



**Hong Kong
Primary Care
Conference**

The Hong Kong College
of Family Physicians

Hong Kong Primary Care Conference 2023

Flourishing Primary Care: Family Doctor for Everyone

Programme Book

(Supported by HKCFP Foundation Fund)

**23 - 25
June 2023**
(Fri – Sun)



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23rd - 25th June 2023 (Friday - Sunday)

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23rd - 25th June 2023 (Friday - Sunday)

Welcome Message

On behalf of the Organizing Committee, I am most delighted to welcome you to the 2023 Hong Kong Primary Care Conference. The conference will be held from 23rd to 25th of June 2023. Our opening ceremony, seminars and dinner symposium on June 24, 2023 (Saturday) will be on hybrid mode to allow face to face engagement, enhancing human connection experience.

The theme of this year's conference is **“Flourishing Primary Care: Family Doctor for Everyone”**. The recent release of the Primary Care Blueprint by the Hong Kong government has highlighted the importance of a robust primary healthcare system more than ever. At the same time, the Government is strengthening the “one person, one family doctor” concept as the essential foundation for sustainable people-centric primary healthcare in the community. Over the years, our College has always been a strong proponent of “Everyone should have a Family Doctor” concept as local and international studies have shown that healthcare systems with strong primary healthcare teams led by Family Doctors have proven to be more cost effective and sustainable.

Our annual signature conference continues to captivate our participants with its well curated scientific program consisting of exciting plenary sessions, discussion forum, seminars, workshops and symposium shared by outstanding leaders, clinicians, healthcare providers and experts in various aspects of medical field. Our workshops will resume the face to face mode to allow more interactive hands-on learning. As always, this conference will serve as an inspiring platform for bringing together the primary care community to promote collaborative and networking opportunities in addressing present and future challenges.

We are happy to see you in person after the pandemic and hope you will find this conference rewarding and memorable!

Dr. Lorna NG

Chairlady, Organizing Committee
Hong Kong Primary Care Conference 2023





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Welcome Message from President

The HKSAR Government has expressed a strong commitment to revamping the healthcare system from a treatment-oriented, hospital-based structure to a prevention-focused, community-based system, by investing additional resources to promote primary healthcare. Towards the end of 2022, the Primary Healthcare Blueprint has been published with the “Family Doctor for All” concept being promoted as the essential foundation for sustainable people-centric primary healthcare in the community.

Over the decades, the HKCFP has been advocating the ideal “Everyone should have a Family Doctor” concept, as local and international research has shown that persons who have their own personal family doctors enjoy better health and require less utilisation of hospital services. Family Doctors provide accessible continuing comprehensive whole-person patient-centred care to people of all ages throughout the different stages of life. Family Doctors are “specialists in people”, trained to enable individuals and families to manage their acute and chronic problems, provide anticipatory and preventive care, and coordinate multi-disciplinary care for people according to their needs throughout their life journey. Healthcare systems with strong primary healthcare teams led by Family Doctors have been proven to be more cost-effective and can enhance patient satisfaction.

Riding on the opportunities of this healthcare reform, we have the great pleasure in welcoming you to our Hong Kong Primary Care Conference 2023 entitled, “Flourishing Primary Care: Family Doctor for Everyone”. We have brought together international and local experts, Family Doctors, nurses, allied health professionals, and other primary care providers in sharing their expertise and experiences. The Conference continues to provide a convenient platform for potential collaborations and networking opportunities amongst academics, practising clinicians and management colleagues alike.

The Scientific Programme is richly packed with plenaries and seminar sessions, including hot topics on the role of Family Doctors in primary healthcare development, challenges related to primary care practice, chronic disease management, preventive care, use of technology and innovation, medical social collaboration, clinical updates, and a variety of practical workshops. As in the previous years, there are full research paper competition, clinical case competition, e-posters and e-booths exhibitions.

I look forward to seeing you at the HKPCC 2023 and wish you all a very fruitful Conference ahead!

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





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Organizing Committee

Chairlady :

Dr. Lorna V. NG

Advisors :

Dr. David V.K. CHAO

Dr. LAU Ho Lim

Business Management Subcommittee:

Dr. HO Shu Wan (Coordinator)

Dr. Judy G.Y. CHENG

Dr. YAU Lai Mo

Scientific Subcommittee :

Dr. CHIANG Lap Kin (Coordinator)

Dr. Eric K.P. LEE (Coordinator)

Dr. Linda CHAN

Dr. Will L.H. LEUNG

Publication Subcommittee :

Dr. Judy G.Y. CHENG (Coordinator)

Dr. HO Shu Wan

Dr. Kathy K.L. TSIM

Clinical Case Presentation Competition :

Dr. YAU Lai Mo (Coordinator)

Dr. Kathy K.L. TSIM

Poster Presentation Competition :

Dr. Cecilia T.Y. SIT (Coordinator)

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

Dr. Cecilia T.Y. SIT

Allied Health Planner :

Ms. Brigitte K.Y. FUNG



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Conference Information

Date	: 23 – 25 June 2023 (Friday – Sunday)
Format	: via hybrid online/ face-to-face platform
Venue	: Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Ayrdeen, Hong Kong
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	: <u>Scientific:</u> Ms. Carol F.K. PANG <u>Advertisement & Exhibition:</u> Ms. Teresa D.F. LIU and Ms. Carol F.K. PANG <u>Registration & Publication:</u> Ms. Nana H.T. CHOY <u>QA Accreditation:</u> Mr. John M.C. MA <u>General:</u> Ms. Erica M. SO and Ms. Carol F.K. PANG
Contact Details	: Tel No. : (852) 2871 8899 Fax No. : (852) 2866 0616 Email : hkpcc@hkcfp.org.hk
Supported by	: HKCFP Foundation Fund



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CME/ CPD / CNE Accreditation

Accreditation for HKPCC 2023

College/Programme	For the whole function	23/6/2023 Whole Day	24/6/2023 Whole Day	25/6/2023 Whole Day	CME/CPD Category
Anaesthesiologists	12.5	1.5	6.5	4.5	PP-NA
CNE (For Nurse)*		1	5	3	-
Community Medicine	10	1.5	6	4.5	PP-PP
Dental Surgeons	Pending	Pending	Pending	Pending	
Emergency Medicine	12	1.5	6	4.5	CME-PP
Family Physicians	10	1	5	5	Cat. 4.4
Hong Kong Dietitians Association		1.5 (Non-core)	0.5 (Core) + 4.5 (non-core)	1 (Core) + 4 (non-core)	Core & Non-core CDE
Hong Kong Institute of Clinical Psychologists	1 CPD-CP point per hour	-	-	-	CPD-CP
MCHK CME Programme	10	2	5	5	Passive
Obstetricians & Gynaecologists	5	1.5	5	4.5	PP-PN
Ophthalmologists	Pending	Pending	Pending	Pending	
Orthopedic Surgeons	Pending	Pending	Pending	Pending	
Otorhinolaryngologists	9.5	1	3.5	5	PP-2.2
Paediatricians	Pending	Pending	Pending	Pending	
Pathologists	13	1.5	7	4.5	CME-PP
Physicians	12.5	1.5	6.5	4.5	PP-PP
Prosthetist-Orthotists	10	-	-	-	A1 CPD points
Psychiatrists	Pending	Pending	Pending	Pending	
Radiologists	12.5	1.5	6.5	4.5	B-PP
Surgeons	12	1.5	6	4.5	CME-PP

* The CNE Point is provided by Hong Kong Association of Family Medicine and Primary Health Care Nurses; the CNE point would be accredited by actual attendance time.



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Acknowledgement

The organizing committee wishes to express our most sincere thanks to all parties who have helped to make the HKPCC 2023 a successful one.

Officiating Guests

Professor LO Chung Mau, BBS, JP

Secretary for Health, Health Bureau, HKSAR

Dr. David V.K. CHAO

President, The Hong Kong College of Family Physicians

Professor Cindy L.K. LAM, MH, JP

Danny D. B. Ho Professor in Family Medicine, Department of Family Medicine & Primary Care, School of Clinical Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong

Professor Donald K.T. LI

Immediate Past President, World Organization of Family Doctors (WONCA)

Dr. PANG Fei Chau

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

Professor Samuel Y.S. WONG

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

Plenary Speakers & Plenary Discussion Forum Speakers

Dr. David V.K. CHAO

President, The Hong Kong College of Family Physicians

Professor Cindy L.K. LAM, MH, JP

Danny D.B. Ho Professor in Family Medicine, Department of Family Medicine & Primary Care, School of Clinical Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong

Professor Donald K.T. LI

Immediate Past President, World Organization of Family Doctors (WONCA)

Dr. PANG Fei Chau

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

Professor Jose Maria VALDERAS

Professor of Medicine and Director of the Centre for Research in Health Systems Performance (CRiHSP),
National University of Singapore, Singapore;
Head of Department of Family Medicine, National University Health System, Singapore



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Professor Samuel Y.S. WONG

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

Seminar Speakers

Professor Kelvin K.F. TSOI

Associate Professor, JC School of Public Health and Primary Care;
Associate Professor (by courtesy), Stanley Ho Big Data Decision Analytics Research Centre;
Associate Professor (by courtesy), The Jockey Club Institute of Ageing,
The Chinese University of Hong Kong;
Visiting Associate Professor, Lee Kong Chian School of Medicine, Nanyang Technological University

Dr. Angela W.Y. NG

Family Physician & Sex Therapist in Private Practice;
Board Member and Sex Therapy Supervisor in The Hong Kong Association of Sexuality Educators,
Researchers & Therapists

Mr. Jerome M.L. YAU

Chief Executive, AIDS Concern

Dr. Alson W.M. CHAN

Honorary Consultant, Allergy Centre, Hong Kong Sanatorium & Hospital;
Specialist in Paediatric Immunology, Allergy & Infectious Diseases

Ms. Sabrina W.S. MOK

Accredited Practising Dietitian (Australia);
Dietitian, Allergy Centre & Department of Dietetics, Hong Kong Sanatorium & Hospital;
Vice-chairman, Hong Kong Dietitians Association;
Member of Register of Dietitians Accredited by the Department of Health (HKSAR)

Dr. Anthony K.Y. HO

Consultant Family Physician;
Director, Family Medicine Centre, Gleneagles Hospital Hong Kong

Dr. Jonpaul S.T. ZEE

Honorary Consultant in Infectious Disease, Hong Kong Sanatorium & Hospital;
Specialist in Infectious Disease

Ms. Frances S.M. CHAN

Senior Occupational Therapist, Kowloon Hospital

Ms. Queenie K.Y. LIU

Educational Psychologist



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Professor Martin C.S. WONG

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

Professor Jason C.S. YAM

Associate Professor and Head of Undergraduate Division,
Department of Ophthalmology and Visual Sciences, The Chinese University of Hong Kong;
Director, CUHK Jockey Club Myopia Prevention Programme;
Head, Pediatric Ophthalmology and Strabismus Service, Hong Kong Eye Hospital;
Head, Ophthalmology Service, Hong Kong Children's Hospital

Dr. Kenneth S.W. CHAN

Associate Consultant, Department of Psychiatry, United Christian Hospital;
Substance Abuse Clinic in-charge, Kowloon East Cluster of Hospital Authority;
Member of Substance Abuse Working Group of Hospital Authority;
Trainer in Substance Abuse Psychiatry and General Adult Psychiatry,
Hong Kong College of Psychiatrists;
Clinical Assistant Professor (Honorary), Department of Psychiatry, LKS Faculty of Medicine,
The University of Hong Kong;
Clinical Assistant Professor (Honorary), Department of Psychiatry, Faculty of Medicine,
The Chinese University of Hong Kong

Ms. CHAN Wing Hin

Assistant Social Work Officer, Tung Wah Group of Hospitals CROSS Centre

Workshop Speakers

Dr. Amy P.L. KWOK

Department Manager, Department of Clinical Psychology, Hong Kong East Cluster, Hospital Authority

Dr. Thomas M.C. DAO

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

Dr. HO Shu Wan

Specialist in Family Medicine

Ms. Connie M.Y. YIP

Midwife Consultant, Department of Obstetrics & Gynaecology, Hong Kong East Cluster, Hospital Authority



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Dr. CHAN Ying Ho

Vice-President, Board of Education, Hong Kong Institute of Musculoskeletal Medicine;
Clinical Assistant Professor (Honorary), JC School of Public Health and Primary Care,
The Chinese University of Hong Kong;
Private Family Physician and Musculoskeletal Physician

Ms. Sally S.P. POON

Private Practice Dietitian

Dinner Symposium Speakers

Dr. Andrew Y.Y. HO

Consultant Endocrinologist, Department of Medicine and Geriatrics, Tuen Mun Hospital

Dr. David T.W. LUI

Clinical Assistant Professor, Department of Medicine, School of Clinical Medicine,
Li Ka Shing Faculty of Medicine,
The University of Hong Kong

Dr. Thomas Y.W. MOK

Specialist in Respiratory Medicine;
Consultant, Department of Respiratory Medicine, Kowloon Hospital

Sponsored Seminar Speakers

Dr. Ben WHITE

Deputy Medical Director, Medical Protection Society;
Cases Team Lead, Medical Protection Society

Dr. Danny W.H. LEE

Senior Medical Adviser, Medical Protection Society, Hong Kong

Professor Peter McAllister M.D., FAAN

Co-founder and Medical Director, New England Institute for Neurology and Headache;
Chief Medical Officer, New England Institute for Clinical Research and Ki Clinical Research, USA;
Associate Professor of Neurology, Yale University School of Medicine, USA

Dr. Jennifer M.F. KWOK

Specialist in Cardiology

Dr. Peggy S.K. CHU

Consultant Surgeon, Division of Urology, Department of Surgery, Tuen Mun Hospital,
New Territories West Cluster, Hospital Authority, Hong Kong SAR;
Censor-in-Chief, The College of Surgeons of Hong Kong



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Dr. WONG Chun Ka

Clinical Assistant Professor of the Cardiology Division,
Queen Mary Hospital and The University of Hong Kong

Dr. CHOI Cheung Hei

Consultant Physician, Department of Medicine, Queen Elizabeth Hospital;
Specialist in Endocrinology, Diabetes and Metabolism

Judges of Full, New Investigator Research Paper Competition

Professor Albert LEE

Emeritus Professor of JC School of Public Health and Primary Care;
Senior College Tutor and Fellow of Wu Yee Sun College, The Chinese University of Hong Kong;
Honorary Professor, Department of Rehabilitation Science, Hong Kong Polytechnic University

Professor William C.W. WONG

Clinical Associate Professor, Chairperson, Department of Family Medicine and Primary Care,
The University of Hong Kong

Judges of Free Paper Competition – Oral Presentation

Dr. Ruby S.Y. LEE, JP

Past President and Honorary Fellow, The Hong Kong College of Family Physicians

Professor Martin C.S. WONG

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

Judges of Free Paper Competition – Poster Presentation

Dr. Cecilia T.Y. SIT

Senior Lecturer, School of Nursing, LKS Faculty of Medicine, The University of Hong Kong

Dr. Wendy W.S. TSUI

Specialist in Family Medicine;
Council Member, Chairlady of Specialty Board & Board Advisor of FP Links Committee,
The Hong Kong College of Family Physicians



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Judges of Clinical Case Presentation Competition

Dr. Lorna NG

Chairlady, Organizing Committee,
Hong Kong Primary Care Conference 2023

Ms. Kathy Y.H. CHEUNG

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

Panel of Advisors

Dr. David V.K. CHAO

President, The Hong Kong College of Family Physicians

Dr. LAU Ho Lim

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

Dinner Symposium and Exhibition Booths

Novo Nordisk Hong Kong Limited

AstraZeneca Hong Kong Limited

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Scientific Programme at-a-glance

Date Time	23 June 2023 (Friday)				
	Zoom Webinars			Face-to-face Workshop	
	ROOM-1	ROOM-2	ROOM-3	James Kung, 2/F	Function Room 1,2/F
19:00 - 19:30				Workshop 1 Multi-modality Psychological Approach and Intervention in Insomnia Speaker: Dr. Amy P.L. KWOK <i>Chairperson:</i> <i>Dr. Kathy K.L. TSIM</i>	
19:30 - 20:15	Sponsored seminar 1 Reducing Your Risks in Primary Care Speakers: Dr. Ben WHITE & Dr. Danny W.H. LEE <i>Chairperson:</i> <i>Dr. Matthew M.H. LUK</i>	Sponsored seminar 2 New Advances in the Pharmacological Treatment of Migraine in Adults Speaker: Prof. Peter McAllister M.D., FAAN <i>Chairperson:</i> <i>Dr. Catherine P.K. SZE</i>	Sponsored seminar 3 Rapid Onset with Long-term Maintenance: A New Paradigm in Treatment of Major Depressive Disorder (MDD) Speaker: Dr. CHONG King Yee <i>Chairperson:</i> <i>Dr. Lorna NG</i>		
20:15 - 20:30					

Date Time	24 June 2023 (Saturday)				
	Face-to-face / Zoom Webinars			Face-to-face Workshop	
	ROOM-1	ROOM-2	ROOM-3	James Kung, 2/F	Function Room 1,2/F
13:00 - 13:45	Sponsored seminar 4 Unlock the Power to Dissolve the Risk in Mixed Dyslipidaemia – How Can We Do Better? Speaker: Dr. Jennifer M.F. KWOK <i>Chairperson:</i> <i>Dr. Cecilia T.Y. SIT</i>	Sponsored seminar 5 Shared Care Concept in Managing Male Lower Urinary Tract Symptoms Speaker: Dr. Peggy S.K. CHU <i>Chairperson:</i> <i>Dr. CHIANG Lap Kin</i>	Sponsored seminar 6 Navigating the Evolving Landscape: New Guideline and Evidence for Stroke Prevention in Atrial Fibrillation Speaker: Dr. WONG Chun Ka <i>Chairperson:</i> <i>Dr. Anthony K.Y. HO</i>		
14:05 - 14:25	e-Poster and Exhibition Booth Viewing				
14:30 - 15:00	Opening Ceremony				
15:00 - 15:45	Plenary I Worst Time or Right Time for Primary Healthcare Speaker: Dr. PANG Fei Chau <i>Chairperson:</i> <i>Dr. LAU Ho Lim</i>				
15:45 - 16:45	Plenary Discussion Forum Primary Care Development: Role of Family Doctors Speakers: Dr. David V.K. CHAO, Prof. Cindy L.K. LAM, Prof. Donald K.T. LI Dr. PANG Fei Chau & Prof. Samuel Y.S. WONG <i>Chairperson:</i> <i>Dr. LAU Ho Lim</i>				
16:50 - 18:05	Seminar A Wearable Technology and Its Use in Primary Care Speaker: Prof. Kelvin K.F. TSOI <i>Chairperson:</i> <i>Dr. Matthew M.H. LUK</i>	Seminar B Preventive Care and Service Provisions for LGBT Population in Hong Kong Speakers: Dr. Angela W.Y. NG & Mr. Jerome M.L. YAU <i>Chairperson:</i> <i>Dr. Will L.H. LEUNG</i>	Seminar C Update on Immunology and Allergy Speakers: Dr. Alson W.M. CHAN & Ms. Sabrina W.S. MOK <i>Chairperson:</i> <i>Dr. Kathy K.L. TSIM</i>	Workshop 2 Introductory Workshop: Hands-on Point-of-care Ultrasound (POCUS) for Doctors Speaker: Dr. Thomas DAO <i>Chairperson:</i> <i>Dr. Catherine P.K. SZE</i>	
18:10 - 18:50	Seminar D Innovations in Service Delivery: Tips in Teleconsultation Delivery, Barriers/Limitations on Teleconsultation Speaker: Dr. Anthony K.Y. HO <i>Chairperson:</i> <i>Dr. Linda CHAN</i>	Seminar E Updates on Vaccines and Infectious Diseases Speaker: Dr. Jonpaul S.T. ZEE <i>Chairperson:</i> <i>Dr. Will L.H. LEUNG</i>	Seminar F The Vulnerable Group under Remote Learning during COVID: Kids with SEN Speakers: Ms. Frances S.M. CHAN & Ms. Queenie K.Y. LIU <i>Chairperson:</i> <i>Dr. HO Shu Wan</i>		
18:50 - 19:25					

Hybrid section



23rd - 25th June 2023 (Friday – Sunday)

Hybrid section	19:30 - 21:00	<p>Dinner Symposium (Function Room 1-2, 2/F)</p> <p>The Next Treatment after Basal Insulin for Type 2 Diabetes Patients</p> <p>Speaker: Dr. Andrew Y.Y. HO</p> <p>Optimising Kidney Outcomes in Patients with Type 2 Diabetes</p> <p>Speaker: Dr. David T.W. LUI</p> <p>Asthma Management Update 2023</p> <p>Speaker: Dr. Thomas Y.W. MOK</p> <p><i>Chairperson:</i> <i>Dr. CHIANG Lap Kin</i></p>		
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Date		25 June 2023 (Sunday)			
Time		Zoom Webinars			Face-to-face Workshop
		ROOM-1	ROOM-2	ROOM-3	James Kung, 2/F Function Room 1,2/F
09:30 - 09:45					Workshop 3 Lactation Consultation Hands-on Demonstration on Hand Expressions, Latching Positions for Effective Milk Transfer, How to Use the Milk Pumps and Utilities Speakers: Dr. HO Shu Wan & Ms. Connie M.Y. YIP <i>Chairperson:</i> <i>Ms. Brigitte K.Y. FUNG</i>
09:45 - 11:00		<p>Seminar G Novel Preventive Care in Primary Care Speakers: Prof. Martin C.S. WONG & Prof. Jason C.S. YAM <i>Chairperson:</i> <i>Dr. Matthew M.H. LUK</i></p>	<p>Clinical Case Presentation Competition <i>Chairpersons:</i> <i>Dr. Kathy K.L. TSIM & Dr. YAU Lai Mo</i></p>	<p>Seminar H Medical-Social Collaboration – Fight against Cannabis and Other Drugs Speakers: Dr. Kenneth S.W. CHAN & Ms. CHAN Wing Hin <i>Chairperson:</i> <i>Dr. Catherine P.K. SZE</i></p>	
11:05 - 11:50		<p>Sponsored seminar 7 Expanding the Role of SGLT2 Inhibitors from Glycaemic Control to Cardiorenal Protection in Primary Care Speaker: Dr. CHOI Cheung Hei <i>Chairperson:</i> <i>Dr. Judy G.Y. CHENG</i></p>			
11:55 - 12:25			<p>Full Research Paper Awards Presentation* <i>Chairperson:</i> <i>Dr. Linda CHAN</i></p>		
12:30 - 14:00			<p>Free Paper - Oral Presentation <i>Chairperson:</i> <i>Dr. Linda CHAN</i></p>		<p>Workshop 4 Fall Prevention from What You Eat to What You Do: Assessment to Isometric and Dynamic Resistance Training Speakers: Dr. CHAN Ying Ho & Ms. Sally S.P. POON <i>Chairperson:</i> <i>Dr. Judy G.Y. CHENG</i></p>
14:00 - 14:30					
14:35 - 15:20		<p>Plenary II Primary Care Landscape in Singapore and New Developments Speaker: Prof. Jose Maria VALDERAS <i>Chairperson:</i> <i>Prof. Samuel Y.S. WONG</i></p>			

*The winner of the Best Research Paper Award will present his/her work during this session (11:55 - 12:25)

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.



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Saturday, 24 June 2023 • 15:00 – 15:45

Plenary I

Worst Time or Right Time for Primary Healthcare



Dr. PANG Fei Chau

MBChB, MRCP(UK), FHKAM(Medicine), FHKAM(Community Medicine), FHKCCM, FRACMA, MBA
*Commissioner for Primary Healthcare, Primary Healthcare Office, Health Bureau, HKSAR
President, the Hong Kong College of Community Medicine*

Dr. PANG Fei Chau is the current Commissioner for Primary Healthcare, the Government of the Hong Kong Administrative Region Health Bureau. He is the president of the Hong Kong College of Community Medicine. He is a fellow of the Hong Kong College of Physicians, Hong Kong College of Community Medicine and the Royal Australasian College of Medical Administrators. Prior to this position, Dr. Pang was the Clinical Associate Professor of the School of Public Health, LKS Faculty of Medicine of the University of Hong Kong and honorary consultant of Department of Medicine, Queen Mary Hospital. Dr. Pang is an experienced health service executive and has acted as the Head of Human Resources of the Hospital Authority to provide strategic advice and leadership to the HR function of over 40 public hospitals. He has extensive management experiences in the healthcare sector with previous postings as the Hospital Chief Executive of the Grantham Hospital and Tung Wah Hospital, Chief Manager under Cluster Services Division and Quality and Safety Division at Head Office of the Hospital Authority. He was appointed as the member of the Elderly Commission of the Government of the Hong Kong Special Administrative Region between 2015-2019. He was the elected Council member of The University of Hong Kong in 2021/22.

Since the first report on primary healthcare in 1990 titled “Health for All – the Way Ahead”, the Hong Kong Government has been emphasizing the critical role of community services in driving better health for the general public. However, this development was not able to keep pace with global developments and a fast ageing population. Under the current treatment-based health system, there are multiple reports and researches which have correctly predicted the increasing financial pressure as well as prolong waiting time for patients. This hospital or treatment-based healthcare system also drives us away from the notion of timely and continuity of care within our community. The percentage of public health expenditure for primary healthcare was only 17% up to now. The COVID pandemic has also stressed out the sour points of our primary healthcare system. With the publication of the Primary Healthcare Blueprint in Dec 2022, it reignites the engine on reforming our healthcare system by driving integration of existing provisions with significant investment on IT systems, formalization of family doctor system and expansion of district health system. The public acceptability and professional adoption will determine the success of this reform.



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Plenary Discussion Forum

Saturday, 24 June 2023 • 15:45 - 16:45

Primary Care Development: Role of Family Doctors



Dr. David V.K. CHAO

MBChB (Liverpool), DCH (London), DFM (CUHK), DOM (CUHK), MFM (Monash), DCD (Cardiff),
MSc in Clinical Dermatology (Cardiff), FRCGP, FHKAM (Family Medicine)
President, The Hong Kong College of Family Physicians

Dr. David Chao is a Consultant of Department of Family Medicine and Primary Health Care, Kowloon East Cluster, Hospital Authority, Hong Kong. He is a member of the Advisory Committee on Primary Care Directory, Advisory Group on Antibiotics Stewardship in Primary Care, Cancer Expert Working Group on Cancer Prevention and Screening, Working Group on Prevention of Iodine Deficiency Disorders, and Grant Review Board of the Health and Medical Research Fund. He is Honorary Clinical Professor of the Chinese University of Hong Kong and Honorary Clinical Associate Professor of the University of Hong Kong.



Professor Cindy L.K. LAM, MH, JP

MBBS (HK), MD(HK), FRCGP, MRCGP, MCGP (Irel), FHKAM (Family Medicine), Specialist in Family Medicine)
Danny D. B. Ho Professor in Family Medicine, Department of Family Medicine & Primary Care, School of Clinical Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong

Cindy is Danny D. B. Ho Professor in Family Medicine and was Chairperson of the Department of Family Medicine & Primary Care, School of Clinical Medicine, Li Ka Shing Faculty of Medicine, the University of Hong Kong. She is Chief Censor and Honorary Fellow of the Hong Kong College of Family Physicians. She is a member of the Steering Committee on Primary Healthcare Development and Convener of the Advisory Committee on the Primary Care Directory. Cindy is a specialist in family medicine providing regular public primary care services in addition to her work in academic family medicine. Her special interests are evaluation of quality and outcomes of primary care of patients with chronic diseases, patient reported outcome assessment and primary mental health care.



Professor Donald K.T. LI

MBBS, FHKAM (Family Medicine), FRACGP, FRCGP, FHKCFP, FFPH
Immediate Past President, World Organisation of Family Doctors (WONCA)

Professor Donald Li is a specialist in Family Medicine and private practice in Hong Kong, Shenzhen and Shanghai. He is the Immediate Past President of the World Organisation of Family Doctors (WONCA) and Censor of the Hong Kong College of Family Physicians. He is the Past President of the Hong Kong Academy of Medicine.

Professor Li also dedicates much of his professional time to academia and teaching in Hong Kong and China. He is Honorary Clinical Professor in Family Medicine and Primary Care of The University of Hong Kong, Honorary Clinical Professor in Family Medicine of The Chinese University of Hong Kong, Honorary Professor of Shanghai Medical College of Fudan University and Chairman of World Association of Chinese General Practitioners. He was awarded Shanghai Magnolia Silver Award by Shanghai Municipal People's Government in 2017 and the Fok Ying-Tung Prize –The World Outstanding Chinese Doctor Award in 2019. He is a registered Mainland China medical practitioner and has contributed to the training and development of family medicine in mainland for over twenty years. He advises and serves as director on listed companies associated with medical health and welfare.

Professor Li is an active member of many Hong Kong governmental, non-government organization and public health bodies. He is the Chairman of Elderly Commission, Chairman of Action Committee Against Narcotics of Narcotics Division of Security Bureau, Honorary Consultant of Department of Health, member of the Steering Committee on Primary Healthcare Development of Food & Health Bureau, Advisor to Board & Executive Committee of the Hong Kong Sheng Kung Hui Welfare Council, Director of the Hong Kong St. John Ambulance Association, Honorary Steward of Hong Kong Jockey Club and Chairman of Professional Committee on Medical Health of Belt and Road General Chamber of Commerce.



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Dr. PANG Fei Chau

MBChB, MRCP(UK), FHKAM(Medicine), FHKAM(Community Medicine), FHKCCM, FRACMA, MBA

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

Dr. PANG Fei Chau is the current Commissioner for Primary Healthcare, the Government of the Hong Kong Administrative Region Health Bureau. He is the president of the Hong Kong College of Community Medicine. He is a fellow of the Hong Kong College of Physicians, Hong Kong College of Community Medicine and the Royal Australasian College of Medical Administrators. Prior to this position, Dr. Pang was the Clinical Associate Professor of the School of Public Health, LKS Faculty of Medicine of the University of Hong Kong and honorary consultant of Department of Medicine, Queen Mary Hospital. Dr. Pang is an experienced health service executive and has acted as the Head of Human Resources of the Hospital Authority to provide strategic advice and leadership to the HR function of over 40 public hospitals. He has extensive management experiences in the healthcare sector with previous postings as the Hospital Chief Executive of the Grantham Hospital and Tung Wah Hospital, Chief Manager under Cluster Services Division and Quality and Safety Division at Head Office of the Hospital Authority. He was appointed as the member of the Elderly Commission of the Government of the Hong Kong Special Administrative Region between 2015 - 2019. He was the elected Council member of The University of Hong Kong in 2021/22.



Professor Samuel Y.S. WONG

MD (U. of Toronto), MD (CUHK), MPH (Johns Hopkins)

CCFP, FRACGP, FHKCCM, FFPH (UK), FCFP, FHKAM (Community Medicine), FHKAM (Family Medicine)

Director, JC School of Public Health and Primary Care

Associate Dean (Education), Faculty of Medicine, The Chinese University of Hong Kong

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

Professor WONG's research interests include evaluating primary care services and developing primary care service models for people with multimorbidity, evaluating and developing mindfulness-based and mental health interventions in primary care. He has published more than 380 original papers in peer-reviewed scientific journals and has contributed 5 book chapters and co-edited the Oxford Textbook of Public Mental Health. He has been serving the Hong Kong SAR Government in various capacities including as a Member of the Steering Committee of the Primary Care Development (since 2017), Member of the Expert Panel in Primary Healthcare and Non-communicable Disease (since 2018), Advisory Council on Food and Environmental Hygiene (2015-2021) and Advisory Committee on Primary Care Directory, Advisory Group on Hong Kong Reference Framework for Preventive Care for Children and for Older Adults in Primary Care Settings of the Department of Health (since 2016). He was awarded the Outstanding Fellowship of the Faculty of Medicine, the Chinese University of Hong Kong in 2021.

The ultimate goal of primary care and healthcare as a whole is health for all. International and local research has provided strong and consistent evidence that family doctor led primary care can serve this purpose the best. A higher supply of family doctors, but not doctors of other specialties, is associated with better population health in terms of lower mortality and more cost-effective services. Having a family doctor is associated with better access to and continuity of care, less use of hospital services, more self-care enablement, more address of patients' concerns and more opportunistic health promotion and screening. Family doctors have to play multiple roles. The first is to provide patient-centred care to manage the person as well as the illness. The second is enablement of self-care so that the person can become less doctor-dependent. The third is to provide universal accessible effective care for over 95% of health problems. The fourth is provide comprehensive care from prevention to chronic disease and mental health care. The last and most important is to provide continuous care that adapts to the changing needs of the person over his/her life cycle and health trajectory. To fulfill these roles, family doctors must team up with multidisciplinary professionals so the right service is delivered to the right patient at the right time and in the right place.



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Sunday, 25 June 2023 • 14:35 – 15:20

Plenary II

Primary Care Landscape in Singapore and New Developments



Professor Jose Maria VALDERAS

MMBS(UB), PhD(UPF), MPH(UPF), Specialist in Family and Community Medicine (Min. Educ. España)
Professor of Medicine and Director of the Centre for Research in Health Systems Performance (CRIHSP), National University of Singapore, Singapore; Head of Department of Family Medicine, National University Health System, Singapore.

Professor Jose M Valderas has twenty years clinical experience in family practice in Spain and the United Kingdom. He has had appointments at the universities of John Hopkins, Manchester, Oxford, Exeter (substantive); and Paris, Sydney and London (School of Economics) (visiting). He is Chief Editor of *Frontiers in Health Services* and the chairman of the World Organization of Family Doctors (WONCA) Working Group on Quality & Safety. He is past President of the International Society for Quality of Life Research and has provided health systems expert advice and consultancy to the World Health Organization and the Organization for the Economic Development and Cooperation.

A renewed opportunity for flourishing for Primary Health Care in Singapore: the Healthier SG strategy

In 2018, The World Health Organization celebrated forty years of the landmark declaration of Alma Ata, which has been heralded as the birth certificate of the movement for Primary Health Care, for its reinvigoration under the renewed prism of Universal Health Coverage. The new 2018 UNICEF-WHO Astana declaration reinforced the core aim to equitably maximizing the health and well-being of all people and the core principles of evidence-informed policies and actions across all sectors for comprehensively addressing the broader determinants of health, the empowerment of individuals, families and communities as co-developers of health and social services, self-carers and caregivers and, not least, the recognition of primary care (the first level of care with family medicine at the core of multidisciplinary teams) and public health functions as the central elements of integrated health services. In this presentation, Prof. Valderas will use the Astana Declaration as a relevant background for examining current health policy developments in Singapore around the Healthier SG initiative, which, based on its resolute ambition to move care upstream and back into the community, is well aligned with the core principles of Primary Health Care and which will have profound implications for the role of Family Doctors and are likely to very significantly shape how Primary Care is delivered.



