysis.[1] Real-world studies are designed to evaluate associations among variables and not to definitely establish causality. These limitations are important when interpreting results: lack of comparator arm, differences in patient populations and data collection vs. randomised controlled trials.[7]
‡MUSCA primary endpoint: Significant improvements at week 24 from baseline in SGRO total score: least squares mean [SE] change from baseline -15.6 with Nucala vs. -7.9 with placebo (treatment difference -7.7, 95% CI -10.5 -4.9; p<0.0001). Exacerbations requiring hospitalisation/ED visits:0.03/year with Nucala vs. 0.1/year with placebo (treatment difference 0.32, 95% CI 0.12-0.90; p:0.031).[3]

Abbreviated prescribing information

NAME OF THE PRODUCT Nucala **QUALITATIVE AND QUANTITATIVE COMPOSITION** Each 1 ml of pre-filled pen contains 100mg of mepolizumab. **INDICATIONS** Nucala is indicated as an add-on treatment for severe refractory eosinophilic asthma in adults and adolescents aged 12 years and older. **POSOLOGY AND METHOD OF ADMINISTRATION** *Adults* The recommended dose of mepolizumab is 100mg administered subcutaneously every 4 weeks. Nucala is intended for long-term treatment. The need for continued therapy should be considered at least on an annual basis as determined by physician assessment of the patient's disease severity and level of control of exacerbations. *Paediatric population* The safety and efficacy of Nucala in children less than 12 years old have not been established. *Elderly patients* (>65 years) No dose adjustment. *Renal and hepatic impairment* No dose adjustment. Nucala pre-filled pen should be used for subcutaneous injection only. Nucala may be self-administered by the patient or administered by a caregiver if their healthcare professional determines that it is appropriate, and the patient or caregiver are trained in injection techniques. For self-administration the recommended injection sites are the abdomen or thigh. A caregiver can also inject Nucala into the upper arm. **CONTRAINDICATIONS** Hypersensitivity to the active substances or to any of the excipients. **WARNINGS AND PRECAUTIONS** Nucala should not be used to treat acute asthma exacerbations. Asthma-related adverse events or exacerbations may occur during treatment. Patients should be instructed to seek medical advice if their asthma remains uncontrolled or worsens after initiation of treatment. Abrupt discontinuation of corticosteroids after initiation of Nucala therapy is not recommended. Reduction in corticosteroid doses, if required, should be gradual and performed under the supervision of physician. Hypersensitivity and administration-related reactions Acute and delayed systemic reactions, including hypersensitivity reactions (e.g. anaphylaxis, urticaria, angiodema, rash, bronchospasm, hypotension) have occurred following administration of Nucala. These reactions generally occur within hours of administration, but in some instances have a delayed onset (i.e., typically within several days). These reactions may occur for the first time after a long duration of treatment. Parasitic infections Eosinophils may be involved in the immunological response to some helminth infections. Patients with pre-existing helminth infections should be treated before starting therapy. If patients become infected whilst receiving treatment with Nucala and do not respond to anti-helminth treatment, temporary discontinuation of therapy should be considered. **INTERACTIONS** No interaction studies have been performed. Cytochrome P450 enzymes, efflux pumps and protein-binding mechanisms are not involved in the clearance of mepolizumab. Increased levels of pro-inflammatory cytokines (e.g. IL-6), via interaction with their cognate receptors on hepatocytes, have been shown to suppress the formation of CYP450 enzymes and drug transporters, however, elevation of systemic pro-inflammatory markers in severe asthma is minimal and there is no evidence of IL-5 receptor alpha expression on hepatocytes. The potential for drug-drug interactions with mepolizumab is therefore considered low. **FERTILITY, PREGNANCY AND LACTATION** Pregnancy There is a limited amount of data (less than 300 pregnancy outcomes) from the use of mepolizumab in pregnant women. Mepolizumab crosses the placental barrier in monkeys. Animal studies do not indicate reproductive toxicity. The potential for harm to a human fetus is unknown. As a precautionary measure, it is preferable to avoid the use of Nucala during pregnancy. Administration of Nucala to pregnant women should only be considered if the expected benefit to the mother is greater than any possible risk to the fetus. Breast-feeding There are no data regarding the excretion of mepolizumab in human milk. However, mepolizumab was excreted into the milk of cynomolgous monkeys at concentrations of less than 0.5% of those detected in plasma. A decision must be made whether to discontinue breast-feeding or to discontinue Nucala therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman. Fertility There are no fertility data in humans. Animal studies showed no adverse effects of anti-IL5 treatment on fertility. **ADVERSE REACTIONS** The frequency of adverse reactions is defined using the following convention: very common (≥1/10), common (≥1/100 to <1/10) and uncommon (≥1/1000 to <1/100). Infections & infestations: Common: Lower respiratory tract infection, urinary tract infection, pharyngitis Immune system disorders: Common: Hypersensitivity reactions (systemic allergic)* Nervous system disorders: Very common: Headache Respiratory, thoracic and mediastinal disorders: Common: Nasal congestion Gastrointestinal disorders: Common: Abdominal pain upper Skin and subcutaneous tissue disorder: Common: Eczema Musculoskeletal and connective tissue disorders: Common: Back pain General disorders and administration site conditions: Common: Administration-related reactions (systemic non allergic)**, local injection site reactions, pyrexia. **OVERDOSE** There is no clinical experience with overdose of mepolizumab. Single doses of up to 1500 mg were administered intravenously in a clinical trial to patients with eosinophilic disease without evidence of dose-related toxicities. There is no specific treatment for an overdose with mepolizumab. If overdose occurs, the patient should be treated supportively with appropriate monitoring as necessary. Further management should be as clinically indicated or as recommended by the national poisons centre, where available. * Systemic reactions including hypersensitivity have been reported at an overall incidence comparable to that of placebo. ** The most common manifestations associated with reports of systemic non-allergic administration-related reactions were rash, flushing and myalgia; these manifestations were reported infrequently and in <1% of subjects receiving mepolizumab 100 mg subcutaneously. Abbreviated Prescribing Information based on Nucala Prescribing Information (HK072017(GDS12/EMA20191118)).

