Hong Kong Primary Care Conference 2016

A Flourishing Community - Our Vision in Primary Care

Hong Kong Primary Care Conference
The Hong Kong College of Family Physicians

4 - 5 June 2016 (Saturday - Sunday)

PROGRAMME BOOK

Cover Design Concept: Dr. SHEK Hon Wing

"A Flourishing Community – Our Vision in Primary Care" is the main theme of HKPCC 2016. The idea is based on the internationally esteemed psychologist Martin Seligman's theory on positive psychology and his vision of achieving a positive or "flourishing community". The dictionary definition of "flourish" generally means to grow in a healthy way. In order to be flourishing, there should be a combination of high levels of emotional well-being, psychological well-being and social well-being based on positive psychology.

This book cover design is created with regard to the above concept. It is composed of three elements. The first element is the background forest, which represents our target community that needs to be flourished. The second element is the center watermill, which represents the important role of family physician as gate-keeper. Watermill can continuously generate positive energy, which symbolizes family physician's character and continuity of care. The third element is the circulating water droplets generated by the watermill and distributing to the surrounding for moisturization. The various symbols inside the water droplets represent different important aspects (physical, emotional, psychological, social) that we need to look into and enhance the quality of our community. With this vision, our community will be flourished luxuriantly.

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Welcome Message

On behalf of the Organizing Committee, I am delighted to welcome you all to the 6th Hong Kong Primary Care Conference (HKPCC) of the Hong Kong College of Family Physicians (HKCFP) to be held on 4th - 5th June 2016.

"A Flourishing Community – Our Vision in Primary Care" is the overarching theme of this year's conference. It explores interesting themes and topics that will inspire us to achieve this challenging vision in primary care. We are honored to have distinguished international and local plenary speakers who will enlighten us with their perspectives on this vision. Our international plenary speaker, the incumbent WONCA President Professor Michael Kidd will highlight the renewed focus on universal health coverage and its impact on family doctors and other members of primary care team in working towards achieving flourishing communities - our global vision for primary care. Professor Sophia Chan, Under Secretary for Food and Health (HKSAR) will illuminate us on primary care development in Hong Kong, including the government's continued commitment towards facilitating the provision of integrated healthcare delivery system for holistic patient-centered care through various public-private partnership models and community collaborations. Professor Lam Tai Pong will ignite us on future developments of Family Medicine in Hong Kong with the importance of strengthening the mindset and training of doctors on core values of Family Medicine in providing cost-effective yet whole person care approach.

Once again, this conference will continue to be a fertile platform for networking opportunities and collaboration among different experts, family physicians, nurses and allied health practitioners in addressing present and future challenges of health care. In addition to the exciting showcase of plenary sessions, workshops, seminars, poster and oral presentations, we will continue the well-received full paper, poster, oral and clinical case competitions – all of these have become our hallmark in this annual event.

Last but not least, I would like to take this opportunity to express my deep gratitude to all the speakers and facilitators for their valuable support; sponsors for their generous sponsorship, and all the hardworking members of the Organizing Committee and Conference Secretariat for their commitment towards ensuring the success of this event. I am confident that this conference will once again be a fruitful and memorable experience for you all!

Dr. Lorna NG
Chairperson, Organizing Committee
Hong Kong Primary Care Conference 2016

HKPCC
Hong Kong Primary Care Conference
The Hong Kong College of Family Physicians

Organizing Committee

Chairperson	:	Dr. Lorna NG
Vice-Chairman	:	Dr. William C.W. WONG
Advisors	:	Dr. Angus M.W. CHAN
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		Dr. SZE Pui Ka
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Nurse Planner	:	Ms. Samantha Y.C. CHONG
Nurse Planner and Venue Coordinator	:	Ms. Margaret C.H. LAM
Conference Secretariat	:	Ms. Cherry Y.C. CHAN
		Ms. Natalie T.Y. HO
		Ms. Teresa D.F. LIU
		Ms. Erica M. SO
		Ms. Carmen K.M. TONG
		Ms. Wing YEUNG
		Ms. Crystal W.Y. YUNG

Message From President

Primary Care is extremely important to any healthcare system in the world. The research evidence by the late Prof. Barbara Starfield shows that a greater emphasis in a country on Primary Care and Family Medicine can be expected to lower the cost of care, improve health through access to more appropriate services and reduce the inequities in a population of health. The ultimate goal of Primary Care is better health for all. Family Physicians, nurses and other allied professionals are the pillars to achieve this goal.

This is the 6th Hong Kong Primary Care Conference and the organizing committee has chosen "A Flourishing Community - Our Vision in Primary Care" as the main theme to address present and future development in Hong Kong and worldwide.

We are privileged to have Prof. Michael Kidd, President of the World Organization of Family Doctors (WONCA), Prof. Sophia Chan, Under Secretary for Food and Health, Hong Kong SAR and Prof. Lam Tai Pong, Professor, Department of Family Medicine and Primary Care, The University of Hong Kong to deliver three high power plenary lectures, namely "Flourishing Communities - How do we Achieve our Global Vision for Primary Care", "Primary Care Development in Hong Kong" and "Future developments of Family Medicine in Hong Kong" respectively. This year we even have two workshops on Communication Skills in Putonghua to address local and Greater China participants.

Last but not least, I must thank Dr. Lorna Ng and her most committed organizing committee and secretariat for their hard work to make this Conference possible and successful.

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

Congratulatory Message

I extend my warmest congratulations to the Hong Kong College of Family Physicians on organising the Primary Care Conference 2016. The College has always been an unfailing partner to the Hong Kong SAR Government in the implementation of primary care initiatives.

Primary Care is the key to the foundation of effective healthcare systems today. It provides comprehensive, continuing, coordinated and person-centred first contact care to the people. In view of an ageing population and a high prevalence of chronic illness in older adults, we need to strengthen primary health care. In 2010, the Strategy Document on Primary Care Development in Hong Kong was published, setting out the major strategies to enhance primary care in the community, in particular to promote the concept of family doctor and a multi-disciplinary approach involving inter-sectoral collaboration among different healthcare professionals. Following the direction laid down by the Strategy Document, the Government has been enhancing primary care in Hong Kong through different initiatives. Among other things, we will continue to promote the family doctor concept and engage private healthcare service providers in the community through public-private partnership programmes to sustain the previous efforts made.

The College has all along been taking a pivotal role in enhancing and developing family medicine in Hong Kong. The Hong Kong Primary Care Conference 2016 would certainly be, as in previous years, a platform for continuous professional development, bringing together experts, clinicians and healthcare professionals in addressing present and future challenges in primary care. I wish the Conference every success and all participants an informative and fruitful learning experience.

Dr. KO Wing Man, BBS, JP
Secretary for Food and Health, HKSARG

Congratulatory Message

On behalf of the Hong Kong Academy of Medicine, it is my great pleasure to extend our heartiest congratulations to the Hong Kong College of Family Physicians for hosting the Hong Kong Primary Care Conference 2016 from 4 to 5 June, 2016, and the Organizing Committee for an excellent job in putting together a relevant and well-structured programme.

The theme of this year's conference, "A Flourishing Community – Our Vision in Primary Care", will provide an excellent platform for collaboration and networking to address the challenges facing primary care physicians.

Community engagement is of great value in health systems. Health care advocates and leaders often vehemently espouse the notion of community engagement and promise to make public participation a vital component of their developmental work and decision-making to achieve the goal of having healthier people and communities. Community participation in the development of health-related policies is important in order to ensure that health services are developed in ways that are appropriate to local needs. Policies that ensure comprehensiveness, continuity and person-centeredness services are critical to better health outcomes. They all depend on a trusting, long-term personal relationship between patients and the professionals at their entry point to the health system.

Quality primary care physicians practising family medicine require regular updating of skills and knowledge. I am sure this Conference will be a huge success in demonstrating the importance of primary care and the public health system. I look forward to joining leading experts and family physicians at the Conference. May I wish the Conference a great success and all participants a most fruitful gathering.

With warmest regards,

Dr. Donald K.T. LI
President
Hong Kong Academy of Medicine

Congratulatory Message

It is my great pleasure to congratulate the Hong Kong College of Family Physicians on organising the Hong Kong Primary Care Conference 2016.

As a close and important partner of the Primary Care Office of the Department of Health in promoting primary care and the family doctor concept, the College has been all along playing a pivotal role in training of family medicine specialists and supporting professional development of primary care doctors.

Coordinated and comprehensive care is often advocated as important elements of high quality family medicine. Thus, it is of paramount importance for different primary care professionals to share, exchange and keep abreast of the latest development in primary care, with a view to enhancing the cooperation and patient management. With the great success of the previous five Primary Care Conferences, the Conference has already become a hallmark for enlightening its participants.

I am sure that, taking the theme of "A Flourishing Community - Our Vision in Primary Care", HKPCC 2016 would be an invaluable occasion for bringing together family physicians, nurses and allied health professionals to promote collaborative and networking experiences. This would undoubtedly address both present and future challenges in primary care.

May I wish the conference every success and all the participants a fruitful experience.

Dr. Monica WONG
Head, Primary Care Office
Department of Health, HKSARG

Congratulatory Message

Many congratulations to the Hong Kong College of Family Physicians and the Organizing Committee for leading the Hong Kong Primary Care Conference (HKPCC) from strength to strength. The theme "A Flourishing Community – Our Vision in Primary Care" is very inspiring. It reflects the system thinking of family doctors and other primary care professionals. The ultimate of primary care is to maximize the health potential of individuals so they can achieve the best possible quality of life and fulfil their roles in the community. I look forward to learning from the three world and local leading experts in primary care on how we can work together to serve our community better. I am impressed by the wide range of workshops, symposia and paper sessions. The paper competitions are excellent ways to stimulate research among our new generation of family doctors and primary care workers. I am sure everyone will become wiser, learn something new and have a lot of fun in the 2016 Hong Kong Primary Care Conference.

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

Congratulatory Message

This year Primary Care Conference of the HK College of Family Physicians has an important theme – "A Flourishing Community - Our Vision in Primary Care". With the increase in the number of people with chronic conditions, primary care services that are based in the community and close to people's home are the best way to provide first contact, continuing and coordinated care for people who often prefer to receive their care in the community.

Hong Kong's population is ageing, and it is increasingly common for people to have multiple chronic conditions with complex health needs. Helping people with complex bio-psycho-social needs requires a multidisciplinary team of caring healthcare professionals working together to provide holistic care for patients. By uniting efforts and working with various primary care partners in the community to provide accessible person centred primary care, we can ensure that better population health is achieved.

I congratulate the College in choosing this important theme and inviting a range of excellent speakers with diverse backgrounds and experiences. I am sure this will be an enriching two days for all attending and I wish you all every success in establishing further partnerships for health in the community in the future.

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

香港中文大學 CUHK
賽馬會公共衞生及基層醫療學院
The Jockey Club School of Public Health and Primary Care

Conference Information

Organized by: The Hong Kong College of Family Physicians
Date: 4-5 June 2016 (Saturday - Sunday)
Venue: Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong
Official Language: English

CME/ CPD / CNE Accreditation:

Accreditation for HKPCC 2016

College/Programme	For the whole function	4/6/2016 Whole Day	5/6/2016 Whole Day	CME/CPD Category
Anaesthesiologists	11.34	5.17	6.17	Non-Ana passive
Community Medicine	10	5	6	
Dental Surgeons		5	6	Cat. B
Emergency Medicine		5	6	PP
Family Physicians	10	5	5	Cat. 5.2
Obstetricians & Gynaecologists	10	5	5	Non-OG
Ophthalmologists	5.5	2.5	3	Passive (Active for speakers)
Orthopedic Surgeons		5	5	Cat. C
Otorhinolaryngologists	5.5	2.5	3	Cat. 2.2
Paediatricians	9	4	5	Cat A
Pathologists		3	3.5	PP
Physicians		3	3	
Psychiatrists	11	5	6	PP/OP
Radiologists		5	6	Cat. B
Surgeons	11	5	6	Passive
MCHK CME Programme	10	5	5	Passive (Accredited by HKAM)
CNE (For Nurse)	10	5	5	

Conference Secretariat

Tel No.: (852) 2871 8899
Fax No.: (852) 2866 0616
Email: hkpcc@hkcfp.org.hk
Contact Person: Ms. Crystal YUNG / Ms. Erica SO / Ms. Teresa LIU / Ms. Carmen TONG / Ms. Wing YEUNG / Ms. Natalie HO / Ms. Cherry CHAN
Contact Person for CME / CPD / CNE: Ms. Crystal YUNG / Ms. Wing YEUNG
Supported by: HKCFP Foundation Fund

Acknowledgement

The organizing committee wishes to express our most sincere thanks to all parties who have helped to make the Hong Kong Primary Care Conference 2016 a successful one.