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Saturday, 24 June 2023 • 16:50 – 18:05

Seminar A

Wearable Technology and Its Use in Primary Care



Professor Kelvin K.F. TSOI

Bachelor of Science, major in Statistics and minor in Economics, Department of Statistics, Faculty of Science, The Chinese University of Hong Kong
Doctor of Philosophy in Medical Sciences, Department of Community and Family Medicine, Faculty of Medicine, The Chinese University of Hong Kong

*Associate Professor, The Jockey Club School of Public Health and Primary Care,
Associate Professor (by courtesy), Stanley Ho Big Data Decision Analytics Research Centre,
Associate Professor (by courtesy), The Jockey Club Institute of Ageing, The Chinese University of Hong Kong
Visiting Associate Professor, Lee Kong Chian School of Medicine, Nanyang Technological University*

Professor Kelvin Tsoi is an Epidemiologist specialising in Digital Health. His research interests focus on digital innovation in chronic disease management including self-management of hypertension. He has composed over 100 medical journals including digital health. Professor Tsoi has been nominated as President of the International Society of Digital Health; Mini-track Chair of Big Data on Healthcare Application, HICSS and Associate Editor of BMJ, etc. Professor Tsoi is an academic pioneer in digital health, he has successfully applied AI technology and big data in blood pressure management. This brings benefits to the community and is also a significant milestone of efficient health management in the future.

Technological innovation and the increased popularity of consumer-grade wearables with built-in, state-of-the-art sensors present great opportunities to enhance primary care and preventive medicine. Related technologies are expected to continue to mature rapidly and transform the industry. The current technological landscape of smart wearables, both consumer-grade and medical-grade, takes advantage of a variety of biochemical and biomechanical sensors to measure vital signs and physical activities to aid healthcare decisions. Recent overseas studies on wearables have reported successful applications of consumer-grade wearables in monitoring cardiovascular health, showcasing the promising potential in smart wearables. To effectively incorporate the latest wearables into the delivery of primary care, key factors to success have been identified and they involve both healthcare practitioners, patients, device manufacturers and researchers. Nevertheless, despite the above-mentioned advantages of smart wearables, the limitations should be highlighted as well. Amongst the various parameters that can be measured by today's wearables, some are proven less reliable and less usable than others. The inconsistent performance and quality of consumer-grade wearables across brands and models also raise further concerns and challenges on real-world applications. In conclusion, the technological advancements in wearables present emerging opportunities to strengthen healthcare, while there are also legitimate concerns in stakeholders and challenges to overcome. Throughout the presentation, Professor Kelvin Tsoi will also discuss his experience and insights in the management of user data and how to bridge the gap between technologies and user experience.



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Seminar B

Saturday, 24 June 2023 • 16:50 – 18:05

Preventive Care and Service Provision for LGBT Population in Hong Kong



Dr. Angela W.Y. NG

M.B, B.S. (HK), Diploma in Family Medicine (CUHK), M.R.C.G.P.(UK), PDipComPsychMed(HK)

Family Physician and Sex Therapist in Private Practice

Board Member and Sex Therapy Supervisor in The Hong Kong Association of Sexuality Educators, Researchers & Therapists

Dr. Angela NG Wing Ying is an experienced family physician, sex therapist and sexuality educator in private practice. She is currently the vice-chairperson of the End Child Sexual Abuse Foundation, and a board member and sex therapy supervisor of the Hong Kong Association of Sexuality Educators, Researchers & Therapists. Dr. Ng is very active in sexuality education of medical students, healthcare professionals, cancer patients and their caregivers, and is consultant to various NGOs, helping victims of sexual violence, sex criminals who have served their sentence, youths with sexual problems and sex addicts etc.

Primary care doctors may encounter lesbian, gay, bisexual & transgender (LGBT) patients. Knowledge of their special health needs will enable doctors to provide comprehensive preventive care and health services to this special population.

As a group, LGBT people have increased risk of depression, anxiety disorder and alcohol and substance abuse. In addition, overweight, obesity and tobacco use are more common in lesbians and bisexual women. They also tend to neglect checking their Pap smears and mammograms. Men who have sex with men are at increased risk of sexually transmitted infections such as human immunodeficiency virus (HIV), syphilis, chlamydial infection and gonorrhoea. Transgender people are exposed to long periods of gender affirming hormonal therapy which may have side effects. They should be screened for cancer of the breast, cervix and prostate.

Primary care of the LGBT population should be individualized to each person's unique needs. In general, it is proposed that they should be screened for mental health disorders, substance abuse and sexually transmitted infections. The guideline of “Screen what you have,” works well for transgender people. They may need screening for cancer of the breast, prostate and cervix, depending on the state of their current anatomy before or after sex reassignment surgery. Immunizations against HPV and Hepatitis A & B should be offered, as are prophylaxis against HIV.

Doctors can help a lot by creating a warm and LGBT-friendly environment in their clinics to ensure wide usage of the health and preventive services offered.



Mr. Jerome M.L. YAU

Chief Executive, AIDS Concern

Jerome has extensive experience in non-profit, education, public and voluntary sectors. His passion for positive advocacy and building bridges among communities has been seen in his involvement in the LGBT+ work for over a decade, including co-founding Hong Kong Marriage Equality.

Jerome has a strong background in working with different stakeholders, including policymakers, community activists, DEI practitioners and healthcare providers. As a change agent, he has helped organizations to transform and stay relevant.

In 2023, he joined AIDS Concern as Chief Executive after serving six years on its Board of Directors. His goal is to provide evidence-based services and care that enhance individual wellbeing and welfare.

Transforming Primary Healthcare for LGBT+ Persons

Lesbian, gay, bisexual and transgender (LGBT+) people have specific health-related challenges. Conventionally, the heteronormative approach to healthcare delivery as well as the lack of awareness about the health challenges facing LGBT+ people have created unintentional barriers to LGBT+ people accessing healthcare services. The resultant stigma has also led to other consequences, such as substance abuse, unsafe sex and negative mental wellbeing.

As such, inclusive healthcare services for LGBT+ people will have a positive effect for these individuals and society. As a community group, AIDS Concern has been at the forefront in combating stigma and providing inclusive healthcare services to LGBT+ people. Besides free HIV testing, it provides affirmative healthcare services, such as PrEP checkup and counselling through its MY PLACE social enterprise arm.

In essence, LGBT+ health is about non-judgmental patient-healthcare provider communication, sex positivity and affirmative healthcare based on the needs and best interest of the clients. The goal is to improve the health outcomes of these people and reduce stigma and marginalization.

For years, the HIV/AIDS epidemic has been seen as a key menace in LGBT+ health, and rightly so. But evidence suggests that there are social factors that contribute to HIV infections. Therefore, addressing these factors in an inclusive healthcare delivery setting could translate into early interventions that help avert the subsequent infections. In the same vein, an inclusive healthcare environment can help society to reap a health bonus in the form of reduced social costs associated with illness and a healthier population.



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Seminar C

Saturday, 24 June 2023 • 16:50 – 18:05

Update on Immunology and Allergy



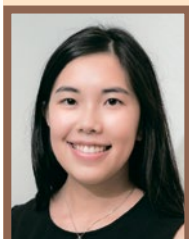
Dr. Alson W.M. CHAN

MBChB, DCH (Ireland), Dip Ger Med RCPS (Glasg), PDipCmmunityGeriatrics(HK), FHKAM(Paed), FHKCPaed, FRCPCH, First Fellow, Subspecialty of Paediatric Immunology, Allergy & Infectious Diseases
*Honorary Consultant, Allergy Centre, Hong Kong Sanatorium & Hospital
Specialist in Paediatric Immunology, Allergy & Infectious Diseases*

Dr. Alson W. M. Chan is the Honorary Consultant in Allergy Centre of Hong Kong Sanatorium & Hospital. He is a founding fellow and a specialist in Paediatric Immunology, Allergy & Infectious Diseases. He received medical education awards for his overseas subspecialty training in Great Ormond Street Hospital in London and Boston Children's Hospital of Harvard Medical School.

His main research interests are allergy prevention and allergen specific immunotherapy. He is the corresponding & first author of the Guidelines for Allergy Prevention, the co-author of the Guidelines for Prevention of Peanut Allergy, and the co-author of the China Consensus Document on Allergy Diagnostics.

He is currently the Vice President of Allergy Prevention & Control Committee in Guangdong Preventive Medicine Association, Deputy Head in Paediatric Allergy Subcommittee of Chinese Research Hospital Association, Honorary Secretary of the Federation of Medical Societies of Hong Kong, Council Member of Hong Kong Society for Paediatric Immunology Allergy & Infectious Diseases, and the Council Member & Subcommittee Chairman of Hong Kong Institute of Allergy.



Ms. Sabrina W.S. MOK

APD (Australia), BSc (Nutrition)(Hons), MA (Psychology)

Accredited Practising Dietitian (Australia)

Dietitian, Allergy Centre & Department of Dietetics, Hong Kong Sanatorium & Hospital

Vice-chairman, Hong Kong Dietitians Association

Member of Register of Dietitians Accredited by the Department of Health (HKSAR)

Sabrina Mok is a dietitian dedicated to promoting nutrition and dietetics, especially in the field of allergy prevention and treatment. She currently works as a dietitian at the Allergy Centre & Department of Dietetics of Hong Kong Sanatorium & Hospital. Her work involves collaborating with allergists in the protocol development and implementation of food allergy prevention and treatment (e.g. oral immunotherapy). As the vice-chairman of Hong Kong Dietitians Association, she also actively promotes the professional development of local dietitian members, and is a member of the Hong Kong Allergy Alliance, the Committee on Promotion of Breastfeeding of the Health Bureau, HKSAR government.

Allergic diseases are now one of the most common diseases frequently encountered in family medicine practice. With the recent advancement in molecular diagnostics and treatment strategies, many allergic diseases can now be prevented, and long term remission is achievable.

Molecular diagnostic technologies, biologics and allergen specific immunotherapy are available in managing allergic diseases. In view of the increasing prevalence of allergic diseases and the limitation of conventional symptomatic treatment strategies, the use of biologics, allergic specific immunotherapy (sublingual, subcutaneous and oral subtypes) and prevention strategies will be illustrated in this session, and the strength and weakness of them will be discussed. Latest practices in food allergy prevention and treatment will also be discussed in the second half of the session.



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Seminar D

Saturday, 24 June 2023 • 18:10 – 19:25

Innovations in Service Delivery: Tips in Teleconsultation Delivery, Barriers/Limitations on Teleconsultation



Dr. Anthony K.Y. HO

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

Consultant Family Physician

Director, Family Medicine Centre, Gleneagles Hospital Hong Kong

Dr. Ho worked and provided primary health care service in the public sector for 20 years, before he started his private practice in 2015. He is one of the pioneers in the provision of teleconsultation service since early 2020. As the Honorary Clinical Associate Professor in Family Medicine, the University of Hong Kong, Dr. Ho is actively involved in teaching telemedicine, with sharing of his upfront experience in the discipline. Other special interest of Dr. Ho includes consultation models, effective consultation skills, mental health promotion and psychotherapy in primary care.

Telemedicine is gaining popularity in the practice of medicine. With the advance in Information Technology, medical education, patient health education and even monitoring of chronic illness, can be conducted at a distance. Amongst the various domains, the most challenging one must be teleconsultation. This mode of practice differs remarkably from the traditional consultation model. Without any direct face to face contact, can a doctor deliver consultation to a patient?

To many, doctors and patients, particularly at the difficult times of Covid-19 pandemic, the practice of teleconsultation seems like something unavoidable. After nearly 3 years of teleconsultation, patients have expressed their acceptance and gratitude. With this mode of clinical practice, patients felt the convenience of consulting without the need to leave home, especially during their weakened state of health. There is no chance of cross infection from other patients. Time is saved, as there is no need to wait at the doctor's office. Patients can continue with their daily routine, with the minimum of disturbance.

On the other hand, doctors have shown much concerns about the possible legal and ethical issues involved in teleconsultation. The Medical Council of Hong Kong, and various other professional bodies, have published different useful guidelines in the practice of telemedicine. It is believed that with appropriate training, safe and effective teleconsultation is possible, achieving the same standard of care as during face-to-face medical consultations.



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Seminar E

Updates on Vaccines and Infectious Diseases



Dr. Jonpaul S.T. ZEE

MBChB (CUHK), MRCP(UK), FRCPPath, FRCP (Edin), FHKCPPath, FHKCP, PDipID (HK), FHKAM (Medicine)
Honorary Consultant in Infectious Disease, Hong Kong Sanatorium & Hospital
Specialist in Infectious Disease

Dr. Jonpaul Zee is a dually qualified infectious disease (ID) specialist and a clinical microbiologist. Graduated in the year of SARS, Dr Zee received training in ID Centre of Princess Margaret Hospital. He subsequently pursued training in Clinical Microbiology and is currently in private practice. His special interests include tropical infection, parasitology, HIV infection and antimicrobial resistance. In recent years, his research publications are mostly related to SARS-CoV-2, which covered COVID-19 diagnostics, vaccine immunology and efficacy.

The COVID-19 pandemic has claimed millions of lives and presented an unprecedented challenge to public health and the world's economy, at the same time, it has also fueled researches on vaccinology, immunology as well as infection control and prevention. In February 2023, despite the success of mRNA vaccine, there are still > 300 vaccines in clinical or preclinical development with the majority using protein subunit, RNA and non-replicating viral vector as their platform. Other potential platform includes inactivate virus, DNA, virus like particle, antigen presenting cell in combination with viral vector. Vaccine delivery via intranasal route, nebulization and inhalation are also being explored to induce mucosal immunity for better protection. To address the emergence of new variants and immune waning, boosting has become a standard practice and with the new bivalent vaccines, neutralizing antibody induced can catch up with the latest circulating variants. Multiantigen vaccine using different viral protein targets are also being explored to address immune-escape variants. Respiratory syncytial virus, another common respiratory virus that can cause lower respiratory tract infection and mortality in elderly, has long been the target of vaccine development. In a recent phase 3 trial, AS01E-adjuvanted RSV prefusion F protein-based vaccine was found to be safe and effective against severe RSV-related lower respiratory tract disease in adult aged 60 or above. In a phase 2b proof-of-concept trial, adenovirus serotype 26 RSV vector encoding a prefusion F protein was immunogenic and 69.8% - 80% effective at preventing RSV-mediated lower respiratory tract disease. Another mRNA vaccine (mRNA-1345, pending peer-review) also demonstrated vaccine efficacy of 83.7% against RSV lower respiratory tract disease. Other exciting vaccine development include the approval of 15-valent and 20-valent Pneumococcal Conjugate Vaccine (PCV15/ PCV 20) in adult at-risk who are PCV-naïve, although they are not yet available in Hong Kong. Herpes zoster and post herpetic neuralgia can now be more effectively prevented by the new zoster recombinant vaccine which is safe for immunocompromised individuals.

Since 2022, Monkeypox, a zoonotic infection used to be only endemic in Africa, has evolved into sexually transmitted disease predominantly affecting the MSM population. The Monkeypox outbreak was declared as a global health emergency by the World Health Organization (WHO). The new clinical-epidemiological form has a much lower mortality and is caused by Monkeypox virus clade 3 (vs clade 1 & 2 in classic form) which has accumulated 47 new mutations. Melioidosis is caused by *Burkholderia pseudomallei* which is widely distributed in soil and fresh water. Transmission route include percutaneous inoculation and inhalation. Severe weather events have been associated with clusters of infection. Like TB, Melioidosis latent infection can be reactivated upon immunosuppression. Although most infection are asymptomatic or subclinical, severe infection including pneumonia, bacteraemic sepsis, severe skin and soft tissue infection can occur in immunocompromised patients with mortality up to 40-75%. It is prudent to recognize this differential diagnosis in septic patients as it can be effectively treated with specific antibiotics.



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Seminar F

Saturday, 24 June 2023 • 18:10 – 19:25

The Vulnerable Group under Remote Learning during COVID: Kids with SEN



Ms. Frances S.M. CHAN

Master of Science in Clinical Gerontology, Postgraduate Diploma in Epidemiology & Biostatistics,
Bachelor of Science in Occupational Therapy,
Advanced Postgraduate Certificate for Occupational Therapists in Mental Health, SIPT Certified Therapist
Senior Occupational Therapist, Kowloon Hospital

Ms. Frances S.M. Chan has extensive experience in the field of occupational therapy, with a focus on physical and psychiatric rehabilitation. She has worked with children with a variety of special needs and has particular expertise in working with children with Autism Spectrum Disorder and Attention Deficit/Hyperactivity Disorder.

In 2021, Ms. Chan played a key role in developing Occupational Therapy Services for the new Child & Adolescent Psychiatry at Kowloon Hospital in Hong Kong. She also set up a Sensory Integration Room at the Kowloon Hospital Child & Adolescent Mental Health Center, which provides a therapeutic environment for children and adolescents with sensory processing difficulties.

Kids with special educational needs (SEN) are among the most vulnerable groups of students during the COVID-19 pandemic. These students are particularly affected by the transition to remote learning, as their needs are not always met through traditional online learning. SEN students often require additional support to access learning, and this is not always available in an online environment. These students may require additional resources, such as specialized software or hardware, as well as more individualized attention from teachers and educational professionals. Without this support, SEN students may struggle to keep up with their peers and may even fall behind. Furthermore, remote learning can be difficult for students with SEN due to the lack of social interaction. SEN students often need more support with social skills, and this is not always possible in an online learning environment. Additionally, SEN students may struggle with the lack of structure and routine that comes with remote learning.

The lack of access to resources and specialized support can also have an impact on the mental health of SEN students. Without the necessary support, they may become isolated and anxious, which can lead to further difficulties with learning.

Occupational Therapists can provide crucial support to SEN students during remote learning. By working with educators and caregivers, they can help these children to access and engage with online learning platforms, develop the skills they need to learn effectively, and maintain their physical and mental health during this challenging time.



Ms. Queenie K.Y. LIU

Master of Social Sciences in Educational Psychology (HKU), Master in Psychological Medicine in Psychosis Studies (HKU),
Master in Counselling (Monash), Master of Arts in Psychology (CUHK), Master of Arts in English Language Teaching (CUHK),
Postgraduate Diploma in Education (Distinction in Coursework) (CUHK), Bachelor of Arts (Hons) (HKU)
Educational Psychologist

Queenie is a full division member of the Division of Educational Psychology of the Hong Kong Psychological Society, as well as a member of Register of Educational Psychologists accredited by Department of Health. She has been teaching as part-time lecturer at local universities, and has extensive experience in working in local NGOs and private settings in conducting psychoeducation assessments, and providing consultation for parents and teachers. In addition, she is an accredited mindfulness teacher, parenting programme provider and certified clinical users of a range of clinical assessments.

When the pandemic hit across the globe, children and their learning had been profoundly affected. While much focus was spent on fighting against the coronavirus, the learning needs of the vulnerable group – children with special educational needs (SEN) were not adequately met.

Their difficulties exacerbated with the suspension of face-to-face classes in school. Instead, they learned online at home. With all the extra training and outdoor activities on halt, a lot of the children did not benefit much from the online learning mode. Some of them struggled with focusing in class, and as a result turned to playing online game for the whole day due to prolonged use of digital devices. Some felt trapped at home, got moody and had frequent temper tantrums. Some also got comfortable with staying at home and lost interest in having social interaction with others. All these resulted in a surge of parents seeking emotional help or complaining about the difficulties in parenting their children. With most of the COVID-19 measures lifted and the resumption of face-to-face classes, a lot of the adverse effects began to surface. Common problems include internet addiction, lack of social skills, inability to follow routine and instructions, emotional problems due to school maladjustment.

In this seminar, the educational psychologist will provide tips for promoting positive parent-child relationship, enhancing children's learning and social skills through play and mini activities at home. Such activities will hopefully relieve the burden of parents and at the same time, help children learn more effectively.



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Hong Kong Primary Care Conference 2023 “Flourishing Primary Care: Family Doctor for Everyone”

23rd - 25th June 2023 (Friday - Sunday)

Seminar G

Sunday, 25 June 2023 • 09:45 - 11:00

Novel Preventive Care in Primary Care



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, Faculty of Medicine, The Chinese University of Hong Kong
Director, Centre for Health Education and Health Promotion, The Chinese University of Hong Kong*

*Professor (by courtesy), Department of Sports Science and Physical Education, The Chinese University of Hong Kong
Professor of Global Health, School of Public Health, Peking University (Adjunct)*

*Professor, School of Public Health, The Chinese Academy of Medicine and the Peking Union Medical College (Adjunct)
Professor, School of Public Health, Fudan University (Adjunct)*

Co-Chairman, Health and Medical Research Fund, The Health Bureau of the Hong Kong Government

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 Association of Pacific Rim Universities (APRU) Global Health Programme; the Convener of the Advisory Group on the Hong Kong Reference Framework for Preventive Care of Diabetes, Hypertension, Older Adults, and Children in Primary Care Settings; and a former member of the Expert Advisory Panel in Implementation Science of the HKSAR government.

In the past few decades, numerous new technologies and health products have emerged that could enhance health outcomes and facilitate disease diagnosis. Primary Care Physicians (PCPs) are in a privileged position to utilize these technologies to improve patient care. In this seminar, Professor Wong will present a number of emerging technologies that could bear the potential for implementation in clinical practice. These include, but are not limited to:

- 1) Novel non-invasive biomarkers and artificial intelligence (AI) that may facilitate diagnosis of common cancers;
- 2) The use of retinal photos to predict stroke, dementia, and different atherosclerotic cardiovascular diseases;
- 3) The application of microbiome immunity formula to protect vulnerable populations during the COVID-19 pandemic.

The seminar will critically comment on their feasibility of adoption in primary care, and provide recommendations for future research.



Professor Jason C.S. YAM

MB BS (HK), MPH (HK), FRCSEd, FCOphth HK, FHKAM (Ophthalmology)

Associate Professor and Head of Undergraduate Division, Department of Ophthalmology and Visual Sciences, The Chinese University of Hong Kong

Director, CUHK Jockey Club Myopia Prevention Programme

Head, Pediatric Ophthalmology and Strabismus Service, Hong Kong Eye Hospital

Head, Ophthalmology Service, Hong Kong Children's Hospital

Dr. Yam is a researcher in children eye diseases. He had more than 130 publications, fundings of 100 million HKD as well as 20 international & local awards. He is principal investigator (PI) of Low-concentration LAMP-1 and LAMP-2 Studies, which are the first placebo-controlled RCTs to provide evidence for 0.05% atropine to reduce myopia progression and to delay myopia onset respectively. He is also the PI of the Hong Kong Children Eye Study, an epidemiological cohort of 40,000 children and their parents for detailed phenotypic and genotypic characterization. Studies led by him have been published in JAMA, Lancet Global Health, JAMA Network Open, Ophthalmology.

During the COVID era, there is a significant increase in screen time and decrease in outdoor time of our children because of home confinement. In our study reported in 2021, there was a 2.5-fold increase in myopia incidence in children during the COVID-19 pandemic. Apart from impaired vision that requires correction, people with myopia are many times more likely to develop potentially blinding diseases including glaucoma, retinal detachment, early-onset cataracts and staphyloma. Myopia develops in early childhood. It must be prevented in our schoolchildren. Healthy lifestyle can prevent myopia or decrease myopia progression, thus improving children's vision. Children are recommended to increase outdoor time to 2 hours per day or 14 hours per week. Parents can help children develop healthy habits in reading books and healthier utilization of digital devices. Effective myopia control through pharmacological or optical interventions can be implemented to inhibit myopia progression in children at high-risk. We pioneer globally early intervention for childhood myopia control and prevention in our LAMP Studies, which are the world's first randomized placebo-controlled trials on low concentration atropine for myopia control and prevention. We revealed that 0.05% atropine reduces myopia progression up to 67%, and prevent myopia onset by 47%. Therefore, it effectively reduces the risk of subsequent myopia complications. We promote children health care through eye care for our younger generations. Protection of children's vision allows them to see the world clearly and to develop for a brighter future.



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Seminar H

Sunday, 25 June 2023 • 09:45 – 11:00

Medical-Social Collaboration – Fight against Cannabis and Other Drugs



Dr. Kenneth S.W. CHAN

MBChB(CUHK), FHKCPsych, FHKAM(Psychiatry), FFPH(UK), FHKCCM, FHKAM(Community Medicine), MPH(HKU), DTM&H(Lond.)

*Associate Consultant, Department of Psychiatry, United Christian Hospital
Substance Abuse Clinic in-charge, Kowloon East Cluster of Hospital Authority*

Member of Substance Abuse Working Group of Hospital Authority

Trainer in Substance Abuse Psychiatry and General Adult Psychiatry, Hong Kong College of Psychiatrists

Clinical Assistant Professor (Honorary), Department of Psychiatry, LKS Faculty of Medicine, The University of Hong Kong

Clinical Assistant Professor (Honorary), Department of Psychiatry, Faculty of Medicine, The Chinese University of Hong Kong

Dr. Kenneth CHAN is a psychiatrist, and also a public health medicine fellow. He is currently serving as the Substance Abuse Clinic (SAC) in-charge for Kowloon East Cluster (KEC), and clinical supervisor for General Adult Psychiatry inpatient services of United Christian Hospital. He is an accredited trainer in Substance Abuse Psychiatry and General Adult Psychiatry by the Hong Kong College of Psychiatrists. He is also the current chairman of Public Awareness Committee (PAC), and member of Professional Skills Enhancement Committee (PSEC) of the Hong Kong College of Psychiatrists.

Cannabis is a drug, with street names of “marijuana”, “hash”, “grass” or “weed”, which contains numerous types of chemical compound called “cannabinoids” such as tetrahydrocannabinol (THC) and cannabidiol (CBD). THC is the major cannabinoids causing psychoactive “high”, harmful effects and addiction. It could cause short-term but serious harms to our health, including intoxication, panic attacks, hallucinations, and impaired judgement causing accidents, as well as long-term psychosocial complications such as dependence syndrome, cognitive impairment, depression, suicidal ideation and behavior. It leads to more severe and persistent negative outcomes especially amongst adolescents. Other possible longer-term physiological risks include bronchitis, myocardial infarctions and cerebrovascular accidents. According to the local data of Central Registry of Drug Abuse in Narcotic Division of Security Bureau, cannabis abusers are on the rise, and tops the prevalent type of substances being abused in the community especially among persons aged below 21. In this seminar, we will look into the epidemiology of cannabis abuse, introducing the model of care on mental health and substance abuse services, and how we can approach the issue locally by using medical-social collaboration.



Ms. CHAN Wing Hin

R.S.W., MSSc, Mphil, BSc (Hons), Certified Addiction Counselor Level 1, T-JTA® Authorized Practitioner, Certified FOCCUS® Facilitator

Assistant Social Work Officer, Tung Wah Group of Hospitals CROSS Centre

Ms. CHAN is currently the assistant social work officer of TWGHs CROSS Centre. She is experienced in working with cases and families with drug abuse issue. She is specialized in providing counselling and family intervention for hidden drug abusers and their families.

According to the Narcotics Division of the Hong Kong Security Bureau, the total number of reported drug abusers declined in recent years but statistics could only reveal a small portion of reality. The majority of drug abuse issues are unseen and unreported and warrants our immediate attention. It is reported that drug abusers tend to hide themselves at home to take drugs, causing increased prevalence of hidden drug abuse issue. In 2020, the median history of drug abuse of newly report abusers was 5.0 years.

The majority of young drug abusers start drug taking due to peer influence, relief of boredom, depressive mood and stress. Although drug use was a kind of social activity during their initial stage of drug use, the hidden process is triggered and aggravated by different negative drug effects, such as deteriorated health and development of psychiatric symptoms of increased anxiety and suspicion, lowered self-esteem, intensified conflicts with families and decline of trust among peers. Drug abusers thus become isolated and disconnected from other various systems when their drug use is prolonged.

In this sharing session, the systemic perspective of drug abuse would be explored. Interventions on facilitating drug abusers' reconnection with their social systems would also be discussed.



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Friday, 23 June 2023 • 19:00 – 20:30

Workshop 1

Multi-modality Psychological Approach and Intervention in Insomnia



Dr. Amy P.L. KWOK

B.Soc.Sci (HKU), M. Soc.Sci. (Clinical Psychology)(CUHK), Ph.D. (Clinical Psychology)(CUHK)
Department Manager, Department of Clinical Psychology, Hong Kong East Cluster

Dr. Amy Kwok has been working as a clinical psychologist in the Hospital Authority for more than 2 decades. She is now serving as the Department Manager for Clinical Psychology Services in the Hong Kong East Cluster. Clinically, she has been working closely with people experiencing insomnia with cognitive behavioral approach. She was invited as speaker for local sleep conferences, hosting professional training workshops on psychological interventions for insomnia.

In Hong Kong, insomnia has a prevalence of 11.9% for community adults (Li et al, 2002). Interrelationships between insomnia and mental health are now well established in the epidemiological literature, with insomnia shown to be frequently comorbid with mental health concerns, such as depression or anxiety (Sateia, 2009) and risk of suicide (Li et al, 2010). Furthermore, the disorder runs a chronic and debilitating course if untreated (Zhang et al, 2012). It is clear that insomnia is not only a disorder of high personal suffering, but is also associated with high and recurring societal costs, calling for the need of effective treatments to relieve personal suffering, caring burdens, and societal economic costs.

CBT for insomnia (CBTi) provides multi-modal therapeutic components, including sleep restriction, stimulus control, relaxation and cognitive therapy. Their combination meets American Psychological Association (APA) criteria for empirically validated treatment for insomnia based on the strength of results from a number of empirical studies (Belanger et al, 2007).

This workshop aims to give a brief overview on the psychological intervention on insomnia. With case illustrations and demonstrations, it allows attendees to have some hands-on experience when handling of insomnia in their daily practice.



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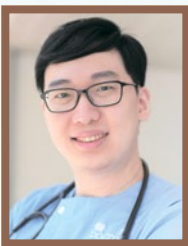
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Saturday, 24 June 2023 • 16:50 – 18:50

Workshop 2

Introductory Workshop: Hands-on Point-of-care Ultrasound (POCUS) for Doctors



Dr. Thomas M.C. DAO

MBBS(HK), MSc(CUHK), LLM(MEL) (Distinction), FRACGP, FHKCFP, FHKAM (Family Medicine)
*Associate Consultant, Department of Family Medicine and Primary Health Care
Kowloon West Cluster, Hospital Authority*

Dr. Dao is a Family Medicine specialist working in a general outpatient clinic as a Doctor-in-charge. He is also a part-time lecturer at the Chinese University of Hong Kong (CUHK) and an honorary clinical assistant professor at the University of Hong Kong (HKU). After graduation, he further pursued a Master of Science degree in Diagnostic Ultrasonography at CUHK and a Master of Laws degree with distinction in Medical Ethics and Law at HKU. He also obtained the testamur status of the National Board of Echocardiography in Special Competence in Adult Echocardiography (ASCeXAM). He currently serves as the Co-chairman of the Young Doctors Committee, and the Coordinator of the POCUS Interest Group under the Board of Education in the College. He has a strong interest in developing bedside ultrasonography and echocardiography services in primary care settings.

Point-of-care Ultrasound (POCUS) has gained increased popularity among primary care doctors in recent years. It is now considered a next-generation stethoscope that allows clinicians to see through the organs to detect abnormalities, complementing traditional physical examination techniques. POCUS has the advantage of providing quick information to clinicians for making important diagnostic and treatment decisions at the bedside. There are vast applications of POCUS in primary care, and many cases have been shared in the POCUS Corner in our College publication FP Link.

This workshop is intended for colleagues with no or little experience in abdominal ultrasound, or those who wish to revisit the basic skills of POCUS. It consists of a 30-minute seminar, followed by a 90-minute small group of hands-on ultrasound scanning led by experienced POCUS colleagues.

The following topics will be covered in the workshop:

1. Basic principles of ultrasound
2. Indications of POCUS in primary care
3. Strengths and limitations of POCUS
4. Image optimization
5. Essential scanning techniques of liver, gallbladder and kidneys



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Sunday, 25 June 2023 • 09:30 – 11:00

Workshop 3

Lactation Consultation Hands-on Demonstration on Hand Expressions, Latching Positions for Effective Milk Transfer, How to Use the Milk Pumps and Utilities



Dr. HO Shu Wan

M.B., Ch.B. (CUHK), FHKCFP, FRACGP, FHKAM (Family Medicine)

Specialist in Family Medicine

Dr. Sharon Ho is a specialist in Family Medicine. She previously worked in the Maternal and Child Health Centres of Department of Health, where Dr. Ho developed her interest and training in breastfeeding medicine.

Breastfeeding offers a lot of health benefits to both the nursing mother and the new baby. However, the journey of breastfeeding is never an easy one. From the decision of breastfeeding during antenatal period, to the point of breastfeeding initiation, and establishment of sustained milk supply, sound knowledge and competency in managing breastfeeding problems from healthcare workers can be a substantial support to the breastfeeding mother and family.



Ms. Connie M.Y. YIP

RN, RM, BN, MSc (Woman's Health Studies), Postgraduate Dip in Health Administration (CUHK), IBCLC, FHKAN(Midwifery)

Midwife Consultant, Department of Obstetrics & Gynaecology, Hong Kong East Cluster, Hospital Authority

Ms Yip is a Midwife Consultant of Hong Kong East Cluster. She is a Lactation Consultant for many years. She is Baby-Friendly hospital coordinator and responsible for promoting and supporting breastfeeding.

Breastfeeding problems are common encounters in primary care settings. The primary healthcare team is often the first point of contact for the mother and baby dyad. Knowledge on conducting a breastfeeding assessment, identifying problems in latching, managing common breastfeeding problems for both the mother (e.g. block duct, nipple pain and /or breast pain, mastitis, milk supply issues) and the baby (weight gain issues, colic, diarrhoea, tongue tie and oral infections) is essential for the well-being of the newborn as well and the nursing mother. Clinical and emotional support from the healthcare team is very important, especially on establishing breastfeeding in the first few weeks after delivery, to the mother and baby dyad as well as to the whole family.

In the workshop there will be discussions on commonly encountered breastfeeding problems, as well as approach to breastfeeding assessment. The second part of the workshop will be hands on interactive experience on hand expression skills, use of milk pumps, demonstration of latching and breastfeeding positions.

With supportive attitude and competency in managing breastfeeding problems, the primary care team could help the mothers to establish and continue their breastfeeding journey with more confidence and pleasure.



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Sunday, 25 June 2023 • 12:30 – 14:00

Workshop 4

Fall Prevention from What You Eat to What You Do: Assessment to Isometric and Dynamic Resistance Training



Dr. CHAN Ying Ho

MBChB(CUHK), PGDipMSM(Otago), DCH(Ireland), PGDipClinDerm(Lond), MScSMHS(CUHK), FHKCFP, FRACGP, FHKAM(Family Medicine)
Vice-President, Board of Education, Hong Kong Institute of Musculoskeletal Medicine
Clinical Assistant Professor (Honorary), the Jockey Club School of Public Health and Primary Care, Chinese University of Hong Kong
Private Family Physician and Musculoskeletal Physician

Dr Chan is a specialist in family medicine with special interest in musculoskeletal medicine and sports medicine. He has obtained the Postgraduate diploma in Musculoskeletal Medicine (Otago) in 2014 and the Master in Sports Medicine and Health Science (CUHK) in 2018. He is also accredited in Musculoskeletal Ultrasound by American Registry of Diagnostic Medical Sonography in 2014 and Certified Interventional Pain Sonologist by World Institute of Pain in 2019. He is currently the Vice-president of Board of Education, Hong Kong Institute of Musculoskeletal Medicine.