Reference: 1. Taille C et al. Eur Respir J 2020; 55:1902345. **2.** Chupp GL et al. Lancet Respir Med 2017; 5:390–400. **3.** Hartl S et al. Eur Respir J 2020: pii:1901874. Doi:10.1183/13993003.01874-2019 [Epub ahead of print] **4.** Yancey SW et al. J Allergy Clin Immunol 2017; 140:1509-1518. **5.** Lugogo N et al. Clin Ther 2016; 38:2057-2070. **6.** Khurana S et al. Clin Ther 2019; 41:2041-2056 **7.** Leather DA, et al. Adv Ther 2020; 37:977-997 **8.** Nucala prescribing information Hong Kong (GDS12) 2019.

Nucala
mepolizumab

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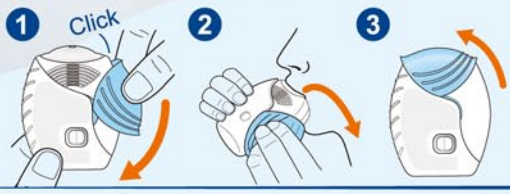
PM-HK-MPL-BNNR-210002 (09/2023) Date of preparation: 01/10/2021

RELVAR ELLIPTA

(fluticasone furoate and vilanterol inhalation powder)

Easy-to-use design: Only 3 simple steps[2]



- **Once-daily dosing provides continuous 24 hr efficacy with no drop in effectiveness towards the end of the 24 hr dosing interval[1,6,7]**
- **21% relative increase in good adherence vs BUD/Form[4]**
- **25% more patients improve their asthma control with Relvar vs other ICS/LABAs in everyday practice[3]**
- **6 times fewer patients make a critical error with Ellipta vs Turbohaler[7]**

RELVAR ELLIPTA Safety Information • Hypersensitivity to the active substances or to any of the excipients • Fluticasone furoate/vilanterol should not be used to treat acute asthma symptoms or an acute exacerbation in COPD, for which a short-acting bronchodilator is required. Patients should not stop therapy with fluticasone furoate/vilanterol in asthma or COPD, without physician supervision since symptoms may recur after discontinuation • Paradoxical bronchospasm may occur with an immediate increase in wheezing after dosing. This should be treated immediately with a short-acting inhaled bronchodilator. Fluticasone furoate/vilanterol should be discontinued immediately, the patient assessed and alternative therapy instituted if necessary • Fluticasone furoate/vilanterol should be used with caution in patients with severe cardiovascular disease, or heart rhythm abnormalities, thyrotoxicosis, uncorrected hypokalaemia or patients predisposed to low levels of serum potassium • Systemic effects may occur with any inhaled corticosteroid, particularly at high doses prescribed for long periods. These effects are much less likely to occur than with oral corticosteroids. Fluticasone furoate/vilanterol should be administered with caution in patients with pulmonary tuberculosis or in patients with chronic or untreated infections • Administration of fluticasone furoate/vilanterol to pregnant women should only be considered if the expected benefit to the mother is greater than any possible risk to the foetus

References: 1. Bernstein DI et al. J Asthma 2015; 52:1073–1083 **2.** Relvar Ellipta Hong Kong Prescribing InformationHK102018(GDS10/EMC20180924) **3.** Woodcock et al. Lancet 2017; 390:2247–2255 **4.** Parimi M, et al. Adv Ther 2020;37:2916–2931 **5.** Braithwaite I, et al. Respir Med 2016;19:115–121 **6.** Bardsley G, et al. Respir Res 2018;19:133 **7.** van der Palen J, et al. NJP Prim Care Respir Med 2016;16:16074