Officiating Guests

Prof. Sophia S.C. CHAN, JP
Under Secretary for Food and Health, Food and Health Bureau, HKSARG

Prof. Michael KIDD AM
President, World Organization of Family Doctors (WONCA);
Executive Dean & Matthew Flinders Distinguished Professor; Faculty of Medicine, Nursing and Health Sciences, Flinders University

Dr. KO Wing Man, BBS, JP
Secretary for Food and Health, Food and Health Bureau, HKSARG

Prof. LAM Tai Pong
Assistant Dean (Clinical Curriculum and Assessment), Faculty of Medicine;
Professor and Chief of Postgraduate Education, Department of Family Medicine & Primary Care, The University of Hong Kong

Dr. Donald K.T. LI
Honorary Treasurer, WONCA World Executive Council;
President, Hong Kong Academy of Medicine

Plenary Speakers

Prof. Sophia S.C. CHAN, JP
Under Secretary for Food and Health, Food and Health Bureau, HKSARG

Prof. Michael KIDD AM
President, World Organization of Family Doctors (WONCA);
Executive Dean & Matthew Flinders Distinguished Professor; Faculty of Medicine, Nursing and Health Sciences, Flinders University

Prof. LAM Tai Pong
Assistant Dean (Clinical Curriculum and Assessment), Faculty of Medicine;
Professor and Chief of Postgraduate Education, Department of Family Medicine & Primary Care, The University of Hong Kong

Seminar Speakers

Mrs. Francis L.Y. AU IP
Registered Psychologist (Clinical Psychology), The Hong Kong Psychological Society;
Chief Programme Officer (Parenting Programme), Family Health Service, Department of Health, HKSARG

Dr. Sammy K.W. CHENG
Registered Clinical Psychologist, The Hong Kong Psychological Society;
Immediate Past President, The Hong Kong Psychological Society (2014-15);
Honorary Assistant Professor, LKS Faculty of Medicine, The University of Hong Kong

Prof. Nancy W.Y. LEUNG
Specialist in Gastroenterology and Hepatology;
Honorary Clinical Professor, The Chinese University of Hong Kong;
Honorary Consultant, The Family Planning Association of Hong Kong

Ms. Elizabeth Y.T. LEUNG
Clinical Dietitian, Queen Mary Hospital, Hospital Authority;
Registered Dietitian, The College of Dietitians of Ontario

Dr. John SO
Honorary Clinical Assistant Professor, Department of Psychiatry, The University of Hong Kong

Workshop and Interest Group Speakers

Dr. CHOW Wing Sun
Deputy Director, KK Leung Diabetes Centre;
Consultant, Division of Endocrinology, University Department of Medicine, Queen Mary Hospital, Hospital Authority

Dr. Andrew K.K. IP
President, The Hong Kong Institute of Musculoskeletal Medicine;
Past President, The Hong Kong College of Family Physicians;
Honorary Clinical Associate Professor, Department of Family Medicine and Primary Care, The Chinese University of Hong Kong

Prof. Michael KIDD AM
President, World Organization of Family Doctors (WONCA);
Executive Dean & Matthew Flinders Distinguished Professor; Faculty of Medicine, Nursing and Health Sciences, Flinders University

Dr. Dana S.M. LO
Specialist in Family Medicine;
Senior Medical Officer, University Health Service, The Hong Kong Polytechnic University

Ms. NGAN Hau Lan
Nurse Consultant (Wound & Stoma Care), Kowloon East Cluster, Hospital Authority

Dr. Emily T.Y. TSE
Associate Consultant in-charge, Kennedy Town Jockey Club General Out-patient Clinic;
Sai Ying Pun DM Joint Clinic Co-ordinator from 2008 – 2015, Hospital Authority

Ms. Karen K.C. WONG
Advanced Practice Nurse (Diabetes Nurse), KK Leung Diabetes Centre, Department of Medicine, Queen Mary Hospital, Hospital Authority

Discussion Forum Speakers

Ms. Nancy H.Y. NG
Advanced Practice Nurse, Department of Medicine and Geriatrics, United Christian Hospital, Hospital Authority

Dr. Jeffrey S.C. NG
Associate Consultant, Department of Medicine, Haven of Hope Hospital, Hospital Authority

Dr. YAU Lai Mo
Associate Consultant, Department of Family Medicine and Primary Health Care, United Christian Hospital, Hospital Authority;

Symposia Speakers

Dr. Peter J. LIN
Director of Primary Care Initiatives, Canadian Heart Research Centre;
Medical Director, LinCorp Medical Inc.

Dr. Terence C.C. TAM
Specialist in Respiratory Medicine;
Associate Consultant, Division of Respiratory Medicine, Department of Medicine, Queen Mary Hospital, Hospital Authority

Dr. TSANG Man Wo
Specialist in Endocrinology, Diabetes & Metabolism;
Honorary Associate Professor, Department of Medicine, The University of Hong Kong

Judges of Full, Trainee Research Paper Competition

Prof. LAM Tai Pong
Assistant Dean (Clinical Curriculum and Assessment), Faculty of Medicine;
Professor and Chief of Postgraduate Education, Department of Family Medicine & Primary Care, The University of Hong Kong

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

Judges of Free Paper Competition – Oral Presentation

Dr. Kenny KUNG
Honorary Clinical Assistant Professor, The University of Hong Kong; Honorary Clinical Assistant Professor, The Chinese University of Hong Kong; Specialist in Family Medicine, United Medical Practice

Prof. Samuel Y.S. WONG
Head, Division of Family Medicine and Primary Healthcare, The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong

Judges of Free Paper Competition – Poster Presentation

Prof. Sylvia Y.K. FUNG, B.B.S.
Professor and Senior Advisor to the President, Tung Wah College

Dr. Mary B.L. KWONG
Academy Fellow in Family Medicine;
Specialist in Paediatrics;
Chairman, Resuscitation Council of Hong Kong

Judges of Clinical Case Presentation Competition

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

Ms. Priscilla Y.H. POON
President, Hong Kong Physiotherapy Association;
Cluster Co-ordinator (Physiotherapy), New Territories West Cluster, Hospital Authority

Mr. Jimmy K.W. WONG
President, The Hong Kong Association of Family Medicine and Primary Health Care Nurses

Book Cover Design

Dr. SHEK Hon Wing
Department of Family Medicine and Primary Health Care, Kowloon West Cluster, Hospital Authority

Secretarial Support

Ms. Cherry Y.C. CHAN / Ms. Natalie T.Y. HO
Registration

Ms. Crystal W.Y. YUNG / Ms. Wing YEUNG
Scientific and QA Accreditation

Ms. Teresa D.F. LIU / Ms. Erica M. SO
Exhibition and Advertisement

Ms. Carmen K.M. TONG / Ms. Natalie T.Y. HO
Publication

Ms. Teresa D.F. LIU / Ms. Crystal W.Y. YUNG / Ms. Erica M. SO
Other Details

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Special thanks to
The Shun Tak District of Min Yuen Tong of Hong Kong

Scientific Programme

Hong Kong Primary Care Conference 2016

A Flourishing Community – Our Vision in Primary Care

Time \ Date	4 June 2016 (Sat)			
14:00 - 15:00	**Registration and Welcome Drinks - G/F Exhibition Hall**			
15:00 - 15:30	**Opening Ceremony and Prize Presentations - G/F Pao Yue Kong**			
15:30 - 16:05	**Plenary I**	*Pao Yue Kong (G/F)*	Flourishing Communities - How do we Achieve our Global Vision for Primary Care?	**Speaker: Prof. Michael KIDD AM** Chairperson: Dr. David V.K. CHAO
16:05 - 16:40	**Plenary II**	*Pao Yue Kong (G/F)*	Primary Care Development in Hong Kong	**Speaker: Prof. Sophia S.C. CHAN, JP** Chairperson: Dr. David V.K. CHAO
16:40 - 17:00	**Coffee Break - Exhibition Hall & Foyer (G/F & 1/F)** **Poster Presentation Part 1# - Foyer (1/F)**			
17:00 - 18:30	**GP with Special Interest**	*Function Room 1 & 2 (2/F)*	Musculoskeletal Disorders	**Speakers: Dr. Andrew K.K. IP [Chief Speaker] & Teaching Faculties** Chairperson: Dr. Regina W.S. SIT
	Seminar A	*Lim Por Yen (G/F)*	Clinical Updates on the Management of Anxiety Disorder	**Speakers: Dr. John SO and Dr. Sammy K.W. CHENG** Chairperson: Dr. Catherine X.R. CHEN
	Discussion Forum	*Banquet Room 2 (3/F)*	Innovations in Community Palliative Care	
			Family Physicians' Role in work rehabilitation for patients with cancer	**Speaker: Dr. YAU Lai Mo**
			Supporting patients and family in their preferred place of care - Palliative Home Care Service	**Speaker: Ms. Nancy H.Y. NG**
			Dying-at-home: achievable and manageable	**Speaker: Dr. Jeffrey S.C. NG** Chairperson: Dr. Vienna C.W. LEUNG
	Workshop 1	*Room 903-4 (9/F)*	Insulin Use in Primary Care	**Speakers: Dr. CHOW Wing Sun, Dr. Emily T.Y. TSE and Ms. Karen K.C. WONG** Chairperson: Dr. Catherine P.K. SZE
	Workshop 4 (Part 1)	*Pao Yue Kong (G/F)*	Communication Skills Workshop for Consultation in Putonghua 工作坊（四）- 醫患溝通技能訓練（一）（普通話）	**Speaker: Dr. Dana S.M. LO** Chairperson: Dr. Eva T.K. AU
18:30 - 21:00	**Dinner Symposium**	*Run Run Shaw Hall (1/F)*	1. Current Management of Asthma in Adults	**Speaker: Dr. Terence C.C. TAM**
			2. What's next after Metformin?	**Speaker: Dr. TSANG Man Wo** Chairperson: Dr. Mark S.H. CHAN

Time \ Date	5 June 2016 (Sun)			
8:15 - 9:00	**Registration - G/F Exhibition Hall**			
9:00 - 10:15	**Workshop 2**	*James Kung (2/F)*	Wound Care	**Speaker: Ms. NGAN Hau Lan** Chairperson: Ms. Margaret C.H. LAM
	Seminar B	*Function Room 1 (2/F)*	Dietary Approach to Management of Common Conditions in Primary Care	**Speaker: Ms. Elizabeth Y.T. LEUNG** Chairperson: Mr. Lawrence C.W. FUNG
	Free Paper - Oral Presentation Part 1 #	*Lim Por Yen (G/F)*	Various Speakers	
	Clinical Case Presentation Competition #	*Pao Yue Kong (G/F)*	Various Speakers	
10:15 - 10:35	**Coffee Break - Exhibition Hall & Foyer (G/F & 1/F)** **Poster Presentation Part 2# - Foyer (1/F)**			
10:35 - 11:50	**Workshop 3**	*James Kung (2/F)*	Clinical Leadership	**Speaker: Prof. Michael KIDD AM** Chairperson: Prof. William C.W. WONG
	Seminar C	*Function Room 1 (2/F)*	Updates on Management of Chronic Hepatitis B & C	**Speaker: Prof. Nancy W.Y. LEUNG** Chairperson: Dr. CHAN King Hong
	Free Paper - Oral Presentation Part 2#	*Lim Por Yen (G/F)*	Various Speakers	
	Seminar D	*Pao Yue Kong (G/F)*	Emotional Development in Young Children	**Speaker: Mrs. Francis L.Y. AU IP** Chairperson: Dr. KO Wai Kit
11:50 - 12:30	**Plenary III**	*Pao Yue Kong (G/F)*	Future developments of Family Medicine in Hong Kong	**Speaker: Prof. LAM Tai Pong** Chairperson: Dr. Alvin C.Y. CHAN
12:30 - 14:00	**Lunch Symposium**	*Run Run Shaw Hall (1/F)*	1. Modern Approaches to the Management of Type 2 Diabetes – What is the evidence?	**Speaker: Dr. TSANG Man Wo**
			2. Advancements in DM Management – From Guidelines to Daily Practice	**Speaker: Dr. Peter J. LIN** Chairperson: Dr. Lian H.W. CHENG
14:00 - 15:30	**Workshop 4 (Part 2)**	*Pao Yue Kong (G/F)*	Communication Skills Workshop for Consultation in Putonghua 工作坊（四）- 醫患溝通技能訓練（二）（普通話）	**Speaker: Dr. Dana S.M. LO** Chairperson: Dr. Eva T.K. AU

Active CME/CPD points will be accreditated to presenters.

Disclaimer

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

Saturday, 4 June 2016 • 15:30 – 16:05 • Pao Yue Kong Auditorium

Flourishing Communities – How do we Achieve our Global Vision for Primary Care?