Dr Chan also has special interest in rehabilitation exercise and muscle training. He has obtained the credential of Certified Personal Trainer by American College of Sports Medicine in 2013 and Corrective Exercise Specialist by National Academy of Sports Medicine in 2019. His daily clinical practice incorporates biomechanical assessment, exercise therapy, manual therapy and ultrasound-guided injection to help patients with various musculoskeletal problems.



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 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 15 years of experience in dietetics. She provides medical nutrition therapy to patients affected by various health conditions such as cancers, 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.

Fall is a common problem in Hong Kong. The annual fall rates in Hong Kong older Chinese community-dwelling people ranged from 18-29%. Around 70-75% fallers reported injuries, and fractures occurred in 4.6-8% of the subjects. 4.4% of those who fell died within 9 months.

Risk factors of fall can be divided into intrinsic and extrinsic factors. Intrinsic factors include any musculoskeletal or neurological diseases that lead to impaired mobility, balance, gait, or muscle strength. Other intrinsic risk factors include cardiovascular diseases, use of certain medications, malnutrition, incontinence, visual impairment, and impaired mental state. Extrinsic factors include poorly fitted footwear or any environment hazards. For fall risk management, both strength training and balance training should be implemented and are supported with level 1 evidence. It is very important for family doctors to be able to identify these risk factors and to implement some basic strength and balance training for their patients with risk factors of fall.

The musculoskeletal aspect of fall management, including assessment of the musculoskeletal risk factors, and the management of those musculoskeletal problems, will be discussed in the workshop. Simple biomechanical assessments of lower limb, various muscle release or stretching technique, muscle strengthening technique, including isometric and dynamic strengthening, balance and proprioception exercises, and some simple manual therapy for lower limb joints will be discussed and demonstrated. Candidates will be given opportunities to practice these exercises and manual therapy during the hands-on session.

Good nutrition is important for musculoskeletal health and may help prevent falls in the ageing population. Unfortunately, malnutrition and deficiencies of calcium and vitamin D are commonly found among elderly people. They can increase the risk of osteosarcopenia (coexistence of osteoporosis and sarcopenia). Non-pharmaceutical interventions including resistance training and balanced eating have positive effects on bone and muscle, enhancing the quality of life and mobility. Several nutrients including protein, calcium, vitamin D, vitamin K and isoflavones have been shown to be protective factors for musculoskeletal health. They will be discussed in this workshop.



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Dinner Symposium

The Next Treatment after Basal Insulin for Type 2 Diabetes Patients



Dr. Andrew Y.Y. HO

MBChB (CUHK), FHKCP, FHKAM, FRCP (London, Glasgow and Edinburgh)

Consultant Endocrinologist Department of Medicine and Geriatrics, Tuen Mun Hospital

Dr. Andrew Ho is a Consultant Endocrinologist with the Department of Medicine and Geriatrics in Tuen Mun Hospital. He is the chairman of Diabetes Mellitus Information Technology Working Group and a member of the Central Committee (Diabetes Service) of the Hospital Authority. Dr. Ho is the Honorary Clinical Associate Professor of the University of Hong Kong and the Honorary Clinical Associate Professor of the Chinese University of Hong Kong.

Basal insulin therapy remains the first injectable in the treatment of most type 2 diabetes (T2D) in Hong Kong but it will eventually fail in the natural history of T2D progressive beta cell loss. Healthcare professionals (HCP) often have to face the challenge of what next if basal insulin cannot achieve optimal glycaemic control.

In this lecture, we will discuss the principles of advancing T2D management by highlighting the importance of postprandial glucose (PPG) control. PPG is a significant contributor to HbA1c that is often overlooked. An individual approach should take into account of the patient's phenotype, occupation, lifestyle, co-morbidities, hypoglycaemic risk as well as the patient's preferences. We will go through the non-pharmacological and pharmacological means in reducing PPG levels.

With the rapid development of therapeutics in T2D, we will go through different therapy modalities including basal plus one to three prandial insulins, premixed insulins, basal insulin plus long-acting weekly glucagon like peptide 1 receptor agonists or GLP-1 RA (Semaglutide, Dulaglutide and Exenatide-ER), co-formulation of rapid-acting insulin analogues, basal insulin analogues such as Ryzodeg (IDegLAsp) and fixed-dose combination of basal insulin analogues and GLP-1 RA, e.g. Xultophy and Soliqua. The relatively newer preparations have the advantage of intensifying PPG control without increasing the hypoglycaemic risk. This approach also simplifies treatment regimen, minimizing medication burden and hence improve patient adherence. In addition, the long-acting GLP-1 RAs are now recognized to lead to additional health benefits including reducing body weight and reducing cardiovascular complications.



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Saturday, 24 June 2023 • 19:30 – 21:00

Dinner Symposium Optimising Kidney Outcomes in Patients with Type 2 Diabetes



Dr. David T.W. LUI

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

Clinical Assistant Professor, Department of Medicine, School of Clinical Medicine, Li Ka Shing Faculty of Medicine, the University of Hong Kong

Dr David Lui graduated from the University of Hong Kong (HKU) with Honours. He is a Specialist in Endocrinology, Diabetes and Metabolism, and a Clinical Assistant Professor at the Department of Medicine, HKU. His research interests include diabetic bone disease, pharmacoepidemiology in type 2 diabetes and COVID-19 and endocrinology. Supported by Health and Medical Research Fund, he is leading a randomised controlled trial on the effect of simvastatin on bone density among postmenopausal women with type 2 diabetes, and studying the epidemiology of fractures in type 2 diabetes in Hong Kong. Using population-based datasets, he has published real-world evidence on the efficacy and safety of novel anti-diabetic agents, including SGLT2 inhibitors, from various perspectives. Amidst the COVID-19 pandemic, he has established cohorts of COVID-19 patients to evaluate endocrine dysfunction in the context of COVID-19 infection and vaccination. He has published over 70 peer-reviewed articles in international journals, including Diabetes Care, EClinicalMedicine and JAMA Network Open. Two of his publications have been listed among the Essential Science Indicators (ESI) Highly Cited Papers. In recognition of his research work, he has been awarded both locally and internationally, including Distinguished Research Paper Award for Young Investigators from the Hong Kong College of Physicians (2021, 2022) and Rising Star Award in the International Congress of Diabetes and Metabolism (2021).

Type 2 diabetes is a global health problem, with an estimated prevalence of 10%. Chronic kidney disease (CKD) affects 40% of people living with diabetes and is associated with increased cardiovascular and all-cause mortality. Evaluation of both estimated glomerular filtration rate and urine albumin is essential for diagnosing diabetic kidney disease (DKD) and, therefore, should be incorporated into the standard of care for patients with type 2 diabetes. For many years, renin-angiotensin-aldosterone system inhibitors (RAASi) have formed the cornerstone of DKD management. Nonetheless, there are residual risks even with RAASi therapy. Sodium-glucose cotransporter 2 inhibitors (SGLT2i) are a new class of anti-diabetic agents with benefits beyond glycaemic control. With large randomised controlled trials demonstrating cardiorenal protective effects of SGLT2i, the recent introduction of SGLT2i has revolutionised the approach to pharmacotherapy in type 2 diabetes. In this session, the up-to-date guidelines in DKD and risk management will be discussed, which physicians managing patients with type 2 diabetes can follow to optimise their kidney outcomes.

Asthma Management Update 2023



Dr. Thomas Y.W. MOK

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

*Specialist in Respiratory Medicine
Consultant, Department of Respiratory Medicine, Kowloon Hospital*

Dr. Thomas Mok is a very experienced respirologist and educator. He was the past Presidents of Hong Kong Thoracic Society and CHEST (Hong Kong and Macau) & past Chairman of Hong Kong Lung Foundation, Hong Kong Lung Cancer Study Group and the Board of Respiratory Medicine of HK College of Physicians. He was also the past Head of the Clinical Respiratory Medicine Assembly of Asian Pacific Society of Respirology and is an Honorary Clinical Associate Professor in the Department of Medicine of HKU and CUHK. He is now working in the private sector and has a part-time job in HA.

The goals of asthma treatment are to achieve good symptom control and minimize the risk of exacerbation and prevent asthma death.

Asthma is characterized by airway inflammation which is central to exacerbation. Overuse of short-acting β -agonist (SABA), which lacks anti-inflammatory effect, is associated with increased exacerbation and mortality. SABA alone was thus no longer recommended for mild asthma after 2019. Instead, anti-inflammatory reliever (AIR), e.g. low-dose ICS-formoterol, is recommended for symptom relief and before exercise. AIR reduces the risk of exacerbation compared with using a SABA reliever by virtue of its ICS component. There are two tracks from GINA 2023 pharmacological treatment guidelines for adults and adolescents. As-needed low-dose ICS-formoterol and as-needed ICS-SABA or as-needed SABA are recommended relievers for track 1 and track 2 respectively. In track 1, as-needed-only ICS-formoterol (AIR-only) will be used in steps 1-2 while maintenance and reliever therapy (MART) with ICS-formoterol will be used in steps 3-5. Track 1 is preferred because of the abundance of evidence showing the effectiveness and safety of ICS-formoterol both on as-needed-only base and in MART for mild and moderate to severe asthma respectively. The evidence of as-needed-only ICS-SABA in reducing exacerbation is limited. Moreover, ICS-SABA cannot be used for MART. Track 1 also offers simplicity for both doctors and patients.

Patients should be reviewed regularly and treatment adjusted according to response. Asthma education and a written action plan should be provided to every patient. Relevant non-pharmacological interventions should be considered. Patients with severe asthma should be referred to specialists.



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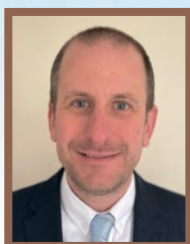
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Friday, 23 June 2023 • 19:30 – 20:15

Sponsored Seminar 1

Reducing Your Risks in Primary Care



Dr. Ben WHITE

Bachelor of Medicine, Bachelor of Surgery, The University of Newcastle upon Tyne
Diploma in Legal Medicine
Diploma of the Royal College of Obstetricians and Gynaecologist
Member of the Royal College of General Practitioners
Deputy Medical Director, Medical Protection Society
Cases Team Lead, Medical Protection Society

Ben worked as a General Practitioner in the UK for 11 years. During this time he was also involved in the teaching and training of medical students and new GPs. Ben joined Medical Protection in 2016 as a Medicolegal Consultant ultimately focusing on the management of regulatory, inquest and criminal matters. Ben has been leading a team of Case Managers since November 2019. These Case Managers advise our members on a wide range of medicolegal matters. Ben has been working as one of the Deputy Medical Directors for Medical Protection since the beginning of this year.

Part one: Challenges in interprofessional communication

Reliable handover and good communication between health professionals is vital in ensuring safe continuing care for patients. Using some case scenarios, we will explore some of the risks and challenges in the handing over of care between doctors and particularly the interaction between hospital care and primary care. We will then consider steps that health professionals can take to mitigate these risks.



Dr. Danny W.H. LEE

MBChB(CUHK), MD(CUHK), FRCSEd(General Surgery), FCSHK, HKAM(Surgery)
Senior Medical Adviser, Medical Protection Society, Hong Kong

Danny first qualified with MBChB and was later conferred MD by The Chinese University of Hong Kong (CUHK). He completed his training in General Surgery both in Hong Kong and the USA. Alongside his medical qualifications, Danny has three law degrees (JD, LL.M (Medical Law), LL.M (Arbitration & Dispute Resolution) under his belt. Danny is currently Clinical Associate Professor (honorary) of CUHK and Honorary Consultant of Department of Surgery in hospitals under Hospital Authority's New Territories East Cluster.

Danny has a strong tie with MPS. He was an international education faculty (2009-2019), delivering a series of risk management workshops to members and a local medical associate (2013-2018), serving as one of the key contacts between members of Hong Kong and MPS. Before accepting the current appointment, Danny has also served in the Medical Council of Hong Kong as the Chairperson of the Preliminary Investigation Committee 2 (2021-2022).

In the field of healthcare laws and ethics, Danny has developed immense teaching and research interests in complaint management, medical malpractice claims and regulatory regimes. He is a regular speaker in conferences and workshops on medico-legal topics

Part two: Reducing risks in the digital era

Communication and storage of information using digital devices posed new challenges in primary care practice. Sharing of patients' information is also commonly seen nowadays in different electronic sharing platforms or social media applications. Protection of patients' personal data and keeping their confidentiality are thus of utmost importance – be it in remote or face-to-face consultations. Medico-legal risks reduction strategies regarding data protection and remote consultation practice will be discussed.



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23rd - 25th June 2023 (Friday – Sunday)

Friday, 23 June 2023 • 19:30 – 20:15

Sponsored Seminar 2 New Advances in the Pharmacological Treatment of Migraine in Adults



Professor Peter McAllister M.D., FAAN

MD - University of Connecticut School of Medicine,
BS – Biochemistry, University of Connecticut,
EMG/Neuromuscular Disease - Neurology Department, Medical College of Virginia,
Externship – Neurology and Neurosurgery, National Hospital for Neurology and Neurosurgery, London, England,
Fellow, American Academy of Neurology

*Co-founder and Medical Director, New England Institute for Neurology and Headache
Chief Medical Officer, New England Institute for Clinical Research and Ki Clinical Research, USA
Associate Professor of Neurology, Yale University School of Medicine, USA*

Peter McAllister M.D., FAAN is board-certified in Neurology and Headache Medicine. He is the Medical Director of the New England Institute for Neurology and Headache and Chief Medical Officer of the New England Institute for Clinical Research and Ki (pronounced “key”) Clinical Research, in Stamford, CT, USA.

Professor McAllister is an Associate Professor of Neurology at the Yale University School of Medicine and Clinical Professor of neurology and anatomy at the Frank H. Netter School of Medicine at Quinnipiac University. He is a Fellow of the American Academy of Neurology and an executive board member of the Headache Cooperative of New England.

Recognized as a “Top Neurologist” by US News and World Report, he is also listed as a “Top Doc” in Connecticut, Metro New York City and Fairfield County. Professor McAllister lectures internationally, has been a principle investigator on over 350 clinical trials, and has authored more than 100 articles and book chapters in the lay and scientific press.

Despite being one of the most prevalent cause of years of disability worldwide, migraine is a chronic, disabling neurological disorder that adversely affects over a billion individuals worldwide. Despite the considerable humanitarian burden and socioeconomic cost, migraines continue to be an underdiagnosed, underestimated and thus undertreated condition.

Pharmacological therapy is frequently required to acutely treat migraine attacks that may last from hours to days. In general, despite the availability of a variety treatment options on the market (including the long-established analgesics, triptans and ergot derivatives), most of these to date were not specifically designed to treat migraine and therefore are not without their drawbacks, such as poor tolerability, interactions, contraindications, inefficacy and patient dissatisfaction.

Importantly, there has been a recent shift in the paradigm of migraine treatment and prevention with the development of new classes of migraine medication, including the new generation of small molecule calcitonin gene-related peptide (CGRP)-receptor antagonists (Rimegepant). Not only do they address some of the abovementioned drawbacks, but also provide clinicians with a new option to treat and prevent migraines in patients with refractory and difficult-to-treat migraines



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Sponsored Seminar 3

Rapid Onset with Long-term Maintenance: A New Paradigm in Treatment of Major Depressive Disorder (MDD)



Dr. CHONG King Yee

Bachelor of Medicine and Bachelor of Surgery (MBChB)

Diploma in Family Medicine (DFM CUHK)

Postgraduate Diploma in Community Psychological Medicine (PDipComPsychMed HK)

*Honorary Clinical Assistant Professor, Department of Psychiatry, The University of Hong Kong
Specialist in Psychiatry*

Fellow of Hong Kong College of Psychiatry (FHKCPsych)

Dr CHONG graduated from the Chinese University of Hong Kong in 2002. Dr CHONG has received broad psychiatric training from both University Hospitals in Hong Kong, ranging from Child and Adolescent Psychiatry to Psychogeriatrics. She is the Honorary Clinical Assistant Professor of the University of Hong Kong. Dr Chong is active in international psychiatric and psychological education, she is on the World Psychiatric Association Religion and Spirituality session committee, and is the Chinese translator for the WPA Position Statement on Spirituality and Religion in Psychiatry. She has also been elected as a council member of The Medical Association of Hong Kong since 2020.

Dr CHONG has special interest in Spirituality, Psychotherapy, Dream Interpretation, Family Dynamics and Motivational Interviewing. Dr Chong is a mother of 3 and a certified Facilitator of Circle of Security Parenting Training, which is a parenting programme based on Attachment Theory to enhance emotional health of both parents and children. She is a certified trainer of Motivational Interviewing, a counselling method for enhancing behaviour change as such to reduce substance and internet addiction in clients. She is also a life coach accredited by the International Coaching Federation and performs Emotional Coaching, a parenting skill to manage emotional and behavioural problems of children.

Seconded to anxiety disorders, major depressive disorder (MDD) contributed to a significant disease burden at 3.4% of the global population in 2017. Meanwhile, a surge in local prevalence has also been reported during the COVID-19 pandemic, reflecting worsened mental health due to overwhelming distress from external environment. Data suggested that there was an increase in antidepressant prescription pharmacy claims during the pandemic compared to the pre-pandemic period. Medication may not be a must in MDD treatment but is in itself an effective treatment for most people living with the condition. In the past decade, antidepressant research has come to a new era with a surge in literature publications on rapid-acting antidepressants, hence a new chapter in depression treatment has commenced. With more understanding of the brain and pathophysiology of depression, it is believed that the treatment of depression will no longer be as challenging as before. Throughout the presentation, Dr. CHONG will discuss her experience and insights in the management of MDD and how to bridge the gap between the advanced treatment options and user experience.



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Saturday, 24 June 2023 • 13:00 – 13:45

Sponsored Seminar 4

Unlock the Power to Dissolve the Risk in Mixed Dyslipidaemia – How Can We Do Better?



Dr. Jennifer M.F. KWOK

MBChB(HK), MRCP(UK), FHKCP, FHKAM(Medicine), FACC
Specialist in Cardiology

Dr. KWOK Miu Fong, Jennifer is a Specialist in Cardiology running a private practice in Hong Kong. After graduating from the Chinese University of Hong Kong with a MBChB, she was professionally trained in Hong Kong and had attended overseas training at the Mayo Clinic in Minnesota, USA.

She is a Fellow of Hong Kong College of Physicians, Hong Kong Academy of Medicine, Hong Kong College of Cardiology and the American College of Cardiology. She is also a founding member of the Society of Cardiovascular Computed Tomography.

She has published peer-reviewed research articles in internationally renowned medical journals including Journal of American Medical Association (JAMA), Journal of American College of Cardiology (JACC) and American Heart Journal (AHJ).

Dyslipidemia management currently focuses on reducing LDL-C levels, commonly through the use of statins. However, residual cardiovascular risk remains even in patients treated with these medications. Research has shown that elevated cholesterol and triglyceride levels are associated with an increased risk of developing cardiovascular disease. Non-HDL-C, which includes all atherogenic lipoproteins except HDL-C, may be a more accurate screening tool for dyslipidemia, particularly in patients with higher triglyceride levels. Recent studies have suggested a global approach to cardiovascular disease prevention, which includes lifestyle optimization, LDL-C lowering, and dyslipidemia management, emphasizing the importance of non-HDL-C as a potential target in reducing residual cardiovascular risk.



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Sponsored Seminar 5

Shared Care Concept in Managing Male Lower Urinary Tract Symptoms



Dr. Peggy S.K. CHU

MBBS (HK), FRCS (Edin), FCSHK, FHKAM (Surg), Dip. Urol (London)

*Consultant Surgeon, Division of Urology, Department of Surgery, Tuen Mun Hospital,
New Territories West Cluster, Hospital Authority, Hong Kong SAR
Censor-in-Chief, The College of Surgeons of Hong Kong*

Dr Peggy CHU is the past president of the Hong Kong Urological Association, 2010-2012.

Dr Peggy CHU led the team from Princess Margaret Hospital and United Christian Hospital, which reported the first 10 cases in Hong Kong with contracted bladder and upper urinary tract damage associated with ketamine abuse. She also provided an affidavit to the Hong Kong High Court, thus leading to more stringent guidelines on sentencing of ketamine abuse since June 2008. Dr CHU is the trustee of British Journal of Urology International since June 2019. Dr CHU had delivered the Urological Association of Asia lecture in the American Urological Association 2019 in Chicago

Shared Care Concept in managing male lower urinary tract symptoms had been initiated in various Caucasian countries (United Kingdom, Canada) since 1990s. With the increasing ageing population, there will be an increasing demand for caring elderly male patients with lower urinary tract symptoms relating to enlarged prostates. Pharmacological treatment is recommended as the first line therapy by various international urological associations. Alpha blockers and 5-alpha reductase (5 AR) inhibitors are the two available drug groups. Personalized medicine, depending on the patient's comorbidities, frailty and prostate size, is the current concept in decision of monotherapy or combination therapy with the aim of improving the quality of life of these patients and to prevent complications like retention of urine, bladder stones, recurrent lower urinary tract infections and recurrent visible painless hematuria. The different types of alpha blockers vary via their alpha receptor selectivity and half-life, thus in turn affecting the efficacy and also side effect of postural hypotension. There are two types of 5 AR isoenzymes: type I is found in the liver, skin and prostate while type II predominantly is in the prostate stromal cells. Finasteride is selective for type II while dutasteride inhibits both type I and type II.



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Saturday, 24 June 2023 • 13:00 – 13:45

Sponsored Seminar 6

Navigating the Evolving Landscape: New Guideline and Evidence for Stroke Prevention in Atrial Fibrillation



Dr. WONG Chun Ka

MBBS, MRCP(UK), FHKCP, FHKAM

*Clinical Assistant Professor of the Cardiology Division in Queen Mary Hospital and
The University of Hong Kong*

Dr. Chun-Ka Wong is a Clinical Assistant Professor of the Cardiology Division in Queen Mary Hospital and The University of Hong Kong. Dr. Wong obtained his Bachelor of Medicine and Bachelor of Surgery degree from the University of Hong Kong in 2015. Subsequently he received his cardiology and basic science training in the Queen Mary Hospital. Dr. Wong's research interests include stem cell science and atrial fibrillation.

Atrial fibrillation (AF) poses a significant risk for stroke and systemic embolism, severe complications that require robust prevention strategies. Oral anticoagulants, including direct oral anticoagulants (DOACs) and warfarin, have been the mainstay of treatment for the majority of patients due to their proven effectiveness and favorable tolerance profile. However, data concerning stroke prevention strategy in special patient groups, such as those with mitral stenosis, end-stage renal failure, cirrhosis, and high bleeding risk has been sparse. In this lecture, we'll delve into the newly available clinical data and explore the newest international guidelines related to stroke prevention in AF.



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Sunday, 25 June 2023 • 11:05 – 11:50

Sponsored Seminar 7

Expanding the Role of SGLT2 Inhibitors from Glycaemic Control to Cardiorenal Protection in Primary Care



Dr. CHOI Cheung Hei

MB.ChB., MRCP, FRCP (Edinburgh, London), FHKCP, FHKAM

*Consultant Physician, Department of Medicine, Queen Elizabeth Hospital
Specialist in Endocrinology, Diabetes and Metabolism*

Dr. Choi is currently the Consultant Physician in the Department of Medicine and team head of the Endocrinology & DM team, Queen Elizabeth Hospital, Hong Kong

Other appointments include:

1. Council member of Hong Kong College of Physicians (HKCP) & chairman of the IT subcommittee
2. Chairman of the Endocrinology, Diabetes & Metabolism Specialty Board (HKCP)
3. Chairman of the QA subcommittee of HA CC Diabetes Services
4. Chairman of the Training committee COC Medicine
5. Member of KC & KE Research Ethics Committee & KCC Research Committee
6. Member of F&H Bureau Grant Review Board
7. Honorary Associate Professor of HKU & CUHK

Cardio, renal and metabolic conditions are intimately interconnected, and dysfunction of one of these systems may induce dysfunction in the other. Sodium-glucose co-transporter 2 inhibitors have been shown to provide cardiorenal benefits in type 2 diabetes on top of glycaemic control. Furthermore, recent trials have further demonstrated their benefits extended to other diseases with high unmet medical needs, i.e. heart failure and chronic kidney disease. The robust evidence of the cardiovascular and renal benefits of SGLT2 inhibitors has led to more emphatic recommendations in diabetes treatment guidelines, prioritising the use of the drug class over other available antihyperglycemic therapies. Moreover, both heart failure and chronic kidney disease treatment guidelines have also placed SGLT2 inhibitors in high position in the treatment algorithm.

In this lecture, the latest clinical evidence, practical considerations and recent international guideline recommendations on the use of SGLT2 inhibitors will be discussed.



23rd - 25th June 2023 (Friday - Sunday)

Full Research Paper Competition

NO.	PRESENTATION TOPIC	AUTHORS <i>(The name of the submitting author is underlined)</i>
01	Methodological Quality of Systematic Reviews on Treatments for Alzheimer’s Disease: A Cross-sectional Study	<u>Claire C.W. ZHONG</u> , J.L. ZHAO, Charlene H.L. WONG, Irene X.Y. WU, M. CHEN, Jerry W.F. YEUNG, Vincent C.H. CHUNG
02	Peri-discharge Complex Interventions for Reducing 30-day Hospital Readmissions among Heart Failure Patients: Overview of Systematic Reviews and Network Meta-analysis	<u>Claire C.W. ZHONG</u> , Charlene H.L. WONG, William K.W. CHEUNG, E.K. YEOH, C.T. HUNG, Benjamin H.K. YIP, Eliza L.Y. WONG, Samuel Y.S. WONG, Vincent C.H. CHUNG
03	Development and Validation of a Rapid Assessment Version of the Assessment Survey of Primary Care in China	<u>Claire C.W. ZHONG</u> , J.J. HUANG, Lina LI, Z.J. LUO, C.Y. LIANG, M.P. ZHOU, K. LI
04	Effectiveness of Peri-Discharge Complex Interventions for Reducing 30-Day Readmissions among COPD Patients: Overview of Systematic Reviews and Network Meta-Analysis	<u>Claire C.W. ZHONG</u> , Charlene H.L. WONG, William K.W. CHEUNG, E.K. YEOH, C.T. HUNG, Benjamin H.K. YIP, Eliza L.Y. WONG, Samuel Y.S. WONG, Vincent C.H. CHUNG
05	Nutritional Supplement Versus Exercise Therapy for Elderly with or without Sarcopenia: A Systematic Review and Meta-analysis	<u>K.S. YAU</u> , Marc K.C. CHONG
06	Family Facilitators of, Barriers to and Strategies for Healthy Eating among Chinese Adolescents: Qualitative Interviews with Parent-Adolescent Dyads	<u>Kiki S.N. LIU</u> , Julie Y. CHEN, K.S. SUN, Joyce P.Y. TSANG, Patrick IP, Cindy L.K. LAM
07	Long-Term Blood Pressure Variability Increases Risks of Dementia and Cognitive Decline: A Meta-Analysis of Longitudinal Studies	<u>Pingping JIA</u> , Helen W.Y. LEE, Joyce Y.C. CHAN, Karen K.L. YIU, Kelvin K.F. TSOI
08	Global Burden and Temporal Trends of Lower Urinary Tract Symptoms: A Systematic Review and Meta-analysis	<u>J.J. HUANG</u> , C.K. CHAN, Samuel YEE, Y.Y. DENG, Y.J. BAI, S.C. CHAN, M.S. TIN, X.J. LIU, Veeleah LOK, L. ZHANG, W.H. WU, Z.J. ZHENG, Jeremy Y.C. TEOH, C.F. NG, Martin C.S. WONG
09	Factors Associated with Vaccination Intention against the COVID-19 Pandemic: A Global Population-Based Study	<u>J.J. HUANG</u> , S.C. CHAN, Samantha KO, Harry H.X. WANG, Jacky YUAN, W.H. XU, Z.J. ZHENG, H. XUE, L. ZHANG, Johnny Y. JIANG, Jason L.W. HUANG, P. CHEN, E. PALAGANAS, P. VIWATTANAKULVANID, R. SOMRONGTHONG, A. CAICEDO, María D.J. MEDINA-ARELLANO, Jill K. MURPHY, Maria B. ARTEAGA PAREDES, M. WITHERS, Martin C.S. WONG



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Full Research Paper Competition

NO.	PRESENTATION TOPIC	AUTHORS <i>(The name of the submitting author is underlined)</i>
10	Factors Associated with the Acceptance of an eHealth App for Electronic Health Record Sharing System: Population-Based Study	<u>J.J. HUANG</u> , W.S. PANG, Y.Y. WONG, F.Y. MAK, Florence S.W. CHAN, Clement S.K. CHEUNG, W.N. WONG, N.T. CHEUNG, Martin C.S. WONG
11	Association between Health Literacy, Trust, and COVID-19 Vaccine Hesitancy: The Case of Hong Kong	<u>Cindy Y. TIAN</u> , Phoenix K.H. MO, D. DONG, H. QIU, Annie W.L. CHEUNG, Eliza L.Y. WONG
12	Development and Validation of a Comprehensive Health Literacy Tool for Adults in Hong Kong	<u>Cindy Y. TIAN</u> , Phoenix K.H. MO, D. DONG, Annie W.L. CHEUNG, Eliza L.Y. WONG
13	PUMA Screening Tool to Detect COPD in High-risk Patients in Chinese Primary Care - A Validation Study	<u>Phillip L.W. AU-DOUNG</u> , Carmen K.M. WONG, Dicken C.C. CHAN, Joseph W.H. CHUNG, Samuel Y.S. WONG, Maria K.W. LEUNG
14	Proportion of Clinically Significant Diabetes-related Distress and Its Associated Factors among Patients with Type 2 Diabetes in General Out-patient Clinics in Hong Kong	<u>M.H. WONG</u> , S.M. KWAN, M.C. DAO, S.N. FU, W. LUK



23rd - 25th June 2023 (Friday - Sunday)

Full Research Paper Competition - Full Research Paper

FULL 01

Methodological Quality of Systematic Reviews on Treatments for Alzheimer's Disease: A Cross-sectional Study

Claire C.W. ZHONG¹, J.L. ZHAO¹, Charlene H.L. WONG¹, Irene X.Y. WU², M. CHEN³, Jerry W.F. YEUNG⁴, Vincent C.H. CHUNG^{1,5}

¹ Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong, Shatin, Hong Kong

² Xiangya School of Public Health, Central South University, 5/F, No. 238, Shang ma Yuan ling Alley, Kaifu District, Changsha, Hunan, China.

³ Department of Epidemiology, School of Public Health, Southern Medical University, Guangzhou, China.

⁴ School of Nursing, The Hong Kong Polytechnic University, Hung Hom, Hong Kong.

⁵ School of Chinese Medicine, The Chinese University of Hong Kong, Shatin, Hong Kong.

Background:

Carefully conducted systematic reviews (SRs) can provide reliable evidence on the effectiveness of treatment strategies for Alzheimer's disease (AD). Nevertheless, the reliability of SR results can be limited by methodological flaws. This cross-sectional study aimed to examine the methodological quality of SRs on AD treatments, along with potentially relevant factors.

Methods:

To identify eligible SRs on AD treatments, four databases including the Cochrane Database of Systematic Reviews, MEDLINE, EMBASE, and PsycINFO were searched. The Assessing the Methodological Quality of Systematic Reviews 2 instrument was used for quality appraisal of SRs. Multivariable regression analyses were used to examine factors related to methodological quality.

Results:

A total of 102 SRs were appraised. Four (3.90%) SRs were considered as high quality; 14 (13.7%), 48 (47.1%), and 36 (35.3%) were as moderate, low, and critically low quality, respectively. The following significant methodological limitations were identified: only 22.5% of SRs registered protocols a priori, 6.9% discussed the rationales of chosen study designs, 21.6% gave a list of excluded studies with reasons, and 23.5% documented funding sources of primary studies. Cochrane SRs (adjusted odds ratio (AOR): 31.9, 95% confidence interval (CI): 3.81–266.9) and SRs of pharmacological treatments (AOR: 3.96, 95%CI: 1.27–12.3) were related to the higher overall methodological quality of SRs.

Conclusion:

Methodological quality of SRs on AD treatments is unsatisfactory, especially among non-Cochrane SRs and SRs of non-pharmacological interventions. Improvement in the following methodological domains requires particular attention due to poor performance: registering and publishing protocols a priori, justifying study design selection, providing a list of excluded studies, and reporting funding sources of primary studies.

Keywords: Alzheimer's disease, Cross-sectional study, Meta-analysis, Bias, Systematic reviews



23rd - 25th June 2023 (Friday - Sunday)

Full Research Paper Competition - **Full Research Paper**

FULL 02

Peri-discharge Complex Interventions for Reducing 30-day Hospital Readmissions among Heart Failure Patients: Overview of Systematic Reviews and Network Meta-analysis

Claire C.W. ZHONG¹, Charlene H.L. WONG^{1,2}, William K.W. CHEUNG¹, E.K. YEOH¹, C.T. HUNG¹, Benjamin H.K. YIP¹, Eliza L.Y. WONG¹, Samuel Y.S. WONG¹, Vincent C.H. CHUNG^{1,3}

¹ Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong, Shatin, Hong Kong

² Prince of Wales Hospital, Shatin, Hong Kong

³ School of Chinese Medicine, The Chinese University of Hong Kong, Shatin, Hong Kong

Aims:

An overview of systematic reviews (SRs) and network meta-analysis (NMA) was conducted to synthesize evidence of comparative effectiveness of different peri-discharge complex interventions for reducing 30-day hospital readmissions among heart failure (HF) patients

Methods:

We searched five databases for SRs from their inception to August 2019 and conducted additional search for randomized controlled trials (RCTs) published between 2003 and 2020. We used random-effect pairwise meta-analysis with pooled risk ratios (RRs) and 95% confidence intervals (CIs) to quantify the effect of complex interventions, and NMA to evaluate comparative effectiveness among complex interventions. Primary outcome was 30-day all-cause hospital readmissions, while secondary outcomes were 30-day HF-related hospital readmissions, 30-day mortality, and 30-day emergency department visits.

Results:

From 20 SRs and additional RCT search, 21 eligible RCTs (n = 5362) assessing eight different peri-discharge complex interventions were included. Pairwise meta-analysis showed no significant difference between peri-discharge complex interventions and controls on all outcomes, except that peri-discharge complex interventions were significantly more effective than controls in reducing 30-day mortality (pooled RR = 0.68, 95% CI: 0.49–0.95, 5 RCTs). NMA indicated that for reducing 30-day all-cause hospital readmissions, supportive-educative intervention had the highest probability to be the best intervention, followed by disease management; while for reducing 30-day HF-related hospital readmissions, disease management is likely to be the best intervention.

Conclusion:

Our results suggest that disease management has the best potential to reduce 30-day all-cause and HF-related hospital readmissions. Benefits of the interventions may vary across health system contexts. Evidence-based complex interventions require local adaptation prior to implementation.