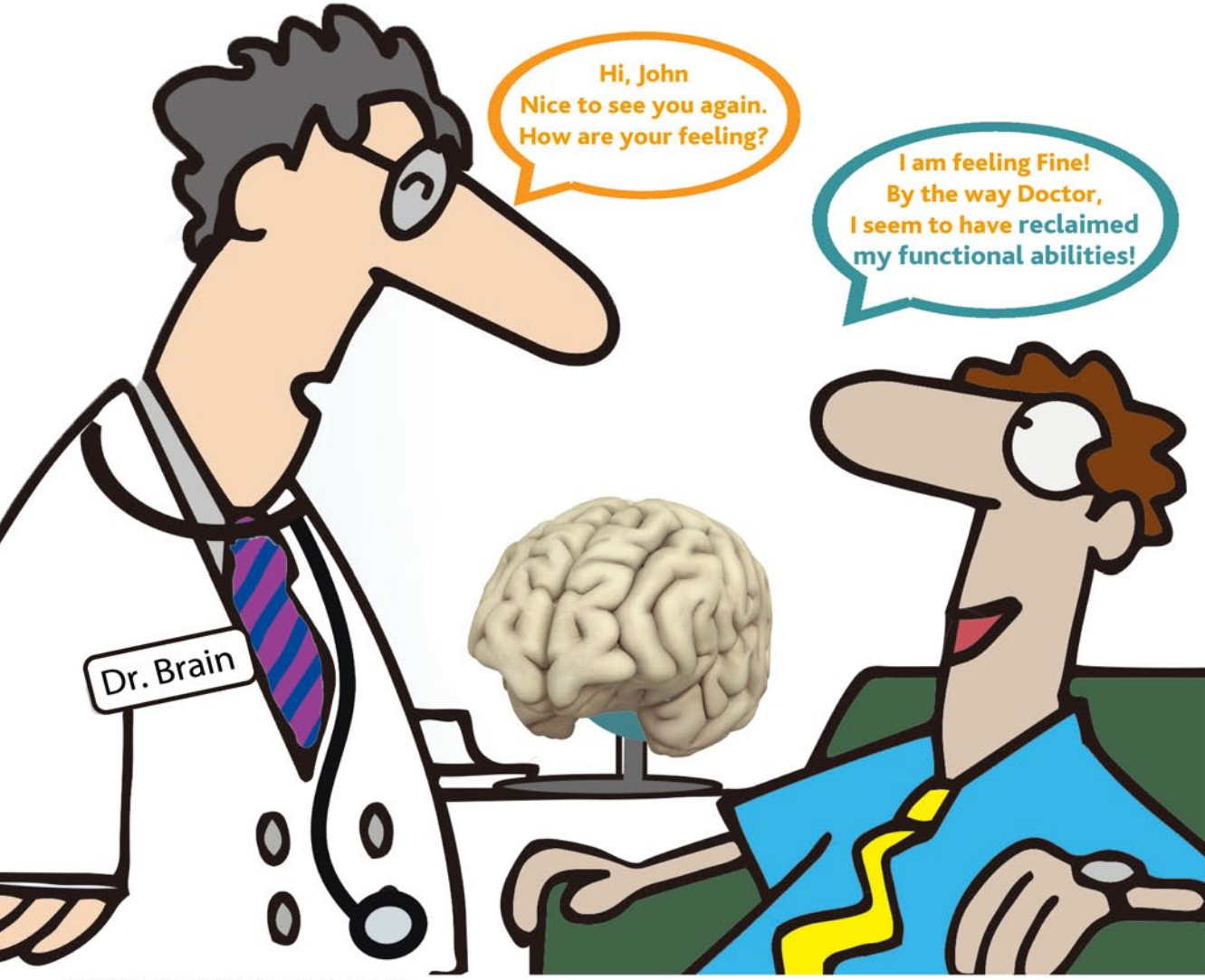
RELVAR ELLIPTA abbreviated prescribing information NAME OF THE PRODUCT RELVAR ELLIPTA **QUALITATIVE AND QUANTITATIVE COMPOSITION** Pre-dispensed dose of 100 mcg or 200mcg of fluticasone furoate and 25 mcg vilanterol (as trifenatate). Inhalation powder. **INDICATIONS** Asthma - Relvar Ellipta 100/25mcg & 200/25mcg is indicated for the regular treatment of asthma in adults and adolescents aged 12 years and older where use of a combination medicinal product (long-acting beta$_2$-agonist and inhaled corticosteroid) is appropriate: Patients not adequately controlled with inhaled corticosteroids and 'as needed' inhaled short acting beta$_2$-agonists; patients already adequately controlled on both inhaled corticosteroid and long-acting beta$_2$-agonist. **DOSAGE AND ADMINISTRATION** Asthma - Adults and adolescents aged 12 years and over: One inhalation of Relvar Ellipta 100/25mcg or 200/25mcg once daily. Patients usually experience an improvement in lung function within 15 minutes of inhaling Relvar Ellipta. A starting dose of Relvar Ellipta 100/25mcg should be considered for adults and adolescents 12 years and over who require a low to mid dose of inhaled corticosteroid in combination with a long-acting beta$_2$-agonist. If patients are inadequately controlled on Relvar Ellipta 100/25mcg, the dose can be increased to Relvar Ellipta 200/25mcg, which may provide additional improvement in asthma control. The maximum recommended dose is Relvar Ellipta 200/25mcg once daily. Children aged under 12 years The safety and efficacy of Relvar Ellipta in children under 12 years of age has not yet been established in the indication for asthma. Elderly patients (>65 years) & renal impairment: No dose adjustment. Relvar Ellipta is for inhalation use only. After inhalation, the patient should rinse their mouth with water without swallowing. Patients should be made aware that Relvar Ellipta must be used regularly, even when asymptomatic. Patients should be regularly reassessed by a healthcare professional so that the strength of Relvar Ellipta they are receiving remains optimal and is only changed on medical advice. **CONTRAINDICATIONS** Hypersensitivity to the active substances or to any of the excipients **WARNINGS AND PRECAUTIONS** Deterioration of disease Fluticasone furoate/vilanterol should not be used to treat acute asthma symptoms or an acute exacerbation in COPD, for which a short-acting bronchodilator is required. Increasing use of short-acting bronchodilators to relieve symptoms indicates deterioration of control and patients should be reviewed by a physician. Patients should not stop therapy with fluticasone furoate/vilanterol in asthma or COPD, without physician supervision since symptoms may recur after discontinuation. Asthma-related adverse events and exacerbations may occur during treatment with fluticasone furoate/vilanterol. Patients should be asked to continue treatment but to seek medical advice if asthma symptoms remain uncontrolled or worsen after initiation of treatment with Relvar Ellipta. Paradoxical bronchospasm Paradoxical bronchospasm may occur with an immediate increase in wheezing after dosing. This should be treated immediately with a short-acting inhaled bronchodilator. Relvar Ellipta should be discontinued immediately, the patient assessed and alternative therapy instituted if necessary. Cardiovascular effects Cardiovascular effects, such as cardiac arrhythmias e.g. supraventricular tachycardia and extrasystoles may be seen with sympathomimetic medicinal products including Relvar Ellipta. Therefore fluticasone furoate/vilanterol should be used with caution in patients with severe cardiovascular disease, or heart rhythm abnormalities, thyrotoxicosis, uncorrected hypokalaemia or patients predisposed to low levels of serum potassium. Systemic corticosteroid effects Systemic effects may occur with any inhaled corticosteroid, particularly at high doses prescribed for long periods. These effects are much less likely to occur than with oral corticosteroids. Possible systemic effects include Cushing's syndrome, Cushingoid features, adrenal suppression, decrease in bone mineral density, growth retardation in children and adolescents, cataract and glaucoma and more rarely, a range of psychological or behavioural effects including psychomotor hyperactivity, sleep disorders, anxiety, depression or aggression (particularly in children). Fluticasone furoate/vilanterol should be administered with caution in patients with pulmonary tuberculosis or in patients with chronic or untreated infections. The incidence of pneumonia in patients with asthma was common at the higher dose. The incidence of pneumonia in patients with asthma taking Relvar Ellipta 200/25mcg was numerically higher compared with those receiving Relvar Ellipta 100/25mcg or placebo. No risk factors were identified. **INTERACTIONS** Interaction with beta-blockers Beta$_2$-adrenergic blockers may weaken or antagonise the effect of beta2-adrenergic agonists. Concurrent use of both non-selective and selective beta$_2$-adrenergic blockers should be avoided unless there are compelling reasons for their use. Interaction with CYP3A4 inhibitors Caution is advised when co-administering with strong CYP 3A4 inhibitors as there is potential for increased systemic exposure to both fluticasone furoate and vilanterol. Co-administration should be avoided unless the benefit outweighs the increased risk of systemic corticosteroid side effects, in which case patients should be monitored for systemic corticosteroid side effects. **PREGNANCY AND LACTATION** Pregnancy Administration of fluticasone furoate/vilanterol to pregnant women should only be considered if the expected benefit to the mother is greater than any possible risk to the foetus. Breast-feeding A decision must be made whether to discontinue breast-feeding or to discontinue fluticasone furoate/vilanterol therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman. **ADVERSE REACTIONS** Pneumonia, upper respiratory tract infection, bronchitis, influenza, candidiasis of mouth and throat, headache, extrasystoles, nasopharyngitis, oropharyngeal pain, sinusitis, pharyngitis, rhinitis, cough, dysphonia, abdominal pain, arthralgia, back pain, fractures, muscle spasms, pyrexia, hyperglycaemia. **OVERDOSE** There is no specific treatment for an overdose with fluticasone furoate/vilanterol. If overdose occurs, the patient should be treated supportively with appropriate monitoring as necessary. Further management should be as clinically indicated or as recommended by the national poisons centre, where available. Abbreviated Prescribing Information based on Relvar Ellipta Hong Kong Prescribing InformationHK102018(GDS10/EMC20180924).