Prof. Michael KIDD AM

FAHMS FHKCFP (Hon) FRACGP
President, World Organization of Family Doctors (WONCA);
Executive Dean & Matthew Flinders Distinguished Professor; Faculty of Medicine, Nursing and Health Sciences, Flinders University

Professor Michael Kidd AM is the current president of the World Organization of Family Doctors (WONCA), the executive dean of the Faculty of Medicine, Nursing and Health Sciences at Flinders University in Australia. He was previously Professor and Head of the Department of General Practice at the University of Sydney and a past president of the RACGP.

He is an elected Fellow of the Australian Academy of Health and Medical Sciences, a council member of Australia's National Health and Medical Research Council, and a director of beyond blue, Australia's national initiative to tackle depression, anxiety and suicide.

Michael has been a frequent visitor to Hong Kong over the past 25 years. In 2004 he was invited to deliver the prestigious Dr. Sun Yat Sen Oration, and in 2006 he was awarded Honorary Fellowship of the HKCFP. In 2009 he was made a Member of the Order of Australia for his services to health care and education.

Background:

In 2000 the nations of the world signed up to the United Nation's Millennium Development Goals and agreed to targets for the next fifteen years to eradicate extreme poverty and hunger, reduce maternal and child mortality and tackle serious infectious disease, ensure all children have access to education, empower women and girls, and ensure the sustainability of our natural environment. Fifteen years later, there have been substantial improvements in several of these areas in many parts of the world but there is still a long way to go. 2015 saw the release by the United Nations of the new Sustainable Development Goals (SDGs). While attaining each of the 17 new goals relies on healthy people in healthy communities, there is only one specific health SDG, to "ensure healthy lives and promote well-being for all at all ages"; in other words, to promote universal health coverage in every nation of the world. How does primary care contribute to this global vision to ensure flourishing communities?

Objectives:

This renewed focus on universal health coverage provides an unprecedented opportunity for primary care, because, unless a nation has a strong system of community-based health care delivery, universal health coverage is not attainable. Family doctors, and other members of primary care teams, have the capacity to work in partnership to ensure the delivery of universal health coverage in all parts of the world. Yet in many parts of the world only a minority of people has access to effective treatment through primary care.

Methods:

This presentation will draw on the work that the World Health Organization (WHO), the World Organization of Family Doctors (WONCA) and other global organizations have been engaged in around the world over recent years to strengthen primary health care and ensure universal health coverage.

Results:

This work has highlighted the importance of strengthening primary health care and multidisciplinary team approaches to community-based health care delivery in each country of the world.

Conclusions:

Participants will receive a global perspective on why strengthening primary health care is the most viable way to close the treatment gap and ensure that all people in all communities get access to the health care they need.

Primary Care Development in Hong Kong

Prof. Sophia S.C. CHAN, JP

MEd (Manc), MPH (Harvard), PhD (HK), FFPH (RCP)(UK), FAAN
Under Secretary for Food and Health, Food and Health Bureau,
Hong Kong Special Administrative Region Government

Sophia Chan is Under Secretary for Food and Health in Hong Kong. Before joining the Government, she was a Professor in Nursing, Head of the School of Nursing and Director of Research at HKU. She was also an Assistant Dean of the Li Ka Shing Faculty of Medicine of HKU.

*Chan is specialised in the management of tobacco dependency. Her research is internationally recognised; she is awarded a Fellow of the Faculty of Public Health, Royal College of Physicians of United Kingdom, and is the **first** nurse in Hong Kong being awarded the Fellow of the American Academy of Nursing.*

She published extensively in international journals on nursing, tobacco control, and public health and has been invited by the WHO to provide advice and leadership on their tobacco control initiatives.

Her current position involves supporting the Secretary for Food and Health in the setting and priorities of policy objectives and handles Legislative Council business, strengthens working relationship, and engages various stakeholders to solicit support for Government policies and decisions.

Hong Kong's healthcare system, is facing major challenges arising from a rapidly ageing population and the associated pressure of chronic disease. Primary care, as the first point of contact, embraces the provision of continuing, preventive, comprehensive and patient-centred care. Recognising the importance of effective primary care, the Administration published the "Primary Care Development Strategy" document in 2010, setting out the major strategies for strengthening primary care in Hong Kong. The Strategy Document recommended more collaboration and coordination between the public and private healthcare sectors for improving the provision of comprehensive and continuing care, especially that for people with chronic health problems.

In Hong Kong, primary care is mainly provided through the private medical sector. The public system provides primary care through the statutory Hospital Authority's (HA) services targeting at the elderly, low-income group and chronically ill, as well as the Department of Health (DH) which implements preventive public health services, health promotional programmes and other disease prevention and management services. HA and DH share a common goal of facilitating better disease prevention, early detection of health issues, timely intervention and personalized care.

Established under DH in 2010, the Primary Care Office supports, co-ordinates and implements primary care development strategies and actions. Following the directions of the Strategy Document, reference frameworks on hypertension and diabetes as well as specific population group including older adults and children in the primary care settings were promulgated. The Primary Care Directory and a mobile website were launched to facilitate the public to search for suitable primary care providers, covering doctors, dentists and Chinese medicine practitioners. HA has introduced various public-private partnership initiatives, aiming to assist patients to acquire the necessary care in the private sector timely.

Looking into the future, the Government will continue to work with HA and DH to introduce different public-private partnership schemes, building a public-private common healthcare platform involving medical specialists, general practitioners and other disciplines of healthcare professionals, thus facilitating the provision of integrated medical care for patients comprehensively and holistically. Various Community Health Centres (CHCs) comprised of allied health professionals and public-private partnership pilot projects are under planning to provide person-centred, preventive care targeted at families and the community. The Government will continue to support professional development and monitor the ever-changing needs of our population.

Sunday, 5 June 2016 • 11:50 – 12:30 • Pao Yue Kong Auditorium

Future developments of Family Medicine in Hong Kong

Prof. LAM Tai Pong

MBBS (Western Australia), Master of Family Medicine (Monash), PhD (Sydney), MD (Hong Kong), FRACGP, FHKAM (Family Medicine), FRCP (Glas)
Assistant Dean (Clinical Curriculum and Assessment), Faculty of Medicine;
Professor and Chief of Postgraduate Education, Department of Family Medicine & Primary Care, The University of Hong Kong

Professor Lam is the Assistant Dean in Clinical Curriculum and Assessment, Faculty of Medicine and Professor and Chief of Postgraduate Education, Department of Family Medicine & Primary Care, HKU. He was the Editor of the Hong Kong Practitioner (1994-2000) and Co-editor of Asia Pacific Family Medicine (2002-2013).

He was awarded the inaugural HKCFP Best Research Award in 1994 and has published over 140 peer reviewed articles.

Since 2011, he has been appointed a member in World Health Organization's Primary Care Consultation Group for the revision of ICD-10-PHC.

In the 2005 consultative document "Building a Healthy Tomorrow" by the Hong Kong Health and Medical Development Advisory Committee, it was pointed out that problems beyond the patient's physical condition which nevertheless affected his/her long-term health status e.g. psychological problems were seldom dealt with fully. (1) The consequences were that the best health outcomes were not being achieved while time and resources were at times wasted on unnecessary investigations which led to more expenditure.

In order to correct the above deficiencies, the Committee recommended the Government to promote the family doctor concept. One of the important elements of the concept is: the doctor has the mindset and training of managing problems at the primary care level in a holistic way.

While reviewing the achievements of Family Medicine in Hong Kong over the past 10 years, this Plenary will discuss the future developments of Family Medicine as a cost-effective alternative to the present hospital based system. How the core values of Family Medicine in providing primary, comprehensive, whole person, continuing and ambulatory care are practised to deliver high quality personalized medical care. ***It is envisaged that Family Medicine will be developed with its local Hong Kong characteristics, including development of special clinical interests among family physicians.***

References:

1. Health and Medical Development Advisory Committee, Health, Welfare and Food Bureau. Building a healthy tomorrow - Discussion paper on the future service delivery model for our health care. Hong Kong SAR Government, July 2005.

Saturday, 4 June 2016 • 17:00 – 18:30 • Lim Por Yen Lecture Theatre

Clinical Updates on the Management of Anxiety Disorder

Dr. John SO

MBBS(HK), MRCPsych, FHKCPsych, FHKAM (Psychiatry)
Honorary Clinical Assistant Professor, Department of Psychiatry, The University of Hong Kong

Doctor John So is a private practice psychiatrist. He graduated in The University of Hong Kong in 1995 and became the fellow of The Hong Kong College of Psychiatrists and HKAM (Psychiatry) in 2005. He continued his study in the field and received the Best Part III (Dissertation) Candidate Award from Hong Kong College of Psychiatrists, Central Academic Course in 2004. He is the Honorary Clinical Assistant Professor of Department of Psychiatry, University of Hong Kong since 2006.

"A Life Worth Living" leading to a community that flourish. This is indeed a very important motto to keep in mind. Anxiety spectrums disorders, on their own or as co-morbid conditions, have never failed to mar people's quality of life and undermine the expression of their potentials. Within the maze of available treatment options, doctors may find clues from the existing treatment guidelines. As one plods through the latter, it is worth understanding the evidence behind.

This seminar is a clinician's attempt to **summarize the clinical guidelines on Anxiety Disorders, and the evidence for the suggested antidepressants and other pharmacological interventions** for first line and augmented treatments.

Dr. Sammy K.W. CHENG

Ph.D in Clinical Psycholgy(CUHK), MSocSc in Clinical Psychology (HK), B.Soc.Sc. (HK)
Registered Clinical Psychologist, The Hong Kong Psychological Society;
Immediate Past President, The Hong Kong Psychological Society (2014-15);
Honorary Assistant Professor, LKS Faculty of Medicine, The University of Hong Kong

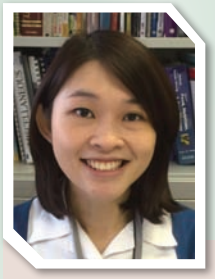
Dr. Cheng has started working as a clinical psychologist since 1994. He currently works in private practice. He was the president of Hong Kong Psychological Society (HKPS) from 2014 to 2015. Dr. Cheng has multiple publications of books and scientific papers on his field. He is currently the member of Advisory Panel of Clinical Psychology Programme (M.So.Sc,) of Department of Psychology, and the Honorary Assistant Professor of Faculty of Medicine, Family Medicine Unit of the University of Hong Kong.

Five-factor model for anxiety disorders: An evidence-based pragmatic psychological treatment.

In Hong Kong, it is estimated that the prevalence of anxiety disorders is over 10%. While psychological treatment such as cognitive behavioral therapy (CBT) has been well recognized as an effective intervention for various kinds of anxiety disorders, still a simplified conceptualization of CBT for anxiety disorders is needed for an efficient delivery of training to clinicians and treatment to patients. The present brief seminar is aimed to: (1) depict the 5-factor model that allows the clinicians to have an **evidence-based and pragmatic conceptualization for different anxiety disorders**; (2) introduce the **specific treatment strategies for anxiety disorders** in the model; (3) **illustrate the application of these strategies on cases with various anxiety disorders**.

Sunday, 5 June 2016 • 09:00 – 10:15 • Function Room 1

Dietary Approach to Management of Common Conditions in Primary Care



Ms. Elizabeth Y.T. Leung

B. Sc. in Food Nutrition and Health, Major in Dietetics (UBC) Dietetic Internship (St Michael's Hospital) Master in Applied Human Nutrition (MSVU)
Certificate in Chinese Medicine for Hospital Authority Medical and Healthcare Professionals (CUHK)
Professional Diploma in Health Counselling (HKBU)
Clinical Dietitian, Queen Mary Hospital, Hospital Authority;
Registered Dietitian, The College of Dietitians of Ontario

Miss Elizabeth Leung is currently a Clinical Dietitian in Queen Mary Hospital under the Hospital Authority. She received her Bachelor in Food Nutrition and Health, Major in Dietetics in University of British Columbia, Vancouver, and her Master in Applied Human Nutrition in Mount Saint Vincent University, Halifax, Nova Scotia.

She is experienced in the field and was the nutrition speaker in POLCCF Dialysis Centre in Hong Kong.

She participated in a cross-sectional, observational study titled "Use of an abridged scored Patient-Generated Subjective Global Assessment (abPG-SGA) as a nutritional screening tool for cancer patients in an outpatient setting." And was published in an international journal, Nutrition and Cancer on 2013.

Dietary advice is very important for our daily practices to take care of our patients especially for those with chronic diseases such as chronic renal disease, hypertension and gout.

As a health care provider, what should we know about medical nutrition therapies?

What dietary advices are important for our patients with chronic disease?