Keywords: Heart failure; hospital readmissions; peri-discharge complex intervention; overview of systematic reviews; network meta-analysis



23rd - 25th June 2023 (Friday - Sunday)

Full Research Paper Competition - Full Research Paper

FULL 03

Development and Validation of a Rapid Assessment Version of the Assessment Survey of Primary Care in China

C.W. ZHONG^{1,2}, J.J. HUANG², Lina LI^{1,3}, Z.J. LUO¹, C.Y. LIANG¹, M.P. ZHOU¹, K. LI¹

¹ Department of Health Policy and Management, School of Public Health, Sun Yat-sen University, Guangzhou, China

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

³ Bureau of Veteran Cadres of the Huadu District Party Committee, Guangdong, China

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 10 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 analyzing 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.

Conclusion:

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, validation



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Full Research Paper Competition - Full Research Paper

FULL 04

Effectiveness of Peri-Discharge Complex Interventions for Reducing 30-Day Readmissions among COPD Patients: Overview of Systematic Reviews and Network Meta-Analysis

Claire C.W. ZHONG¹, Charlene H.L. WONG¹, William K.W. CHEUNG¹, E.K. YEOH¹, C.T. HUNG¹, Benjamin H.K. YIP¹, Eliza L.Y. WONG¹, Samuel Y.S. WONG¹, Vincent C.H. CHUNG^{1,2}

¹ Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong, Shatin, Hong Kong

² School of Chinese Medicine, The Chinese University of Hong Kong, Shatin, Hong Kong

Background:

An overview of systematic reviews(SRs) and network meta-analysis(NMA) were conducted to evaluate the comparative effectiveness of peri-discharge complex interventions for reducing 30-day readmissions among chronic obstructive pulmonary disease(COPD) patients.

Methods:

Five databases were searched for SRs of randomized controlled trials(RCTs). An additional search was conducted for updated RCTs from database inception until Jun 2020. Pooled effect of peri-discharge complex interventions was assessed using random-effect pairwise meta-analyses. Comparative effectiveness across different peri-discharge complex interventions was evaluated using NMA.

Results:

Nine SRs and 11 eligible RCTs(n = 1,422) assessing eight different peri-discharge complex interventions were included. For reducing 30-day all-cause readmissions, pairwise meta-analysis showed no significant difference between peri-discharge complex interventions and usual care, while NMA indicated no significant differences among different peri-discharge complex interventions as well as usual care. For reducing 30-day COPD-related readmissions, peri-discharge complex interventions were significantly more effective than usual care (pooled RR = 0.45, 95% CI:0.24–0.84).

Conclusions:

Peri-discharge complex interventions may not differ from usual care in reducing 30-day all-cause readmissions among COPD patients but some are more effective for lowering 30-day COPD-related readmission. Thus, complex intervention comprising core components of patient education, self-management, patient-centred discharge instructions, and telephone follow up may be considered for implementation, but further evaluation is warranted.

Keywords: 30-day readmissions; chronic obstructive pulmonary disease; peri-discharge complex Interventions; overview of systematic reviews; network meta-analysis



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Full Research Paper Competition - **Full Research Paper**

FULL 05

Nutritional Supplement versus Exercise Therapy for Elderly with or without Sarcopenia: A Systematic Review and Meta-analysis

K.S. YAU, Marc K.C. CHONG

The Chinese University of Hong Kong

Background:

Sarcopenia is a common clinical disease in elderly and results in various adverse outcomes. Exercise therapy is evidence-based intervention demonstrating positive effect to treat sarcopenia, while nutritional supplement is postulated to improve sarcopenia. However, there is lack of systemic review for head-to-head direct comparison between these two treatment methods in elderly.

Objective:

This study analyses up-to-date randomised controlled trials(RCT) comparing the effects of nutritional supplement with exercise therapy on muscle mass, muscle strength and functional performance in elderly with or without sarcopenia.

Methods and Results:

This non-funded review was performed in accordance with the PRISMA guideline (Protocol ID=CRD42020194222). We conducted literature search on MEDLINE, EMBASE and CENTRAL in 4/2022. Eligibility criteria were RCTs studying the effect of nutritional supplement and exercise therapy on appendicular muscle mass in elderly. 10 RCTs involving 600 elderly were included into random-effects model analysis. There were no statistically significant difference between exercise group and nutrition group on the change of appendicular muscle mass and grip strength. However, exercise group showed statistically significant improvement on usual walking speed, maximum walking speeds, and timed up-and-go test than nutrition group (Standardized mean difference(SMD) -0.67 [95%CI -0.91 to -0.42, p value<0.00001]; SMD -0.46 [95%CI -0.78 to -0.13, p value=0.006]; and SMD - 0.73[95%CI -1.08 to -0.38, p value< 0.0001] respectively).

Conclusion:

Exercise therapy did not show superiority effect compared with nutritional supplement on improving appendicular muscle mass and grip strength in elderly. However, exercise therapy was superior to nutritional supplement therapy in various functional performance tests.

Keywords: Sarcopenia, Exercise, Nutrition



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Full Research Paper Competition – Full Research Paper

FULL 06

Family Facilitators of, Barriers to and Strategies for Healthy Eating among Chinese Adolescents: Qualitative Interviews with Parent–Adolescent Dyads

Kiki S.N. LIU¹, Julie Y. CHEN^{1,2}, K.S. SUN³, Joyce P.Y. TSANG¹, Patrick IP⁴, Cindy L.K. LAM^{1,2}

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Healthy eating is vital in preventing obesity and long-term non-communicable diseases. This study explores potential family facilitators of, barriers to and strategies for healthy eating among adolescents in Chinese families to guide the development of effective interventions in the future. Parent–adolescent dyads were purposively sampled by age, gender, fruit and vegetable intake and household income. Key family factors were identified by thematic analysis. Fourteen themes under five domains were identified: family health with (1) illness experienced in the family; parental knowledge of (2) dietary recommendations, (3) the preparation of healthy food and (4) healthy food choice; parental attitudes towards (5) the importance of healthy eating and (6) the priority of family health; socioeconomic factors of (7) time concerns and (8) cost concerns; and food parenting practices in (9) nutritional education, (10) role modeling, (11) food provision, (12) child involvement, (13) parental supervision and (14) the cultivation of food preference. Useful strategies included incorporating healthy ingredients in adolescents’ favorite recipes and providing a variety of fruit and vegetables at home. There is a need to empower parents with practical nutrition knowledge, to be more authoritative in food parenting practices, to discuss healthy eating with children and to acquire practical skills related to time- and cost-saving healthy cooking.

Keywords: Healthy eating, adolescents, family factor, facilitators, barriers, KAP, qualitative



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Full Research Paper Competition - Full Research Paper

FULL 07

Long-Term Blood Pressure Variability Increases Risks of Dementia and Cognitive Decline: A Meta-Analysis of Longitudinal Studies

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High blood pressure (BP) is considered as an important risk factor for cognitive impairment and dementia. BP variability (BPV) may contribute to cognitive function decline or even dementia regardless of BP level. This study aims to investigate whether BPV is an independent predictor for cognitive impairment or dementia. Literature searches were performed in MEDLINE, Embase, PsycINFO, CINAHL, and Web of Science to May 2021. Longitudinal studies that assessed the risk of dementia or cognitive impairment with BPV as the predictor was included. Meta-analysis and meta-regression were performed to evaluate the effect of BPV on the risk of dementia or cognitive impairment. A total of 5919 papers were identified, and 16 longitudinal studies were included, which had >7 million participants and a median age from 50.9 to 79.9 years and a median follow-up of around 4 years. Thirteen studies reported visit-to-visit BPV and concluded that systolic BPV increases the risk of dementia with a pooled hazard ratio of 1.11 (95% CI, 1.05–1.17), and increases the risk of cognitive impairment with a pooled hazard ratio of 1.10 (95% CI, 1.06–1.15). Visit-to-visit diastolic BPV also increased the risk of dementia and cognitive decline. A meta-regression revealed a linear relationship between higher BPV and risks of dementia and cognitive impairment. Similar findings were observed in the studies with day-to-day BPV. This study suggests that long-term BPV is an independent risk factor for cognitive impairment or dementia, so an intervention plan for reducing BPV can be a target for early prevention of dementia.

Keywords: Clinic blood pressure, Home-monitoring, Visit-to-visit variation, Day-to-day variation, Cognitive impairment



23rd - 25th June 2023 (Friday - Sunday)

Full Research Paper Competition - Full Research Paper

FULL 08

Global Burden and Temporal Trends of Lower Urinary Tract Symptoms: A Systematic Review and Meta-analysis

J.J. HUANG^{1,2}, C.K. CHAN³, Samuel YEE³, YY. DENG¹, Y.J. BAI¹, S.C. CHAN¹, M.S. TIN¹, X.J. LIU⁴, Veeleah LOK⁵, L. ZHANG^{6,7}, W.H. WU⁸, Z.J. ZHENG⁹, Jeremy Y.C. TEOH³, C.F. NG³, Martin C. S. WONG^{1,2,6,9}

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Background:

Lower urinary tract symptoms (LUTS) are common complaint in urology practice and affecting the quality of life for patients. This article aims to perform a systematic review and meta-analysis on the global prevalence of LUTS overall, and according to different patient characteristics.

Methods:

We searched MEDLINE and Embase for population-based epidemiological studies reporting the prevalence of LUTS from inception to 1 Jan 2021. Studies which: (1) have enough information on sample size and prevalence; (2) investigate individuals aged 15 or above; and (3) have clear diagnostic criteria for LUTS. We extracted the following information: year of publication; name of the first author; study period; region of recruitment; race; age range; sex; severity; symptoms; and criteria. We pooled rate estimates with exact binomial and test score-based confidence intervals (CIs) using proportions with a random-effects model.

Results:

We included 222 studies from 36 countries involving 1,692,110 samples and 632,933 patients with LUTS. The overall prevalence of any and moderate-to-severe LUTS was 63.2% (95% CI = 58.0–68.1) and 31.3% (95% CI = 28.8–33.8), respectively. The most common symptom was storage symptoms (56.7%; 95% CI = 51.0–62.4), followed by voiding symptoms (36.4%; 95% CI = 27.8–45.4) and post-micturition symptoms (30.7%; 95% CI = 19.2–43.6). A higher prevalence of moderate-to-severe LUTS was observed in male subjects (35.2%; 95% CI = 32.1–38.5) and individuals aged ≥60 (39.0%; 95% CI = 33.4–44.8; I² = 99.9%). Its prevalence increased from 27.4% (95% CI = 24.5–30.3) in 1990–1999, to 31.9% (95% CI = 27.3–36.7) in 2000–2009 and 36.2% (95% CI = 30.7–41.9) in 2010–2019.

Conclusions:

This study was the first comprehensive meta-analysis examining the global prevalence of LUTS. We identified a high level of LUTS prevalence in the general population, with a higher burden in male subjects, older individuals, and the Asian population. There has been an increasing trend in the prevalence of LUTS since the 1990s.

Keywords: Lower urinary tract symptoms, Temporal trends, Meta-analysis



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Full Research Paper Competition - Full Research Paper

FULL 09

Factors Associated with Vaccination Intention against the COVID-19 Pandemic: A Global Population-Based Study

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Several vaccines have been developed for COVID-19 since the pandemic began. This study aimed to evaluate the factors associated with COVID-19 vaccination intention. A global survey was conducted across 26 countries from October, 2020 to December, 2021 using an online self-administered questionnaire. Demographic information, socio-economic status, and clinical information were collected. A logistic regression examined the associations between vaccine intention and factors such as perceptions and the presence of chronic physical and mental conditions. The sample included 2459 participants, with 384 participants (15.7%) expressing lower COVID-19 vaccination intent. Individuals who identified as female; belonged to an older age group; had a higher level of education; were students; had full health insurance coverage; or had a previous history of influenza vaccination were more willing to receive vaccination. Conversely, those who were working part-time, were self-employed, or were receiving social welfare were less likely to report an intention to get vaccinated. Participants with mental or physical health conditions were more unwilling to receive vaccination, especially those with sickle cell disease, cancer history within the past five years, or mental illness. Stronger vaccination intent was associated with recommendations from the government or family doctors. The presence of chronic conditions was associated with lower vaccine intention. Individuals with health conditions are especially vulnerable to health complications and may experience an increased severity of COVID-19 symptoms. Future research should evaluate the effectiveness of interventions targeting the vaccine perceptions and behaviours of at-risk groups. As such, public awareness campaigns conducted by the government and proactive endorsement from health physicians may help improve COVID-19 vaccination intention.

Keywords: COVID-19, vaccination intention, chronic conditions, vaccine, mental health



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Full Research Paper Competition - Full Research Paper

FULL 10

Factors Associated with the Acceptance of an eHealth App for Electronic Health Record Sharing System: Population-Based Study

J.J. HUANG^{1,2}, W.S. PANG¹, Y.Y. WONG¹, F.Y. MAK¹, Florence S. W. CHAN³, Clement S. K. CHEUNG³, W.N. WONG³, N.T. CHEUNG³, Martin C. S. WONG^{1,2}

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Background:

In the second stage of the Electronic Health Record Sharing System (eHRSS) development, a mobile app (eHealth app) was launched to further enhance collaborative care among the public sector, the private sector, the community, and the caregivers.

Objective:

This study aims to investigate the factors associated with the downloading and utilization of the app, as well as the awareness, perception, and future improvement of the app.

Methods:

We collected 2110 surveys; respondents were stratified into 3 groups according to their status of enrollment in the eHRSS. The primary outcome measure was the downloading and acceptance of the eHealth app. We collected the data on social economics factors, variables of the Technology Acceptance Model and Theory of Planned Behavior. Any factors identified as significant in the univariate analysis ($P < .20$) will be included in a subsequent multivariable regression analysis model. All P values $\leq .05$ will be considered statistically significant in multiple logistic regression analysis. The structural equation modeling was performed to identify interactions among the variables.

Results:

The respondents had an overall high satisfaction rate and a positive attitude toward continuing to adopt and recommend the app. However, the satisfaction rate among respondents who have downloaded but not adopted the app was relatively lower, and few of them perceived that the downloading and acceptance processes are difficult. A high proportion of current users expressed a positive attitude about continuing to adopt and recommend the app to friends, colleagues, and family members. The behavioral intention strongly predicted the acceptance of the eHealth app ($\beta = .89$; $P < .001$). Attitude ($\beta = .30$; $P < .001$) and perceived norm; $\beta = .37$; $P < .001$) played important roles in determining behavioral intention, which could predict the downloading and acceptance of the eHealth app ($\beta = .14$; $P < .001$).

Conclusions:

Despite the high satisfaction rate among the respondents, privacy concerns and perceived difficulties in adopting the app were the major challenges of promoting eHealth. Further promotion could be made through doctors and publicity. For future improvement, comprehensive health records and tailored health information should be included.

Keywords: Electronic Health Record Sharing System, eHealth App, Acceptance



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Full Research Paper Competition - **Full Research Paper**

FULL 11

Association between Health Literacy, Trust, and COVID-19 Vaccine Hesitancy: The Case of Hong Kong

Cindy Y. TIAN¹, Phoenix K.H. MO^{1,2}, D. DONG^{1,2}, H. QIU^{1,2}, Annie W.L. CHEUNG^{1,2}, Eliza L.Y. WONG^{1,2}

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This study investigated how Health literacy (HL) and trust in health information affected COVID-19 vaccine hesitancy among Chinese Hong Kong adults. A cross-sectional study was conducted in August 2022. A total of 401 participants completed the study. Participants completed a newly developed Hong Kong HL scale and self-reported their trust levels in health information from different resources. The proportion of early uptake of the first-dose and booster-dose of COVID-19 vaccine is 69.1% and 71.8%, respectively. The risk of delaying the first-dose was higher among participants with inadequate functional HL (OR=0.58, $p = 0.015$), adequate levels of two subdomains of critical HL (OR = 1.82, $p = 0.013$; OR = 1.91, $p < 0.01$), and low-level trust in health information from the government (OR = 0.57, $p = 0.019$). Respondents with adequate interactive HL (OR=0.52, $p = 0.014$) and inadequate level of one subdomain of critical HL (OR =1.71, $p = 0.039$) were more likely to delay the booster-dose. This negative association between critical HL and vaccination was suppressed by trust in health information from the government. This study showed that HL and trust in health information from the government are associated with COVID-19 vaccine hesitancy. Efforts should be directed at providing tailored communication strategies with regard to people's HL and increasing public confidence in health authorities to decrease vaccine hesitancy.

Keywords: Health literacy, COVID-19, Vaccine hesitancy, Mediation analysis



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Full Research Paper Competition – Full Research Paper

FULL 12

Development and Validation of a Comprehensive Health Literacy Tool for Adults in Hong Kong

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Introduction:

Health literacy (HL) refers to an individual's ability to process and use health information to maintain health. This study aimed to develop a comprehensive HL scale (HLS-HK) among Hong Kong Chinese adults.

Methods:

A scale of 31-item covering functional and interactive HL (FHL and IHL), and critical HL (CHL) within three subdomains was developed based on previous literature review and Delphi survey. Cognitive interviews were performed to examine all items' face validity. A cross-sectional survey was conducted to investigate the scale's psychometric properties.

Results:

Nine interviewees participated in the cognitive interviews in October 2021. Based on the input from respondents, two items were deleted, two items were combined. Finally, 28 items remained. A total of 433 adults completed the survey between December 2021 and February 2022. After excluding one item with low inter-item correlations, the scale's internal consistency reliability was acceptable. Exploratory factor analysis produced a five-factor model, as shown in the original theoretical framework. These factors accounted for 53% of the total variance. Confirmatory factor analysis confirmed that the fit indices for this model were acceptable. The scale is also significantly correlated with education and self-rated health.

Conclusion:

The HLS-HK is a valid and reliable tool for evaluating HL. Compared with existing tools, this scale extended the operationalization of FHL, IHL, and CHL and fully operationalized the CHL via three subdomains. It can be used to understand the difficulties and barriers that people may encounter when they use health-related information and services.

Keywords: Health literacy scale, Scale development, Scale validation, Factor analysis, Hong Kong Chinese adults



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Full Research Paper Competition – Full Research Paper

FULL 13

PUMA Screening Tool to Detect COPD in High-risk Patients in Chinese Primary Care – A Validation Study

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The early stage of chronic obstructive pulmonary disease (COPD) is not easily recognized. Screening tools can help to identify high-risk patients in primary care settings for spirometry and may be helpful in the early detection in COPD and management. This study aims to validate the PUMA questionnaire for use in Chinese primary care settings. This cross-sectional study recruited participants (≥ 40 years old, current or former smoker with ≥ 10 packs of cigarette per year) in primary health care clinics in Hong Kong. The Chinese version of the PUMA questionnaire was administered by trained research staff to participants awaiting consultation. COPD diagnosis was confirmed by spirometry (post-bronchodilator FEV1/FVC < 0.70). A total 377 patients were recruited of which 373 completed the spirometry. The percentage of participants diagnosed with COPD (post-bronchodilator FEV1/FVC < 0.70) was 27.1%. A higher PUMA score was more likely to have an advanced stage of GOLD classification ($P = 0.013$). The area under the ROC curve of the PUMA score was 0.753 (95%CI 0.698–0.807). The best cut-point according to Youden’s index for PUMA score was ≥ 6 with sensitivity 76.5%, specificity 63.3% and negative predictive value (NPV) 63.3%. A cut-off point of PUMA score ≥ 5 was selected due to higher sensitivity of 91.2%, specificity of 42.6% and high NPV of 92.7%. PUMA score performed better than CDQ and COPD-PS in the area under the ROC curve (0.753 versus 0.658 and 0.612 respectively), had higher sensitivity than COPD-PS (91.2% versus 61%) and had higher specificity than CDQ (42.6% versus 13.1%). The use of PUMA as a screening tool was feasible in Chinese primary care and can be conducted by trained staff and health professionals. The validation results showed high sensitivity and high NPV to identify high risk patient with COPD at cut-off point of ≥ 5 . It can be useful for early detection and management of COPD.



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Full Research Paper Competition - **Full Research Paper**

FULL 14

Proportion of Clinically Significant Diabetes-related Distress and Its Associated Factors among Patients with Type 2 Diabetes in General Out-patient Clinics in Hong Kong

M.H. WONG, S.M. KWAN, M.C. DAO, S.N. FU, W. LUK

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Objective:

To study the proportion of clinically significant diabetes-related distress (DRD) among patients with type 2 diabetes (T2DM) in General Out-patient Clinics (GOPCs) in Hong Kong and to identify the associated factors of DRD.

Methodology:

This was a cross-sectional study conducted in 3 GOPCs from 1 December 2021 to 31 May 2022. A random sample of adult Chinese patients with T2DM, who had at least two regular follow-ups for T2DM in the selected clinic in the past 12 months, were invited to participate in the study. DRD was measured by the validated 15-item Chinese version of the Diabetes Distress Scale (CDDS-15). An overall mean score ≥ 2.0 was considered clinically significant.

Result and outcome:

The study recruited 362 subjects in 3 GOPCs. The response rate was 90.6%. The mean age of participants was 64.2 years old (SD 9.5). The median HbA1c was 6.9 % (IQR 0.9). The median duration of living with T2DM since diagnosis was 7.0 years (IQR 10.0). The proportion of clinically significant DRD in our study was 59.4%. Age was negatively associated with the occurrence of DRD among patients with T2DM in an odds ratio of 0.967 (95% CI 0.939-0.995, $p=0.021$).

Conclusion:

A high proportion of patients with T2DM in GOPCs experience clinically significant DRD. Younger age was identified as an associated factor. Evaluation of DRD is suggested to integrate as a part of comprehensive diabetes care in the primary care setting.

Keywords: Type 2 diabetes, diabetes-related distress, emotional burden, Chinese version of the Diabetes Distress Scale (CDDS-15), diabetes care



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Clinical Case Presentation Competition – Schedule

Date : 25 June 2023 (Sunday)

Time : 09:45 – 11:00

TIME	TOPIC	PRESENTING AUTHOR
09: 50 – 10:02	Doctor, I Had a Back Pain	Dr. Stephen K.C. CHEUNG
10:02 – 10:14	Medication-related Osteonecrosis of the Jaw	Dr. WONG Ching Keung
10:14 – 10:26	Early Application of 3 Layer Tubular Bandage as Compression Therapy to Patients with Venous Leg Ulcer in Primary Care Setting	Ms. Lily K.Y. YIP, Mr. HO Chun Kit, Ms. Fiona W.S. WU, Ms. Kara P.F. CHOW, Ms. CHAN Bo Ying
10:26 – 10:38	A Young Lady with Recurrent Back Pain	Dr. JIAO Fangfang
10:38 – 10:50	An Elderly with Poor Appetite	Ms. Quinai S. YU



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Free Paper Competition – Schedule of Oral Presentation

Date : 25 June 2023 (Sunday)

Time : 12:30 – 14:30

NO.	PRESENTATION TOPIC	AUTHORS <i>(The name of the presenting author is underlined)</i>
01	Optimizing the Frequency of Physician Encounters in Primary Care for Type 2 Diabetes Patients with Non-high Cardiovascular Risk: Using Population-based Data to Emulate a Target Trial for Comparative Effectiveness Study	<u>W.C. XU</u> , Cindy L.K. LAM, Eric Y.F. WAN
02	External Validation of Non-laboratory-based Pre-DM/DM Risk Prediction Models for Case Finding in Primary Care in HK	<u>Will H.G. CHENG</u> , W. DONG, Emily T.Y. TSE, Carlos K.H. WONG, Laura E. BEDFORD, Cindy L.K. LAM
03	Older Adults' Technology Acceptance towards Mobile Health Apps in Chronic Pain: A Cross Sectional Study	<u>Hermione H.M. LO</u> , Regina W.S. SIT
04	Factors Associated with Physical Inactivity among the Pre-school Children: A Cohort of 1,681 Participants	<u>J.J. HUANG</u> , Calvin K.M. CHEUNG, S.C. CHAN, W.S. PANG, F.Y. MAK, Queenie H.Y. LI, Amelia S.C. LO, Vera M.W. KEUNG, Lancelot W.H. MUI, Albert LEE, Martin C.S. WONG
05	Association between Exercise Intensity and Mental Health: A Prospective Cohort Study Based on UK Biobank	<u>X. WEN</u> , Eric K.P. LEE, D. ZHANG, Samuel Y.S. WONG
06	Global Trends of Prostate Cancer by Age, and Their Associations with Gross Domestic Product (GDP), Human Development Index (HDI), Smoking, and Alcohol Drinking	<u>J.J. HUANG</u> , Erica O.T. CHAN, X.J. LIU, Veeleah LOK, C.H. NGAI, L. ZHANG, W.H. XU, Z.J. ZHENG, Peter K.F. CHIU, N. VASDEV, D. ENIKEEV, Shahrokh F. SHARIAT, C.F. NG, Jeremy Y.C. TEOH, Martin C.S. WONG
07	Patient Experience of Primary Care and Satisfaction with Primary Care Physician Performance in China: A Multi-Centre Investigation	<u>C. ZHONG</u> , L. LI, Z. LUO, C. LIANG, M. ZHOU, L. KUANG
08	The Serial Mediating Effects of Moral Injury and Work Performance on the Relationship between COVID-19-related Stressors and Posttraumatic Stress Symptoms among Nurses in Hong Kong	<u>L.H. PAN</u> , Jeremy L.T. TANG, Annie W.L. CHEUNG, Eliza L.Y. WONG, Nelson C.Y. YEUNG



23rd - 25th June 2023 (Friday - Sunday)

Free Paper Competition – Oral Presentation

ORAL 01

Optimizing the Frequency of Physician Encounters in Primary Care for Type 2 Diabetes Patients with Non-high Cardiovascular Risk: Using Population-based Data to Emulate a Target Trial for Comparative Effectiveness Study

W.C. XU, Cindy L.K. LAM, Eric Y.F. WAN

Department of Family Medicine and Primary Care, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong SAR, China

Introduction:

Type 2 diabetes (T2DM) is one of the most resource-demanding conditions in the overloaded primary care systems owing to the huge number of patients and frequent follow-up consultations. This study aimed to investigate whether the frequency of physician encounters in primary care can be reduced in T2DM patients with non-high cardiovascular risk.

Methods:

Using territory-wide public electronic medical records in Hong Kong, we emulated a target trial to compare the effectiveness of conventional follow-up frequency (average encounter interval per year: 2-3 months) and the less frequent follow-up frequency (average encounter interval per year: 4-6 months) for the T2DM patients. We identified 68,286 eligible patients (subject inclusion period: Jan 2009 to Dec 2010) who were categorized as non-high cardiovascular risk (predicted risk for cardiovascular diseases (CVDs) < 20%) at baseline based on a 10-year CVD risk prediction model derived from the local T2DM patients, and were followed up until Dec 2019. The Hazard ratio (HR) for CVD incidence and all-cause mortality was estimated using the analytical approach of the marginal structural model.

Results:

Compared to the conventional follow-up frequency, no significantly increased risk of cardiovascular diseases was found in the patients with less-frequent follow-up frequency (HR (95% CI): 0.96 (0.86, 1.06)) and all-cause mortality (HR: 1.15 (0.87, 1.52)). The consistency in the effectiveness regarding CVD prevention was found in patient subgroups regarding major risk factors at baseline: age (<65/≥65 years old), HbA1c (<7%/≥7%), predicted 10-year CVD risk (<10%/10-19%), insulin use (yes/no), Charlson Comorbidity Index (≤2/>2) (P interaction>0.05).

Conclusions:

For the T2DM patients with non-high cardiovascular risk, the interval of physician encounters in primary care can be extended to 4-6 months without compromising patients' outcomes regarding the prevention of major cardiovascular complications and all-cause mortality, which might help to free up more consultation quotas in primary care for the local society.

Keywords: Type 2 diabetes, follow-up visits, primary care



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Free Paper Competition – Oral Presentation

ORAL 02

External Validation of Non-laboratory-based Pre-DM/DM Risk Prediction Models for Case Finding in Primary Care in HK

Will H.G. CHENG, W. DONG, Emily T.Y. TSE, Carlos K.H. WONG, Laura E. BEDFORD, Cindy L.K. LAM

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Introduction:

Prediabetes (Pre-DM) is a crucial stage in preventing type-2 diabetes mellitus (T2DM). Yet, Hong Kong has a high prevalence of undiagnosed pre-DM and current primary care (PC) practice focuses on detecting DM among ≥ 45 years old. Using the data from the Population Health Survey (PHS) 2014-15, Dong et al. (2021) developed two non-laboratory-based risk prediction models using machine learning (ML) and logistic regression (LR) to detect individuals with high pre-DM/DM risk in HKPC. However, the models have not been validated externally.

Methods:

A cross-sectional prospective external validation study. 919 Chinese adults without prior DM diagnosis from 9 public HA GOPCs and private clinics in Hong Kong was invited to fill out a questionnaire on the nine predictors of Dong's models and performed a diagnostic blood test on pre-DM/DM status between April 2021 and January 2022. Pre-DM/DM were determined by oral glucose tolerance test (OGTT) or HbA1c levels based on WHO's parameters.

Results:

Of all subjects, 66.5% were female, mean age was 51.4 years old, and the mean BMI was 23.3 kg/m². The incidence of newly diagnosed pre-DM/DM was 53.4% (n=491). Both models offered good discriminatory performance in detecting high-risk individuals (AUC-ROC: ML:0.744, LR:0.739). The optimal risk cut-offs were 17.7% for LR model and 16.7% for ML model, with a sensitivity of detecting Pre-DM/DM of 0.72 and 0.70, respectively. The ML model performed better than existing DM models in the younger age subgroup (i.e. 18-45 years old). The predicted risks by both models were significantly lower than the observed event rates in the external validation sample.

Conclusions:

Our results demonstrated the external validity and generalisability of the non-laboratory-based risk models in identifying individuals with high pre-DM/DM risks in HKPC. Findings could enable opportunistic case finding of asymptomatic pre-DM patients, so early diagnosis and interventions can be given to prevent diabetes progression.

Keywords: Prediabetes, Early detection, risk prediction model



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Free Paper Competition – Oral Presentation

ORAL 03

Older Adults’ Technology Acceptance towards Mobile Health Apps in Chronic Pain: A Cross Sectional Study

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Introduction:

The popularity of smartphones and apps among older adults in Hong Kong has generated potential to enhance self-management of chronic diseases, such as chronic pain, through the use of mobile apps. We conducted this cross-sectional survey to investigate the level of technological acceptance among local older adults with chronic pain and factors predicting technology acceptance.

Methods:

Participants aged 60 or above with chronic pain were recruited from 8 August to 23 November 2022 in 8 local community centres in Hong Kong. They were invited to complete a digital questionnaire with assistance if necessary. Dependent variables were three constructs of the 14-item Senior Technology Acceptance Model that included attitudinal beliefs, control beliefs and gerontechnology anxiety. The fourth construct, self-reported health, was set as an independent variable (IV) as it was a predictor for technology acceptance. Other independent variables were Brief Pain Inventory severity scores, Pain Self-Efficacy Questionnaire, General Anxiety Disorder-7, Patient Health Questionnaire-9, and demographics including age, gender, educational level, number of chronic diseases. Multivariate linear regression was conducted between dependent and independent variables.

Results:

A total of 248 participants were included with a mean age of 69.94 (SD 6.90) and 77% were female. Around 73% of participants have previously used health apps, their technological acceptance median scores were 21/30 (IQR 16-26) and 29/40 (IQR 22-34) for attitudinal and control beliefs, and 10.5/20 (IQR 6-14) for gerontechnology anxiety. In multivariable analysis, lower pain self-efficacy was associated with poorer attitudinal ($\beta=0.259$, $SE=0.012$, $P<0.001$) and control belief ($\beta=0.255$, $SE=0.014$, $P<0.001$), and more gerontechnology anxiety ($\beta=-0.146$, $SE=0.014$, $P=0.026$). Participants with more chronic diseases ($\beta=0.187$, $SE=0.063$, $P=0.003$) showed more acceptance towards apps.

Conclusions:

Enhancing pain self-efficacy is a possible strategy to promote the use of apps in older adults with chronic pain.

Keywords: Health app, technology acceptance, chronic pain



23rd - 25th June 2023 (Friday - Sunday)

Free Paper Competition – Oral Presentation

ORAL 04

Factors Associated with Physical Inactivity among the Pre-school Children: A Cohort of 1,681 Participants

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Introduction:

The problem of physical inactivity was common among children in Hong Kong. The present study aims to investigate the risk factors associated with the physical inactivity of young children in Hong Kong.

Methods:

In each district cluster, children between the ages of 2 and 5 were randomly selected from local nurseries and kindergartens. Parents were asked to provide information on (1) socioeconomic background: sex of the child, ages of the child and parents, born order of the child, job status of the parents, and educational background of the parents; (2) health-related factors: weeks of pregnancy when the baby was given birth, and hospitalization of child since birth; (3) types of leisure activities: time spent on electronic games, and physical activity of children and parents.

Results:

A total of 1,681 responses were collected, with the mean age of the children 5.78 (SD = 0.64). A higher likelihood of physical inactivity on weekdays was associated with the female sex (aOR: 1.38, 95% CI: 1.02-1.85, $p = 0.034$), not being the first-born of the family: (aORsecond born: 1.85 95% CI: 1.28-2.67, $p = 0.001$; aORthird born: 2.67, 95% CI: 1.10-6.48, $p = 0.030$), having hospitalized 3 times or more since birth (aOR: 1.47, 95% CI: 1.08-2.01, $p = 0.015$), and physically inactive caregivers (no physical activity: aOR: 1.89, 95% CI: 1.41-2.54, $p < 0.001$). Meanwhile, children whose mother was unemployed/retired (aOR: 0.60, 95% CI: 0.43-0.84, $p = 0.003$), and who spent more than 1 hour on electronic games per day (aOR: 0.67, 95% CI: 0.45-0.99, $p = 0.045$) were significantly less likely to be physically inactive. Similarly, the female sex (aOR = 1.39, 95% CI: 1.02-1.90, $p = 0.037$), being the second born (aOR: 1.58, 95% CI: 1.11-2.25, $p = 0.012$) or the third born (aOR: 2.11, 95% CI: 1.03-4.34, $p = 0.042$), and caregiver's low physical activity level (aOR: 2.27, 95% CI: 1.63-3.16, $p < 0.001$) were significantly associated with a higher chance of physical inactivity on weekends.

Conclusions:

It was concluded that parental support and behaviour could largely determine the child's physical activity level, government should promote family-based physical activities to increase the physical activity of young children. Also, activity-based electronic games could be an innovative choice to encourage more physical activities among children. Further research should explore the effectiveness of the intervention targeting high-risk children.

Keywords: Physical Inactivity, Pre-school Children, Factor association



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Free Paper Competition – Oral Presentation

ORAL 05

Association between Exercise Intensity and Mental Health: A Prospective Cohort Study Based on UK Biobank

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Introduction:

Physical activity (PA) interventions have been demonstrated to promote mental health (MH) in numerous studies. However, previous findings on whether exercise with light, moderate, and high intensity have different effectiveness on mental disorders were inconsistent. And the dose-response relationship between each intensity level and MH is yet to be investigated.

Methods:

In this 7-year prospective cohort study among 402,349 UK Biobank participants, the International Physical Activity Questionnaires (IPAQ) and accelerometers were adopted to obtain PA-related information on recruitment in 2006-2010 and at follow-up in 2013-2015, respectively. Difference between moderate and high IPAQ activity groups, difference between having met recommendation for walking and for moderate-to-vigorous PA (MVPA), metabolic equivalents (METs) for light, moderate, and vigorous activity were predictors. MH outcomes were measured by the Recent Depressive Symptoms (RDS-4) questionnaire at both baseline and follow-up (2014-2019). Multivariate linear regression was conducted for both cross-sectional and longitudinal association between exercise intensity and MH, adjusted for covariates including age, gender, education, employment status, smoking, alcohol use, BMI, and chronic diseases.