This material is for the reference and use by healthcare professionals only. Please read the full prescribing information prior to administration. Full prescribing information is available on request from GlaxoSmithKline Ltd. For adverse event reporting, please call GlaxoSmithKline Limited at (852) 3189 8989 (Hong Kong), or send an email to us at HKAdverseEvent@gsk.com.

GlaxoSmithKline Limited 23/F, The Gateway, Tower 6, 9 Canton Road, Tsim Sha Tsui, Kowloon, Hong Kong

PM-HK-FFV-ADVT-220001 (03/2024) Date of preparation: 01/04/2022

Restore Patients' Functioning from Depression



BRINTELLIX® (VORTIOXETINE) - ABBREVIATED PRESCRIBING INFORMATION
Brintellix®: Active Substance: Vortioxetine Hydrobromide. **Presentation:** Film-coated tablets 5mg, 10mg and 20mg. **Indication:** Treatment of major depressive episodes in adults. **Dosage:** Adults: starting and recommended dose is 10mg, once-daily, taken with or without food. Elderly ≥65 years: Starting dose 5mg. Children and adolescents (<18 years): should not be used. Discontinuation: Patients can abruptly stop taking the medicinal product without the need for a gradual reduction in dose. **Contraindications:** Hypersensitivity to vortioxetine or to any of the excipients. Combination with MAO-inhibitors. Should not be used during pregnancy or lactation unless clearly needed and after careful consideration of the risk/benefit. **Special warnings and precautions:** Depression is associated with an increased risk of suicidal thoughts, self-harm and suicide. It is a general clinical experience that the risk of suicide may increase in the early stages of recovery. Close supervision of high-risk patients should accompany drug therapy. Patients (and caregivers) should be alerted about the need to monitor for any clinical worsening, suicidal behavior or thoughts and unusual changes in behaviour and to seek medical advice immediately if these symptoms present. Should be introduced cautiously in patients who have a history of seizure or in patients with unstable epilepsy. Patients should be monitored for the emergence of signs and symptoms of Serotonin Syndrome or Neuroleptic Malignant Syndrome. Should be used with caution in patients with a history of mania/hypomania and should be discontinued in any patient entering a manic phase. Patients treated with antidepressants, including vortioxetine, may also experience feelings of aggression, anger, agitation and irritability. Patient's condition and disease status should be closely monitored. There have been reports of cutaneous bleeding abnormalities with the use of SSRIs/SNRIs. Hyponatraemia has been reported rarely with the use of SSRIs/SNRIs. Mydriasis has been reported in association with use of antidepressants, including vortioxetine. This mydriatic effect has the potential to narrow the eye angle resulting in increased intraocular pressure and angle-closure glaucoma. Caution should be exercised for patients with renal or hepatic impairment. **Interactions:** Caution is advised when taken in combination with MAO-inhibitors, serotonergic medicinal products, products lowering the seizure threshold, lithium, tryptophan, St. John's Wort, oral anticoagulants or antiplatelet agents, and products predominantly metabolised by the enzymes CYP2D6, CYP3A4, CYP2C9, and Cytochrome P450. There have been reports of false positive results in urine enzyme immunoassays for methadone in patients who have taken vortioxetine. **Undesirable effects:** Very common: Nausea. Common: abnormal dreams, dizziness, diarrhoea, constipation, vomiting, pruritus, including pruritus generalised. Uncommon: flushing, night sweats. Rare: Mydriasis (which may lead to acute narrow angle glaucoma). Not known: Anaphylactic reaction, Hyponatraemia, Insomnia, Serotonin Syndrome, Haemorrhage (including contusion, ecchymosis, epistaxis, gastrointestinal or vaginal bleeding), Angioedema, Urticaria, Agitation, Aggression, Rash. **Overdose:** Symptomatic treatment. The most frequently reported symptoms were nausea and vomiting for overdoses of up to 80 mg and seizure and serotonin syndrome for overdoses above 80 mg. **Legal category:** POM. **Marketing Authorisation Holder:** Lundbeck HK Limited, Suite 4303, Central Plaza, 18 Harbour Road, Wanchai, Hong Kong. **Revision Date:** Jan 2021 based on HK SmPC dated Sep 2020. **Full prescribing information is available upon request.**