The burden of chronic diseases is increasing rapidly around the world. According to the World Health Organization, chronic diseases will account for almost three quarters of all deaths worldwide. Over the years, medical nutrition therapy (MNT) has become an essential component and often an initial step in managing chronic diseases and their associated symptoms. By performing a comprehensive dietary assessment, planning and implementing a nutrition intervention using evidenced-based nutrition practice guidelines, MNT has demonstrated effectiveness in improving clinical outcomes, improving quality of life and reducing medical costs. This presentation serves to provide an overview of the medical nutrition therapies used in the management of common conditions such as chronic renal disease, hypertension and gout.

Sunday, 5 June 2016 • 10:35 – 11:50 • Function Room 1

Updates on Management of Chronic Hepatitis B & C

Prof. Nancy W.Y. Leung

BSc MSc MBBS MD FRCP Lon & Edin FHKCP FHKAM (Medicine)
Specialist in Gastroenterology and Hepatology;
Honorary Clinical Professor, The Chinese University of Hong Kong;
Honorary Consultant, The Family Planning Association of Hong Kong

Professor Nancy Leung has been doing researches in hepatology since 1980s. She participated in over 20 multicenter international phase 1, 2 and 3 clinical therapeutic trials as Principle Investigator. She has over 125 publications in various international journals including Hepatology, Gastroenterology, Journal of Hepatology, Hepatology International, Liver International and Journal of Gastroenterology and Hepatology.

After her retirement from the Hospital Authority of Hong Kong, she continues part-time teaching in addition to her private clinic. She devotes more time in health advocacy and public education especially on liver diseases, through ASIAHEP Hong Kong Ltd of which she was the founding Chairperson in 1996. She is also a member of various international organizations, including AASLD, EASL, APASL, IASL, ESGE, WAHPBS and HKASLD.

Chronic Hepatitis B (CHB)

Management of CHB evolves rapidly. Below are some important clinical updates:

(1) 25% of CHB patients die early from cirrhosis and hepatocellular carcinoma. Antiviral therapy reduced, but not eliminated, the risk for patients with advanced fibrosis and cirrhosis, prompting the need for earlier initiation of treatment.

(2) Entecavir & tenofovir are recommended by international liver associations and WHO. Serum HBV DNA becomes undetectable but viral rebound and relapse of hepatitis occur if therapy is stopped. The ultimate goal is HBsAg loss, but rarely occurs.

(3) Response to one year pegylated interferon is only around 40%, prompting response-guided therapy with qHBsAg. Combination of nucleos(t)ide and pegylated interferon is being explored to enhance HBsAg loss.

(4) Patients with positive HBsAg who need immunosuppressive therapy should be given prophylactic antiviral therapy. Biologics (e.g. rituximab) are more potent suppressant and those anti-HBc positive should also be given antiviral therapy.

(5) Universal HBV vaccination and HBIg administration within 24 hours if mother is HBsAg positive has prevented mother-to-child-transmission. However, mothers with serum viral levels over 6log10IU/mL have 5-10% risk of infecting their offspring. A short course of oral tenofovir or telbivudine in the last trimester has been showed to eliminate this safely.

(6) In the horizon are therapeutic molecules in different stages of clinical trials, including tenofovir alafenamide, entry inhibitor Myrcludex-B, epigenetic control of nuclear cccDNA minichromosome, and assembly inhibitors, immunomodulators via Toll-like receptor and Programmed Death-1, therapeutic vaccines, small interfering RNA (siRNA), and other nucleic acid-based technologies.

Chronic Hepatitis C (CHC)

The standard of care – one year combination of pegylated interferon and oral ribavirin, only results in 40-60% viral response across genotypes 1 to 6. The therapy is also associated with many side-effects. Now, we have a number of eight to twelve weeks regimens* which are Interferon-free, ribavirin-free and achieve over 90% HCV eradication. They are combination of NS3, NS5a, NS5b(N), NS5b(NN) or cyclophilin. However, the current cost is prohibiting.

**Ombitasvir, paritaprevir, dasabuvir & ritonavir (VieKiera Pak® AbbVie); sofosbuvir & ledipasvir (Harvoni® Gilead); asunaprevir & daclatasvir (Bristol-Myers Squibb); sofosbuvir & daclatasvir (Gilead and MSD)*

Sunday, 5 June 2016 • 10:35 – 11:50 • Pao Yue Kong Auditorium

Emotional Development in Young Children

Mrs. Francis L.Y. AU IP

Registered Psychologist (Clinical Psychology), The Hong Kong Psychological Society;
Chief Programme Officer (Parenting Programme), Family Health Service, Department of Health, HKSARG

Mrs. Francis L.Y. Au Ip is a registered psychologist and she graduated with the master degree in Social Sciences (Clinical Psychology) of The University of Hong Kong. She is currently the Chief Programme Officer (Parenting Programme) of the Family Health Service under the Department of Health (DH). She had previously worked in the Child Assessment Service of DH, Family Service of Caritas Hong Kong and Correctional Services Department of the HKSAR.

Mrs. Au is an associate fellow member of the Division of Clinical Psychology (DCP) of the Hong Kong Psychological Society(HKPS) and a chartered psychologist of the British Psychological Society. She was elected as the Chairperson of DCP, HKPS from 2008 to 2011.

More and more researches show that early brain development is critical to pave the way not just for cognitive development, but also for emotional development of children. The development of emotions and feelings begin early since infancy. Healthy emotional development relies on social environmental factors, in particular, the quality of relationship with carers. Parents/ carers have an important role of providing tender loving care, being sensitive to children's emotional needs and being their emotional coach at different stages of child development. Adverse childhood experiences, on top of temperamental difficulties, are associated with childhood emotional problems which could manifest in early childhood. Primary care professionals will need to be alert to signs of child emotional problems and risk factors in the child's social environment as the possible contributing factors in order to make necessary management.

Saturday, 4 June 2016 • 17:00 – 18:30 • Meeting Room 903-4

Insulin Use in Primary Care

Dr. CHOW Wing Sun

M.H.A. (New South Wales), F.R.C.P. (Edinburgh), F.H.K.A.M. (Medicine), F.H.K.C.P., M.R.C.P. (U.K.), M.B.B.S. (H.K.)
Deputy Director, KK Leung Diabetes Centre;
Consultant, Division of Endocrinology, University Department of Medicine, Queen Mary Hospital, Hospital Authority

Dr. Emily T.Y. TSE

FHKAM (Family Medicine), FHKCFP, FRACGP, MBBS(HK)
Associate Consultant in-charge of Kennedy Town Jockey Club General Out-patient Clinic;
Sai Ying Pun DM Joint Clinic Co-ordinator from 2008-2015, Hospital Authority

Ms. Karen K.C.WONG

M. Soc.Sc. (Counselling);
B. Nsg.; RN
Advanced Practice Nurse (Diabetes Nurse),
KK Leung Diabetes Centre, Department of Medicine, Queen Mary Hospital, Hospital Authority

Type 2 diabetes mellitus is a growing public health problem, and poses a heavy economic burden worldwide. Progressive pancreatic beta cell dysfunction is a major pathophysiological characteristic of type 2 diabetes, with patients gradually requiring additional antidiabetic agents and, ultimately, insulin therapy.

According to the recommendation of the American Diabetes Association, add-on basal insulin therapy is the most convenient initial insulin regimen for patients with type 2 diabetes. While there is evidence for reduced risk of nocturnal hypoglycaemia with basal insulin analogs, patients without history of hypoglycaemia or severe hypoglycemia at night time may use intermediate acting insulin safely at a lower cost.

With progressive decline in pancreatic beta cell function, A1c may remain above target despite basal insulin being titrated to achieve an acceptable fasting blood glucose level. The remained options for achieving the glycaemic target would include adding mealtime insulin, consisting of one to three injections of short or rapid-acting insulin before eating, transitioning from basal insulin to twice-daily premixed insulin, or commencing the patient on a glucagon-like peptide 1 (GLP-1) receptor agonist.

The pros and cons of the above insulin regimens, and the practical tips for its initiation and titration will be discussed at our workshop.

Insulin Injection in Out-patient Setting

The advancements in different aspects of insulin therapy have been encouraging over the past decades. Various types of insulin and regimens would be used to meet individual's need. Besides, the improvement in insulin delivery system and injection devices could enhance convenience and hence patients' acceptance for insulin therapy.

During the workshop, barriers to insulin initiation, practical issues regarding different insulin injection devices and technique would be explored. Self-Monitoring of Blood Glucose (SMBG) or Continuous Glucose Monitoring (CGM) is useful to evaluate the efficacy of the insulin regimen, enhance self-care and dosage adjustment. Moreover, problem shooting for insulin therapy and patient's adherence problem would also be discussed.

Sunday, 5 June 2016 • 09:00 – 10:15 • James Kung Meeting Room

Wound Care

Ms. NGAN Hau Lan

RN
BNurs (CUHK), MN (CUHK)
Nurse Consultant (Wound & Stoma Care), Kowloon East Cluster, Hospital Authority

Ms Ngan Hau Lan, a registered nurse, is currently a Nurse Consultant (Wound & Stoma Care) in the Kowloon East Cluster under the Hospital Authority. She received her Bachelor and Master of Nursing degree from CUHK. She continued her studies in wound management and received the postgraduate diploma in Enterostomal Therapy Nursing. She has participated in overseas training in Wound Care organized by World of Wounds of La Trobe University, Australia in 2012.

Ms Ngan is experienced in her clinical field, she is also a visiting lecturer and has delivered lectures in Peking University First Hospital, HKU School of Professional and Continuing Education, Institute of Advanced Nursing Studies, HAHO and COC(Family Medicine), HAHO. She has presented in various congresses and conferences on wound care management.

Choosing the appropriate methods and dressing materials are crucial in proper wound management.

How do you choose the right methods for the right wounds?

How much do you know about the available dressing materials in the market or in your hospitals/ clinics?

Advanced wound dressing products are one of the important elements in treating problem wounds. However, nowadays, it is reported that there are more than 500 different types of dressings available to manage patients with wounds. This is an exciting and challenging decision for clinicians to select the appropriate dressing materials and methods for our patients.

This workshop is designed to increase clinicians' knowledge on principles of wound management, moist wound healing, moisture-balanced dressing and selection of advanced wound dressing product to management wound.

The objectives are:
- To understand the principles of wound management
- To introduce the concept of moist wound healing
- To describe the moisture –balanced dressing
- To demonstrate the indication and application of current advanced dressing products

Sunday, 5 June 2016 • 10:35 – 11:50 • James Kung Meeting Room

Clinical Leadership

Prof. Michael KIDD AM

FAHMS FHKCFP (Hon) FRACGP
President, World Organization of Family Doctors (WONCA);
Executive Dean & Matthew Flinders Distinguished Professor; Faculty of Medicine, Nursing and Health Sciences, Flinders University, Australia

Professor Michael Kidd AM is the current president of the World Organization of Family Doctors (WONCA), the executive dean of the Faculty of Medicine, Nursing and Health Sciences at Flinders University in Australia. He was previously Professor and Head of the Department of General Practice at the University of Sydney and a past president of the RACGP.

He is an elected Fellow of the Australian Academy of Health and Medical Sciences, a council member of Australia's National Health and Medical Research Council, and a director of beyondblue, Australia's national initiative to tackle depression, anxiety and suicide.

Michael has been a frequent visitor to Hong Kong over the past 25 years. In 2004 he was invited to deliver the prestigious Dr. Sun Yat Sen Oration, and in 2006 he was awarded Honorary Fellowship of the HKCFP. In 2009 he was made a Member of the Order of Australia for his services to health care and education.

As a Medical Student in the University, have you ever been taught to become the Leader of the Medical Student Society?

As a General Practitioner in Private Practice or a Case Medical Officer in the Public Setting, have you ever been trained to become the Case Leader of a Multidisciplinary Team in Patient Care?

As Clinician in-charge of a Group Practice or the Leader of a Medical Professional Organization, have you ever been trained to manage those complicated Administrative Duties?

As a Leader in Public Health Education, have you ever been advised on the skills of delivering health talks, writing health articles or working with media?

What are the qualities of being a Good Leader in the medical field?

Are you prepared to be the Leader?

As clinicians we are often asked to act as leaders, sometimes for the sake of ensuring the availability of high quality primary health care for the members of our communities. We need the skills to be effective in leadership roles as leaders of the teams in our clinics, as leaders in our communities and as the leaders of our professional organizations. ***This workshop will focus on the qualities of a good leader, leadership principles, leadership preparation, and practical advice on public speaking and working with media***.