Results:

For cross-sectional association, after adjusting for covariates, people in high IPAQ activity group had lower RDS-4 score, comparing to those in moderate group ($P < 0.001$). Population who have met MVPA recommendation had lower RDS-4 than those have only met walking recommendation ($P < 0.001$). Higher METs for light, moderate, and vigorous activity were significantly associated with lower RDS-4 ($P < 0.001$). Additionally, higher METs for walking significantly predicted lower RDS-4 at follow-up, controlling for baseline RDS-4 and other covariates. No significant difference of effectiveness on RDS-4 at follow-up was found between different intensity level.

Conclusions:

Study findings indicated vigorous exercise was more effective than moderate exercise only in cross-sectional relationship. Higher intensity of walking was likely to improve MH in long-term. Further exploration on the optimal range for moderate and vigorous activity is needed.

Keywords: Exercise intensity, Metabolic equivalents, Mental health



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Free Paper Competition – Oral Presentation

ORAL 06

Global Trends of Prostate Cancer by Age, and Their Associations with Gross Domestic Product (GDP), Human Development Index (HDI), Smoking, and Alcohol Drinking

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Introduction:

Prostate cancer is the leading cause of urological malignancy and the second most common cancer in males. We aimed to examine the global disease burden and trends of prostate cancer incidence and mortality by age, and their associations with gross domestic product (GDP), human development index (HDI), smoking, and alcohol drinking.

Methods:

We presented the prostate cancer incidence and mortality using age-standardised rates (ASRs). We examined their associations with GDP, HDI, smoking, and alcohol drinking by Spearman's correlations and multivariable regression. We estimated the 10-year trend of incidence and mortality by joinpoint regression analysis with average annual percent change (AAPCs) with 95% confidence intervals (CI) in different age groups.

Results:

There was a wide variation in the burden of prostate cancer with the highest mortality found in low-income countries while the highest incidence was observed in high-income countries. We found moderate to high positive correlations for GDP, HDI, and alcohol drinking with prostate cancer incidence, whilst a low negative correlation was observed for smoking. Globally, there was an increasing incidence but decreasing mortality of prostate cancer, and such trends were particularly prominent in Europe. Notably, the incidence increase was also found in the younger population aged <50 years.

Conclusions:

There was a global variation in the burden of prostate cancer associated with GDP, HDI, smoking, and alcohol drinking. Prostate cancer had an increasing incidence but decreasing mortality. The increasing incidence of prostate cancer in the younger population is worrying and calls for early action on possible preventive interventions.

Keywords: Prostate Cancer, Global Trends, Factor association



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Free Paper Competition – Oral Presentation

ORAL 07

Patient Experience of Primary Care and Satisfaction with Primary Care Physician Performance in China: A Multi-Centre Investigation

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Introduction:

To explore the association between patient experience of primary care and their satisfaction with the performance of primary care physicians in China.

Methods:

We assessed patient experience of primary care using the Assessment Survey of Primary Care (ASPC) scale, comprising six domains (i.e., first-contact care, continuity, comprehensiveness, accessibility, coordination, and patient-centeredness). Items in ASPC were assessed using a 4-point Likert-type scale. Patient satisfaction with primary care physician performance was measured by asking patients to rate their overall satisfaction level with the primary care physician, also the length of consultation, and physicians' communication, technical, and interpersonal skills, ranging from 1 to 100. Multiple linear regression models were performed to explore the relationship between patient experience of primary care and their satisfaction with primary care physician performance.

Results:

We recruited 1,185 patients from 16 primary care settings in China. The mean total score of patient experience of primary care was 2.79 ± 0.438 . The mean overall satisfaction score was 86.3 ± 13.6 . Multiple linear regression analyses showed that patients with a better experience of primary care had a higher overall satisfaction score with the primary care physician, with an effect estimate of 14.2 and a 95% confidence interval of 12.7 to 15.9 ($P < 0.001$). Among all domains, patient-centred care was considered the most critical predictor of patient overall satisfaction (11.0, 9.9 to 12.0, $P < 0.001$), followed by coordination (8.5, 7.1 to 9.8, $P < 0.001$). Surprisingly, patients experiencing better comprehensiveness seemed to have lower satisfaction with the consultation time length (-5.7, -9.7 to -1.7, $P = 0.005$) and primary care physician's interpersonal skills (-3.6, -6.2 to -0.9, $P = 0.008$).

Conclusions:

Patient experience of primary care could be considered a predictor of patient satisfaction with primary care physician performance, especially the domains of patient-centred care and coordination. Limited by the consultation length, attention should be paid to providing care tailored to patients' needs and enhancing physicians' interpersonal skills during the consultation process.

Keywords: Primary care experience, GP performance, Patient satisfaction



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Free Paper Competition – Oral Presentation

ORAL 08

The Serial Mediating Effects of Moral Injury and Work Performance on the Relationship between COVID-19-related Stressors and Posttraumatic Stress Symptoms among Nurses in Hong Kong

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Introduction:

During the COVID-19 pandemic, nurses are facing morally challenging situations and life-threatening decisions. Studies have shown that COVID-19-related stressors are associated with post-traumatic stress symptoms (PTSS). This study aimed to examine if psychosocial and work-related variables (e.g., moral injury (MI) and work performance (WP)) could be the mediators in the association between COVID-19 stressors and PTSS.

Methods:

A total of 110 nurses in Hong Kong working in hospitals and community settings during the COVID-19 pandemic were recruited between May-June, 2022 through nursing associations to complete an online survey measuring the aforementioned psychosocial variables. Serial multiple mediator models were adopted for analysis. All mediation analyses were conducted using the SPSS PROCESS macro.

Results:

The results demonstrated that COVID-19-related stressors were positively associated with PTSS among the nurses. In addition, the serial multiple model showed that the association between COVID-19-related stressors and PTSS were serially mediated via higher moral injury and lower work performance, which in turn were associated with PTSS. However, the respective indirect paths from COVID-19-related stressors to PTSS via moral injury and via work performance were not significant.

Conclusions:

Our findings identified the mediating role of MI and WP between COVID-19-related stressors and PTSS among nurses in Hong Kong. Effective measures should be taken to regulate COVID-19-related stressors, reduce MI and enhance WP, eventually decreasing PTSS among nurses in the context of COVID-19.

Keywords: COVID-19, Post-traumatic stress symptoms, Nurses



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02	Prevalence of Negative Emotional Eating in Middle-aged Population: A Systematic Review and Meta-analysis	Katherine Y.P. SZE, Vincent C.H. CHUNG, Jean H. KIM
03	Safety, Feasibility, and Acceptability of Telemedicine for Hypertension in Primary Care: A Proof-of-concept and Pilot Randomized Controlled Trial (SATE-HT)	S. WANG, Maria LEUNG, S.Y. LEUNG, J.H. HAN, Will LEUNG, Elsie HUI, Anastasia MIHALIDOU, Kelvin K.F. TSOI, Martin C.S. WONG, Samuel Y.S. WONG, Eric K.P. LEE
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05	Impacts of Combined Childhood Exposures to Poor Neighborhood Quality, Peer Friendships and Family Relationships on Adult Depression: A Seven-year Longitudinal Study	Q. LI, X. WANG, Samuel Y.S. WONG, Sherry X. YANG
06	Using Consolidated Framework for Implementation Research to Investigate Facilitators and Barriers to Implementing Alcohol Screening and Brief Intervention among Primary Care Physicians and Nurses in Hong Kong, China: A Mixed-Method Study	Paul S.F. CHAN, Martin C.S. WONG, Y.J. XIE, E.K. YEOH, Z.X. WANG
07	Facilitators and Barriers to Use Rapid Antigen Test among Community-dwelling Older Adults in Hong Kong: A Population-Based Random Telephone Survey	Joseph KAWUKI, Y. FANG, F.Y. YU, D.H. YE, Paul S.F. CHAN, S.Y. CHEN, Z.X. WANG
08	Medical Professionals' Common Stressors, Stress-coping and Factors Affecting Their Help-seeking for Mental Health Needs: A Qualitative Study	Kylie K.Y. CHAN, Sherry X. YANG
09	Perceptions of COVID-19 and Seasonal Influenza Were Influencing Behavioural Intention to Take Up Seasonal Influenza Vaccination during COVID-19 Pandemic among Community-dwelling Older Adults in Hong Kong	X. LIANG, M.Q. XIN, Q.P. ZHANG, Martin C.S. WONG, F.Y. YU, D.H. YE, Phoenix K.H. MO, Z.X. WANG
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11	Enhancing Quality of Distant Smoking Cessation Counselling Service Through Pilot Telecare Model	C.Y. LO, Y.Y. NG, Y.S. HUI, T.K. WONG
12	Projection of Scarlet Fever Infection in Hong Kong Under Climate Change	Y.W. WANG, C.L. LI, X.T. JIANG, S. YIN, C. REN, S. ZHAO, Y.C. WEI, Z.H. GUO, K.C. CHONG
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14	Improving Cold Chain Management in General Outpatient Clinic, Hong Kong East Cluster	S.Y. HUNG, P.H. CHEUNG, Kathy Y.H. CHEUNG, Carol S.Y. FAN, Wanmie W.M. LEUNG, Michelle M.Y. WONG, Marcus M.S. WONG
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17	Perception Towards Cervical Cancer Screening and Feasibility of HPV Self-sampling in Indigenous Deaf Women: A Qualitative Study	H.Y. WONG, Eliza L.Y. WONG
18	Associations Between Body Composition Subtypes and Cardiovascular Disease Risk among Middle-aged and Older Chinese Adults	L. WANG, Martin C.S. WONG
19	The Impact of a Structured Mental Health Programme in Hong Kong Primary Care: A Service Review from 2019 to 2022	Y.Y. CHAN, Y.H. CHAN, S.Y. CHENG, J. LIANG, Y.S. NG
20	The Adult Social Care Outcomes Toolkit: A Systematic Review of Psychometric Properties	S.Y. YU, Y.X. WANG, Annie W.L. CHEUNG, Judy C.D. SZE, Richard X. HUAN, Eliza L.Y. WONG
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22	HAGO- to New Mileage of Healthcare Journey in Primary Health Care	Y.T. WAN
23	The Association between Blood Pressure Variability and Vascular dementia: A Two-sample Mendelian Randomization Study	P.P. JIA, Kelvin K.F. TSOI
24	The Barriers Affect People to Join Co-pay Health Screening in the Community	W.S. YU
25	Barriers and Facilitators to Implementing the Information System for Post-discharge Information Transfer to Old Adult Patients from the Perspective of Healthcare Professionals: A Qualitative Study	Y.X. WANG, Eliza L.Y. WONG, Annie W.L. CHEUNG, Zoe P.Y. TAM, K.S. TANG, E.K. YEOH
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27	Incidence and Mortality of Thyroid Cancer in 50 Countries: A Joinpoint Regression Analysis of Global Trends	J.J. HUANG, C.H. NGAI, Y.Y. DENG, C.N. PUN, Veeleah LOK, L. ZHANG, D.E. LUCERO-PRISNO III, W.H. XU, Z.J. ZHENG, E. ELCARTE, M. WITHERS, Martin C.S. WONG
28	Factors Associated with Vaccination Uptake among Young Children: A Follow-up Study of 1,799 Toddlers	J.J. HUANG, Calvin K.M. CHEUNG, Vera M.W. KEUNG, Amelia S.C. LO, S.C. CHAN, W.S. PANG, Queenie H.Y. LI, Lancelot W.H. MUI, Albert LEE, Martin C.S. WONG
29	Determinants of Health-related Quality of Life in Older People with Chronic Musculoskeletal Pain in Hong Kong: A Cross-sectional Study	Hugo P.Y. FONG, Shirley Y.K. CHOI, Maria K.W. LEUNG, Regina W.S. SIT
31	Effectiveness of Early Intervention in Managing Trigger Finger Conditions	Anson C.H. LEE, Jennifer M.W. YUNG, Gigi N.C. TSANG, Joanie S.F. YEUNG, Susane S.F. KWONG, Sambo S.Y. WAN, Oliver T.Y. LUK, Kathy Y.H. CHEUNG, Wanmie W.M. LEUNG, Marcus M.S. WONG, Michelle M.Y. WONG, Felix H.L. LI, W.H. MAK, W.Y. MOK, S.K. YAM



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36	Age-dependent Association of Central Blood Pressure with Cardiovascular Outcomes: A Cohort Study Involving 34,289 Participants Using the UK Biobank	S. WANG, Samuel Y.S. WONG, Benjamin H.K. YIP, Eric K.P. LEE
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39	“MCI2” Mild Cognitive Impairment Cum Dietetic Intervention	Doris P.S. LAU, David K.F. WAN, Kelly H.M. LI
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**The abstract of No. 30 is withdrawn from Free Paper Competition.*



23rd - 25th June 2023 (Friday - Sunday)

Free Paper Competition – Poster Presentation

POSTER 01

Developing an Innovative HIV Self-testing Service with Counseling Provided by a Fully-automated Chatbot (HIVST-Chatbot)

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Introduction:

Counseling with HIV self-testing (HIVST) could facilitate linkage to care and behavioral changes among men who have sex with men (MSM). As demonstrated by the previous randomized controlled trial (RCT), HIVST with real-time instruction, pre-test and post-test counseling provided by trained administrators (HIVST-OIC) was highly effective in increasing HIV testing uptake. However, it was labor-demanding and difficult to implement on a large scale. A fully-automated Chatbot is potentially useful for providing real-time counseling supporting HIVST users. This study was to develop and evaluate an HIVST service with real-time counseling provided by a fully-automated Chatbot (HIVST-Chatbot). We aim to test whether HIVST-Chatbot was as efficacious as HIVST-OIC in increasing HIV testing uptake and the proportion of HIVST users receiving counseling.

Methods:

After the HIVST-Chatbot was developed and pilot-tested among 30 MSM. A parallel-group non-inferiority RCT was conducted. A total of 528 HIV-negative or sero-status unknown Chinese-speaking MSM over 18 years were randomized evenly into the intervention or control groups. In the intervention group, we promoted and implemented the HIVST-Chatbot. In the control group, we promoted and implemented the HIVST-OIC. Participants completed two telephone surveys at baseline and six months afterward.

Results:

The study was ongoing. Preliminary results showed that MSM perceived HIVST-Chatbot as user-friendly and convenient. The acceptance of HIVST-Chatbot and the HIVST-OIC was equally high.

Conclusions:

HIVST-Chatbot may be a cost-effective alternative to HIVST-OIC in promoting HIV testing and ensuring support and linkage to care among MSM HIVST users.

Keywords: HIV self-testing, Men who have sex with men, Chatbot



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Free Paper Competition – Poster Presentation

POSTER 02

Prevalence of Negative Emotional Eating in Middle-aged Population: A Systematic Review and Meta-analysis

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Introduction:

Negative emotional eating (EE), an overeating behavior triggered by emotions such as stress, is a noted risk factor for obesity and many non-communicable diseases. As studies have extensively focused on younger-aged or student populations, the pervasiveness of negative EE patterns in other age groups is comparatively under-examined. Hence, this study aimed to provide prevalence estimates of this overeating behavior in middle-aged adults.

Methods:

The online searches included Medline, Embase, PsycINFO, Web of Science Core Collection, and Google Scholar. English language studies reporting the prevalence of negative EE behaviors in middle-aged adults from 2000 onwards were included. Pooled prevalence estimate and its 95% confidence intervals were estimated by random effects models. Subgroup analysis were performed after stratifying by age, gender, income classification and instruments, and examined for heterogeneity using the I-squared statistics.

Results:

From 1390 identified records, a total of 38 articles involving 13662 subjects were included. The pooled prevalence estimates were 16% (95% CI: 0.14-0.19) for negative EE among middle-aged populations. There is a higher likelihood of negative EE among middle-aged younger females than their male and older counterparts. Middle-aged populations in high-income countries are more likely to engage in negative EE than middle-income countries.

Conclusions:

The high global prevalence of negative EE among middle-aged populations indicates the necessity of health promotion programs to reduce negative EE behaviors in this age group. Behavioral modification to reduce unhealthy overeating behaviors should be implemented before the onset of advanced non-communicable diseases, particularly in countries with a high burden of obesity-related diseases.

Keywords: Obesity, Middle-aged, Overeating



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Free Paper Competition – Poster Presentation

POSTER 03

Safety, Feasibility, and Acceptability of Telemedicine for Hypertension in Primary Care: A Proof-of-concept and Pilot Randomized Controlled Trial (SATE-HT)

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Introduction:

Hypertension (HT) continues to be a leading cause of cardiovascular death and an enormous burden on the healthcare system. Although telemedicine may provide improved blood pressure (BP) monitoring and control, it remains unclear whether it could replace face-to-face consultations in patients with optimal BP control. We hypothesized that an automatic drug refill coupled with a telemedicine system tailored to patients with optimal BP would lead to non-inferior BP control

Methods:

In this pilot, multicenter, randomized control trial (RCT), participants receiving anti-HT medications were randomly assigned (1:1) to either the telemedicine or usual care group. Patients in the telemedicine group measured and transmitted their home BP readings to the clinic. The medications were refilled without consultation when optimal control (BP <135/85 mmHg) was confirmed. The primary outcome of this trial was the feasibility of using the telemedicine app. Office and ambulatory BP readings were compared between the two groups at the study endpoint. Acceptability was assessed through interviews with the telemedicine study participants.

Results:

Overall, 49 participants were recruited in 6 months and retention rate was 98%. Participants from both groups had similar BP control (daytime systolic BP: 128.2 versus 126.9 mmHg [telemedicine vs. usual care], $p = 0.41$) and no adverse events. Participants in the telemedicine group had fewer general outpatient clinic attendances (0.8 vs. 2, $p < 0.001$). Interviewees reported that the system was convenient, timesaving, cost saving, and educational

Conclusions:

The system could be safely used. However, the results must be verified in an adequately powered RCT.

Keywords: Hypertension, Mobile app, Telemedicine



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Free Paper Competition – Poster Presentation

POSTER 04

Association Between Women’s Empowerment and Child Immunization in the Philippines

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Introduction:

Child immunization is recognized as one of the most important public health interventions for combating preventable infectious diseases, disability, and death. Studies have linked child immunization with women’s empowerment – the process by which a woman gains agency or the ability to take charge of her life despite external circumstances. However, the effect of the sub-national levels of women’s empowerment in the Philippines is rarely investigated. Thus, this study aimed to determine the association of individual- and municipality/city-level women’s empowerment with child immunization.

Methods:

Multilevel logistic regression analyses of secondary cross-sectional data from 3,415 women aged 15-49 years who participated in the Philippine Demographic and Health Survey (DHS) 2017 were conducted. Women’s empowerment was measured using the Survey-based Women’s emPowERment Global index. Information about child immunization and the empowerment domains was obtained from the Woman’s Questionnaire of the DHS.

Results:

About 66% of Filipino children aged 1-2 years were fully immunized. Child immunization was most common among older women who had fewer children, had higher socioeconomic status, were Catholic, and had educated partners. At the individual level, child immunization was significantly associated with attitude to violence (medium tolerance: OR=2.41 (95% CI: 1.21, 4.77); low tolerance: OR=2.13 (95% CI: 1.11, 4.09)) and social independence (medium social independence: OR=1.34 (95% CI: 0.99, 1.81); high social independence: OR=1.57 (95% CI: 1.15, 2.16)). At the municipality/city level, the empowerment domain significantly associated with child immunization was greater social independence (high social independence: OR=1.97 (95% CI: 1.12, 3.46)).

Conclusions:

Women who do not tolerate domestic violence and who have greater social independence are more likely to have children who are fully immunized. Women empowerment initiatives that promote women’s literacy, education, and access to information could help improve child vaccination uptake in the Philippines.

Keywords: Women’s empowerment, Child immunization, Philippines



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Free Paper Competition – Poster Presentation

POSTER 05

Impacts of Combined Childhood Exposures to Poor Neighborhood Quality, Peer Friendships and Family Relationships on Adult Depression: A Seven-year Longitudinal Study

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Introduction:

Little is known about how multisystemic childhood exposures predict adult depression. This study aims to examine the effects of multisystemic childhood exposures on the onset and remission of adult depression.

Methods:

Data were drawn from the CHARLS (wave 1-4). Childhood family relationships (CFR), childhood peer friendships (CPF), and childhood neighborhood quality (CNQ) scores were recoded into binary (0 No, 1 Yes) according to the first quantile value. Participants were divided into four groups based on the total number of poor childhood exposures (group 0-3). The generalized linear mixed model was used to test the longitudinal relationship between combined poor childhood exposures and adult depression.

Results:

Of the 4,696 participants (mean [SD] age = 56.25 [7.64]; 2,586 [55.1%] males), 22.5% suffered from depression at baseline. Among those with depression, 11.0% reported all the three types of poor childhood exposures. CNQ, CPF, CFR were positively correlated with each other ($r_{CNQ-CPF} = 0.28$, $r_{CNQ-CFR} = 0.18$, $r_{CPF-CFR} = 0.20$, all $p < 0.001$) after adjusting for demographic variables. The incidence of depression increased from group 0 to group 3 in four waves, reaching the peak in wave 2018 (incidence of group 0 to group 3: 14.1%, 18.5%, 22.8%, 27.4%, $p < 0.001$), with declining remission rates that reached its lowest in wave 2018 (50.8%, 41.3%, 34.3%, 31.7%, $p < 0.001$). The persistent depression rate showed an upward trend from group 0 to group 3 (2.7%, 5.0%, 8.1%, 13.0%, $p < 0.001$). The multivariable GLMM analysis showed that the risk of depression in group 1 (AOR = 1.50, 95%CI: 1.27-1.77), group 2 (AOR = 2.43, 95%CI: 2.01-2.94) and group 3 (AOR = 4.24, 95%CI: 3.25-5.54) were significantly higher than that in group 0.

Conclusions:

Multisystem poor childhood exposures jointly increased the onset and persistence of adult depression, as well as reduced the remission rate of depression.

Keywords: Depression, Multisystemic childhood exposures, Adults



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Free Paper Competition – Poster Presentation

POSTER 06

Using Consolidated Framework for Implementation Research to Investigate Facilitators and Barriers to Implementing Alcohol Screening and Brief Intervention among Primary Care Physicians and Nurses in Hong Kong, China: A Mixed-Method Study

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Introduction:

Alcohol screening and brief intervention (SBI) is an evidence-based intervention. No study looked at the actual implementation in primary care settings in China. This study aimed to investigate the facilitators and barriers to SBI implementation among primary care physicians and nurses in the public and private sectors in Hong Kong, China.

Methods:

This was a mixed-method study guided by the Consolidated Framework for Implementation Research (CFIR). Semi-structured face-to-face interviews were conducted among 21 physicians and 20 nurses. Based on the qualitative findings, a cross-sectional survey was conducted among 282 physicians and 295 nurses.

Results:

Among participants of the survey, 34% and 22% had ever screened alcohol consumption and offered brief intervention in the past year. Facilitators and barriers to SBI implementation identified by the survey echoed most of the qualitative findings. Barriers to implementation included doubts about the efficacy of SBI, perceiving SBI to be complex, time-consuming, of low priority for the organization, and lack of policy support. Participants who perceived a lack of knowledge, self-efficacy, or planning to perform SBI were also less likely to do so. Availability of referral services for alcohol-related problems was found to be a facilitator to implement SBI. Subgroup analysis found some unique factors applied to participants in the public and private sectors.

Conclusions:

There was a significant gap between SBI implementation and the recommendation in primary care settings in Hong Kong, China. The CFIR is a useful framework to understand the facilitators and barriers of SBI implementation and to inform implementation intervention.

Keywords: Alcohol screening and brief intervention, facilitators and barriers, Consolidated Framework for Implementation Research



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Free Paper Competition – Poster Presentation

POSTER 07

Facilitators and Barriers to Use Rapid Antigen Test among Community-dwelling Older Adults in Hong Kong: A Population-Based Random Telephone Survey

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Introduction:

Faster diagnosis of Coronavirus disease 2019 (COVID-19) is crucial for surveillance, prompt implementation of infection control measures and adequate patient care among older adults. This study investigated the behavioral intention to use Rapid Antigen Tests (RAT) and associated factors among older adults in Hong Kong for health monitoring and when having COVID-19-like symptoms.

Methods:

This was a population-based random telephone survey of 370 Chinese-speaking adults aged ≥65 years. The behavioral intention to use RAT was the main outcome, and logistic regression models were used to assess the associated factors, using SPSS (version 26.0.).

Results:

Among the participants, 90.3% had used RAT, of which 21.6% obtained positive results. The common challenges faced when using RAT included: difficulty choosing the right RAT kit, uncertainty about how to use RAT, and not knowing what to do after getting a positive result. Additionally, 27.3% intended to use RAT regularly for health status monitoring without any symptoms, while 87.0% if they had COVID-19-like symptoms. After adjustment for significant background characteristics, positive attitudes, perceiving significant others would support them using RAT, belief that RAT health promotion materials were helpful to understand how to use RAT and thoughtful consideration of the veracity of COVID-19 specific information were associated with higher behavioral intention to use RAT both when having no symptoms and in presence of COVID-19-like symptoms. Having negative attitudes toward RAT was associated with the lower intention of RAT use only when having no symptoms.

Conclusions:

Addressing difficulties faced when using RAT, strengthening positive attitudes, involving significant others and empowering with adequate information-veracity evaluating skills are potentially vital strategies to increase RAT use among older adults.

Keywords: Rapid antigen test, Older adults, Faster COVID-19 diagnosis



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POSTER 08

Medical Professionals’ Common Stressors, Stress-coping and Factors Affecting Their Help-seeking for Mental Health Needs: A Qualitative Study

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Introduction:

Despite the high prevalence of common mental health problems among medical professionals (MPs), their professional help-seeking is extremely low. This study aims to explore their common stressors and stress-coping strategies, and to understand the barriers and facilitators of their professional help-seeking for mental health needs.

Methods:

Semi-structured, digitally recorded, online interviews were conducted with 10 local MPs (30% male, M age=35.1 years) in July-August 2022. Purposive sampling based on gender, age, and job type was used to select participants to represent views from both doctors and nurses in different public front-line settings. Interview questions are related to their experience and difficulties (if any) at work, stress coping styles, and factors affecting their professional help-seeking. Follow-up questions were asked for clarification and elaboration. All interviews were conducted in Cantonese and transcribed for thematic analyses.

Results:

Thematic analyses revealed that stressors reported by MPs revolved around five central themes, namely (1) emerging novel diseases and conditions, (2) challenges derived from technology advancement, (3) communication difficulties with different parties, (4) lack of mental health care culture in the workplace, and (5) excessive workload and manpower shortage. As for stress-coping, majority of participants mentioned importance of seeking peer support and supervision, whereas two distinct groups of participants engaged in different de-stress activities, namely wellness activities, as well as eating, drinking and spending. Five factors (barriers vs. facilitators) affecting MPs’ professional help-seeking were identified: (1) time constraint vs. time flexibility, (2) mental health stigma vs. de-stigmatization, (3) concern over confidentiality/ anonymity vs. sense of privacy, (4) worry about damage on professional role vs. least disruption to work, and (5) mistrust towards service provider vs. perceived helpfulness. All participants endorsed the online digital platform as the medium of delivery of mental health support as the above factors converged.

Conclusions:

This study revealed MPs’ unmet needs and service gaps from MPs’ perspectives, providing insights for the development of future interventions catering for local MPs’ mental health needs.

Keywords: Medical Professionals, Mental health, Qualitative study



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Free Paper Competition – Poster Presentation

POSTER 09

Perceptions of COVID-19 and Seasonal Influenza Were Influencing Behavioural Intention to Take Up Seasonal Influenza Vaccination during COVID-19 Pandemic among Community-dwelling Older Adults in Hong Kong

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Introduction:

Coinfection of seasonal influenza and COVID-19 is associated with higher mortality risk. Seasonal influenza vaccination (SIV) is proven to be highly effective to prevent the disease and safe for older adults, which is urgent especially during the COVID-19 pandemic. This study investigated factors associated with behavioural intention to take up SIV during the COVID-19 among older adults in Hong Kong.

Methods:

A random telephone survey was conducted among 440 Chinese-speaking community-dwelling Hong Kong residents aged 65 years or above between November 2021 and January 2022. Logistic regression models were used for data analyses.

Results:

Among the participants, 55.7% intended to receive SIV in the next year. After adjustment for significant background characteristics, perceived COVID-19 had higher infectivity than seasonal influenza and higher risk of co-infection with COVID-19 and seasonal influenza were associated with higher intention to receive SIV. Those who had concerns that SIV would negatively affect the effectiveness of COVID-19 vaccination had lower intention to receive SIV. In addition, older adults who believed that seasonal influenza would have severe consequences, perceived more benefit of SIV, received more support from family doctors and family members, had higher self-efficacy to receive SIV, and perceived more peers would take up SIV had higher behavioural intention to receive SIV.

Conclusions:

It is necessary to promote SIV among older adults during the COVID-19 pandemic. Perceptions related to COVID-19 and seasonal influenza were influencing older adults' decision to receive SIV. Modifying these perceptions may be useful to increase SIV coverage in this group.

Keywords: Seasonal influenza vaccination, COVID-19, Perceptions



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POSTER 10

Knowledge, Attitudes, Practices of and Perceived Barriers to Using Point-of-care Ultrasound by Primary Care Physicians in Hong Kong

Amy P.P. NG, Kiki S.N. LIU, Zoey C.T. WONG, Zoe H.W. TANG, Eric Y.F. WAN, Esther Y.T. YU, T.P. LAM

University of Hong Kong

Introduction:

This study assessed the prevalence of primary care physicians (PCPs) using point of care ultrasound (POCUS) in Hong Kong and PCPs' perceived knowledge, attitudes, practices, and barriers to using POCUS.

Methods:

Design: This is a mixed-method study: a cross-sectional survey, followed by semi-structured interviews.

Subjects: PCPs who were members of the Hong Kong College of Family Physicians and/or were clinical teachers affiliated with Family Medicine and Primary Care were invited to participate.

Main Outcome Measures: The main outcome measures were: (1) the prevalence of PCPs using POCUS in their practice (2) the mean score in the knowledge scale (3) the mean score in the attitude scale (4) the main barriers to using POCUS.

Results:

The prevalence of HK PCPs using POCUS was 22%. Perceived knowledge was fair (mean score 1.9 (SD=0.6) out of 4). The attitudes were mostly positive (mean score 3.0 (SD=0.5) out of 4). A great majority stated that barriers to using POCUS were related to training (90.9%), the competence of POCUS skills (90.2%), and clinical support (89.5%). Qualitative data identified that a majority of participants found POCUS useful for various reasons; however, participants felt that the use of POCUS was limited by their competence of POCUS skills and by factors related to their clinical practice.

Conclusions:

Almost a quarter of HK PCPs are already using POCUS with a majority having positive attitudes. However, PCPs lack confidence in their skills as knowledge is poor, but simultaneously find training and clinic support limited.

Keywords: Point of Care ultrasound, Primary care, Barriers



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Free Paper Competition – Poster Presentation

POSTER 11

Enhancing Quality of Distant Smoking Cessation Counselling Service Through Pilot Telecare Model

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Introduction:

During COVID-19 pandemic, smoking is regarded as a risk factor for progression of COVID-19, smoking cessation counselling service (SCCS) should not be neglected. Usual smoking cessation voice-only type of telephone counselling may not be the most interactive way to provide ongoing support to clients. To facilitate better communication, Smoking Cessation Counselling Telecare (SCCT) with video image was adopted as an adjunct to usual practice to reinforce the clients on the awareness of smoking cessation.

Methods:

The inclusion criteria were subsequent cases with experience or smart enough to use video communications. Each session lasted for 15-30 minutes and self-administered clients' satisfaction surveys were collected after two telecare sessions.

Results:

75 clients were recruited from Smoking Cessation Centers in 2020-2021 and followed up them for 12 months. The mean age was 50.1 and 72% were male. Total 258 telecare sessions were conducted with average of 3 sessions per patient. The response rate of satisfaction survey was 98.6%. Very satisfied and satisfied with SCCT service was 41.9% and 54.1% respectively. 95.9% strongly agreed / agreed privacy and confidentiality was respected during counselling. Over 90% agreed / strongly agreed i) would recommend this service to others; ii) feeling comfortable using telecare; iii) technical connection was user friendly; iv) good quality of sound and image. 87.8% agreed SCCT was more effective communication channel comparing to usual telephone counselling. The quit rate for SCCT was 81% (1 month), 78.9% (6 month) & 73.1% (12 months) while for telephone counselling was 79.8% (1 month), 73.3% (6 month) & 63.1% (12 month).

Conclusions:

Telecare was an effective and well-accepted mode which could facilitate mutual interaction and better client engagement for counselling.

Keywords: Smoking Cessation Counselling, Telecare, Quality



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Free Paper Competition – Poster Presentation

POSTER 12

Projection of Scarlet Fever Infection in Hong Kong Under Climate Change

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² The University of Hong Kong

Introduction:

The reemergence of scarlet fever in Hong Kong over the past decades was believed to be partially attributed to the rising temperature, and projecting scarlet fever infection risk under climate change could help to prevent and control disease spread in advance.

Methods:

Monthly scarlet fever cases and meteorological data from 2000 to 2022 in Hong Kong, and projected temperature and rainfall in 2030s, 2050s, 2070s, and 2090s under low, middle, and high greenhouse gas emission scenarios (SSP126, SSP245, and SSP585) were retrieved. The quasi-Poisson generalized additive models (GAMs) were used to assess the association between meteorological variables and disease incidence and project scarlet fever infection risk in the future.

Results:

The annual scarlet fever incidence in Hong Kong was projected to increase from 701 cases (95% confidence interval [CI]: 432-988) in 2030s to 732 cases (95%CI: 452-1013) in 2070s under SSP126, and slightly decline to 728 cases (95%CI: 450-1007) per year in 2090s. The scarlet fever incidence would be monopoly increase from 707 cases (95%CI: 428-986) in 2030s to 781 cases (95%CI: 448-1114) in 2090s under SSP245 and from 714 cases (95%CI: 436-992) to 923 cases (95%CI: 281-1565) under SSP585. The incidence peak and the peaking time in a year would also change from 89 cases (95%CI: 55-124) per month in Dec in 2030s under SSP126 to 113 cases per month in Jun in 2050s under SSP585.

Conclusions:

The scarlet fever infection risk in Hong Kong will increase in the future, and enhanced health surveillance would help to reduce a potential increase in scarlet fever spread in advance.

Keywords: carlet Fever, Climate change, Projection



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POSTER 13

The Relationships between Sugar Consumption and Anxiety: A Systematic Review

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The Chinese University of Hong Kong

Introduction:

The association between dietary sugar consumption and mental disorder has been suggested, however, its effects on anxiety remained unclear. The aim of the study was to analyse the association between sugar intake and anxiety through a systematic review of literature.