HK-LU-2021.09-AD01

Lundbeck

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Brintellix® vortioxetine

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MERCK

Choices with CV benefits:
All-cause mortality reduction

metformin hydrochloride
Glucophage XR

The UK Prospective Diabetes Study (UKPDS)[1]

The protective effect of metformin on CV outcomes is compared with conventional diet control in overweight patients with newly diagnosed diabetes:

- ↓36% incidence of all-cause mortality (p=0.01)
- ↓39% myocardial infarction (p=0.01)
- ↓30% composite macrovascular disease endpoint (p=0.02)

-36%
in overweight patients with newly diagnosed diabetes[1]

Concor®
Bisoprolol fumarate

Cardiac Insufficiency Bisoprolol Studies (CIBIS-II)[2]

Bisoprolol increases survival rate for NYHA III-IV patients, on top of standard therapy (diuretic + ACE inhibitor):

- ↓34% all-cause mortality (p<0.0001)
- ↓44% sudden death (p=0.0011)
- ↓20% all-cause hospital admissions (p=0.0006)
- ↓36% hospital admission for worsening heart failure (p<0.0001)

-34%
in NYHA III-IV patients[2]

References: 1. UKPDS Research Group Lancet, 1998; 352:854-865; 2. CIBIS-II Investigators and Committees (1999) The Lancet;353:9-13.

Products: Concor 2.5mg, Concor 5mg film-coated tablets for oral use containing 2.5mg & 5mg bisoprolol fumarate, respectively. Indications: Concor® 5: Treatment of hypertension, coronary heart disease (angina pectoris), stable chronic heart failure (CHF) with reduced left ventricular systolic function in addition to ACE inhibitors, and diuretics, and optionally cardiac glycosides. Concor 2.5®: Treatment of stable chronic heart failure (CHF) with reduced left ventricular systolic function in addition to ACE inhibitors, and diuretics, and optionally cardiac glycosides. Posology: for hypertension or angina pectoris the dosage is 5mg bisoprolol fumarate once daily which may be increased to 10mg once daily if necessary. Maximum recommended dose is 20mg once daily. Treatment of stable CHF requires a titration phase, starting with a low dose (1.25mg once daily) and with gradual up-titration (2.5, 3.75, 5, 7.5, 10mg once daily at weekly consideration basis) according to tolerability. Maximum recommended dose for CHF is 10mg bisoprolol fumarate once daily. Special populations: In severe renal impairment (creatinine clearance <20ml/min) or severe liver function disorders a daily dose of 10mg bisoprolol fumarate should not be exceeded for treatment of hypertension of angina pectoris and dose titration in patients with these functional impairments for CHF should be made with particular caution. Use in children is not recommended. Treatment with bisoprolol must not be stopped abruptly, since this might lead to a transitory worsening of heart condition. If transient worsening of heart failure, hypotension or bradycardia occurs during or thereafter the titration phrase, recommend to reconsider the dosage of concomitant medication, or temporarily lower the dose of bisoprolol, or discontinuation. Reintroduction and/or, up titration of bisoprolol should always be considered when patient becomes stable again. Contraindications: acute heart failure or during episodes of heart failure decompensation, cardiogenic shock, second or third degree AV block, sick sinus syndrome, sinoatrial block, symptomatic bradycardia or hypotension, severe bronchial asthma, severe forms of peripheral arterial occlusive disease or severe forms of Raynaud's syndrome, untreated phaeochromocytoma, metabolic acidosis, hypersensitivity to bisoprolol or to any of the excipients. Warnings and precautions for use: Use with caution in: bronchospasm (bronchial asthma, obstructive airways disease; concomitant bronchodilating therapy recommended); diabetes mellitus; symptoms of hypoglycemia can be masked; strict fasting; ongoing desensitization therapy; first degree AV block; Prinzmetal's angina; peripheral arterial occlusive disease; allergic reactions; phaeochromocytoma. Patients with psoriasis or with a history of psoriasis should only be given beta-blockers (e.g. bisoprolol) after a careful balancing of benefits and risks. Symptoms of thyrotoxicosis may be masked. In patients undergoing general anesthesia, the anaesthetist must be aware of beta-blockade. If it is thought necessary to withdraw beta-blocker therapy before surgery, this should be gradually and completed about 48 hours before anesthesia. Initiation of treatment of stable chronic heart failure with bisoprolol necessitates regular monitoring. There is no therapeutic experience in Concor in patients with Class II heart failure and concomitant insulin dependent type I diabetes mellitus, severely impaired kidney function, severely impaired hepatic function, restrictive cardiomyopathy, congenital heart disease, hemodynamically significant organic valvular disease. Age>80 years, myocardial infarction within 3 months. Ability to drive and use machines: may be impaired, particularly at start of treatment, upon change of medication, or in conjunction with alcohol. Interactions: Combinations not recommended: class I antiarrhythmic drugs (CHF), calcium antagonists of the verapamil and diltiazem type, centrally-acting antihypertensive drugs. Combinations to be used with caution: class I antiarrhythmic drugs (hypertension or angina pectoris), calcium antagonists of the dihydropyridine type, class III antiarrhythmic drugs, parasympathomimetic drugs, topical beta-blockers (e.g. eye drops), insulin and oral antidiabetic drugs, anesthetic agents, digitalis glycosides, non-steroidal anti-inflammatory drugs (NSAIDs), sympathomimetic agents, antihypertensive agents and other drugs with blood pressure lowering potential. Combination to be considered: mefloquine, monoamine oxidase inhibitors. Pregnancy and lactation: Use of bisoprolol not recommended. Adverse reactions: Very common: bradycardia (in CHF patients). Common: worsening of pre-existing heart failure (in CHF patients), dizziness, headache, gastrointestinal complaints such as nausea, vomiting, diarrhea, constipation; feeling of coldness or numbness in the extremities, hypotension, asthenia (in CHF patients), fatigue. Uncommon: AV-conduction disturbances, bronchospasm in patients with bronchial asthma or a history of obstructive airway disease, muscle weakness, muscle cramps, orthostatic hypotension, depression, sleep disorders; in patients with hypertension or angina pectoris: worsening of pre-existing heart failure, bradycardia, asthenia. Rare: increased triglycerides, increased liver enzymes (ALAT, ASAT) syncope, reduced tear flow, hearing disorders, allergic rhinitis, hypersensitivity reactions such as itching, flush, rash; hepatitis, potency disorders, nightmares, hallucinations. Very rare: conjunctivitis, alopecia; beta-blockers may provoke or worsen psoriasis or include psoriasis-like rash. Most common signs of overdose: bradycardia, hypotension, bronchospasm, acute cardiac failure, hypoglycemia. Date of product information: July 2016