Workshop 4

(Part I): Saturday, 4 June 2016 • 17:00 – 18:30 • Pao Yue Kong Auditorium
(Part II): Sunday, 5 June 2016 • 14:00 – 15:30 • Pao Yue Kong Auditorium

Communication Skills Workshop for Consultation in Putonghua
工作坊（四）- 醫患溝通技能訓練（普通話）

Dr. Dana S.M. LO 羅思敏醫生

Specialist in Family Medicine 家庭醫學專科醫生
Senior Medical Officer, University Health Service, The Hong Kong Polytechnic University
香港理工大學，大學醫療保健處高級醫生

羅醫生於業界推廣家庭醫學培訓不為餘力，除了多次為香港醫學專科學院及香港家庭醫學學院主講醫患溝通與診症技巧，及臨床輔導等課題外，也曾於重慶、澳門、深圳及惠州為當地的全科醫生授課，現為《全科醫學骨幹（師資）培訓班》醫患溝通技能訓練總導師。羅醫生的研究領域包括家庭醫學與輔導學的結合、中國音樂於臨床上的應用，及健康校園的推廣，曾多次於世界家庭醫學會議及海峽兩岸的全科醫學論壇發表論文報告，現致力協助電子計算機的學者研究中國音樂與腦部情感分析的關係，該研究為國家自然科學基金，青年科學基金項目之一。除了擔任香港家庭醫學專科及院士考官之外，羅醫生也是香港大學家庭醫學名譽臨床助理教授，以及香港中文大學家庭醫學名譽臨床導師，同時兼任香港醫療輔助隊高五級長官，及擔當衛生署與香港電台聯合製作的電視劇「我的家庭醫生」的醫學顧問，而該電視劇榮獲 2014 年度全港十大最佳欣賞指數電視節目殊榮。至於出版著作方面，羅醫生為香港理工大學，大學醫療保健處定期健康教育刊物「同理心」的總編輯、書籍「家庭醫生一百篇」的編委，及「資優教育 A-Z」的作者之一，曾撰寫報紙專欄文章四十篇。

醫患溝通是醫護人員與患者之間互相聯繫，同時也互相影響的互動過程，其實質是醫護人員以自己的專業知識和技能幫助患者促進健康；良好的醫患溝通可直接改善醫患關係 (doctor-patient relationship) ，令治療效果事半功倍。由於家庭醫生在促進基層社區健康中扮演著重要的角色，因此醫患溝通的技能訓練非常重要。是次的溝通技能訓練工作坊，羅醫生將會因應在課堂中播放的模疑診症錄像片段，與參加者互動討論及進行即場角色扮演，讓參加者即時掌握實際的溝通技巧，以便於日後臨床診症時靈活運用；課堂討論內容包括如何協助處於憤怒情緒的病人、受失眠困擾的病人，如何告知病人突如其來的壞消息，以及處理身心症患者等等。

醫患溝通技能訓練的重點是日常多加鍛鍊，把技巧人性化，做到融會貫通。畢竟書本上的技巧千篇一律，眼前的病人卻獨一無二；也只有最真誠的同理心，才能做到與病人同行。

播放模擬診症錄像片段

GP with Special Interest – Musculoskeletal Disorders

Speakers & Teaching faculties

Dr. Andrew K.K. IP [Chief Speaker], Dr. AU Chi Lap, Dr. Keith K.W. CHAN, Dr. CHAN Ying Ho, Dr. Wilbert W.B. WONG, Dr. Wong Yuk Teck, Dr. Ricky W.K. WU

The Hong Kong Institute of Musculoskeletal Medicine (HKIMM) is a non-profit making organization whose long term objective is to promote the education and research in the science and art of musculoskeletal medicine for the ultimate benefit of the public. The missions of HKIMM are to disseminate knowledge and skill of MSK medicine, to encourage and support clinical research, to co-ordinate resources and efforts in teaching of this discipline and to promote the discipline among the public. HKIMM regularly organizes seminars, training activities, certificate courses and fellowship examinations for their members.

Dr. Andrew Ip graduated from University of Hong Kong in 1980. He obtained fellowship of HKCFP and RACGP in 1991. He became a fellow of HKAM (Family Medicine) in 1995. He completed the Master program of Sports and Exercise Medicine of University of Bath in 2006 and the Postgraduate Diploma in Musculoskeletal Medicine of University of Otago in 2008. Dr. Ip is Past President of the HKCFP. He is now the President of HKIMM. He is appointed Honorary Clinical Associate Professor of CUHK.

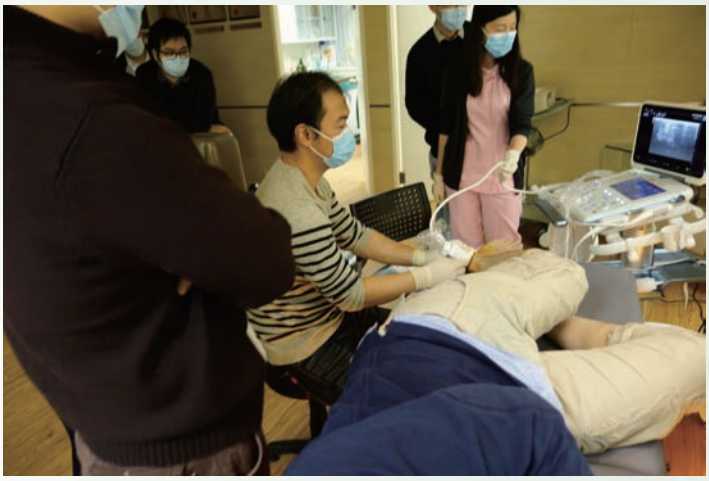
Musculoskeletal disorders are frequently encountered in primary care settings. Patients with musculoskeletal disorders may experience significant comorbidities due to pain and dysfunction. More could be done in the treatment plan to alleviate pain and suffering.

MSK Medicine is an important and developing medical discipline that addresses the pain and dysfunction of the musculoskeletal system that are caused by defective biomechanics due to

- poor posture
- repetitive stains
- injuries
- degenerations and
- deformities

Musculoskeletal Treatment is based on current biomedical and psychosocial knowledge with emphasis on the restoration of body biomechanics, functional rehabilitation and pain management.

This interest group activity is conducted by the teaching faculties of the Hong Kong Institute of Musculoskeletal Medicine (HKIMM), with Dr. Andrew Ip (President of HKIMM) being the chief speaker, followed by demonstration by the teaching faculties and hands-on practice of various skills such as manual skills, diagnostic ultrasound and therapeutic exercise prescription.



Saturday, 4 June 2016 • 17:00 – 18:30 • Banquet Room 2

Innovations in Community Palliative Care

Dr. YAU Lai Mo

MBChB (CUHK), B (Med) Sc (CUHK), DCH (Ireland), DPD (Cardiff), PG DOM (CUHK), FHKCFP, FRACGP, FHKAM (FM)
Associate Consultant, Department of Family Medicine and Primary Health Care,
United Christian Hospital, Hospital Authority

Dr. Yau Lai-mo graduated from the Faculty of Medicine, Chinese University of Hong Kong in 2003. He received his post-graduate training in Family Medicine (FM) and obtained fellowships of the Hong Kong College of Family Physicians (HKCFP) and Hong Kong Academy of Medicine.

Dr. Yau has been granted the Research Fellowship (2009) and Best Research Award (2011) of the HKCFP for his research concerning caring of relatives of terminal cancer patients. Dr. Yau currently served as associate consultant in Family Medicine at United Christian Hospital and Occupational Medicine Care Service of Kowloon East Cluster of Hospital Authority. He is the honorary Clinical Assistant Professor in FM at the Chinese University of Hong Kong and University of Hong Kong.

Family Physicians' Role in work rehabilitation for patients with cancer

Work is important to maintain the physical, mental and social well-being of people from all walks of life. The health status of people can affect their work performance. Cancer is one of the leading diseases causing significant morbidity and mortality in Hong Kong. With advancement in medicine, a substantial number of cancer survivors were able to return to work, although their work capacity might be affected by the disease or treatment complications. With appropriate advice and rehabilitation, many of the cancer survivors can return to productive work positions. Family physicians can take up the coordinator role in helping these patients return-to-work by a holistic and team care approach.

Our team comprised of doctors, nurses, physiotherapist, occupational therapist and representative from human resource department. We provided early comprehensive medical assessment; appropriate treatment; timely rehabilitation; work capacity assessment; liaison with work supervisors and translated the assessment result into specific work recommendation to facilitate early return-to-work. Most of our patients were survivors of breast cancer. All of them had undergone surgical treatment and some received chemotherapy and radiotherapy. They had ipsilateral upper limb edema and weakness. Work capacity assessment was carried out for them after appropriate rehabilitation. Specific modified duty was recommend after matching their capacity with the job demand. We provided on-going monitoring and adjustment of the recommended work content until a balance state was reached. Our experience showed that cancer survivors of our workforce can return to meaningful duties and continue their contribution to the organization.

Saturday, 4 June 2016 • 17:00 – 18:30 • Banquet Room 2

Innovations in Community Palliative Care

Ms. Nancy H.Y. NG

RN
Bachelor of Nursing (HKU)
Master of Social Sciences (HKU)
Advanced Practice Nurse, Department of Medicine and Geriatrics, United Christian Hospital, Kowloon East Cluster, Hospital Authority

Ms. Nancy Ng is an Advanced Practice Nurse of Department of Medicine and Geriatrics of United Christian Hospital. Ms. Ng received her bachelor degree in Nursing and Master of Social Sciences in the University of Hong Kong. She has received postgraduate related training by attaining Post-registration certificate Course in Hospice Nursing organized by the Institute of Advanced Nursing Studies of Hospital Authority.

Ms. Ng is experienced in palliative care and is the nursing In-charge person of KEC Non-cancer Palliative Care Program in UCH and the In-charge person of the development of UCH Palliative Home Care Service. She also contributes much in the academic field from being Nursing Specialty mentor, visiting lecturer of the Institute Of Advanced Studies Of Hospital Authority as well as being the tutor of Hong Kong Open University, The Chinese University of Hong Kong and School of Professional and Continuing Education of the University of Hong Kong.

Supporting patients and family in their preferred place of care - Palliative Home Care Service

Background:

Home is reported to be the most preferred place of care among cancer patients and their family members by some researchers. Our local study showed that 37.2% of patients with advanced cancer wished to stay at home in the pre-terminal period and 19% wished to die at home (Hong et al., 2010). Appropriate supports for patients suffering from advanced disease and their caregivers to stay at home to take care of them are essential in improving the quality and experiences of end-of-life care for patients and caregivers.

Objectives:

To support palliative care patients and their family members in their preferred place of care.

Methods:

Palliative home care nurse provides holistic care for patients with advanced disease in the community, to enhance their quality of life and support them to stay at home as long as possible. Several strategies have been developed in the palliative care unit of United Christian Hospital to support palliative care patients and family members to stay in the community: 1) case management model, 2) full coverage, 3) direct phone support during office hours with doctor's support, 4) 24-hour hotline, 5) post-discharge care program/direct admission, 6) palliative care physician home visit for those frail PC patients, 7) KEC Virtual Ward Program/ PC Virtual Ward Program for those who wish to stay at home as long as possible/ dying at home, 8) community based nursing service collaboration, 9) facilitation of advance care planning and signing of Advance Directives and/or non-hospitalized DNACPR form, 10) rehabilitation & symptom management program at hospice day center for those with distressing symptoms.

Saturday, 4 June 2016 • 17:00 – 18:30 • Banquet Room 2

Innovations in Community Palliative Care

Dr. Jeffrey S.C. NG

MBBS (HK), MRCP (UK), FHKCP, FHKAM (Medicine)
Associate Consultant, Department of Medicine, Haven of Hope Hospital, Hospital Authority

Dr. Ng is a specialist in advanced internal medicine and palliative medicine and is an accredited trainer for higher physician training in palliative medicine under the Hong Kong College of Physicians. He is also an honorary clinical assistant professor in Department of Clinical Oncology, the Chinese University of Hong Kong.

He participated in establishment of several new palliative care programs in Kowloon East Cluster since 2010, including Non-Cancer Palliative Care service for patients with advanced pulmonary diseases, end-stage renal failure and other advanced organ failure, as well as the KEC Virtual Ward program and Dying-At-Home program, to provide intensive support to terminally ill patients in community.

Dying-at-home: achievable and manageable

Patients with terminal illness may prefer to spend the last days of life at home, where they are accompanied by family in a familiar environment, and they maintain control and greater freedom than in hospital. Achieving the option of dying-at-home is increasingly used as an outcome measure of palliative care services world-wide; however, it appears to be a distant reality in Hong Kong. Challenges for dying-at-home in Hong Kong include provision of on-site clinical support with expertise in palliative care, preclusion of resuscitation upon dying, and avoidance of transfer of body to public mortuary in case of death before arrival to hospital. Other concerns are availability of informal care-givers, depreciation of property value and social taboo.