Methods:

The literature search was conducted according to the PRISMA guidelines and it covered peer-reviewed studies included in databases of PubMed, MEDLINE, Embase, APA psycArticles, APA psycINFO until August 2022. The inclusion criteria consisted of sugar intake as exposure and anxiety assessment as outcome measure.

Results:

A total of 3441 articles were identified after removal of duplication. All articles were screened and assessed for eligibility by two independent reviewers. Eleven articles were included for final analysis of which ten were cross-sectional design with one pilot study. Six of the assessed studies found positive association in high sugar consumption and sweetened beverages on anxiety severity across various population. One study found reduction of total carbohydrate is correlated with improvement on anxiety. One study identified an inverse association between exposure and outcome while three studies found no associations.

Conclusions:

Current evidence were limited to cross-sectional design and pilot study with various measurement in both exposure and outcome, no definitive conclusion could be established. Nevertheless the effect of sugar should not be neglected and future longitudinal studies should explore on reciprocal relationship of sugar consumption and anxiety.

Keywords: Sugar consumption, anxiety, mental health



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Free Paper Competition – Poster Presentation

POSTER 14

Improving Cold Chain Management in General Outpatient Clinic, Hong Kong East Cluster

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Introduction:

Cold chain is a system to ensure refrigerated medicines are stored, handled and transported at the recommended temperature range of +2°C to +8°C. Standard cold chain management can ensure the quality of refrigerated medicines and the safety of patients. From 2017-2021, in General Out-patient Clinics (GOPC), Hong Kong East Cluster (HKEC), there were 6 incidents related to cold chain failure, the temperature of pharmaceutical refrigerators in treatment rooms was out of the recommended range. 3 out of the 6 cases occurred during midnight or early morning. These cold chain failure incidents could only be followed up after clinic staff arrived. Pharmaceutical refrigerators inside Pharmacy were connected to a 24-hour remote monitoring system. Designated pharmacy staff would take appropriate follow-up action when they received temperature outrange signals off-site. However, to minimize storing fridged medicines in the pharmaceutical fridge inside clinic's treatment room after clinic closed, storage capacity of refrigerators inside the Pharmacy should be increased.

Methods:

1. Reviewed cold chain management with a contingency plan in clinics, standardized the workflow
2. In Nov 2021, conducted a site visit to clinics' pharmacies to reconstruct cabinets, redesign shelving system; purchased and installed larger size pharmaceutical refrigerators in Pharmacies

Results:

Since Oct 2022, all pharmaceutical refrigerators in pharmacies of GOPCs, HKEC had sufficient capacity to store refrigerated medicines for clinics. This allowed minimum refrigerated medicines stored in treatment rooms at clinic sessions daily. The refrigerated medicines would return to pharmacies and be stored in the pharmaceutical refrigerators with a 24-hour remote monitoring system after the daily clinic session ended.

Conclusions:

Proper cold chain management is important to ensure the quality of refrigerated medicines and patient safety.

Keywords: Cold Chain, Patient safety, Refrigerated medicines



23rd - 25th June 2023 (Friday - Sunday)

Free Paper Competition – Poster Presentation

POSTER 15

Standardization of Nursing Documentation for First Aid Post in Outlying Island, General Out-Patient Clinics, Hong Kong East Cluster

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Introduction:

Nursing documentation is crucial to high quality, effective and safe nursing care practice. Structured nursing documentation provides accurate information, reflects nursing intervention as well as legal documents. There are 3 outlying island (OLI) General Out-Patient Clinics (GOPC) in Hong Kong East Cluster, including Peng Chau (PC), North Lamma (NL) and Sok Kwu Wan (SOKW) GOPCs which provide First Aid Post (FAP) service to local residents with emergency conditions in addition to general outpatient clinic service. PC and NL clinics also operate 24 hours FAP service which involves lots of communication and collaboration with different stakeholders. The average attendance of FAP in 3 OLI clinics were over 600 cases per year. Nursing staff need to cope with emergency situations after clinic operation hours when no medical staff on duty. There was no standard template of nursing documentation for FAP cases in Clinical Management System (CMS).

Methods:

1. Reviewed FAP nursing documentation from Jan 2022 to Apr 2022, categorized the cases into similar scenarios.
2. Prepared 4 structured nursing documentation templates and uploaded in CMS in May 2022.
3. Conducted survey to collect feedback from staff in Dec 2022.

Results:

Since June 2022, FAP nursing documentation was standardized with 4 commonly used templates categorized: General case, Trauma/Injury case, Obstetric case and Cardiopulmonary resuscitation case. The templates were uploaded to CMS. Questionnaires were collected from OLI nurses and doctors. All agreed that the templates could facilitate FAP nursing documentation and enhanced communication.

Conclusions:

Proper documentation with relevant information on FAP notes serves as an effective communication amongst health care colleagues, internal review and safeguard quality nursing care.

Keywords: Nursing documentation, Standardization, First Aid Post



23rd - 25th June 2023 (Friday - Sunday)

Free Paper Competition – Poster Presentation

POSTER 16

Empowerment of GOPC Patients in Blood Pressure Monitoring Skills via Video for Hypertension Patients in NTWC GOPCs

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Introduction:

There were frequent enquiries from patients for the skill of home blood pressure meter and automatic blood pressure machine in General Out-patient Clinics (GOPCs). Therefore, a new teaching model aiming at empowerment of GOPC patients in blood pressure monitoring skill via video and accessible by QR code was implemented.

Methods:

The objectives: To empower HT patient's knowledge & competence of using blood pressure monitoring accurately and effectively.

The program was started from January, 2022 and divided into 3 phases. The design and production of pamphlet and video were initiated in first phase from January to August 2022. In the second phase, 25 patients (10 for female and 15 for male, age 40-68) was invited in a pilot study from September to October 2022. They were assessed and evaluated by an identical questionnaire before and after watching the video. The mean score was used to evaluate the pre and post knowledge, competence and satisfaction rate in different groups patient. Finally, the implementation phase was practiced in October, 2022.

Results:

In the evaluation process, the pre mean score was 2.7-3.7 and the post mean score was 4.7-5 (the max score was 5). The result of the pilot study showed the significance improvement on the properly blood pressure skills for patient.

Conclusions:

Patient empowerment was encouraged and had more confident to perform blood pressure monitoring. This new teaching model served as a reference to develop patients on other educational programs and to achieve better health in the future.

Keywords: Empowerment, Blood Pressure Monitoring Skills, Video



23rd - 25th June 2023 (Friday - Sunday)

Free Paper Competition – Poster Presentation

POSTER 17

Perception Towards Cervical Cancer Screening and Feasibility of HPV Self-sampling in Indigenous Deaf Women: A Qualitative Study

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Introduction:

Cervical cancer is ranked as the fourth most common cancer among women globally, and approximately 90% of cervical cancer are preventable through regular screening. Despite the well-in-place nature of Pap test, screening coverage remains suboptimal. A novel strategy, HPV self-sampling (HPVSS), is therefore required. This study explores the perspectives on cervical screening and the feasibility of HPVSS as an alternate screening strategy in Chinese deaf with a mixed study. The findings will inform the direction of future cervical cancer prevention strategies.

Methods:

A qualitative interview was conducted, and participants were recruited through the liaison with community partners and informant networks. Eligible participants included deaf women, aged 25 or above, who were never-screened or under-screened, able to comprehend written Chinese. Interviews were conducted via face-to-face and Zoom, considering restrictions of COVID-19 and personal preferences with the assistance of sign language translator. Audio recordings and field notes were performed throughout the interview. Transcripts were thematically analyzed.

Results:

A total of 4 focus groups involving 21 participants were conducted between September 2021 and February 2023. Three themes were identified: (1) acceptability towards HPVSS, (2) support required, and (3) recommendation to promote HPVSS. Majority of participants demonstrated positive acceptance towards HPVSS. Some participants expressed concerns about the reliability of HPVSS due to low confidence and health literacy. The importance of physician's explanation of specimen results was expressed as a typical comment to support self-sampling. Participants appreciated HPVSS as an alternate screening strategy to overcome the barriers of Pap test.

Conclusions:

HPVSS is an acceptable alternative to increase cervical cancer screening in the deaf population. It is worth recognizing that education of HPVSS and physician's explanation of specimen findings are key to successfully implementing of HPVSS in the local deaf.

Keywords: HPV self-sampling, feasibility, qualitative



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Free Paper Competition – Poster Presentation

POSTER 18

Associations Between Body Composition Subtypes and Cardiovascular Disease Risk among Middle-aged and Older Chinese Adults

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Introduction:

Body composition heterogeneity has been reported, and a combined anthropometric index performs better in cardiovascular disease (CVD) risk prediction than a single one. This study aimed to identify body composition subtypes based on anthropometric indices and explore their association with CVD risk.

Methods:

This study used longitudinal data from the Chinese Health and Nutrition Survey from 2009 to 2015. Latent profile analysis was used to identify body composition subtypes based on the body mass index, waist-to-height ratio, mid-arm muscle mass and visceral index. Multinomial logistic regression models were used to explore the impact of body composition on cardiovascular disease risk, which was evaluated using the Framingham risk score and its associated factor. The logistic regression model was employed to investigate the association between body composition and all-cause deaths.

Results:

We included 3,556 participants with a mean age of 57.91 (8.76) years. The latent profile analysis identified four distinct patterns of body composition: lower-normal fat and muscle (16.03%), normal fat and muscle (37.57%), moderate fat and muscle (33.58%), and high fat and muscle (12.82%). Compared to the lower fat and muscle group, the other three groups were more likely to get a higher Framingham risk score (all $P < 0.05$). However, we did not find a difference in all-cause mortality among body composition subtypes. Additionally, participants with higher fat and muscle were more likely to be older and female, live in a deprived place, have a higher income, and have worsened blood pressure, lipid and glucose profiles. Former smokers were more likely to have lower fat and muscle than non-smokers.

Conclusions:

This study revealed heterogeneity in body composition among middle-aged and older adults. Adults with higher fat and muscle mass had a greater CVD risk. Sociodemographic characteristics were related to body composition subtypes.

Keywords: Body composition, Cardiovascular disease, Latent profiles



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Free Paper Competition – Poster Presentation

POSTER 19

The Impact of a Structured Mental Health Programme in Hong Kong Primary Care: A Service Review from 2019 to 2022

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Introduction:

New Territories West (NTW) is a region in Hong Kong with a population of around 1 million. In Hong Kong, public primary care services are operated by General out-patient clinics (GOPC) and patients with common mood disorders are recruited into the Integrated Mental Health Program (IMHP) within the GOPC. Patients under IMHP are managed by a multidisciplinary team that consists of social workers, clinical psychologist and family medicine specialists.

Methods:

Patients attended the IMHP were monitored by Patient health questionnaire- 9 (PHQ-9) and Generalized Anxiety Disorder 7-item questionnaire (GAD-7) to assess their severity and were offered appropriate care. The PHQ-9 and GAD-7 scores of each patient from April 2019 to September 2022 were recorded and analysed.

Results:

A total of 3420 patients received IMHP services in NTW during this period. Among the total, 75% had improvement in their PHQ-9 and GAD-7 score after attending IMHP. Furthermore, 25% of the cases had their PHQ-9 or GAD-7 score improved by over 50%. In addition, 34.8% of patients during the peak of Covid-19 fifth wave (from February to May 2022) had expressed unstable mood due to the deleterious impact of Covid-19 through enquiry by social workers. The majority (87.3%) could be managed under IMHP, 32.9% were discharged from IMHP back to primary care. The average numbers of session attended per patient were 5.5 before discharge-. Only 12.7% required psychiatrist referral due to complexity of the cases.

Conclusions:

IMHP effectively enhanced the management of common mental health disorders in Hong Kong's public primary care. Not only patients were managed timely at the right level of care, it also reduced the burden of psychiatric referral.

Keywords: Mental health, Hong Kong, Primary Care



23rd - 25th June 2023 (Friday - Sunday)

Free Paper Competition – Poster Presentation

POSTER 20

The Adult Social Care Outcomes Toolkit: A Systematic Review of Psychometric Properties

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Introduction:

The Adult Social Care Outcomes Toolkit (ASCOT) is a preference-based instrument developed to measure outcomes of long-term care (LTC) in 2010. It was then introduced by the National Institute for Health and Care Excellence (NICE) as the standard measure to do an economic evaluation. This study aimed to evaluate and summarize the psychometric properties of the ASCOT, and findings will provide a reliable tool assessing the quality of LTC.

Methods:

Systematic searches were performed using seven electronic databases between January 1 2010 to March 10 2023. This review included English-language studies that reported at least one of the psychometric properties of content validity (including relevance, comprehensiveness, and comprehensibility), test-retest reliability, measurement error, construct validity (including convergent validity and known-group validity), cross-cultural validity and responsiveness. The methodological quality of each included study, the quality of results on psychometric properties, and the quality of evidence were assessed according to the COSMIN guideline.

Results:

Evidence was extracted from thirteen articles from eleven unique studies covering 4923 adults (around 80% were older adults aged 65 years and older) representing six countries. Twelve studies focused on the population that received community-based care services and one study focused on individuals with dementia. Most articles assessed content validity (n=7) and construct validity (n=6). Three articles evaluated test-retest validity. Measurement error and responsiveness were assessed in one article respectively. No studies tested the cross-cultural validity. The ASCOT showed sufficient high-quality evidence for test-retest reliability, convergent validity, known-group validity, moderate-quality evidence for relevance and responsiveness, and low-quality evidence for comprehensibility. No information was available for cross-cultural validity and responsiveness.

Conclusions:

Our review supports the evidence of ASCOT on content validity, hypothesis testing for construct validity, and test-retest reliability. However, further validation studies are needed to provide evidence on measurement error, cross-cultural validity, and responsiveness. In addition, its psychometric performance in residential care settings should be tested.

Keywords: Long-term care, Psychometric properties, Systematic review



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Free Paper Competition – Poster Presentation

POSTER 21

Post-pandemic Workplace Well-being in Hong Kong: Development and Validation of a Culturally-relevant Instrument

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Introduction:

Well-being within East Asian countries has evolved into a unique blend of individualistic and collectivist characteristics resulting from the continuous practice of traditional values and beliefs alongside infiltrating Western ideologies. Well-being is a subjective and multifaceted phenomenon at the workplace with significant measurement challenges. Instruments used previously to examining workers well-being in Hong Kong were mostly unidimensional, designed within western contexts, developed several decades ago, before work-from-home and internet-based work became commonplace. The study aimed to develop and validate an integrated and culturally relevant instrument for measuring contemporary workplace well-being (WWB) in Hong Kong.

Methods:

A multi-step exploratory approach guided by the Flourishing & World Health Organization's Healthy Workplace frameworks was used to develop the integrated WWB instrument. These included an Item Design phase consisting of review of existing WWB instruments, thematic content analysis of an online survey of workers' opinion of WWB in Hong Kong and content validation of candidature items, a Scale Development phase done through a population-based telephone survey of Hong Kong workers to aid the factorial analysis and a Scale Evaluation phase to determine its psychometric properties.

Results:

Heterogenous WWB instruments were identified from the review. Psychosocial work environment was researched mostly and also referred to by majority of workers sampled in Hong Kong. Although, relational and interdependence factors were strong indicators of WWB which is typical of collectivist societies, only few responses were inclined towards enterprise community. Candidature items with CVI scores > 0.78 were administered through a telephone survey (n=650). Nine WWB factors were identified and scales' reliability and validity values were adequate.

Conclusions:

Considering the complexity of well-being at the workplace, an integrated approach and tool tailored to Hong Kong may be useful for comprehending WWB. This will influence the development of policies and practices to improve worker, organizational and population well-being.

Keywords: Workplace, Well-being, Instrument



23rd - 25th June 2023 (Friday - Sunday)

Free Paper Competition – Poster Presentation

POSTER 22

HAGo- to New Mileage of Healthcare Journey in Primary Health Care

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Introduction:

HAGo is a one-step mobile platform implemented in Hospital Authority (HA). It promotes the overall experience in the healthcare journey. Patients could complete the booking appointment, payment, and registration via HAGo. Laboratory results and health information were available to enhance self-health management. It also supports tele-consultation.

Methods:

In Hong Kong East Cluster Family Medicine and Primary Healthcare (HKEC FM & PHC), 3 methods were applied to promote HAGo in mid-2022.

Results:

Pre-activation in shroff

Patient would pre-activate HAGo while registration in shroff counter by alerting a “pre- activation” pop up box in OPAs system. While taking blood attendance retrospectively, staff would pre-activate HAGo for non-register patients, they would receive a message about HAGo registration. 3157 cases were pre-activated in a pilot period, 7.5% of those cases joined as member in one month.

Pre-activation while nursing service

HAGo pre-activation would be performed while vaccination and in nurse clinic sessions. There were 25 cases were approached, 32% of them join as HAGo members on-site successfully.

Promotion section by HA-Go ambassador

4 promotion sections were arranged from April to June 2022. 80 patients were approached by ambassador, there are 30% successful join-in rate.

40 patients were invited to conduct a survey. 80% of patient under 40 years old chose pre- active in clinic without assist in registration. Clients above 40 years old preferred one-step registration assist in clinics. All client welcome to be approached by staff for HAGo promotion.

Conclusions:

HAGo development is affirmative trend. HAGo promotion in Primary health should go ahead. Some targeted measures should apply while promotion to gain an effective result.

Keywords: HAGo, Primary Health Care, Healthcare platform



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Free Paper Competition – Poster Presentation

POSTER 23

The Association between Blood Pressure Variability and Vascular dementia: A Two-sample Mendelian Randomization Study

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Introduction:

This study aims to explore the causal relationship between blood pressure variability (BPV) and vascular dementia by applying a mendelian randomization (MR) study using summary data of the genome-wide association studies based on UK biobank and FinnGen datasets.

Methods:

The genetic instruments were chosen from BPV GWAS based on UK Biobank data. The estimates between those genetic variables and dementia were extracted from the FinnGen project. The following exclusion criteria were applied for SNPs: (1) confounding SNPs by searching hypertension and artery stiffness GWAS; (2) significant SNPs that are associated with dementia in the datasets; (3) palindromic SNPs with an effect allele frequency between 0.4 and 0.7. Proxy SNPs were manually selected for some SNPs. (4) only SNPs with linkage disequilibrium $r^2 < 0.01$ were selected as genetic instruments, also known as independent SNPs. The effect/reference alleles were checked to ensure the consistency of the base pair between BPV and dementia GWAS, which is also known as data harmonization. After data harmonization, four MR methods were employed to measure the causal effect: IVW-MR with random effect, IVW-MR with fixed effect, MR-Egger, and weighted median MR.

Results:

Finally, six independent SNPs were chosen as instrument variants for SBPV, and five for DBPV. The results showed that SBPV has a significant causal effect on vascular dementia, with OR for per 5-unit increase in SBPV of 2.85, 2.36, and 2.07 for MR-Egger, weighted median, and IVW-MR, respectively (Table 1). In contrast, no significant result was found for DBPV.

Conclusions:

This GWAS study suggested that systolic blood pressure variability is a causal risk factor for vascular dementia, while the evidence from diastolic blood pressure variability is still uncertain. Hypertension treatment should focus on both blood pressure level and blood pressure stability.

Keywords: Blood pressure variability, cognitive function, mendelian randomization

Table 1. Summary of the MR Analysis of Blood Pressure Variability and Vascular Dementia (5-unit increase in BPV)

	SNP	OR (95% CI)
SBPV		
MR Egger	5	2.85 [1.08, 7.52]
IVW (fixed effects)	5	2.07 [1.18, 3.63]
IVW (random effects)	5	2.07 [1.21, 3.54]
Weighted median	5	2.36 [1.17, 4.76]
DBPV		
MR Egger	5	1.02 [0, 407.63]
IVW (fixed effects)	5	0.90 [0.44, 1.83]
IVW (random effects)	5	0.90 [0.47, 1.73]
Weighted median	5	1.04 [0.42, 2.57]



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Free Paper Competition – Poster Presentation

POSTER 24

The Barriers Affect People to Join Co-pay Health Screening in the Community

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Introduction:

Diabetes (DM) and hypertension (HT) are two common chronic diseases that can lead to serious health complications if left untreated. Preventative screenings for these conditions are readily available, yet many people do not attend these screenings. This paper summarized the observation in Tai Po District Health Centre Express about the reasons why individuals do not attend diabetes and hypertension screenings

Methods:

Data was extracted from Tai Po District Health Centre Express internal database. 2670 members aged 6-97 in Tai Po District Health Centre Express joined routine Health Risk Factor Assessment from October 2021 to February 2023. 1161 and 295 members were eligible for DM/HT screenings respectively. The mean age of eligible member for DM/HT screening are 65.2 and 65.7. Members were asked about their reasons for not attending if they refused to join the screenings.

Results:

Only limited number of eligible member (9.8% and 11.1%) attended a diabetes or hypertension screening. The most common reasons for not attending screenings were opting for check-up in clinics of Hospital Authority (45.2% and 22.9%). Other reasons included logistical issues such as difficulty scheduling appointments, lack of perceived risk, and negative feeling on the diagnoses process.

Conclusions:

Our findings suggest that free or minimal-cost medical coverage provided by Hospital Authority is significant barrier to attending diabetes and hypertension screenings. It might because the majority of TPDHCE members are patients of Hospital Authority, which they prefer to screen for DM/HT in their next follow-up appointment. Interventions aimed widen member base may be effective in increasing screening attendance. Educating individuals on their personal risk factors and addressing logistical barriers may also be necessary to improve access to screenings for underserved populations. Overall, the reasons why individuals do not attend diabetes and hypertension screenings are diverse, and by understanding it, interventions aimed at increasing the attendance of DM/HT screening could be possibly implemented.

Keywords: Community Health, Health Screening, willingness to join



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Free Paper Competition – Poster Presentation

POSTER 25

Barriers and Facilitators to Implementing the Information System for Post-discharge Information Transfer to Old Adult Patients from the Perspective of Healthcare Professionals: A Qualitative Study

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Introduction:

Quality indicators specify that healthcare professionals (HCPs) should provide self-care information in the community, including expected and essential medication side effects, especially to old adult patients before discharge. However, many HCPs found difficulties when disseminating such kind of discharge information. Recently, a system of post-discharge information summary (PDIS) was developed and implemented locally in a public inpatient setting. This study aimed to explore barriers and facilitators from the perspective of healthcare professionals to the adoption of the PDIS and identify corresponding strategies to enhance the PDIS implementation in Hong Kong.

Methods:

Individual semi-structured interviews were conducted with nurses, doctors, and pharmacists among four local public hospitals participating in the pilot program of PDIS. Telephone or face-to-face interview method was used. All interviews were audio-recorded and transcribed verbatim. Theoretical Domains Framework (TDF) was applied for direct content analysis. Belief statements were generated by the thematic synthesis under each of the 14 TDF domains.

Results:

A total of 98 participants were interviewed. Thirty-five themes subsumed with 52 beliefs across 14 TDF domains were generated. Key barriers were features of the program such as the content of the information (environmental context and resources), communication among HCPs about the program (social influences), knowledge about the program objective (knowledge), practice based on own discretion (behavioral regulation), and negative attitudes towards the value of the program (beliefs about consequences). Frequently mentioned facilitators included positive attitudes towards the value of the program (beliefs about consequences), agreement on the responsibility of the program (social/ professional role and identity), diffusion of the program (environmental context and resources), features of the program (environmental context and resources), confidence on program implementation (beliefs about capability), having planning on implementation difficulties (behavioral regulation), knowledge about the responsibility (knowledge), goal-setting (goals).

Conclusions:

Person-environmental interactions, including physical and social factors, should be strengthened when implementing the discharge information. Enhancing beliefs on the positive value of the program and ensuring the agreement on program responsibility could foster successful program implementation.

Keywords: Implementation science, Post-discharge information transfer, Old adult patients



23rd - 25th June 2023 (Friday - Sunday)

Free Paper Competition – Poster Presentation

POSTER 26

Prevalence and Associated Factors of Overweight in Chinese Adolescents: A Cross-sectional Study

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Introduction:

Obesity has been a global public health issue due to the increasing mortality rate and prevalence among children. However, there are very few studies on obesity prevalence in Hong Kong adolescents. The study aims to identify the risk factors of obesity among primary and secondary school students by assessing the relationship between sociodemographic factors, health-related behaviours, and social relationships

Methods:

Self-administrated surveys were collected from 30 primary schools and 25 secondary schools participating in the “Quality Education Fund Thematic Network on Health Schools” project. Descriptive analysis was conducted to examine the proportions of different characteristics and compare the disparity between primary and secondary school students with obesity. Separate binary regression models and multiple logistic regression models were designed to examine associations between risk factors and obesity.

Results:

A total of 4,884 responses were collected. A larger proportion of primary school students with obesity were male (aOR: 2.55, 95% CI: 1.77-3.67, $p < 0.001$), actively gamed (aOR: 1.64, 95% CI: 1.07-2.51, $p = 0.024$), and reported the tendency to skip breakfast (aOR: 2.00, 95% CI: 1.32-3.03, $p = 0.001$). Secondary school students with obesity were male (aOR: 1.61, 95% CI: 1.21-2.13, $p = 0.001$), had poor self-perceived academic performance (aOR: 1.51, 95% CI: 1.10-2.08, $p = 0.011$), expressed higher life satisfaction (family) (aOR: 1.13, 95% CI: 1.01-1.26, $p = 0.032$), and had a higher consumption of processed or preserved meat (aOR: 1.49, 95% CI: 1.06-2.11, $p = 0.023$). Negative associations between obesity and physical activity, high consumption of sugary drinks, chocolate or candies, and insufficient consumption of vegetables were found.

Conclusions:

Male sex, physical inactivity, low self-perceived academic performance, and poor dietary behaviours were the risk factors for obesity among primary and secondary school students. The findings highlighted the importance of identifying younger individuals who were at risk of becoming clinically obese. Further studies should evaluate the risk factors in a more comprehensive way.

Keywords: Overweight, Chinese Adolescents, Associated Factors



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Free Paper Competition – Poster Presentation

POSTER 27

Incidence and Mortality of Thyroid Cancer in 50 Countries: A Joinpoint Regression Analysis of Global Trends

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Introduction:

To evaluate the incidence and mortality trend of thyroid cancer, and compared its global incidence trends between the younger (<40 years; <50 years) and the older (≥50 years) population.

Methods:

Data on age-standardized incidence and mortality rate of thyroid cancer among 50 countries/regions were retrieved from the Cancer Incidence in Five Continents Volume XI; the Surveillance, Epidemiology, and End Results Program (SEER), the National Cancer Institute of the United States; the Nordic Cancer Registries (NORDCAN) for European countries, and the WHO mortality database. The Average Annual Percent Change (AAPC) of the incidence and mortality trends as evaluated by joinpoint regression analysis.

Results:

The age-standardized incidence of thyroid cancer was 3.1 and 10.1 per 100,000 population in men and women, respectively. The incidence of thyroid cancer increased in most countries among individuals, and increased in populations aged <40 years in several countries, including China (male: AAPC 18.6, 95% C.I. 12.1-25.5, $p < .001$; female: AAPC 13.3, 95% C.I. 11.5-15.1, $p < .001$), and Korea (male: AAPC 25.3, 95% C.I. 22.3-28.4, $p < .001$; female: AAPC 18.5, 95% C.I. 16.2-20.9, $p < .001$).

Conclusions:

An increasing incidence of thyroid cancer was observed in younger subjects in a majority of countries, highlighting the need for more preventive strategies in this population and possible avoidance of over-diagnosis.

Keywords: Thyroid cancer, Incidence, Mortality



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Free Paper Competition – Poster Presentation

POSTER 28

Factors Associated with Vaccination Uptake among Young Children: A Follow-up Study of 1,799 Toddlers

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Introduction:

Childhood vaccination is crucial to protect young children from harmful infectious diseases. The study aimed to investigate the recent childhood immunization rate of the recommended and additional vaccination, and identify the factors affecting the vaccination uptake of young children in Hong Kong.

Methods:

The self-administrated questionnaires were distributed to parents of toddlers aged 2 to 5. They were asked to provide information on (1) socioeconomic demographic factors; (2) experiences during pregnancy, such as the maternal alcohol drinking, smoking history of parents, gestational age at delivery; (3) medical history of the toddler: previous experience of hospitalization since birth, and vaccination record (recommended and additional vaccines).

Results:

A total of 1,799 responses were collected. The overall uptake rate of all recommended vaccinations was 59%. Over 97% of children have received the Bacille Calmette-Guerin Vaccine (97.4%) and three doses of the Hepatitis B Vaccine (97.4%). However, only 66.4% of children have received the varicella vaccine. Children were more likely to be fully vaccinated when they were at a younger age (aOR = 0.61, 95% CI: 0.48-0.78, $p < 0.001$), the first child in the family (aOR_{secondborns} = 0.62, 95% CI: 0.48-0.81, $p < 0.001$; aOR_{thirdborns} = 0.33, 95% CI: 0.19-0.55, $p < 0.001$), higher household income (aOR_{\$15000-\$29999} = 1.80, 95% CI: 1.27-2.55, $p = 0.001$; aOR_{≥\$30000} = 3.42, 95% CI: 2.39-4.90, $p < 0.001$; compared with $< \$15000$), and mothers in the older age groups (aOR_{35-39 years old} = 2.45, 95% CI = 1.22-4.93, $p = 0.012$; aOR_{≥40} = 2.90, 95% CI = 1.24-6.77, $p = 0.014$; compared with \leq age 24).

Conclusions:

To encourage the vaccination rate, more attention should be given to families with more children, low-income families, and younger mothers. Parents especially the mothers play an important role in the vaccination uptake of children, the government may promote vaccination uptake by providing assistance to families with lower income and more children as well as dispelling the myths of vaccination.

Keywords: Vaccination uptake, Young Children, Factor association



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Free Paper Competition – Poster Presentation

POSTER 29

Determinants of Health-related Quality of Life in Older People with Chronic Musculoskeletal Pain in Hong Kong: A Cross-sectional Study

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Introduction:

Chronic musculoskeletal pain is well-known to have deleterious impact on individuals' health-related quality of life (HRQoL). This study aimed to estimate the HRQoL of Chinese older people with chronic musculoskeletal pain using the Hong Kong EuroQol (EQ)-5D-5L tariff and its association with physical and psychosocial parameters.

Methods:

This cross-sectional study collected data from 1072 community-dwelling older people aged ≥ 60 with chronic musculoskeletal pain. Independent variables were categorized into physical and psychosocial domains. The physical domain included age, sex, most painful site (back, knee, neck, foot and ankle, shoulder), number of pain regions, and number of comorbidities. The psychosocial domain included living status, depression level measured by 9-question Patient Health Questionnaire (PHQ-9), anxiety level measured by Generalized Anxiety Disorder Assessment (GAD-7), and social allowance status. The five-dimension descriptive system (mobility, self-care, usual activities, pain/ discomfort, and anxiety/depression) and the utility index of EQ-5D-5L were treated as dependent variables. Regression modelling was applied to estimate the associations.

Results:

The participants' mean age was 67 (SD =5.2), and 77.7% were female. Mean EQ5D index score of the sample was 0.7 (SD=0.21). Participants with higher PHQ-9 score were more likely to report problems with most EQ5D dimensions. Higher PHQ-9 scores ($\beta=-0.009$, $P<0.001$), higher GAD-7 scores ($\beta=-0.013$, $P<0.001$), and a greater number of pain regions ($\beta=-0.006$, $P=0.047$) were associated with lower EQ5D index scores. Regarding the most painful region, back pain ($\beta=-0.043$, $P=0.019$) and knee pain ($\beta=-0.065$, $P<0.001$) were significantly associated with lower EQ5D index scores.

Conclusions:

This study highlighted that back pain, knee pain, number of pain regions, depression and anxiety were strong determinants on HRQoL in Chinese older people with chronic musculoskeletal pain. Therefore, healthcare resources should consider to prioritize managing back pain and knee pain, whereas psychological interventions should be emphasized to handle the comorbid depression and anxiety to enhance the HRQoL.

Keywords: Chronic musculoskeletal pain, Health-related quality of life, EQ-5D-5L



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Free Paper Competition – Poster Presentation

POSTER 31

Effectiveness of Early Intervention in Managing Trigger Finger Conditions

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Introduction:

Family Medicine and Orthopedics & Traumatology Collaborative Triage Program (FMOT) has been launched in HKEC since August 2022. New physiotherapy clinic was established at SWHGOPC, which provides early intervention for trigger finger. This study evaluates the effectiveness of early intervention for trigger finger.

Methods:

19 patients (31 trigger fingers) in conventional group (CM) and FMOT group were randomly selected from August 2022 to February 2023.

CM	10 patients (16 trigger fingers)
FMOT	9 patients (15 trigger fingers)
Female	11
Male	8
Mean age	61.3 +/-8.17

Results:

Table 1 Pain and Disability

Pain	
Pre-NPRS	3.33
Post-NPRS	1.63
Disability	
Pre-QuickDASH	18.7
Post-QuickDASH	7.57

Reduction of pain score (51%) and QuickDASH (60%) were found after treatment in FMOT.

Table 2 Trigger Finger Grading

	FMOT	CM
Pre	2.33	2.06
Post	0.8*	0.87*
Percentage of grade 0	46.7%	18.8%

Table 3 Accessibility and Outcomes

	FMOT	CM
Waiting time	2.92 *	14.53
Treatment period	7.55	8.25

* $p < 0.05$

Reduced waiting time (14.53 to 2.92 weeks) with higher percentage of complete recovery (18.8% to 46.7%) were found in FMOT, within similar treatment period.

Conclusions:

Early intervention is superior to conventional model, with higher percentage of full recovery, reduction in waiting time and duration of patients' journey. Further studies are needed in evaluating the effect of early intervention on recurrence rate.

Keywords: Early intervention, Trigger finger, Primary Care



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Free Paper Competition – Poster Presentation

POSTER 32

The Impact of a Health Empowerment Program on Children’s Behaviors and Quality of Life in Low-income Families: Evidence from a 5-Year Cohort Study in Hong Kong

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Introduction:

Living in poverty poses multiple risks for children’s overall health and development. Health empowerment, a process through which people are supported to develop greater control over life and health-related decisions, can be an effective way to improve health. This prospective cohort study evaluated the 5-year impact of a Health Empowerment Program (HEP) on improving the health-related quality of life and reducing problematic behaviors among children from low-income families.

Methods:

A prospective cohort study (N=239, n=124 for intervention group, n=115 for comparison group) was established with participants recruited between July 2013 and March 2016 and followed until November 2021. During the 5-year study period, children and their parents from the intervention group were invited to join the HEP consisting of annual health assessments, health talks, self-care enablement courses and health ambassador training. The Chinese Strengths and Difficulties Questionnaire (SDQ) and Chinese Child Health Questionnaire Parent Form 28 (CHQ-PF28) were administered at baseline and follow-up for both intervention and comparison groups. Linear regressions were used to identify changes in outcome variables as a function of the HEP.

Results:

After a mean follow-up of 5 years, the intervention group had a significantly greater decrease in conduct problems (B = -0.66, p < .001), hyperactivity inattention (B = -0.67, p = .005), and total difficulties score (B = -1.89, p = .002) of SDQ, a greater increase in prosocial behavior of SDQ (B = 0.53, p = .040), and greater increase in the Mental Component Summary score of the CHQ-PF28 (B= 2.75, p = .017) than those of the comparison group.