Contents: Metformin HCl Indications: Reduction in risk or delay onset of type 2 DM in adult, overweight patients with IGT and/or IFG, and/or increased HbA1C who are at high risk for developing overt type 2 DM and still progressing towards type 2 DM despite implement intensive lifestyle change for 3 - 6 months. Treatment of type 2 DM in adults as an adjunct to adequate diet & exercise. Monotherapy or in combination w/ other oral antidiabetic medicines or insulin. Dosage: Adult w/ normal renal function (GFR ≥90 mL/min) Reduction in the risk or delay of the onset of type 2 DM Initially one 500-mg tab once daily w/ evening meal. After 10-15 days, adjust dose based on blood glucose measurements. Max: 2,000 mg once daily. Monotherapy in type 2 DM & combination w/ other oral antidiabetics agents Usual starting dose: One 500-mg tab once daily, or one 1,000-mg tab once daily. After 10-15 days, adjust dose based on blood glucose measurements. Max. recommended dose for 500 mg and 1g tab is 2g daily. Max. recommended dose for 750 mg tab is 1.5g daily. Combination with insulin Usual starting dose is one tablet XR 500 mg or XR 1 g once daily, while insulin dosage is adjusted on the basis of blood glucose measurements. For renal impairment patients A GFR should be assessed before initiation of treatment and at least annually thereafter. In patients at an increased risk of further progression of renal impairment and in the elderly, renal function should be assessed more frequently, e.g., every 3 - 6 months. Total max. daily dose of 2 g for GFR 60 - 89 mL/min, consider dose reduction for declining renal function. Total max. daily dose of 2 g for GFR 45 - 59 mL/min, review any increased risk of lactic acidosis before initiating metformin, whereas starting dose is at most half of max. dose. Total max. daily dose of 1 g for GFR 30 - 44 mL/min, review any increased risk of lactic acidosis before initiating metformin, whereas starting dose is at most half of max. dose. Pre- & Post-Prandial Advice: Swallow whole, do not chew/crush. Contraindications: Any type of acute metabolic acidosis (such as lactic acidosis, diabetic ketoacidosis), severe renal failure (GFR < 30mL/min), hepatic insufficiency, infectious diseases, following an IV urography or angiography, heart failure, recent MI, resp. failure, shock, persistent or severe diarrhoea, recurrent vomiting, alcoholism. Lactation. Special Precautions: Regular renal & blood sugar monitoring. Risk of lactic acidosis, most often occurs at acute worsening of renal function or cardiorespiratory illness or sepsis. Discontinue prior administration of iodinated contrast agents or surgery. May impair ability to drive or operate machinery in combination w/ other antidiabetic agents. Pregnancy. Elderly (for reduction of risk or delay of type 2 DM) Interactions: Iodinated contrast agents, corticosteroids, NSAIDs, ACE inhibitors, diuretics, sympathomimetics, alcohol, COX II inhibitors, angiotensin II receptor antagonists, OCT1 and OCT2 inhibitor/ inducer Presentations: XR tab 500 mg x 60's. 750 mg x 30's. 1,000 mg x 60's. Date of version: JUN 2018

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HK-MULCMC-00026 FEB2022

Start your patient with TRESIBA®: Ultra-long duration of action[1,2]

- Successful reductions in HbA_{1c}[3,4]
- Significantly lower risk of hypoglycaemia versus glargine U100[5-7]
- Flexibility in day-to-day dosing time when needed[1]
- Significantly lower day-to-day variability in glucose-lowering effect vs glargine U100 and U300[8,9]
- Approved for a broad range of patients[1#]

* Once daily (OD) plus additional antidiabetic treatments in accordance with standard of care. # Treatment of diabetes mellitus in adults, adolescents and children from the age of 1 year, elderly patients, renal and hepatic impairment patients.