To support patients who wish to stay at home as long as possible, or even to die at home, a cross-specialty multidisciplinary service is initiated with a concerted effort of Community Nursing Service and Palliative Care Service, United Christian Hospital (UCH) and Haven of Hope Hospital, and the Accident and Emergency Department (AED), UCH. Patient and family receiving the service would undergo advance care planning with documented care preferences. They are supported by nursing and doctor visits until the dying moment at home. Avoiding all invasive life-sustaining treatments, verification of death and the last office are completed in AED. Bereavement support is also offered.

With such collaborative effort, dying-at-home becomes achievable and manageable in selected patients with terminal illness. Experience gained and obstacles encountered in the service would be shared during the discussion.

Dinner Symposium: Saturday, 4 June 2016 • 18:30 – 21:00 • Run Run Shaw Hall

Current Management of Asthma in Adults

Dr. Terence C.C. TAM

Specialist in Respiratory Medicine;
Associate Consultant in Respiratory Medicine, Department of Medicine, Queen Mary Hospital, Hospital Authority

Dr. Terence C.C. Tam is a specialist in Respiratory Medicine. He graduated from the University of Hong Kong and completed his higher training in Respiratory Medicine in the Department of Medicine, Queen Mary Hospital. He is a holder of M.R.C.P. (UK), Fellow of the Hong Kong College of Physicians in Respiratory Medicine and Advanced Internal Medicine and Fellow of Hong Kong Academy of Medicine.

He is currently working as an Associate Consultant in Queen Mary Hospital, actively involved in clinical services as well as research projects in lung cancer and Chronic Obstructive Pulmonary Disease (COPD). He has multiple publications on this field.

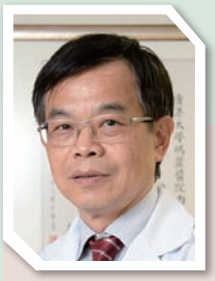
He is a member of the Special Interest Group (SIG) in Interventional Pulmonology with recent update of local bronchoscopy guideline and has been a speaker/ tutor for various training courses for medical students, physicians, interns and nurses.

Asthma is a chronic inflammatory airway disease with hyper-responsiveness. It is associated with substantial morbidity if poorly controlled. Coughing, shortness of breath and wheezing attacks are common presenting symptoms which results in variable airflow obstruction.

This symposium is designed to strengthen clinicians' knowledge on disease background. Tips for diagnostic criteria and the treatment goal of asthma will also be highlighted for taking care of asthma patients. The goal of asthma management is to achieve and maintain control of the symptoms. Patients with well-controlled asthma can maintain normal daily activities level, including exercise.

Asthma management from both Healthcare Professionals and patients will be explored. As patient education is one of the crucial factors in well-controlled asthma in the primary care setting, health care professionals can explain to patients about the self-monitoring with peak expiratory flow and assessment of asthma status, correct use of inhaler devices and clear instructions on how to change medication in response to symptom changes.

Dinner Symposium: Saturday, 4 June 2016 • 18:30 – 21:00 • Run Run Shaw Hall
Lunch Symposium: Sunday, 5 June 2016 • 12:30 – 14:00 • Run Run Shaw Hall



Dr. TSANG Man Wo

Specialist in Endocrinology, Diabetes & Metabolism;
Honorary Associate Professor, Department of Medicine, The University of Hong Kong

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

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

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

Dinner Symposium

What's next after Metformin?

Type 2 diabetes is a metabolic disease that is increasing in prevalence across the globe. Poor glycemic control can lead to complications such as blindness, end-stage renal disease, and macrovascular problem. When lifestyle modifications are not enough to achieve glycemic control, metformin is recommended to be used as the first-line oral antidiabetic drug. However, diabetes is a progressive disease and most patients will eventually need multiple drugs that work on different pathophysiological pathways. With so many available treatments, choosing second – and third-line therapy can be challenging as no clear guideline exist on how to proceed when metformin monotherapy fails.

Lunch Symposium

Modern Approaches to the Management of Type 2 Diabetes – What is the evidence?

When DM patients failed monotherapy with metformin, International Guidelines offer suggestion of second line of agents to add on.

Among the different choices are two classes of novel anti-hyperglycemic drugs with different mechanisms of action are DPP4 inhibitors and SGLT2 inhibitors.

In this presentation, management T2DM, based on update of the International Guidelines and evidence from recent clinical studies will be discussed.

Practice tips on choosing among the agents will be highlighted for physicians taking care of diabetic patients.

Sunday, 5 June 2016 • 12:30 – 14:00 • Run Run Shaw Hall

Advancements in DM Management – From Guidelines to Daily Practice

Dr. Peter J. LIN

Director of Primary Care Initiatives, Canadian Heart Research Centre;
Medical Director, LinCorp Medical Inc.

Dr. Peter J. Lin has served in the past as the medical director at the University of Toronto's Health and Wellness Centre at Scarborough for seven years. Currently, he is the Director of Primary Care Initiatives at the Canadian Heart Research Centre. He continues to be a lecturer and speaker with two busy family practices in Toronto. He has given over 130 lectures in 2014 on various medical topics. Dr. Lin has been a medical expert for a series on the Discovery channel. He is also the health columnist for CBC Radio and is heard across Canada.

In terms of journals, he has been guest editor for magazines such as Focus on Cardiology. He is a consultant for Perspectives in Cardiology, and is of the editorial board for The Canadian Alzheimer Disease Review. Dr. Lin was the chairman of the Dementia Congress in the United States for 4 years. He has also served on the editorial board of Pri-Med Institute USA which provides education for physicians.

He was chairman of the CV summit in Madrid 2009 and spoke at the European Society of Cardiology meeting in Barcelona in 2009. Dr. Lin received a teaching award from the College of Family Physicians in 2011. He is also an assistant editor for Elsevier Practice Update Web Portal in the United States. He was one of the authors in the vascular protection section of the Canadian Diabetes Guidelines in 2013.

His goal is to take the knowledge out of the research journals and put it back into the hands of the people who can then apply this knowledge on a daily basis.

Diabetes is the largest single disease to affect humans that is not an infectious disease. Rates in patients over 65 can be as high as 30%. With the first baby boomers now reaching 70 years old this year, the numbers of patients with diabetes will explode.

That is why we need to be able to manage and prevent diabetes. This lecture will highlight the recommendations from the guidelines with the Canadian diabetes ABCDES rule as an example of how we can protect our patients. Also the different classes of medications will be explored as to how they work and their clinical data with a focus on the safety data for the DPP4 and SGLT2 inhibitors.

Free Paper Competition – Schedule of Oral Presentation

Sunday, 5 June 2016 • Lim Por Yen Lecture Theatre

Time	Topic	Presentation Group
09:00 – 10:15 (Part I)		
09:05 - 09:20	Characteristics of patients with erectile dysfunction in a family physician-led Erectile Dysfunction Clinic: retrospective case series review	Dr. CHIANG Lap Kin Yau KC, Kam CW, Ng VL
09:20 - 09:35	Association between patient-reported PHQ-9 depressive symptoms and doctor diagnosis of depression in primary care	Dr. CHIN Weng Yee Lam CLK, Wan EYF, Choi EPH
09:35 - 09:50	Health Surveillance for Senior Residents Living in Elderly Care Home	Dr. Alexander CHIU
10:35 – 11:50 (Part II)		
10:40 - 10:55	Jump out the Culture Norm: Patient satisfaction on Wound Showering vs Standard Clinic Care	Ms. Annette K.K. LAM Chan CS, Chan HY, Wong MYM
10:55 - 11:10	Parenteral NSAID at General Out-patient Clinic/ First Aid Post: usage and safety issues	Dr. LEUNG Lok Hang Shek HW
11:10 - 11:25	Not all patients with impaired fasting glucose require the same management – Development of a nomogram for predicting regression from impaired fasting glucose to normoglycaemia for primary care patients in Hong Kong	Dr. Esther Y.T. YU Guo VYW, Wong CKH, Sin YH, Lam CLK

Free Paper Competition – Oral Presentation

ORAL 01

Characteristics of patients with erectile dysfunction in a family physician-led Erectile Dysfunction Clinic: retrospective case series review

Chiang LK, Yau KC, Kam CW, Ng Lorna

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

Introduction

Men with erectile dysfunction (ED) seek medical advice not only for the sexual problem itself, but also because of its close association with other medical conditions and cardiovascular risk factors. This study aims to examine the demographics of patients with erectile dysfunction in a family physician led erectile dysfunction clinic; to review disease spectrum of patients with erectile dysfunction; to review treatment outcome of patients with erectile dysfunction.

Methods

This is a retrospective case series study involving all consecutive patients seen in a regional family physician led ED Clinic from April 2014 to March 2015. Descriptive statistics was used to summarize the patient characteristics and associated chronic comorbidities.

Results And Outcomes

183 patients with mean age 58.7 and ranged from 23 to 82 years old were seen during the study period. 66 patients (36.1%) were active or ex-smoker. 50.8% of patients had comorbidity of hypertension, 38.8% had diabetes mellitus and 33.9% had hyperlipidaemia. Their mean body mass index was 25.7 kg/m^2, the mean blood pressure was 137.3/79.5 mmHg. The mean International Index of Erectile Function (IIEF-5) score was 10.5, while 50.3%, 30.6% and 18.6% had severe, moderate and mild erectile dysfunction respectively. The average duration of ED before seeking medical help was 3.9 years. PDE5 inhibitors were prescribed to 119 (65%) patients, and 57.1% of them achieved good response. Among PDE5 inhibitor users, 83.2% attempted one, 10.1% attempted 2 and 6.7% attempted 3 drugs respectively. 29 patients (15.8%) were referred to other specialty for further management.

Free Paper Competition – Oral Presentation

ORAL 02

Association between patient-reported PHQ-9 depressive symptoms and doctor diagnosis of depression in primary care

Weng Yee CHIN[1], Cindy Lo Kuen LAM[1], Eric Yuk Fai WAN[1] and Edmond Pui Hang CHOI[2]

[1] Department of Family Medicine and Primary Care, the University of Hong Kong
[2] School of Nursing, the University of Hong Kong

Introduction

This study aimed to explore the association between the presence of depressive symptoms as reported by primary care patients using the Patient Health Questionnaire (PHQ-9) and the doctor's diagnosis of depression.

Method

Primary care patients completed a questionnaire containing items on socio-demography and the PHQ-9. Doctors, who were blinded to the patients' responses, were asked to indicate whether they thought the patient had a depressive disorder.

Mixed effect logistic model with a random effect of doctors and adjustments of doctor's and patient's characteristics was used to examine the association between the PHQ-9 items reported by patients and the diagnosis of depression by doctor.

Results

59 doctors and 9,263 patients were included in the analysis. Overall, patients who reported experiencing depressed mood (OR 1.74-2.34), frequent sleep disturbance (OR 1.77), frequent change in appetite (OR 1.38), guilt or worthlessness (OR 1.44-1.78) and functional impairment (OR 1.39-1.84) were more likely to receive a diagnosis of depression from their doctor, whilst those with anhedonia were less likely to be diagnosed with depression (OR 0.72).

Discussion

There appears to be a pattern of association between PHQ-9 depressive symptoms and diagnosis of depression by a primary care doctor. Whilst patients with classic symptoms of low mood, sleep disturbance or feelings of worthlessness have the highest likelihood of being diagnosed with depression, many patients experiencing fatigue, lethargy or agitation and anhedonia are not diagnosed as having depression, and may require closer clinical evaluation.

Free Paper Competition – Oral Presentation

ORAL 03

Health Surveillance for Senior Residents Living in Elderly Care Home

Chiu Alexander

Executive Medical Director, Quality Healthcare Medical Services

Introduction

The burden of chronic non-communicable diseases with aging population is significant. Health screening can help to identify and intervene these conditions early, but many elders were not keen because of concern with cost and accessibility. The objective of this study is to describe the prevalence of chronic non-communicable diseases among elderly people in our community, and to describe a modified model of screening that is more convenient and affordable to them.

Methods

Data from a mass voluntary health screening program for elderly age over 65 years was used. Data analyzed include participants' medical history, and biometric parameters of body weight, body height, waist circumference, blood pressure, blood cholesterol level, HbA1c, and presence of atrial fibrillation. Non-fasting samples were used and point of care testing (POCT) devices were employed to carry out the tests.

Results

Of the 178 elderly participated in the program, 38.8% have hypertension, 25.8% have hypercholesterolemia, 11.2% have diabetes mellitus, and 2.8% have atrial fibrillation. Among the 95 participants who claimed healthy and not having any diseases, 61.0% were discovered to have at least one type of chronic non-communicable illnesses.

Discussion

Our study indicated chronic non-communicable diseases are prevalent among elderly people and many of those who claimed healthy actually have undiagnosed illnesses. Our study also demonstrated the feasibility and benefit of using POCT devices and non-fasting samples in health screening for elderly that can be considered a model for future population screening.