Conclusions:

The HEP may be an effective intervention to reduce behavioral problems and improve mental health of children from low-income families, as evident by our study over a 5-year period.

Keywords: Child behavior, Health Empowerment, Health-related quality of life, Psychosocial health, Low-income families



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POSTER 33

Contextualizing Evidence-based Nurse-led Peri-discharge Interventions for Reducing 30-day Hospital Readmissions among General Medical Patients Using GRADE Evidence to Decision Framework: A Delphi Study

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Introduction:

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

Methods:

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

Results:

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

Conclusions:

Using the GRADE EtD framework, four nurse-led interventions were recommended by healthcare stakeholders as possible strategies for reducing 30-day hospital readmissions among general medical patients in Hong Kong. To address preliminary implementation issues, nurses' role as care coordinators should also be strengthened to ensure smooth delivery of nurse-led intervention components, and to facilitate multidisciplinary collaboration during service delivery.

Keywords: Nursing, Evidence-Based Nursing, Patient Readmissions



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Free Paper Competition – Poster Presentation

POSTER 34

Patterns of General Practitioner's Consultation among Patients with Different Reasons for Visits in Primary Care: A Direct Observational Study in China

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Introduction:

Patients' reasons for visits(RFV) reflect patients' needs and health problems at the time of entry into health system. It is important for general practitioners(GPs) to identify and provide appropriate health care to patients with different RFV. In China, it is still unknown how GPs interact with patients with different RFV during consultations. Therefore, this study aimed to explore the pattern of GP's consultations for patients with different RFV in Chinese primary care practice.

Methods:

We conducted a direct observational study in eight community health centers in China, aiming to collect information regarding GP's consultation patterns. Data on 445 visits to GP was collected by direct observation and audiotape. The collected information was coded using a modified Davis Observation Code(DOC), a validated tool for investigating GP-patient interaction. We collected GP and patient characteristics including RFV by a post-visit survey. We compared GP consultation using general linear model adjusted for patient characteristics and health care utilization.

Results:

Seeking care for chronic conditions(212, 47.6%), acute conditions(188, 42.2%), and well care(30, 6.7%) were three main RFV for patients enrolling in this study. The mean consultation time for these groups was 5.6, 4.9, and 6.2 minutes, respectively. Treatment planning was the main component of GP consultation in all three groups. However, compared with other groups, for chronic condition group, GP spent more time in negotiation for drugs cost(29.2% vs 15.8% vs 11.1%, $p<0.001$), and less time in taking medical history(28.1% vs 40.7% vs 37.9%, $p=0.01$), as well as doing physical examination(12.4% vs 21.1% vs 18.3%, $p<0.001$).

Conclusions:

The mean duration for GP consultation was shorter in China compared to studies conducted in other countries. Regardless of patients' RFV, treatment planning remains the most important element of GP consultations, while prescription issues are of greater concern in visits by patients with chronic conditions.

Keywords: Primary care consultation, Reasons for visits, Direct observational study



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Free Paper Competition – Poster Presentation

POSTER 35

Telecare for Smoking Cessation during the COVID-19 Pandemic – Experience in NTWC General Out-Patient Clinics

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Introduction:

Smoking counselling and cessation program (SCCP) aims to enhance smokers' disease control by assisting them to quit smoking. However, COVID-19 pandemic had posed a great impact on SCCP and the number of attendance dropped significantly. To cater the smokers' need, telecare, as an extension of traditional integrated multidisciplinary management of smoking cessation, was provided to suitable target smokers as enhancement service in the Hospital Authority (HA).

Methods:

Telecare was provided via Zoom with Corporate HA account used. With the assistance from the Information Technology Department, confidentiality and cyber safety issue were ensured. One day before the session, SMS of the meeting ID was sent to smokers, and counsellors would confirm their readiness of device by phone. One hour before the session, smokers would confirm again their availability and meeting password would be given by phone. The telecare service included professional counselling, review of treatment plan and follow-up services. If smokers agreed for nicotine replacement therapy, face-to-face appointment and drug dispensing would be arranged. Suitable smokers received training by clinic assistant through tele-cue card, which reminded the important steps for telecare. Standard dialogue for data privacy, security and patient consent were provided to counsellors.

Results:

From April 2020 to March 2022, 3990 eligible smokers were invited for telecare. 67 patients had received the service successfully. Low recruitment rate was related to smokers' technical issues such as skills in using Zoom and availability of mobile data access. Age of smokers was from 35 to 71. Male to female ratio was 57:10. The outcome of telecare with 1 month, 6 month and 12 month quit rate were 49.3%, 53.7% and 47.8% respectively, which was comparable to conventional SCCP.

Conclusions:

Telecare had proven as an alternative service model in SCCP during COVID-19 pandemic, with comparable service outcome in quit rate. The acceptability from smokers could be further enhanced by patient empowerment on the use of telecare.

Keywords: Telecare, Smoking cessation, COVID-19



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Free Paper Competition – Poster Presentation

POSTER 36

Age-dependent Association of Central Blood Pressure with Cardiovascular Outcomes: A Cohort Study Involving 34,289 Participants Using the UK Biobank

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Introduction:

It remained unclear whether central blood pressures (BP) was more closely associated with cardiovascular disease (CVD) than brachial BP in different age groups. This study aims to investigate the age-stratified association of CVD with brachial and central BPs, and to evaluate corresponding improvement in model performance.

Methods:

This cohort study included 34,289 adults without baseline CVD from the UK Biobank dataset. Participants were categorized into middle-aged and older-aged groups using the cut-off of age 65. The primary endpoint was a composite cardiovascular outcome consisting of cardiovascular mortality combined with non-fatal coronary events, heart failure and stroke. Multivariable-adjusted hazard ratios (HRs) expressed CVD risks associated with BP increments of 10 mmHg. Akaike Information Criteria (AIC) was used for model comparisons.

Results:

In both groups, CVD events were associated with brachial or central systolic BP (SBP) ($p < 0.002$). Model fitness was better for central SBP in middle-aged adults (AIC 4427.2 vs 4429.5), but model fitness was better for brachial SBP in older adults (AIC 10246.7 vs 10247.1). Central SBP remained significantly associated to CVD events (HR=1.05; 95% CI: 1.0-1.1) and improved model fitness (AIC=4426.6) after adjustment of brachial SBP only in the middle-aged adults. These results were consistent for pulse pressure.

Conclusions:

In middle-aged adults, higher central BPs were associated with greater risks of CVD events, even after adjusting for brachial BP indexes. For older adults, the superiority of central BP was not observed. Additional trials with adequate follow-up time will confirm the role of central BP in estimating CVD risk for middle-aged individuals.

Keywords: Central blood pressure, Hypertension, Cardiovascular diseases



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Free Paper Competition – Poster Presentation

POSTER 37

A Patient with Deranged Liver Function

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Introduction:

Deranged liver function is a common problem encountered in primary care. This abstract presents a patient with an uncommon cause.

Methods:

The case:

A 70-year old woman with hypertension and hyperlipidaemia attended a GOPC complained of a 1-month history of on and off right upper quadrant pain. It was not related to food intake. Her appetite was slightly affected. There was no weight loss. Her bowel opening and urination were normal. Physical exam was unremarkable. Liver function test (LFT) arranged the next day showed elevated AST to 500U/L (Ref: 15-37), ALT to 678U/L (Ref: 8-45) and ALP 922U/L (Ref: 47-124) whilst the bilirubin was normal. In view of the grossly abnormal LFT, the patient was referred for hospital admission.

Results:

A panel of investigations was performed: HBsAg, Anti-HAV, Anti-HCV, Anti-HEV, toxicology screen, Cytomegalovirus pp65 Ag and EBV VCA Ab were all negative. Her CA 19.9 and CEA were normal. Yet, her IgG4 was elevated to 4.433g/L (Ref:0.090-1.460). USG HBP showed swollen pancreas with heterogeneous hypoechoic parenchymal echogenicity, suspicious of pancreatitis and dilated common bile duct. EUS-guided FNAC of the pancreas was in vain due to inadequate tissue obtained. ERCP showed no filling defect. Papillotomy and stenting were performed. Biopsy of the ampulla was negative for malignancy. The diagnosis was confirmed to be IgG4 pancreatitis and sclerosing cholangitis. The LFT improved after the ERCP. Patient was put on oral prednisolone and her LFT further improved afterwards.

Discussion:

IgG4-related disease is an immune-mediated fibroinflammatory condition that is capable of affecting multiple organs. Autoimmune pancreatitis and sclerosing cholangitis were common forms of the disease presentation. The differentiation of the condition from pancreatic adenocarcinoma is sometimes difficult on the basis of clinical presentations. Gastroenterologists' expertise is definitely needed for diagnosis.

Conclusions:

Family physicians should be alerted to the clinical presentations of IgG4-related disease.

Keywords: Deranged liver function, IgG4-related disease, Autoimmune pancreatitis



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Free Paper Competition – Poster Presentation

POSTER 38

Exploring Non-attendance of Pre-insulin Classes: An Implication for Our Service Strategies

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Introduction:

Pre-insulin classes are commonly used in public sector helping type 2 diabetes mellitus (T2DM) patients required starting insulin, by considering staffing and demands. Non-attendances appeared throughout classes have not yet been examined. This study identified patients' factors related to attendance.

Methods:

A retrospective review of T2DM patients referred to the pre-insulin class in a public primary care setting from 1 January 2015 to 31 August 2020 had been conducted with data retrieved from the electronic database of Hospital Authority. Factors associated with non-attendance, such as age, sex, smoking status, alcohol consumption, socioeconomic status, occupation, ethnicity, duration of diabetes, body mass index, existing microvascular or macrovascular complications, glycemic, lipid and blood pressure control were also retrieved with independent two samples t-test and exact chi-square test used to examine their associations. The independent contribution of risk factors to class attendance was determined by stepwise logistic regression. Adjusted odd ratio (OR) and 95% confident interval (CI) were calculated with p-value <0.05.

Results:

Totally 320 T2DM patients retained (254 attended) for the main analysis. Patients with no formal or primary education were more likely to attend the class than those with a secondary or tertiary education (no formal education/primary: 83.4% vs. secondary/tertiary: 73.0%; p=0.029). Non-smokers/ex-smokers were also more likely to attend the class (non-smokers /ex-smokers: 80.6% vs. current smoker: 62.9%; p=0.019). Similar results were reported in the stepwise logistic regression analysis. Only secondary/tertiary education (adjusted OR=0.542, 95% CI=0.310, 0.947; p=0.032) and non-smoker/ex-smoker (adjusted OR=0.439, 95% CI=0.205, 0.938; p=0.033) were statistically associated with insulin class attendance.

Conclusions:

Non-attendance behavior can serve as a marker for identifying those should be served with alternative care models or services. The findings of this study suggest strategies stratified with education level and smoking status for improving attendance of the pre-insulin class so as to improve the insulin initiation rate.

Keywords: Non-attendance, Pre-insulin classes, Health services



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Free Paper Competition – Poster Presentation

POSTER 39

“MCI²” Mild Cognitive Impairment Cum Dietetic Intervention

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Introduction:

Studies showed non-pharmacological interventions including cognitive training (CT), increased physical activity, and proper nutrients use prevent cognitive impairment(CI)¹⁻³. People with CI, however, struggle with safe cooking for their inconsistent declines, resulting living difficulties and deteriorated self-efficacy.

Kwun Tong District Health Centre Express (KTDHCE) developed a structural CI-friendly dietetic education class (class) by Occupational therapist (OT) and Registered Dietitian (RD) integrating CT and dietary approach of MIND Diet* to slow down the decline.

*Mediterranean-DASH Diet Intervention for Neurodegenerative Delay

Methods:

Two Mind-diet dumpling-making classes were set up on 11/2022 and 3/2023 respectively with a post-classes Knowledge-Attitude-Behavioural test (KAB) done. The classes were designed as follows:

Phase 1: CI-Friendly Recipe Development

Dumpling was chosen for high cultural relevance, simplicity and repetitive making nature. RD refined the MIND diet recipe while OT standardized the steps with task analysis. Critical steps were identified for adaption, portion control and modeling.

Phase 2: Classes Implementation

Errorless learning approach including breaking into small steps, immediate error correction and fading cues was adopted⁴. Participants would follow OT's modeling with standardized portion supported by a step-by-step guide. RD supported error correction and faded cues progressively. Consistent size and shape were used for tracking learning progress.

Results:

14 and 16 participants (age 50-86, average 67) attended the two classes with 100% KAB response rates respectively. KAB scores were all met with target level (TL). Average knowledge scores were 89% and 74% (TL >70%); average attitude scores were 97% and 95% (TL >60%); average behavioural scores were 96% and 99% (TL >50%) and average satisfaction scores were 93% and 91% (TL >80%) respectively.

Conclusions:

Dietetic educational group with cooking process facilitates cognitive engagement, proper nutrients intake, and social connection. CI-friendly recipe facilitates daily living engagement and preserve clients' self-efficacy. Further program evaluation to assess its practicability and effectiveness to empower MCI users and cares is warranted.

Keywords: Cognitive training, Dietetic intervention, MIND diet



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Free Paper Competition – Poster Presentation

POSTER 40

Choose Health Scheme – A Telehealth Intervention

B. SHARMA, H. MUNIR, Danna C. VARGAS, T.L. TANG, L.S. TONG, W.H. LEE, C.Y. WONG, Heidi HUNG, Gary K.K. CHUNG, D. DONG, Samuel Y.S. Wong, E.K. YEOH

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

Introduction:

Jockey Club S.A.T.H. Project for Healthy Families provides culturally appropriate health information for ethnic minorities in Hong Kong to enhance their health literacy and health management. To explore effective model for promoting lifestyle modifications among high-risk South Asian (SA) service-users, a small-scale, mobile-based pilot health behaviour change project was conducted to

- (1) better understand participants motivation to implement lifestyle changes.
- (2) promote healthy behavioural change
- (3) develop trust between service providers and participants.

Methods:

A nurse-led team performed health screenings alongside a self-reported lifestyle survey for SAs in HK, recruited through NGO networks covering whole of HK. Participants from health screenings with either borderline or abnormal readings for certain health conditions were invited to participate in the pilot project. In one month, participants received culturally tailored health advice, regarding healthy diet and physical activity, to meet personalized health goals. Participants who reached their goals were invited to an award ceremony.

Results:

15 participants were recruited with one drop-out (limited number due to budget constraints). The intervention demonstrated positive effects on participants' eating behaviours. Participants self-reported improved self-awareness towards their health, health literacy and self-management skills for their conditions. Success was evaluated according to participants' adherence and engagement during the project. Rich communication between staff and participant, and a minimum of one message to a maximum of 5 interactions per participant daily were observed, indicating high engagement. Among the 11 respondents to feedback survey, 100% were satisfied with remote intervention and 100% perceived it as a motivation to implement lifestyle changes.

Conclusions:

The remote intervention overcame barriers like language, time, and location as it can be accessed anywhere anytime. Through WhatsApp, participants interacted with the service team, improving health literacy and trust towards healthcare providers. The project's success presents opportunities for telehealth interventions to reach inaccessible populations.

Keywords: Mobile-based pilot, Health behaviour change, South Asians



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Free Paper Competition – Poster Presentation

POSTER 41

Community-Based Health Screening – A Public Health Priority

B. SHARMA, L.S. TONG, T.L. TANG, W.H. LEE, Gary K.K. CHUNG, Heidi HUNG, H. MUNIR, Danna C. VARGAS, C.Y. WONG, D. DONG, Samuel Y.S. WONG, E.K. YEOH

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

Introduction:

Jockey Club S.A.T.H. Project for Healthy Families aims to enhance the health profile of ethnic minorities through health literacy and health management.

South Asian (SA) are at higher risk for premature atherosclerotic cardiovascular diseases with concomitant central obesity. A higher risk and earlier onset of chronic diseases (hypertension, hyperlipidemia, and diabetes) are seen compared to other ethnicities.

Objectives:

- Identify prevalence of cardiovascular conditions among SAs in HK
- Identify proportion of undiagnosed SAs with cardiovascular conditions in HK
- Raise awareness about the importance of community-based health screenings in early detection of illnesses.

Methods:

Nurse-led community outreach health screening performed from June-December 2022, for 478 SA adults, recruited through NGO networks covering whole HK. Health screening covered anthropometric and biomedical measurements (serum cholesterol, blood glucose, BMI, and blood pressure), alongside a lifestyle survey. The presence of cardiovascular condition was defined by both self-reported doctor diagnosis before screening and screening result during our health assessment.

Results:

The observed prevalence of hypertension, diabetes, and hyperlipidemia were 23.2%, 10.7%, and 12.8%, respectively, among sampled SAs with a mean age of 41.3 years. Specifically, those screened positive with hypertension during health assessment, 63.2% (48/76) were previously undiagnosed and not aware of their condition, whereas corresponding proportions were 39.1% (9/23) for diabetes and 80.6% (25/31) for hyperlipidemia.

Conclusions:

Community-based health screening is a primary preventive service to assess individuals' health risks, inhibiting disease progression, facilitating presymptomatic treatment, and reducing related morbidity and mortality. Although undiagnosed patients were provided referral letters and advised to consult local physicians, SAs have difficulty managing health due to low health literacy, and poor access to healthcare due to socioeconomic and language barriers. A long-term patient support program is needed, to reduce risk of chronic diseases in SAs, and resulting healthcare expenditures, by providing early health screenings and personalized recommendations based on individual's lifestyle habits.

Keywords: Proportion of undiagnosed SAs in HK, Cardiovascular conditions among SA in HK, Community-based health screenings



23rd - 25th June 2023 (Friday - Sunday)

Free Paper Competition – Poster Presentation

POSTER 42

The Social Determinants of Obesity among Pakistani Women in Hong Kong

B. SHARMA, Gary K.K. CHUNG, W.H. LEE, Heidi HUNG, T.L. TANG, L.S. TONG, C. Y. WONG, Danna C. VARGAS, H. MUNIR, D. DONG, Samuel Y.S. Wong, E.K. YEOH

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

Introduction:

Pakistani Women in Hong Kong, as a particularly vulnerable South Asian population with distinct cultural and religious needs, face inequitable social and health challenges which could prevent them from leading healthy lifestyles and effective obesity management. To raise their awareness and inform targeted intervention, this study aims to highlight their obesity burden and identify the associated demographic, socioeconomic, and lifestyle factors.

Methods:

233 Pakistani women were recruited for survey and anthropometric measurement during territory-wide health outreach services by Jockey Club S.A.T.H. Project for Healthy Families, between June and December 2022 in Hong Kong. Multivariable linear regressions were used to assess the independent risk and protective factors on body mass index (BMI) and waist circumference (WC).

Results:

The prevalence of general obesity (BMI ≥ 25.0 kg/m²) and abdominal obesity (WC ≥ 80 cm) were 82.8% and 89.7% respectively. Increased age, being married, being economically inactive (i.e., homemakers or unemployed), and a less healthy diet were independent risk factors of both BMI and WC (all $p < 0.05$). In addition, Women on CSSA (i.e., social security allowance) had higher BMI ($p = 0.038$), whereas those with higher stress level had higher WC on average ($p = 0.045$).

Conclusions:

Pakistani women who are older, married, relatively socioeconomically disadvantaged, and with poorer lifestyle in terms of diet and stress, were at elevated risk of obesity. To prevent and control obesity among Pakistani women, it is essential to comprehend their social construct, which extends beyond the biological definition of obesity. Lack of culturally appropriate female-only interventions, alongside barriers like the influence of religion, belief that weight gain is inevitable (e.g., aging, childbirth, or divine preordination), and time restraints from household responsibilities hinders their participation in obesity management programs. Exploring ways to promote their health awareness and acceptance to obesity management programs is critical to alleviate their alarming obesity burden.

Keywords: Pakistani Women in Hong Kong, Obesity burden, Social Determinants



23rd - 25th June 2023 (Friday - Sunday)

Free Paper Competition – Poster Presentation

POSTER 43

The Impact of Early Application of 3-layer Tubular Bandage as Compression Therapy to Venous Leg Ulcer Patients in Primary Care Setting

Lily K.Y. YIP¹, Fiona W.S. WU¹, C.K. HO¹, B.Y. CHAN¹, Dabby C.C. LI¹, Dorothy M.F. LEUNG¹, David S.L. CHAN¹, Y.C. LI¹, S.H. LEUNG¹, S.M. WONG²

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Introduction:

Leg ulcers contributed 14.5% of wound types in KCC GOPC wound clinic require longer healing time and more dressing attendances. In this study, the effectiveness of early application of Three-layer tubular bandage in GOPC general dressing service will be evaluated in terms of clinical outcomes, including ankle circumference, wound size, pain level, and treatment compliance in four-week study period.

Methods:

Patient education on three-layer tubular bandage application and related daily care information will be given by GOPC nurses after routine leg ulcer wound care in GOPC general dressing service. Week 0, week 2 and Week 4 data collected on clinical outcome parameters and demographics.

Results:

A total of 31 cases recruited include 13 males and 18 females. 74.2% were non-smokers, 64.5 % received primary or lower education level, 25.8% were employed. Co-morbid conditions were collected 64.5% have hypertension and 87.1% have varicose vein.

4 Clinical outcomes in terms of (i) Ankle circumference, with mean pair differences 0.7125 cm (Week 0 and Week 4), $p=0.022$; (ii) Wound size (length x width), with mean pair differences 2.362 cm (Week 0 and Week 4), $p=0.001$; Pain Score in Week 0 and week 4, mean pair differences 2.933 with $p=0.000$. Compliance paired difference on Week 2 and Week 4 was not significant, $p<1.000$.

Conclusions:

The finding suggested, with application of the three-layer tubular bandage, clinical outcomes of patients with venous leg ulcers were improved with ankle circumferences decreased, wound size decreased and pain score improved. Patient compliance on the 3-layer tubular bandage application were also maintained over the 4-week study. Early application of the 3-layer tubular bandage in primary care setting could be beneficial to patient outcomes, promoting patient engagement in self-care as well as alleviate clinical attendances.

Keywords: Venous ulcer, Three-layer tubular bandage, Compression therapy



23rd - 25th June 2023 (Friday - Sunday)

Free Paper Competition – Poster Presentation

POSTER 44

Evaluation of Exercise Tolerance Test Outcomes among Patients with Suspected Ischaemic Heart Disease and Normal ECG in a General Out-patient Clinic

Shirley Y.K. CHOI, Jessica J.H. HAN, L.P. CHAN, P.K. FUNG, Kennedy W.K. LEUNG, Maria K.W. LEUNG

Family Medicine Department, New Territories East Cluster (NTEC), Hospital Authority

Introduction:

Exercise tolerance test (ETT) is a common diagnostic test for assessing patients with suspected ischaemic heart disease (IHD). With collaboration with PWH Cardiac team, ETT service has become available in our clinic since 2019, providing investigation for patients with suspected IHD and normal ECG without directly referring the case to Medical team. This study aims to evaluate the clinical outcomes of our ETT service and its impact on referrals.

Methods:

All patients, who attended our clinic between 1/1/2020 and 31/12/2022 and had ETT arranged, were recruited. Their medical records were retrospectively reviewed from 1/1/2020 till 31/1/2023. Data collection included baseline demographics, ETT and subsequent cardiac investigations results and management outcomes.

Results:

51 ETTs were done from between 1/1/2020 and 31/12/2022. 15 (28.8%) patients had negative ETT, 18 (34.5%) had inconclusive ETT and 18 (34.6%) had positive ETT. One ETT negative, 12 ETT positive and 7 ETT inconclusive cases had CT coronary angiogram (CTCA) done subsequently. Among ETT positive cases who had CTCA done, 9 (75%) had normal to mild coronary stenosis and 3 (25%) had moderate to severe stenosis. For ETT inconclusive cases who had CTCA done, 5 (71.4%) had normal to mild coronary stenosis and 2 (28.6%) had moderate to severe stenosis. Four ETT positive cases had invasive coronary angiography done and 2 received subsequent percutaneous coronary interventions. Among the 51 patients, only 8 (16%) needed referrals to cardiology for follow-up.

Conclusions:

Our study shows that ETT can act as an important gate-keeping tool to assess patients with suspected IHD in primary care and decrease referrals to cardiology. Nevertheless, physicians should be reminded that inconclusive ETT is common and might warrant further cardiac investigation. Also, not all positive ETT require invasive cardiac intervention. Physicians should be aware of the indications and limitations of different cardiac investigation options.

Keywords: Ischaemic heart disease, Exercise tolerance test, Cardiac investigation



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23rd - 25th June 2023 (Friday - Sunday)

Free Paper Competition – Poster Presentation

POSTER 45

The Voice of Patients in Shaping our Future Doctors – A Qualitative Evaluation of Patients’ and Student-users’ Experience

Esther Y.T. YU¹, S.N. LIU¹, Pauline P.L. LUK³, Corliss H.Y. WONG¹, Amy P.P. NG¹, Linda CHAN^{1,2}, Julie CHEN^{1,3}

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

² Bau Institute of Medical and Health Sciences Education, The University of Hong Kong

³ Medical Ethics and Humanities Unit, The University of Hong Kong

Introduction:

A “living library of patient-educators” was piloted among HKU-MBBS-IV students in 2022. 18 patients with common symptoms encountered in primary care were trained as “patient-educators”, to give a history of their own illnesses in a standardized manner during virtual consultation with students, assess students’ interpersonal skill, and provide individualized constructive feedback. This qualitative study explored the experiences of patient-educators and student-users with this project.

Methods:

All patient-educators, and 13 students who used the library purposively sampled by frequency of library use, were invited to participate in focus group interviews via WhatsApp and/or email between May-August 2022. Each group consisted of 2-5 participants, led by an experienced researcher, and lasted for 50-80 minutes. All interviews were audio-taped, transcribed and independently reviewed by 2 investigators to identify recurrent themes using thematic analysis. Inconsistencies were resolved by discussion between the investigators.

Results:

Seven interviews were conducted (4 for 14 patient-educators; 3 for 10 student-users). Five main themes were constructed: benefits of the library, content and provision of feedbacks, qualities of good patient-educators, and operation of the library. Both patient-educators and students agreed that the library offered students valuable and convenient opportunities to practice consultation skills in a safe and low-stress environment. While students found patient-educators’ feedbacks helpful for reflecting on their own strengths and weaknesses, some patient-educators considered giving immediate constructive feedback challenging. Crucial qualities of good patient-educators included good communication skills, compassion, openness in sharing, and good time management. Patient-educators felt that they had contributed to the society by improving our future medical doctors’ skill, and students expressed the wish to expand this project throughout the curriculum.

Conclusions:

Both student-users and patient-educators had positive experience with the patient-educator library: students gained valuable opportunities to practice consultation skills in a safe environment and reflect on own skills, patient-educators felt sense of achievement.

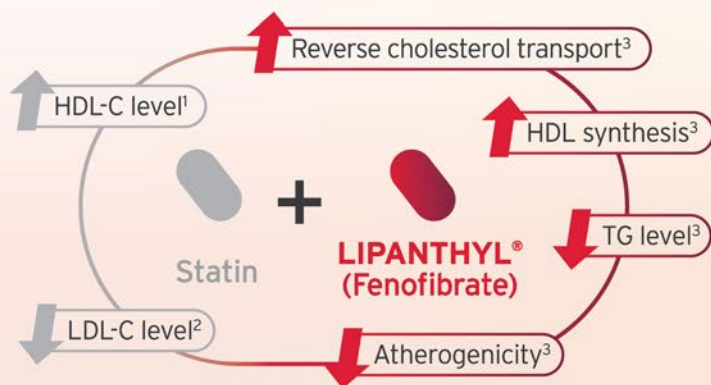
Keywords: Patient-educator, Medical student, Experience



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ASCVD risk factor modification algorithm for patient who are under statin therapy, TG levels should be **<1.7 mmol/L** at every risk level⁵



* Study design: A total of 29,771 adults with metabolic syndrome (≥40 years) received statin treatment, of which 2,156 patients receiving combined treatment (statin plus LIPANTHYL®) were weighted based on propensity score in a 1:5 ratio with 8,549 participants using statin only treatment. The primary outcome was composite cardiovascular events including incident coronary heart disease, ischaemic stroke, and death from cardiovascular causes.⁴
AACE=American Association of Clinical Endocrinology; ACE=American College of Endocrinology; ASCVD=atherosclerotic cardiovascular disease; CV=cardiovascular; ECLIPSE-REAL=Effectiveness of Fenofibrate Therapy in Residual Cardiovascular Risk Reduction in the Real World; HDL=high-density lipoprotein; HDL-C=HDL cholesterol; LDL-C=low-density lipoprotein cholesterol; TG=triglyceride.
References: 1. McTaggart F, Jones P. Cardiovasc Drugs Ther. 2008;22(4):321-338. 2. Cholesterol Treatment Trialists' (CTT) Collaborators, et al. Lancet. 2012;380(9841):581-590. 3. Keating GM, Croom KF. Drugs. 2007;67(1):121-153. 4. Kim NH, et al. BMJ. 2019;15125. 5. Garber AJ, et al. Endocr Pract. 2020;26(1):107-137.

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**Composite of CKD progression[†],
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(HR 0.61; 95% CI, 0.51, 0.72; p<0.001)[‡]



↓31%

All-cause mortality vs placebo

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↓29%

**Composite of CV death
or hHF vs placebo**

(HR 0.71; 95% CI, 0.55, 0.92; p=0.009)[‡]



Slowed eGFR deterioration

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



Consistent Efficacy[§]

Regardless of T2D status[‡], baseline eGFR^{§,2}, CKD stage^{**} and aetiology^{††,‡,4}



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Consistent safety shown in patients with CKD, with or without T2D^{‡,3}.

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* 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, glomerulonephritis, ischemic 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. Cherlow GM, et al. J Am Soc Nephrol. 2021;32:2352-2361. 5. Heerspink HJL, et al. Kidney Int. 2021;50005:23382-100865-6.

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 10 mg 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 sulphonylureas (SU) may need to be reduced 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 or anti-hypertensive therapy with a history of hypotension; elderly (≥ 65 years). Treatment should be temporarily interrupted when volume depleted, when treating pyelonephritis or uricosis; 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, or glucose-galactose malabsorption. Additional glucose lowering treatment should be considered for glycaemic control. Improved 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 Fourier'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, diarrhoea, 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, vulvovaginitis 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: necrotizing fasciitis of the perineum (Fournier's gangrene), angioedema. Not known: acute kidney injury. **Drug Interactions:** Co-administration with rifampicin may reduce dapagliflozin systemic exposure; co-administration with metformin 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: APLHKFOR.1221

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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. 2019;373(22):2217-2218. 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.

¹ JARDIANCE demonstrated RRR in CV death in adult patients with insufficiently controlled type 2 diabetes (baseline HbA1c 7.0-10%) and established CV disease (coronary artery disease, peripheral artery disease, or a history of myocardial infarction or stroke).

² Standard of care included CV medications and glucose-lowering agents given at the discretion of physicians.

³ Empagliflozin versus placebo on top of standard of care.

[#] Management of hyperglycaemia 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.

JARDIANCE® Abbreviated Prescribing Information (aPI-JARD-02)

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. **Dosage and administration:** **Type 2 diabetes mellitus:** 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. Can be taken with or without food. 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. **Contraindications:** Hypersensitivity to empagliflozin or any of the excipients. For the treatment of Type 2 diabetes, JARDIANCE should not be used in patients with severe renal impairment (eGFR < 30 mL/min/1.73m²), end-stage renal disease and patients on dialysis, as glycaemic efficacy depends on renal function. **Special warnings and precautions:** Should not be used in patients with type 1 diabetes or for treatment of ketoacidosis. Discontinue immediately when ketoacidosis 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 type 2 diabetes mellitus, should not be used in patients with severe renal impairment (eGFR < 30 mL/min/1.73m²), end-stage renal disease and patients on dialysis. For HF, not recommended for use 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 hypoglycaemia when used in combination with JARDIANCE. **Adverse reactions:** Hypoglycaemia (depends on type of background therapy of patients). Urinary tract infection, vaginal moniliasis, balanitis and other genital infections. Increased urination, dysuria, pruritus. Volume depletion. Thirst. Glomerular filtration rate decreased, blood creatinine increased, haematocrit increased, serum lipids increased. Post-marketing experience: Ketoacidosis, complicated urinary tract infections, 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.



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The **ONLY** fixed-dose combination in relieving BPH symptoms and reduce risk of AUR or BPH-related surgery

DUAL ACTION:

- Superior symptoms improvement¹
(adjusted mean change in IPSS from baseline to year 4 was **-6.3** points for combination therapy versus **-3.8** points for tamsulosin)

- Reduce prostate size up to **27%¹**

DUAL PROTECTION:

Reduce relative risk of

- AUR by **68%**
- BPH related surgery by **71%**
vs tamsulosin monotherapy¹



BPH: Benign Prostatic Hyperplasia
AUR: Acute Urinary Retention

DUODART Safety Information: Renal impairment: Patients with creatinine clearance of less than 10 mL/min should be approached with caution as these patients have not been studied. **Hypotension:** Patients beginning treatment with Duodart should be cautioned to sit or lie down at the first signs of orthostatic hypotension until the symptoms have resolved. Concomitant use of α -blockers and PDE5 inhibitors can lower blood pressure and cause symptomatic hypotension. **Fertility and sexual function in men:** Dutasteride has been reported to affect semen characteristics (reduction in sperm count, semen volume and sperm motility) in healthy men. The possibility of reduced male fertility cannot be excluded. Effects of tamsulosin hydrochloride on sperm counts or sperm function have not been evaluated.