TRE-D-20220201

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TRESIBA®

insulin degludec [rDNA origin] injection

PIONEERING POSSIBILITIES

TO LIVE LIFE UNDETERRED BY DIABETES

Abbreviated prescribing information: Presentation: Insulin glargine 300 IU/ml solution for injection. **Indications:** Treatment of diabetes mellitus in adults, adolescents and children from the age of 6 years. **Dosage:** Once daily (preferably at the same time every day up to 3 hours before or after the usual time of administration), with adjusted individual dosage. Please refer to the full prescribing information for guidelines on switching between other insulin preparations. **Administration:** Subcutaneous injection. Toujeo is NOT INTENDED FOR INTRAVENOUS USE since it could result in severe hypoglycaemia. Toujeo must not be drawn from the cartridge of the SoloStar pre-filled pen into a syringe or severe overdose can result. **Contraindications:** Hypersensitivity to insulin glargine or to any of the excipients. **Precautions:** Toujeo has not been studied in children below 6 years of age. **Elderly:** Progressive deterioration of renal function may lead to a steady decrease in insulin requirements. **Renal impairment:** Insulin requirements may be diminished due to reduced insulin metabolism. **Hepatic impairment:** Insulin requirement may be diminished due to reduced capacity for gluconeogenesis and reduced insulin metabolism. Perform continuous rotation of injection site to reduce risk of lipodystrophy and cutaneous amyloidosis. Blood glucose monitoring is recommended after change in injection site. Hypoglycaemia. Intercurrent illness. Combination of Toujeo with pioglitazone. Medication errors prevention. **Interactions:** Effects enhanced by oral antidiabetics, ACEI, disopyramide, fibrates, fluoxetine, MAOIs, pentoxifylline, propoxyphene, salicylates, sulfonamide antibiotics. Effects reduced by corticosteroids, danazol, diazoxide, diuretics, glucagons, isoniazid, oestrogens and progestogens, phenothiazine derivatives, somatropin, sympathomimetics, or thyroid hormones, atypical antipsychotics and protease inhibitors. Beta-blockers, clonidine, lithium or alcohol may either potentiate or weaken the effects of insulin. Pentamidine may cause hypoglycaemia, followed by hyperglycaemia. The signs of adrenergic counter-regulation may be reduced or absent under the influence of sympatholytic medicinal products such as Beta-blockers, clonidine, guanethidine and reserpine. **Fertility, pregnancy and lactation:** Animal studies do not indicate direct harmful effects with respect to fertility and reproductive toxicity. The use of Toujeo may be considered during pregnancy if clinical needed. It is unknown whether insulin glargine is excreted in human milk. **Overdose:** Insulin overdose may lead to severe and sometimes long-term and life-threatening hypoglycaemia. Mild episodes of hypoglycaemia can usually be treated with oral carbohydrates. More severe episodes with coma, seizure or neurologic impairment may be treated with glucagon (intramuscular or subcutaneous) or concentrated glucose solution (intravenous). **Undesirable effects:** Hypoglycaemia, lipohypertrophy, injection site reactions. For common, uncommon, rare and very rare undesirable effects, please refer to the full prescribing information. **Storage:** Before first use: Store in a refrigerator (2°C - 8°C). Do not freeze. Protect from light. After first use: Store below 30°C. Use within 42 days. Do not freeze. **Preparation:** Toujeo 5 x 1.5ml (450IU) pre-filled pens. **Legal Classification:** Part 1 Poison **Full prescribing information is available upon request.**
API-HK-TOU-20.09