Free Paper Competition – Oral Presentation

ORAL 04

Jump out the culture norm: Patient satisfaction on wound showering vs standard clinic care

Lam KKA, Chan CS, Chan HY, Wong MYM

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

Introduction

In the Chinese culture, wounds are not advised to have showering because the believing of inducing infection. This study is to determine the effectiveness on wound showering in cohort patients who have abscess wounds with procedure of incision and drainage done.

Method

A retrospective observational study was conducted in Anne Black Out-patient Wound Clinic. Patient over 18 years old who had partial or deep partial thickness open wound with incision and drainage in upper trunk was eligible.

30 patients who had received standard wound care and 30 cases were empowered to have wound showering for 3 minutes with tap water at home after 1st visit in wound clinic. Healing time, attendance data, pain assessment, wound culture and patient satisfaction on comfortable and convenience were measured.

Results And Discussion

	Standard Clinic Care	Wound Showering	*p* value (paired t-test)
Mean Attendance	18.39 times	9.83 times	$p<0.00$
Mean Healing Time	34.81 days	22.17 days	$p<0.00$
Pain Score (VAS 1-10)	6.77(SD±0.94)	2.8(SD±0.96)	
Patient Satisfaction (Likert Scale 1= strongly disagree – 5= strongly agree)	3.83	4.27	

From this study, the empowerment in engaging their own care, admirable improvements are noted in the areas of healing rates, clinical time and patient satisfactory. There were no clinical differences in infection rate between wound showering with tap water or standard clinic care.

Free Paper Competition – Oral Presentation

ORAL 05

Parenteral NSAID at General Out-patient Clinic/ First Aid Post: usage and safety issues

Leung LH, Shek HW

Tai O Jockey Club General Out-patient Clinic, Department of Family Medicine and Primary Health Care, Kowloon West Cluster, Hospital Authority

Introduction

Parenteral NSAID is effective for pain relief. However, the safety issues especially the known gastrointestinal (GI) adverse effects as well as the renal side effects should be carefully considered before administering the parenteral NSAID. The study aimed at evaluating the use, indications, and the safety issues associated with the parenteral NSAID use at the TOJCC in 2015 over a one year period (Jan-Dec 2015).

Methods

All intramuscular injections (IMI) records were included for analysis. Records containing the pseudo-ID (such as emergency registration at the FAP without identity card registration) were excluded. Total 74 IMI valid records were retrieved for analysis.

Results

Among the 74 IMI records, the most common indication was knee or hip pain (35% N=26 injections), followed by low back pain (22% N=16 injections) and dysmenorrhoea (20% N=15 injections). Other indications included tendinitis/ gingivitis/ fracture etc. (23% N=17 injections).

Most patients could be discharged home after the IMI (86% N=64) while a small portion of patients had to be referred to Accident & Emergency Department (AED) despite the IMI (14% N=10). 3 patients experienced documented renal impairment and 2 patients had documented GI adverse effects requiring hospitalization.

Discussions

Parenteral NSAID is useful at the primary care setting. In our review, most patients could be discharged after the IMI while only a small portion of cases (14%) had to be referred to AED.

Alternative analgesic approaches such as optimizing paracetamol dose, topical analgesics, physiotherapy support, alternative parenteral analgesic, early follow-up strategies may be adopted instead of parenteral NSAID use in order to achieve pain control as well as to avoid potential complications.

Free Paper Competition – Oral Presentation

ORAL 06

Not all patients with impaired fasting glucose require the same management – Development of a nomogram for predicting regression from impaired fasting glucose to normoglycaemia for primary care patients in Hong Kong

Esther Yee Tak YU, Vivian Yaowei GUO, Carlos King Ho WONG, Sin Yi HO, Cindy Lo Kuen LAM

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

Introduction

Impaired fasting glucose (IFG) is a commonly encountered risk factor for diabetes mellitus (DM) in the primary care setting. Individuals with IFG are recommended for regular oral glucose tolerance test (OGTT) to monitor progression to DM and lifestyle interventions to prevent development of DM, which represent additional burden for these individuals and the healthcare system. Since the IFG group is heterogeneous with 25% subjects progressing to DM, 25% regressing to normoglycaemia and 50% remaining in the group over time, identifying factors associated with early regression to normoglycaemia can be a potentially time- and cost-saving strategy to guide resource allocation for IFG patients. This study aims to evaluate the determinants of regression from IFG to normoglycaemia based on the fasting plasma glucose (FPG) levels and other non-invasive variables, and to develop and validate a nomogram that can be used to predict the regression in primary care clinical settings.

Methods

A total of 1,197 IFG individuals were invited to repeat a FPG test and 75-gram 2-hour-OGTT to determine the glycaemic change within a period of 18 months. Normoglycaemia was defined as FPG<5.6 mmol/L and 2h-OGTT<7.8 mmol/L. Stepwise logistic regression model was developed to predict the regression to normoglycaemia with non-invasive variables, using a randomly selected training dataset (810 subjects). The model was validated on the remaining testing dataset (387 subjects). Area under the receiver-operating-characteristic-curve (AUC) and Hosmer-Lemeshow test were used to evaluate discrimination and calibration of the model. A nomogram was constructed based on the model.

Results

180 subjects (15.0%) had normoglycaemia based on the repeated FPG and 2h-OGTT results at follow-up. Subjects without central obesity or hypertension, with moderate-to-high level physical activity and a lower baseline FPG level were more likely to regress to normoglycaemia. The prediction model had acceptable discrimination (AUC=0.705) and calibration (p=0.840).

Discussion

By simply checking the presence or absence of central obesity, hypertension and assessing physical activity level, all of which are easily obtained yet very important clinical information, clinicians can identify IFG subjects with low-risk of progression to DM and prioritize resource use in the primary care setting. The simple-to-use nomogram further allows clear visualization of the individual risk and inform both the clinicians and the patients on the treatment targets for promoting regression to normoglycaemia.

Keywords

Impaired Fasting Glucose, Regression, Nomogram

Free Paper Competition – Poster Presentation

Saturday, 4 June 2016 • 16:40 - 17:00 • Foyer
Sunday, 5 June 2016 • 10:15 - 10:35 • Foyer

Poster	Presentation Topic	Author
1	A clinical review on the use of terbinafine in treating cutaneous fungal infections in Cheung Sha Wan Jockey Club General Outpatient Clinic	Dr. Karen K.L. HUI
2	Clinician characteristics associated with diagnosis of depression by a primary care doctor	Dr. CHIN Weng Yee
3	Mental health mediating the relationship between symptom severity and health-related quality of life in Chinese Primary Care patients with lower urinary tract symptoms: a 2-year prospective longitudinal study	Mr. Edmond P.H. CHOI
4	The predictors of health-related quality of life and mental health in Chinese Primary Care patients with lower urinary tract symptoms: a 2-year prospective longitudinal study	Mr. Edmond P.H. CHOI
5	Poor R wave progression on a screening ECG	Dr. Emily T.Y. TSE
6	Identifying Cases of Violence Against Women and Children: An Essential Skill Set in Family Medicine	Dr. Elisabeth ENGELJAKOB
7	Family Medicine Residents in End-of-Life Care: Are They Up for It?	Dr. Goldie Lynn DIAZ
8	Relationship between Blood Pressure and Incidence of Cardiovascular Diseases and Mortality in Patients with Diabetes Mellitus in Hong Kong	Mr. WAN Yuk Fai
9	To improve the quality of care by adopting a diabetic clinic in general out-patient clinic	Dr. LEE Chik Pui
10	Net Effect of Metformin Monotherapy on Cardiovascular Diseases and Mortality amongst Chinese patients with Type 2 Diabetes Mellitus	Dr. Colman S.C. FUNG
11	Towards the Goal of a Healthy University in Hong Kong: The Pilot Health Promotion Projects	Dr. Dana S.M. LO
12	What can we do for the common mental disorders in Primary Healthcare?	Dr. SZE Hon Ho

Free Paper Competition – Poster Presentation

Saturday, 4 June 2016 • 16:40 - 17:00 • Foyer
Sunday, 5 June 2016 • 10:15 - 10:35 • Foyer

Poster	Presentation Topic	Author
13	Insulin therapy, no longer the nightmare to me: Pre-Insulin Class	Dr. SZE Hon Ho
14	Advanced hypertensive retinopathy and hypertension complications in the primary care setting: retrospective cross-sectional study	Dr. CHIANG Lap Kin
15	Family Physicians taking care health care workers - is self-reported history of chickenpox a reliable marker for varicella zoster virus (VZV) immunity?	Dr. Eva T.K. AU
16	Can We Improve the Management of Hypertension in a General Out-Patient Clinic?	Dr. CHAN Hau Ting
17	The effect of probiotic treatment for relieving constipation in healthy adults: a systematic review of randomized controlled trials	Mr. LI Tin Sang
18	Translating instrument from one language to another: the challenges of translation in cervical cancer screening research	Ms. Dorothy N.S. CHAN
19	What is the significance of early detection of chronic obstructive pulmonary disease (COPD) by spirometry in high risk population in primary care?	Dr. CHOW Kai Lim
20	Implementing diabetes nurse assisted and family physician led insulin titration and intensification in primary care – the benefits and outcomes	Dr. Loretta K.P. LAI
21	Outcomes of patients with chronic dyspepsia managed in a Family Medicine specialist led Triage Clinic	Dr. WONG Sze Nga

Free Paper Competition – Poster Presentation

POSTER 01

A clinical review on the use of terbinafine in treating cutaneous fungal infections in Cheung Sha Wan Jockey Club General Outpatient Clinic (CSWGOPC)

Hui Ka Ling Karen, Yiu Ming Pong, Luk Wan, Yiu Yuk Kwan

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

Introduction

Dermatophytosis including onychomycosis and tinea pedis are commonly encountered. Patients were often prescribed castellanis paint and clotrimazole cream, with no clinical effect. We review the effectiveness and tolerability of terbinafine in treating dermatophytosis in CSWGOPC, and the clinical practice of doctors prescribing it.

Method

Records of patients prescribed terbinafine in CSWGOPC during 1/3/2015-31/9/2015 were extracted. Patient demographics, indications, duration of terbinafine, clinical outcomes, tolerability and microbiological test results were analyzed retrospectively.

Results

34 patients' records were reviewed. Toenail onychomycosis and tinea pedis were common indications for terbinafine. 2 patients (11%) with tinea infections and 13 (68%) patients with toenail onychomycosis received microbiological testing prior terbinafine use. 10 patients (78%) with tinea pedis and 13 patients (68%) with toenail onychomycosis received terbinafine of the recommended duration. Clinical improvement was noticed in 10 patients (77%) with tinea infections and 12 patients (63%) with toenail onychomycosis. Two patients (6%) had deranged liver function after treatment, and two patients (6%) had gastrointestinal upset. Both had terbinafine discontinued.

Discussion

Doctors were compliant with treatment duration. Clinical improvement was observed in most patients on terbinafine. Few patients had microbiological confirmation before starting terbinafine, while latest guidelines suggested microbiological confirmation before starting terbinafine. Although terbinafine is an effective and safe alternative for patients with dermatophytosis, doctors should be reminded to obtain microbiological confirmation before prescribing it.

Free Paper Competition – Poster Presentation

POSTER 02

Clinician characteristics associated with diagnosis of depression by a primary care doctor

Weng Yee CHIN[1], Cindy Lo Kuen LAM[1], Eric Yuk Fai WAN[1] and Edmond Pui Hang CHOI[2]

[1] Department of Family Medicine and Primary Care, the University of Hong Kong
[2] School of Nursing, the University of Hong Kong

Introduction

Around one in ten primary care patients in Hong Kong report experiencing mild to moderate depressive symptoms at the time of a primary care consultation, however, less than one in four of these patients are diagnosed as having a depressive disorder by their doctor.

In view of the low detection rates in Hong Kong, the study aimed to examine the association between doctor demographic and practice setting characteristics and diagnosis of depression in primary care patients.

Method

A cross-sectional observational study was conducted on doctors and patients in private and public primary care settings territory-wide across Hong Kong. A case report form completed by the primary care physicians (PCP) was used to collect data on doctor-made diagnosis of depression and questionnaires were used to collect data on doctor and patient characteristics.

Results

59 PCPs and 10, 179 primary care patients joined the study. After controlling for patient factors, doctors working on Hong Kong Island and doctors who were older in age were more likely to diagnose a patient as having depression. Doctor's gender, place of graduation, previous education and training, practice setting and average number of consultations/day were not factors associated with a diagnosis of depression.

Discussion

This was the first territory-wide study conducted in Hong Kong to examine doctor factors associated with identification of depression in primary care patients. Doctor and practice setting characteristics should be taken into consideration when implementing interventions to enhance the treatment rates for patients with depressive disorders in primary care.