DUODART (Dutasteride-tamsulosin) abbreviated prescribing information: **Indications** Treatment of moderate to severe symptoms of benign prostatic hyperplasia (BPH). Reduction in the risk of acute urinary retention (AUR) and surgery in patients with moderate to severe symptoms of BPH. **Contraindications** Patients with known hypersensitivity to dutasteride, other 5 α -reductase inhibitors, tamsulosin (including tamsulosin-induced angio-edema), soya, peanut or any of the excipients; history of orthostatic hypotension; with severe hepatic impairment; women and children and adolescents. **Warnings and Precautions** Cardiac Failure In two 4-year clinical study, the incidence of cardiac failure (a composite term of reported events, primarily cardiac failure and congestive cardiac failure) was higher among subjects taking the combination of dutasteride and an α 1-adrenoceptor antagonist, primarily tamsulosin, than it was among subjects not taking the combination. In these two trials, the incidence of cardiac failure was low ($\leq 1\%$) and variable between the studies. **Effect on prostate-specific antigen (PSA) and prostate cancer detection** Serum prostate-specific antigen (PSA) concentration is an important component in the detection of prostate cancer. DUODART causes a decrease in mean serum PSA levels by approximately 50%, after 6 months of treatment. Patients receiving DUODART should have a new PSA baseline established after 6 months of treatment with DUODART. It is recommended to monitor PSA values regularly thereafter. Any confirmed increase from lowest PSA level while on DUODART may signal the presence of prostate cancer or noncompliance to therapy with DUODART and should be carefully evaluated, even if those values are still within the normal range for men not taking a 5- α -reductase inhibitor. In the interpretation of a PSA value for a patient taking dutasteride, previous PSA values should be sought for comparison. Treatment with DUODART does not interfere with the use of PSA as a tool to assist in the diagnosis of prostate cancer after a new baseline has been established. Total serum PSA levels return to baseline within 6 months of discontinuing treatment. The ratio of free to total PSA remains constant even under the influence of DUODART. If clinicians elect to use percent free PSA as an aid in the detection of prostate cancer in men undergoing DUODART therapy, no adjustment to its value appears necessary. Digital rectal examination, as well as other evaluations for prostate cancer or other conditions which can cause the same symptoms as BPH, must be performed on patients prior to initiating therapy with DUODART and periodically thereafter. Prostate cancer and high grade tumours The REDUCE study, a 4-year, multicentre, randomised, double-blind, placebo controlled study investigated the effect of dutasteride 0.5 mg daily on patients with a high risk for prostate cancer (including men 50 to 75 years of age with PSA levels of 2.5 to 10 ng/mL and a negative prostate biopsy 6 months before study enrolment) compared to placebo. Results of this study revealed a higher incidence of Gleason 8-10 prostate cancers in dutasteride treated men ($n=29$, 0.9%) compared to placebo ($n=19$, 0.6%). The relationship between dutasteride and Gleason 8-10 prostate cancers is not clear. Thus, men taking duodart should be regularly evaluated for prostate cancer. **Renal impairment** The treatment of patients with severe renal impairment (creatinine clearance of less than 10 mL/min) should be approached with caution as these patients have not been studied. **Hypotension/Orthostatic:** As with other α 1-adrenoceptor antagonists, a reduction in blood pressure can occur during treatment with tamsulosin, as a result of which, rarely, syncope can occur. Patients beginning treatment with DUODART should be cautioned to sit or lie down at the first signs of orthostatic hypotension (dizziness, weakness) until the symptoms have resolved. **Symptomatic:** Caution is advised when α 1-adrenergic blocking agents including tamsulosin are co-administered with PDE5 inhibitors. α 1-adrenoceptor antagonists and PDE5 inhibitors are both vasodilators that can lower blood pressure. Concomitant use of these two drug classes can potentially cause symptomatic hypotension. **Intraoperative floppy iris Syndrome (IFIS, a variant of small pupil syndrome)** has been observed during cataract surgery in some patients on or previously treated with tamsulosin. IFIS may increase the risk of eye complications during and after the operation. The initiation of therapy with DUODART in patients for whom cataract surgery is scheduled is therefore not recommended. During pre-operative assessment, cataract surgeons and ophthalmic teams should consider whether patients scheduled for cataract surgery are being or have been treated with DUODART in order to ensure that appropriate measures will be in place to manage the IFIS during surgery. Discontinuing tamsulosin 1-2 weeks prior to cataract surgery is anecdotally considered helpful, but the benefit and duration of stopping therapy prior to cataract surgery has not yet been established. **Leaking Capsule:** Dutasteride is absorbed through the skin, therefore women and children and adolescents must avoid contact with leaking capsules. If contact is made with leaking capsules, the contact area should be washed immediately with soap and water. **Inhibitors of CYP3A4 and CYP2D6** Concomitant administration of tamsulosin hydrochloride with strong inhibitors of CYP3A4, or to a lesser extent, with strong inhibitors of CYP2D6 can increase tamsulosin exposure. Tamsulosin hydrochloride is therefore not recommended in patients taking a strong CYP3A4 inhibitor and should be used with caution in patients taking a moderate CYP3A4 inhibitor, a strong or moderate CYP2D6 inhibitor, a combination of both CYP3A4 and CYP2D6 inhibitors, or in patients known to be poor metabolisers of CYP2D6. **Hepatic impairment** DUODART has not been studied in patients with liver disease. Caution should be used in the administration of DUODART to patients with mild to moderate hepatic impairment. **Excipients** This medicinal product contains the colouring agent Sunset Yellow (E110), which may cause allergic reactions. **Breast neoplasia** There have been rare reports of male breast cancer reported in men taking dutasteride in clinical trials and during the post-marketing period. However, epidemiological studies showed no increase in the risk of developing male breast cancer with the use of 5- α -reductase inhibitors. Physicians should instruct their patients to promptly report any changes in their breast tissue such as lumps or nipple discharge. **Interactions** Tamsulosin Concomitant administration of tamsulosin hydrochloride with drugs which can reduce blood pressure, including anaesthetic agents, PDE5 inhibitors and other α 1-adrenoceptor antagonists could lead to enhanced hypotensive effects. Dutasteride-tamsulosin should not be used in combination with other α 1-adrenoceptor antagonists. Concomitant administration of tamsulosin hydrochloride and ketoconazole (a strong CYP3A4 inhibitor) resulted in an increase of the Cmax and AUC of tamsulosin hydrochloride by a factor of 2.2 and 2.8 respectively. Concomitant administration of tamsulosin hydrochloride and paroxetine (a strong CYP2D6 inhibitor) resulted in an increase of the Cmax and AUC of tamsulosin hydrochloride by a factor of 1.3 and 1.6 respectively. A similar increase in exposure is expected in CYP2D6 poor metabolisers as compared to extensive metabolisers when co-administered with a strong CYP3A4 inhibitor. The effects of co-administration of both CYP3A4 and CYP2D6 inhibitors with tamsulosin hydrochloride have not been evaluated clinically, however there is a potential for significant increase in tamsulosin exposure. Concomitant administration of tamsulosin hydrochloride (0.4 mg) and cimetidine (400 mg) every six hours for six days resulted in a decrease in the clearance (26%) and an increase in the AUC (44%) of tamsulosin hydrochloride. Caution should be used when dutasteride-tamsulosin is used in combination with cimetidine. A definitive drug-drug interaction study between tamsulosin hydrochloride and warfarin has not been conducted. Results from limited in vitro and in vivo studies are inconclusive. Diclofenac and warfarin, however, may increase the elimination rate of tamsulosin. Caution should be exercised with concomitant administration of warfarin and tamsulosin hydrochloride.

Fertility, pregnancy and lactation DUODART is contraindicated for use by women. There have been no studies to investigate the effect of DUODART on pregnancy, lactation and fertility. As with all 5 α -reductase inhibitors, when the patient's partner is or may potentially be pregnant, it is recommended that the patient avoids exposure of his partner to semen by use of a condom. As with other 5 α -reductase inhibitors, dutasteride inhibits the conversion of testosterone to dihydrotestosterone and may, if administered to a woman carrying a male foetus, inhibit the development of the external genitalia of the foetus. Dutasteride has been reported to affect semen characteristics (reduction in sperm count, semen volume, and sperm motility) in healthy men. The possibility of reduced male fertility cannot be excluded. Effects of tamsulosin hydrochloride on sperm counts or sperm function have not been evaluated. The effects of dutasteride 0.5 mg/day on semen characteristics were evaluated in healthy volunteers aged 18 to 52 ($n=27$ dutasteride, $n=23$ placebo) throughout 52 weeks of treatment and 24 weeks of post-treatment follow-up. At 52 weeks, the mean percent reduction from baseline in total sperm count, semen volume and sperm motility were 23%, 26% and 18%, respectively. In the dutasteride group when adjusted for changes from baseline in the placebo group, Sperm concentration and sperm morphology were unaffected. After 24 weeks of follow-up, the mean percent change in total sperm count in the dutasteride group remained 23% lower than baseline. While mean values for all parameters at all time points remained within the normal ranges and did not meet the predefined criteria for a clinically significant change (30%), two subjects in the dutasteride group had decreases in sperm count of greater than 90% from baseline at 52 weeks, with partial recovery at the 24 week follow-up. The possibility of reduced male fertility cannot be excluded. It is not known whether dutasteride or tamsulosin are excreted in human milk. **Adverse Reactions Clinical Trial Data** (Dutasteride and tamsulosin co-administration): Impotency, altered (decreased) libido, ejaculation disorders, breast disorders (includes breast tenderness and breast enlargement), alopecia (primarily body hair loss), hirsutism, (Tamsulosin Monotherapy): Dizziness, abnormal ejaculation, palpitations, constipation, diarrhoea, vomiting, asthenia, rhinitis, rash, pruritis, urticaria, orthostatic hypotension, syncope, headache, nausea, angioedema, priapism, Stevens-Johnson syndrome. During post-marketing surveillance, reports of Intraoperative Floppy Iris Syndrome (IFIS, a variant of small pupil syndrome) during cataract surgery have been associated with α 1-adrenoceptor antagonists, including tamsulosin. In addition atrial fibrillation, arrhythmia, tachycardia, dyspnoea, epistaxis, vision blurred, visual impairment, erythema multiforme, dermatitis exfoliative, ejaculation disorder, retrograde ejaculation, ejaculation failure and dry mouth have been reported in association with tamsulosin use. The frequency of events and the role of tamsulosin in their causation cannot be reliably determined. Abbreviated PI based on HK072017(GDS15V1/AMC20170628). Please refer to the full prescribing information before prescribing. Full prescribing information is available upon request.

¹ At Month 48, the adjusted mean percentage change from baseline in total prostate volume was -27.3% for combination therapy, +4.6% ($p<0.001$) for tamsulosin, and -28.0% ($p=0.42$) for dutasteride.

References: 1. Roehrborn CG, et al. *Eur Urol* 2010;57(1):123-31. 2. DUODART Hong Kong Full Prescribing Information. Version number: HK072017(GDS15V1/AMC20170628).

For adverse events report, please call GlaxoSmithKline Limited at (HK) 852 9048 2496. Full prescribing information is available on request from GlaxoSmithKline Ltd, 23/F, Tower 6, The Gateway, 9 Canton Road, Tsimshatsui, Kowloon, Hong Kong.

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PM-HK-DTT-FSTR-210002 (08/2023)
Date of Preparation: 09/2021

A Breakthrough Therapy

for your patients with treatment-resistant depression (TRD), or who are experiencing a psychiatric emergency (PE) due to major depressive disorder (MDD)¹

1st

The first approved antidepressant in 30 years targeting the glutamate system^{2,3}

70%

70% reduced risk of relapse in TRD patients who were stable responders at Week 16⁶



Rapid efficacy: Offer rapid relief of depressive symptoms at 24 hours in TRD patients, and 4 hours in MDD-PE patients^{4,5}



The chance to reclaim lives: Greater rates of remission at all time points in MDD-PE patients vs placebo⁵

Further information is available upon request.

MDD, Major Depressive Disorder; PE, Psychiatric Emergency; TRD, Treatment-Resistant Depression.

References: 1. SPRAVATO® Hong Kong Prescribing Information P02. 2. Hillhouse TM, et al. A brief history of the development of antidepressant drugs: From monoamines to glutamate. *Exp Clin Psychopharmacol*. 23(1): 1-21. 2015. 3. Li YF. A hypothesis of monoamine (5-HT) - Glutamate/GABA long neural circuit: Aiming for fast-onset antidepressant discovery. *Pharmacol Ther*. 208:107494. 2020. 4. Popova V, et al. Efficacy and Safety of Flexibly Dosed Esketamine Nasal Spray Combined With a Newly Initiated Oral Antidepressant in Treatment-Resistant Depression: A Randomized Double-Blind Active-Controlled Study. *Am J Psychiatry*. 2019;176(6):428-438. 5. Fu DJ, et al. Esketamine Nasal Spray for Rapid Reduction of Major Depressive Disorder Symptoms in Patients Who Have Active Suicidal Ideation With Intent: Double-Blind, Randomized Study (ASPIRE II). *J Clin Psychiatry*. 2020 May; 6. Daly EJ, et al. Efficacy of Esketamine Nasal Spray Plus Oral Antidepressant Treatment for Relapse Prevention in Patients With Treatment-Resistant Depression: A Randomized Clinical Trial. *JAMA Psychiatry*. 176(9):893-903. 2019.

SPRAVATO®

ABBREVIATED PRESCRIBING INFORMATION

ACTIVE INGREDIENT(S): esketamine (as hydrochloride) **INDICATION(S):** Spravato, in combination with a SSRI or SNRI, is indicated for adults with treatment-resistant Major Depressive Disorder, who have not responded to at least two different treatments with antidepressants in the current moderate to severe depressive episode. Spravato, co-administered with oral antidepressant therapy, is indicated in adults with a moderate to severe episode of Major Depressive Disorder, as acute short-term treatment, for the rapid reduction of depressive symptoms, which according to clinical judgement constitute a psychiatric emergency. **DOSAGE & ADMINISTRATION:** The decision to prescribe Spravato should be determined by a psychiatrist. Spravato is intended to be self-administered by the patient under the direct supervision of a healthcare professional. **Assessment before treatment:** Prior to dosing with Spravato blood pressure should be assessed. **Post-administration observation:** After dosing with Spravato, blood pressure should be reassessed at approximately 40 minutes and subsequently as clinically warranted. **Recommended dosing for Spravato in adults ≥65 years with treatment-resistant Major Depressive Disorder - Induction phase, Weeks 1-4:** Starting day 1 dose: 56 mg. Subsequent doses: 56 mg or 84 mg twice a week. **Maintenance phase, Weeks 5-8:** 56 mg or 84 mg once weekly. **From Week 9:** 56 mg or 84 mg every 2 weeks or once weekly. **Recommended dosing for Spravato in adults ≥65 years with treatment-resistant Major Depressive Disorder - Induction phase, Weeks 1-4:** Starting day 1 dose: 28 mg. Subsequent doses: 28 mg. **From Week 5:** 28 mg or 56 mg twice a week. **Maintenance phase, Weeks 5-8:** 28 mg, 56 mg or 84 mg once weekly. **From Week 9:** 28 mg, 56 mg or 84 mg every 2 weeks or once weekly. (*All dose changes should be in 28 mg increments.) Evidence of therapeutic benefit should be evaluated at the end of induction phase to determine need for continued treatment. The need for continued treatment should be reassessed periodically. After depressive symptoms improve, treatment is recommended for at least 6 months. **Acute short-term treatment of psychiatric emergency due to Major Depressive Disorder - Recommended dosage of Spravato for adult patients (<65 years)** is 84 mg twice per week for 4 weeks. Dosage reduction to 56 mg should be made based on tolerability. After 4 weeks of treatment with Spravato, the oral antidepressant (AD) therapy should be continued, per clinical judgement. Patients should be advised not to eat for at least 2 hours before administration and not to drink liquids at least 30 minutes prior to administration. Patients who require a nasal corticosteroid or nasal decongestant on a dosing day should be advised not to administer these medicinal products within 1 hour before Spravato administration. Patients who have missed treatment session(s) during the first 4 weeks of treatment should continue with their current dosing schedule. For patients with treatment-resistant Major Depressive Disorder who miss treatment session(s) during maintenance phase and have worsening of depression symptoms, per clinical judgement, consider returning to the previous dosing schedule. Efficacy of Spravato in Japanese patients has been studied, but not established. **Method of administration:** For nasal use only. Do not prime before use. **CONTRAINDICATIONS:** Hypersensitivity to the active substance, ketamine, or to any of the excipients listed in the full prescribing information. Patients for whom an increase in blood pressure or intracranial pressure poses a serious risk: Patients with aneurysmal vascular disease (including intracranial, thoracic, or abdominal aorta, or peripheral arterial vessels). Patients with history of intracerebral hemorrhage. Recent (within 6 weeks) cardiovascular event, including myocardial infarction (MI). **SPECIAL WARNINGS & PRECAUTIONS:** **Suicide/suicidal thoughts or clinical worsening:** Effectiveness of Spravato in preventing suicide or in reducing suicidal ideation or behaviour has not been demonstrated. Use of Spravato does not preclude the need for hospitalization if clinically warranted, even if patients experience improvement after an initial dose of Spravato. Close supervision of patients especially in early treatment and following dose changes. Patients and caregivers should be alerted to the need to monitor for any clinical worsening, suicidal behaviour or thoughts and unusual changes in behaviour and to seek medical advice immediately if these symptoms present. Patients with a history of suicide-related events or those exhibiting a significant degree of suicidal ideation prior to commencement of treatment are known to be at greater risk of suicidal thoughts or suicide attempts and should receive careful monitoring during treatment. **Neuropsychiatric and motor impairments:** Spravato has been reported to cause somnolence, sedation, dissociative symptoms, perception disturbances, dizziness, vertigo and anxiety during the clinical trials. At each treatment session, patients should be monitored under the supervision of a healthcare professional to assess when the patient is considered stable based on clinical judgement. **Respiratory depression:** Respiratory depression may occur at high doses following rapid intravenous injection of esketamine or ketamine when used for anaesthesia. Close monitoring is required for sedation and respiratory depression. **Effect on blood pressure:** Spravato can cause transient increases in systolic and/or diastolic blood pressure which peak at approximately 40 minutes after administration of the medicinal product and last approximately 1-2 hours. A substantial increase in blood pressure could occur after any treatment session. Spravato is contraindicated in patients for whom an increase in blood pressure or intracranial pressure poses a serious risk. Before prescribing Spravato, patients with other cardiovascular and cerebrovascular conditions should be carefully assessed to determine whether the potential benefits of Spravato outweigh its risks. In patients whose blood pressure prior to dose administration is judged to be elevated, it is appropriate to adjust lifestyle and/or pharmacologic therapies to reduce blood pressure before starting treatment with Spravato. If blood pressure is elevated prior to Spravato administration a decision to delay Spravato therapy should take into account the balance of benefit and risk in individual patients. Blood pressure should be monitored after dose administration. Blood pressure should be measured around 40 minutes post-dose and subsequently as clinically warranted until values decline. If blood pressure remains elevated for a prolonged period of time, assistance should promptly be sought from practitioners experienced in blood pressure management. Patients who experience symptoms of a hypertensive crisis should be referred immediately for emergency care. **Patients with clinically significant or unstable cardiovascular or respiratory conditions:** Only initiate treatment with Spravato in patients with clinically significant or unstable cardiovascular or respiratory conditions if the benefit outweighs the risk. Spravato should be administered in a setting where appropriate resuscitation equipment and healthcare professionals with training in cardiopulmonary resuscitation are available. Refer to the full prescribing information for examples of conditions. **Drug abuse, dependence, withdrawal:** Individuals with a history of drug abuse or dependence may be at greater risk for abuse and misuse of Spravato. Prior to prescribing Spravato, each patient's risk for abuse or misuse should be assessed and patients receiving esketamine should be monitored for the development of behaviours or conditions of abuse or misuse, including drug seeking behaviour, while on therapy. Dependence and tolerance have been reported with prolonged use of ketamine. In individuals who were dependent on ketamine, withdrawal symptoms of cravings, anxiety, shaking, sweating and palpitations have been reported upon discontinuing ketamine. Ketamine, the racemic mixture of arketamine and esketamine, is a medicinal product that has been reported to be abused. The potential for abuse, misuse and diversion of Spravato is minimised due to the administration taking place under the direct supervision of a healthcare professional. Spravato contains esketamine and may be subject to abuse and diversion. **Other populations at risk:** Use with caution in patients with the following conditions. These patients should be carefully assessed before prescribing Spravato and treatment initiated only if the benefits outweigh the risk: (i) Presence or history of psychosis (i) Presence or history of psychosis (ii) Hypertension (iii) History of seizure (iv) History of brain injury, hypertensive encephalopathy, intrathecal therapy with ventricular shunts, or any other condition associated with increased intracranial pressure. **Elderly (65 years of age and older):** May have a greater risk of falling once mobilised, therefore, these patients should be carefully monitored. **Severe hepatic impairment:** Due to expected increase in exposure and lack of clinical experience, Spravato is not recommended in patients with Child-Pugh class C (severe) hepatic impairment. Hepatotoxicity has been reported with chronic ketamine use, so the potential for such an effect due to long-term use of Spravato cannot be excluded. **Urinary tract symptoms:** Urinary tract and bladder symptoms have been reported with Spravato use. Recommended to monitor for urinary tract and bladder symptoms during the course of treatment and refer to an appropriate healthcare provider when symptoms persist. **SIDE EFFECTS:** The most commonly observed adverse reactions in treatment-resistant depression patients treated with Spravato were dizziness, nausea, dissociation, headache, somnolence, vertigo, dysgeusia, hyposmia, and vomiting. Refer to the full prescribing information for other side effects. **PREGNANCY & LACTATION:** Spravato is not recommended during pregnancy and in women of childbearing potential not using contraception. There are no or limited data on the use of esketamine in pregnant women. If a woman becomes pregnant while being treated with Spravato, treatment should be discontinued, and the patient should be counselled about the potential risk to the foetus and clinical/therapeutic options as soon as possible. It is unknown whether esketamine is excreted in human milk. A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from Spravato therapy taking into account the benefit of breast feeding for the child and the benefit of therapy for the woman. **INTERACTIONS:** Concomitant use of Spravato with CNS depressants (e.g., benzodiazepines, opioids, alcohol) may increase sedation, which therefore should be closely monitored. Blood pressure should be closely monitored when Spravato is used concomitantly with psychostimulants (e.g., amphetamines, methylphenidate, modafinil) or other medicinal products that may increase blood pressure (e.g., xanthine derivatives, ergometrine, thyroid hormones, vasopressin, or MAOIs, such as, tranylcypromine, selegiline, phenelzine). PLEASE REFER TO FULL PRESCRIBING INFORMATION BEFORE PRESCRIBING. Spravato aPl ver.2.0.

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Glucophage XR

Concor[®]
Bisoprolol fumarate



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- **Glucophage XR**: Gelshield diffusion technology (unique) to reduce GI upset¹¹⁻¹²



CAD: coronary artery disease, CHF: chronic heart failure, HTN: hypertension, GI: Gastrointestinal

References: 1. OIBIS-II Investigators and Committees (1999) The Lancet;353:9-13; 2. UK Prospective Diabetes Study (UKPDS) Group (1998) Lancet 352(9131):854-65; 3. Concor HK Prescribing Information. Approved Jul 2016; 4. Glucophage XR Prescribing Information Version: Jun 2018; 5. Dorow P, et al. (1986) Eur J Clin Pharmacol, 31, 143-147; 6. Chatterjee SS (1986) J Cardiovasc Pharmacol 8(11):74-77; 7. Asmar RG, Kerhuel JC, Girend XJ et al., (1991), Am J Cardiol, 68 (1), 61-64; 8. Fogari R, et al. (1990) J Cardiovasc Pharmacol, 16 Suppl 5, S76-80; 9. Janka HU, et al. (1986), J Cardiovasc Pharmacol, 8 Suppl 11, S96-99; 10. Broekman CP, et al. (1992), J Sex Marital Ther, 18(4), 325-331; 11. Timmins P. (2005) Clin Pharmacokinet 44:721-9; 12. Blonde et al., (2004) Curr Med Res Opin 20:565-72.

Products: Concor 2.5mg, Concor 5mg film-coated tablets for oral use containing 2.5mg & 5mg bisoprolol fumarate, respectively. Indications: 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. 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 for 2nd week, 3.75 for 3rd week, 5.4th to 7th week, 7.5 for 8th to 11th week, 10mg for 12th week and beyond, once daily) 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 phase, 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: hypertension or angina pectoris and accompanying heart failure; bronchospasm (bronchial asthma, obstructive airways disease; diabetes mellitus; symptoms of hypoglycemia can be masked; strict fasting; ongoing desensitization therapy; first degree AV block; Prinzmetal's angina; peripheral arterial occlusive disease; phaeochromocytoma. Patients with psoriasis or with a history of psoriasis. Symptoms of thyrotoxicosis may be masked. In patients undergoing general anesthesia, the anesthetist 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. Treatment of stable chronic heart failure with bisoprolol has to be initiated with a special titration phase. Especially in patients with coronary heart disease, the cessation of therapy with bisoprolol must not be done abruptly unless clearly indicated. There is no therapeutic experience in Concor in patients with NYHA class II heart failure, 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: mifepristone, monoamine oxidase inhibitors. Pregnancy and lactation: During pregnancy Concor is only recommended following careful assessment of benefit-to-risk ratio by the doctor. Use of bisoprolol not recommended during breastfeeding. 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, depression, sleep disorders, asthenia, orthostatic hypotension, in patients with hypertension or angina pectoris: worsening of pre-existing heart failure, bradycardia. Rare: increased triglycerides, increased liver enzymes (ALAT, ASAT), syncope, reduced tear flow, hearing disorders, allergic rhinitis, hypersensitivity reactions such as itching, flush, rash, hepatitis, erectile dysfunction, 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. Validity Code: February 2019

Glucophage XR 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 antidiabetic 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 <30 mL/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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Pioneering mRNA for over a decade

Moderna has been advancing its mRNA platform and pipeline of medicines for more than 10 years

New medicines on the horizon

Currently, **Moderna has 48 mRNA programs in its pipeline** and 35 development candidates in active clinical trials

Empowering scientists

mRNA access, a global program launched by Moderna, helps to build a community of scientists who can access our mRNA technology in order to develop new medicines and vaccines

- Successful reductions in HbA_{1c}^{3,4}
- Significantly lower risk of hypoglycaemia versus glargine U100⁵⁻⁷
- Flexibility in day-to-day dosing time when needed¹
- 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#}



TRE-D-20730402



ELIQUIS™

THE SAFER CHOICE^{1,2^}

#1 NOAC Globally^{3-5#}

Choose both **efficacy** and **safety**
with ELIQUIS™

- The only NOAC to offer both **superior risk reduction in stroke/SE and major bleeding** over warfarin in NVAF^{1,2^}
- **Continued efficacy, with favorable bleeding profile** regardless of bleeding endpoint, for the treatment of DVT/PE^{6†}

¹ There are no head-to-head trials comparing NOACs

² Accounting for more patient treatment days prescribed* around the world than any other OAC within NVAF & VTE indications**

³ Patient treatment days prescribed estimated based on the latest six month period, (QVIA MIDAS Q3 20 Sell-in/Sell-out data, Standard Units divided by recommended administration of each NOAC within 24 hours.

⁴ Apixaban BID, dabigatran BID, edoxaban QD, rivaroxaban QD, VKA drugs treatment days estimated based on standard units divided by QVIA MIDAS Medical average daily dose

⁵ Indications accounted for by factoring standard unit volume based on QVIA medical audit data and relevant WHO ICD10 codes

[#] ELIQUIS™ provided significant risk reduction across all types of bleeding vs enoxaparin/warfarin in patients treated for DVT/PE†

BID, twice daily; DVT, deep vein thrombosis; ICD, International Statistical Classification of Diseases and Related Health Problems; NOAC, non-vitamin K antagonist oral anticoagulant; NVAF, non-valvular atrial fibrillation; OAC, oral anticoagulant; PE, pulmonary embolism; QD, once daily; SE, systemic embolism; VKA, vitamin K antagonist; VTE, venous thromboembolism; WHO, World Health Organization

References: 1. Granger CB, et al. *N Engl J Med* 2011;365:981-992. 2. Ruff CT, et al. *Lancet* 2014;383:955-962. 3. QVIA MIDAS Sales Data Q3'20 Sell-in/Sell-out data. 4. QVIA MIDAS Summary and Detailed Medical Data Q3'20. 5. NOAC recommended administration within 24 hour period (Apixaban BID, dabigatran BID, edoxaban QD, rivaroxaban QD). 6. Agnelli G, et al. *N Engl J Med* 2011;369:799-808.

ELIQUIS ABBREVIATED PACKAGE INSERT 1. **TRADE NAME:** ELIQUIS 2. **PRESENTATION:** 2.5mg and 5mg film-coated tablets. 3. **INDICATIONS:** Prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation (NVAF), with one or more risk factors, such as prior stroke or transient ischaemic attack (TIA); age ≥ 75 years; hypertension; diabetes mellitus; symptomatic heart failure (NYHA Class ≥ II). Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and prevention of recurrent DVT and PE in adults. For 2.5mg only – Prevention of venous thromboembolic events (VTE) in adult patients who have undergone elective hip or knee replacement surgery. 4. **DOSAGE:** Prevention of stroke and systemic embolism in patients with non-valvular atrial fibrillation (NVAF): 5 mg twice daily. 2.5 mg twice daily in patients with NVAF and at least two of the following characteristics: age ≥ 80 years, body weight ≤ 60 kg, or serum creatinine ≥ 1.5 mg/dL (133 micromoles/L). Treatment of DVT, PE and prevention of recurrent DVT and PE (VTE): 10 mg twice daily for the first 7 days followed by 5mg twice daily. When prevention of recurrent DVT and PE is indicated, the 2.5 mg twice daily dose should be initiated following completion of 6 months of treatment with Eliquis 5 mg twice daily or with another anticoagulant. Prevention of VTE in elective hip or knee replacement surgery: 2.5mg twice daily initiated 12 to 24 hours after surgery. 5. **METHOD OF ADMINISTRATION:** Eliquis should be swallowed with water with or without food. For patients who are unable to swallow whole tablets, Eliquis tablets may be crushed and suspended in water or 5% glucose in water (GSW) and immediately administered orally. Alternatively, Eliquis tablets may be crushed and suspended in 50mL of water or GSW and immediately delivered through a nasogastric tube. Crushed Eliquis tablets are stable in water and GSW for up to 4 hours. 6. **CONTRAINDICATIONS:** Hypersensitivity to the active substance or to any of the excipients. Active clinically significant bleeding. Hepatic disease associated with coagulopathy and clinically relevant bleeding risk. Lesion or condition if considered a significant risk factor for major bleeding. Concomitant treatment with any other anticoagulant agent. 7. **WARNINGS & PRECAUTIONS:** Hemorrhage risk: carefully observed for signs of bleeding. Eliquis should be discontinued if severe hemorrhage occurs. An anti-factor Xa assay may be useful in exceptional situations (e.g. overdose and emergency surgery) where knowledge of apixaban exposure may help to inform clinical decisions. Use of thrombolytic agents for the treatment of acute ischemic stroke: There is very limited experience with the use of thrombolytic agents for the treatment of acute ischemic stroke in patients administered Eliquis. Patients with prosthetic heart valves: Eliquis is not recommended. Surgery and invasive procedures: Eliquis should be discontinued at least 48 hours prior to elective surgery or invasive procedures with a moderate or high risk of bleeding. Eliquis should be discontinued at least 24 hours prior to elective surgery or invasive procedures with a low risk of bleeding. Patients with active cancer: When Eliquis is considered for DVT or PE treatment in cancer patients, a careful assessment of the benefits against the risks should be made. Renal impairment: In patients with creatinine clearance < 15 mL/min, or in patients undergoing dialysis, there is no clinical experience therefore apixaban is not recommended. Hepatic impairment: Not recommended in patients with severe hepatic impairment. Laboratory parameters: Coagulation tests (e.g., prothrombin time (PT), international normalized ratio (INR)), and activated partial thromboplastin time (APTT) are affected as expected by the mechanism of action of apixaban. For 2.5mg - Spinal/epidural anaesthesia or puncture: Patients are to be frequently monitored for signs and symptoms of neurological impairment. Patients with antiphospholipid syndrome: Not recommended for patients with a history of thrombosis who are diagnosed with antiphospholipid syndrome. Overdose of apixaban may result in a higher risk of bleeding in the event of haemorrhagic complications, apixaban must be discontinued. The initiation of appropriate treatment should be considered. 8. **INTERACTIONS:** Eliquis is not recommended in patients receiving concomitant systemic treatment with strong inhibitors of both CYP3A4 and P-gp, such as azole-antifungals and HIV protease inhibitors. Concomitant use of Eliquis with strong CYP3A4 and P-gp inducers (e.g. phenytoin, carbamazepine, phenobarbital) or St. John's Wort may lead to reduced apixaban plasma concentration. No dose adjustment for Eliquis is required but it should be used with caution during concomitant therapy. Eliquis should be used with caution when co-administered with SSRIs/SNRI, NSAIDs, ASA and/or P2Y₁₂ inhibitors as they typically increase bleeding risk. Co-administration with other platelet aggregation inhibitors (e.g. GpIIb/IIIa receptor antagonists, dipyridamol or thienopyridine agents) is not recommended. 9. **PREGNANCY AND LACTATION:** There are no data from the use of apixaban in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity. As a precautionary measure, it is preferable to avoid the use of apixaban during pregnancy. It is unknown whether apixaban or its metabolites are excreted in human milk. A decision must be made whether to discontinue breast-feeding or to discontinue/apixaban from apixaban therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman. 10. **SIDE EFFECTS:** Common: anemia, haemorrhage, epistaxis, haematuria, nausea, confusion and haematoma. (Please refer to the full Prescribing Information for details). References: Eliquis 2.5mg HK Prescribing Information (June 2021) and Eliquis 5mg HK Prescribing Information (September 2021). Date of preparation: January 2022. Identifier number: ELQ112

FULL PRESCRIBING INFORMATION IS AVAILABLE UPON REQUEST

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MANY MIGRAINE NEEDS ONE SIMPLE SOLUTION

Nurtec® 75mg
oral lyophilisate
(rimegepant)

NURTEC — the first and only medicine to **TREAT** and **PREVENT** migraine attacks

NURTEC is indicated for the¹:

- Acute treatment of migraine with or without aura in adults;
- Preventive treatment of episodic migraine in adults who have at least 4 migraine attacks per month.



Works Quickly Within an Hour^{1,2}

Significant improvement in:

- Percent of patients achieving pain freedom at 2 hours^{1*}
- Percent of patients with pain relief at 60 minutes^{2†}



Provides Sustained Relief for Up to 48 Hours²

Significant improvement in percent of patients with sustained pain freedom from 2 to 48 hours^{2‡}



Reduces Monthly Migraine Days³

Significant reduction in monthly mean migraine days at Weeks 9-12^{3§}



Adverse Event Profile Similar to Placebo²

The most common adverse reaction was nausea for acute treatment (2.0%) and migraine prophylaxis (2.7%)^{2,3}

Hypersensitivity to NURTEC was seen in less than 1% of subjects¹



With NURTEC, dosing is simple. Treat and prevent with the same NURTEC 75 mg orally dissolving tablet.¹

¹21.2% of patients taking NURTEC achieved pain freedom at 2 hours vs 10.9% on placebo.¹

²36.8% of patients taking NURTEC had pain relief at 60 minutes vs 31.2% on placebo.²

³42.2% of patients taking NURTEC had pain relief sustained up to 48 hours vs 25.2% with placebo.²

⁴Monthly migraine days (MMDs) for patients taking NURTEC reduced by 4.3 vs a reduction of 3.5 MMDs with placebo.³

⁵Acute treatment: taken as needed up to once daily. Preventive treatment: taken every other day. The maximum dose per day is 75 mg rimegepant.¹

References:

1. NURTEC (rimegepant) Prescribing Information. Pfizer Corporation Hong Kong Limited: Version November 2022. 2. Croop R, Goadsby PJ, Stock DA, et al. Efficacy, safety, and tolerability of rimegepant orally disintegrating tablet for the acute treatment of migraine: a randomised, phase 3, double-blind, placebo-controlled trial. *Lancet*. 2019;394(10200):737-745. 3. Croop R, Lipton RB, Kudrow D, et al. Oral rimegepant for preventive treatment of migraine: a phase 2/3, randomised, double-blind, placebo-controlled trial. *Lancet*. 2021;397(10268):51-60.

Scan the QR code or type the URL in your browser to find the full Prescribing Information of NURTEC:



www.pfi.sr/Ujh

The QR code/URL links to the latest Prescribing Information approved by the Department of Health in Hong Kong and may not be effective and the same as presented in the actual product package.

For healthcare professionals only



25

JUNE
2023

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