Presentation: 100 units of insulin glargine and 33 micrograms lixisenatide in prefilled pen AND 100 units of insulin glargine and 50 micrograms lixisenatide in prefilled pen. **Indications:** For the treatment of adults with insufficiently controlled type 2 diabetes mellitus to improve glycaemic control as an adjunct to diet and exercise in addition to metformin with or without SGLT-2 inhibitors. **Dosage:** The dose must be individualised based on clinical response and is titrated based on the patient's need for insulin. The lixisenatide dose is increased or decreased along with insulin glargine dose and also depends on which pen is used. Please refer to the full prescribing information for guidelines. **Administration:** Subcutaneous injection in the abdomen, deltoid, or thigh. Injection sites should be rotated within the same region from one injection to the next. Soliqua must not be drawn from the cartridge of the pre-filled pen into a syringe. **Contraindications:** Hypersensitivity to the active substances or to any of the excipients. Patients with type 1 diabetes mellitus. Treatment of diabetic ketoacidosis. **Precautions:** Elderly: Soliqua can be used in elderly patients. Progressive deterioration of renal function may lead to a steady decrease in insulin requirements. Renal impairment: Not recommended in severe renal impairment and end-stage renal disease. Frequent glucose monitoring and dose adjustment may be necessary in patients with mild to moderate renal impairment. Hepatic impairment: Frequent glucose monitoring and dose adjustment may be necessary. Hypoglycaemia may occur if dose is higher than required. Advise patients to take precautions to avoid hypoglycaemia while driving and using machines. Discontinue Soliqua if pancreatitis is suspected. Restart lixisenatide if acute pancreatitis is confirmed. Exercise caution in patients with pancreatitis history. Not recommended in patients with severe gastrointestinal disease. Use with caution in patients receiving oral medicinal products that require rapid gastrointestinal absorption. Potential risk of dehydration. Use may cause formation of antibodies against insulin glargine and/or lixisenatide. Always check pen label before each injection to avoid accidental mix-ups. Soliqua was not studied in combination with DPP-4 inhibitors, sulfonylurea, glinides, and pioglitazone. **Interactions:** Effects enhanced by anti-hyperglycaemics, ACEI, disopyramide, fibrates, fluoxetine, MAOIs, pentoxifylline, propoxyphene, salicylates, sulphonamide antibiotics. Effects reduced by corticosteroids, danazol, diazoxide, diuretics, glucagon, isoniazid, oestrogens and progestogens, phenothiazine derivatives, somatropin, sympathomimetics, thyroid hormones, atypical antipsychotics and protease inhibitors. Beta-blockers, clonidine, lithium or alcohol may either potentiate or weaken the effects of insulin. Pentamidine may cause hypoglycaemia, followed by hyperglycaemia. The signs of adrenergic counter-regulation may be reduced or absent under the influence of sympatholytic medicinal products such as beta-blockers, clonidine, guanethidine and reserpine. **Fertility, pregnancy and lactation:** Soliqua should not be used during pregnancy and breast-feeding. It is unknown whether insulin glargine or lixisenatide is excreted in human milk. **Overdose:** Overdose may lead to hypoglycaemia and gastrointestinal adverse reactions. Mild episodes of hypoglycaemia can usually be treated with oral carbohydrates. More severe episodes with coma, seizure or neurologic impairment may be treated with glucagon (intramuscular or subcutaneous) or concentrated glucose solution (intravenous). **Undesirable effects:** Hypoglycaemia is very common. For common, uncommon and not known undesirable effects, please refer to the full prescribing information. **Storage:** Before first use: Store in a refrigerator (2°C - 8°C). Do not freeze. Protect from light. After first use: Store below 25°C. Use within 28 days. Do not refrigerate or freeze. **Preparation:** Soliqua 3 x 3ml prefilled pen, 5 x 3ml prefilled pen. **Legal Classification:** Part 1, First & Third Schedules Poison ***Full prescribing information is available upon request.***
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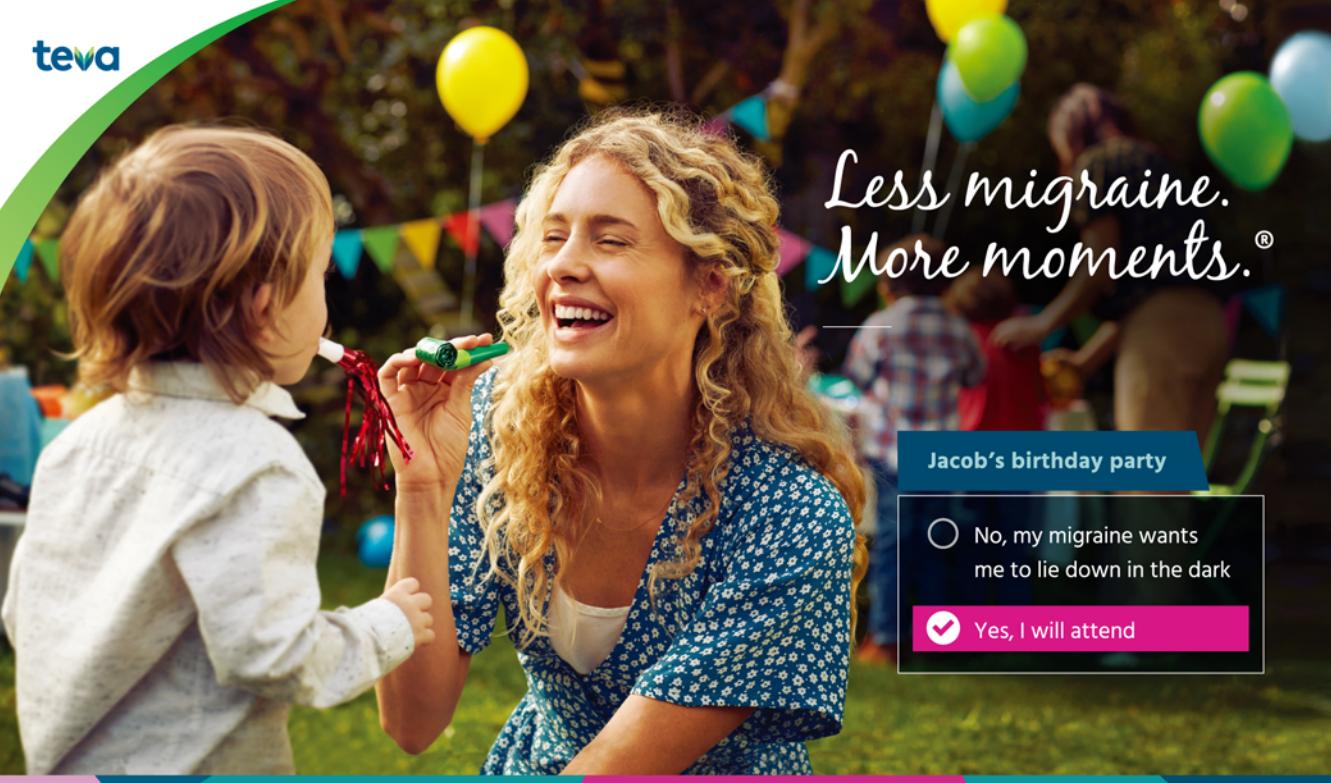

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Full prescribing information for AJOVY upon request.
The material is for the reference and use by healthcare professionals only.

References: 1. AJOVY 225 mg solution for injection in pre-filled syringe – Summary of Product Characteristics. Teva Hong Kong July 2021. **2.** Dodick DW et al. JAMA. 2018; 319(19): 1999–2008. **3.** Silberstein SD et al. N Engl J Med. 2017; 377(22): 2113–2122.

*CGRP, calcitonin gene-related peptide.

NPS-HK-00073

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