Free Paper Competition – Poster Presentation

POSTER 03

Mental health mediating the relationship between symptom severity and health-related quality of life in Chinese Primary Care patients with lower urinary tract symptoms: a 2-year prospective longitudinal study

Edmond Pui Hang CHOI[1], Weng Yee CHIN[2], Cindy Lo Kuen LAM[2] and Eric Yuk Fai WAN[2]

[1] *School of Nursing, the University of Hong Kong*
[2] *Department of Family Medicine and Primary Care, the University of Hong Kong*

Introduction

A preliminary study on primary care patients with lower urinary tract symptoms (LUTS) found that mental health partially mediate the association between severity of LUTS and health-related quality of life (HRQOL). However, a major limitation of the study was its cross-sectional design.

To strengthen the evidence, the present study aimed to evaluate whether changes in mental health would mediate the relationship between change in lower urinary tract symptoms (LUTS) severity and change in HRQOL over 24 months.

Method

A two-year prospective observational study was conducted. Outcome measures included the International Prostate Symptom Score (IPSS) (a LUTS severity measure), the modified Incontinence Impact Questionniare-7 (a LUTS-specific HRQOL measure), the Chinese (HK) SF-12 Health Survey version 2 (a generic HRQOL measure) and the Depression, Anxiety and Stress Scale-21 (a mental health measure). Preacher and Hayes's bootstrapping method was used to test the mediation effect.

Results

335 LUTS patients who had completed the 2-year study were included in the analysis. The direct effects of LUTS severity on LUTS-specific HRQOL were statistically significant (after controlling for depression β= 0.189; anxiety β= 0.198; and stress β= 0.196; p-value <0.05) but less than the total effect (β= 0.238). Furthermore, the bootstrapping method showed that the 95% confidence intervals did not contain zero, supporting partial mediation models. However, changes in mental health were not found to mediate the relationship between changes in LUTS severity and changes in generic HRQOL scores.

Discussion

The model suggested that interventions that address anxiety, depression and stress can diminish the negative impacts of severity of LUTS on LUTS-specific HRQOL. LUTS interventions can be developed based on this theoretical framework in order to optimize the HRQOL in primary care patients with LUTS.

Free Paper Competition – Poster Presentation

POSTER 04

The predictors of health-related quality of life and mental health in Chinese Primary Care patients with lower urinary tract symptoms: a 2-year prospective longitudinal study

Edmond Pui Hang CHOI[1], Weng Yee CHIN[2], Cindy Lo Kuen LAM[2] and Eric Yuk Fai WAN[2]

[1] School of Nursing, the University of Hong Kong
[2] Department of Family Medicine and Primary Care, the University of Hong Kong

Introduction

Lower urinary tract symptoms (LUTS) substantially impair health-related quality of life (HRQOL) and mental health. Understanding the predictors associated with poorer HRQOL and mental health in LUTS patients can assist primary care clinicians in identifying patients who are at risk of HRQOL and mental health deterioration and health service planners in providing appropriate personalized medical and psychosocial interventions.

The study aimed to identify the predictors of HRQOL and mental health in LUTS patients.

Method

A 2-year prospective observational study was conducted. Primary care patients with LUTS completed a structured questionnaire containing the International Prostate Symptom Score, the modified Incontinence Impact Questionniare-7, the Chinese (HK) SF-12 Health Survey version 2 and the Depression, Anxiety and Stress Scale-21. Multiple linear regression analysis was used to explore the predictors.

Results

335 LUTS patients who had completed the 2-year study were included in the analysis. More severe LUTS at baseline were associated with poorer LUTS-specific HRQOL, generic HRQOL and mental health at 24-month. Other predictors of poorer LUTS-specific HRQOL included having more severe incomplete bladder emptying, urgency or nocturia, mixed urinary incontinence, and being female. Having more severe urgency was a predictor of more severe anxiety symptoms.

Discussion

More severe LUTS, incomplete bladder emptying, urgency, nocturia and mixed urinary incontinence were found to be modifiable risk factors of HRQOL and mental health in LUTS patients, and should be targeted. More treatment attention may be needed for female patients because they tended to have poorer HRQOL and mental health outcomes over a 2-year period.

Free Paper Competition – Poster Presentation

POSTER 05

Poor R wave progression on a screening ECG

Tse Tsui Yee, Emily

Department of Family Medicine and Primary Healthcare, Hong Kong West Cluster, Hospital Authority

Background

The patient is a 66 years old male with history of hypertension since 2007, impaired fasting glucose and hypercholesterolaemia. He was previously followed up in the private sector, on Amlodipine 5mg daily. He newly presented to a public general out-patient clinic in March 2015 for continuation of follow up due to financial reason.

Progress

He was clinically stable with a blood pressure of 140/70mmHg upon first seen by us. He had no active complaints. He was recruited into the Risk Management and Assessment Program (RAMP) for his hypertension as a routine practice of the clinic.

Upon RAMP in April 2015, a screening ECG on him (Fig. 1) showed suspected poor R wave progression. He was asymptomatic then.

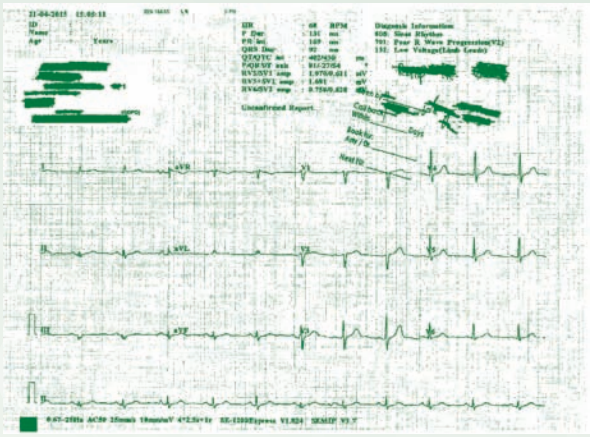


Fig. 1

Patient returned to the clinic to follow up afterwards. ECG was repeated (Fig. 2) and showed inverted T wave in leads I, aVL, poor R wave progression and marked R axis deviation. Although patient reported no chest pain all along, the clinical suspicion of ischaemic heart disease was raised. Patient was referred to cardiologist for further investigation.

He returned to the clinic in August 2015 revealing that he was confirmed to have ischaemic heart disease and a prompt percutaneous transluminal coronary angioplasty (PTCA) was already performed and he was very grateful with our screening.

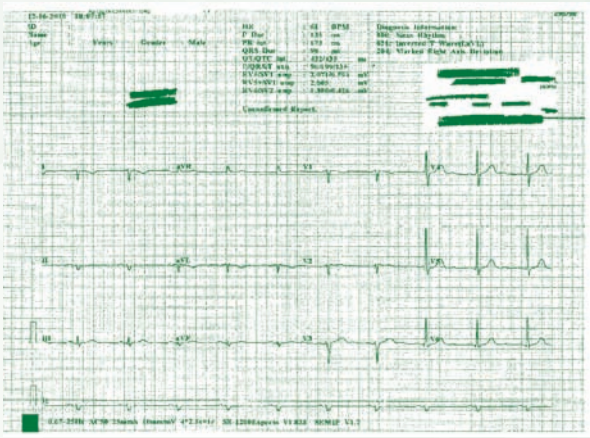


Fig. 2

Discussion

Family physicians should be alerted to the finding of poor R wave progression on screening ECGs as it may indicate cardiovascular risks in asymptomatic patients.

Free Paper Competition – Poster Presentation

POSTER 06

Identifying Cases of Violence against Women and Children: An Essential Skill Set in Family Medicine

Elisabeth Engeljakob, MD; Ma. Teresa Tricia Guison-Bautista, MD; Regina D. Piano, MD

Department of Family Medicine, Quirino Memorial Medical Center, Philippines

Introduction

Child abuse, sexual and domestic violence are among the most destructive experiences afflicting women and children that result to physical, behavioral, psychological, and economic consequences. Physicians in the front line need to be sensitive and vigilant in identifying both overt and subtle signs of these violations. As such, identification of victims is vital to prevent further abuse and injury, as well as to manage the patient holistically.

Objectives

To assess the skill of Family Medicine (FM) residents in detecting cases of violence against women and children (VAWC).

Methods

Eight case scenarios were presented to resident trainees from government and private hospitals in Metro Manila. They were tasked to identify cases pertaining to VAWC, and distinguish the case type.

Results

Red flags that were easily detected by more than 80% of trainees were cases of rape and physical abuse towards women. Circumstances with moderate challenge were neglect, sexual harassment, abandonment and sexual abuse, in that order. On the other hand, respondents had inadequacy in detecting cases of physical abuse towards children; while the most difficult to recognize was emotional abuse.

Conclusion

Acquisition of this new skill set may prove beneficial in providing the ideal environment for proper management and support provision for the VAWC subjects. Lack of knowledge and training in this rising societal and health threat may cause underdiagnosis of common VAWC presentations. Consequently, this leads to failure of identification, assessment, documentation, and management of such patients.

Free Paper Competition – Poster Presentation

POSTER 07

Family Medicine Residents in End-of-Life Care: Are They Up for It?

Goldie Lynn Diaz, MD; Ma. Teresa Tricia G. Bautista MD; Elisabeth Engeljakob MD; Mary Glaze Rosal MD

Department of Family Medicine, Quirino Memorial Medical Center, Philippines

Introduction

Residents are expected to convey unfavorable news, discuss prognoses, relieve suffering, and address do-not-resuscitate orders, yet some report a lack of competence in this area. Recognizing this need, Family Medicine residency programs are incorporating end-of-life care from symptom and pain control, counseling, and humanistic qualities as core proficiencies in training.

Objective

This study determined the competency of Family Medicine Residents from various institutions in Metro Manila on rendering care for the dying.

Materials And Methods

Trainees completed a Palliative Care Evaluation tool to assess their degree of confidence in patient and family interactions, patient management, and attitudes towards hospice care.

Results

Remarkably, only a small fraction of participants were confident in performing independent management of terminal delirium and dyspnea. Fewer than 30% of residents can do the following without supervision: discuss medication effects and patient wishes after death, coping with pain, and reacting to limited patient decision-making capacity. Majority expressed confidence in many end-of-life care skills if supervision, coaching and consultation will be provided. Most trainees believed that pain medication should be given as needed to terminally ill patients. These attitudes may be influenced by personal beliefs about dying rooted in cultural upbringing as well as by personal experiences with death in the family.

Conclusion

Enhancing the quality and quantity of end-of-life care experiences during residency with sufficient supervision may lead to knowledge and skill improvement to ensure quality of care. Fostering bedside learning opportunities during residency is an appropriate venue for teaching interventions in end-of-life care education.

Free Paper Competition – Poster Presentation

POSTER 08

Relationship between Blood Pressure and Incidence of Cardiovascular Diseases and Mortality in Patients with Diabetes Mellitus in Hong Kong

Eric Yuk Fai Wan[1], Colman Siu Cheung Fung[1], Esther Yee Tak Yu[1], Daniel Yee Tak Fong[2], Weng Yee Chin[1], Carlos King Ho Wong[1], Anca Ka Chun Chan[1], Karina Hiu Yen Chan[1], Cindy Lo Kuen Lam[1]

[1] Department of Family Medicine and Primary Care, the University of Hong Kong
[2] School of Nursing, the University of Hong Kong

Introduction

Blood pressure (BP) is a vital modifiable risk factor of cardiovascular diseases (CVD) and mortality amongst patients with Type 2 Diabetes Mellitus (T2DM). Although all international guidelines recommend adequate BP control, there is no consensus on the optimal BP level. The objective of this study was to examine the association between updated BP and incidence of CVD events and all-cause mortality.

Method

A retrospective population-based cohort study was conducted on 125,277 Chinese adult primary care patients with T2DM and without CVD in Aug 2008 and Dec 2009. Using the average of the annual mean BP records (updated BP) before an outcome event over a median follow-up of 5.3 years, the risk of CVD and all-cause mortality associated with BP were evaluated using multivariable Cox proportional hazards regression analysis of adjustment of socio-demographics and clinical characteristics.

Results

A J-shaped curvilinear relationship was identified between updated BP and CVD incidence and all-cause mortality. Low BP (<125/<60mmHg) or high BP (≥140/≥80mmHg) was associated with elevated risk of events. The optimal BP range for a lower likelihood of CVD and all-cause mortality was a systolic BP (SBP) of 130-139mmHg and a diastolic BP (DBP) of 60-79mmHg.

Conclusions

In Chinese primary care patients with T2DM, the optimal BP level of SBP 130-139mmHg and DBP 60-79mmHg was identified for the prevention of CVD events and all-cause mortality. Clinicians need to be cautious about excessive lowering of SBP <125mmHg or DBP <60mmHg in patients without existing complications.

Free Paper Competition – Poster Presentation

POSTER 09

To improve the quality of care by adopting a diabetic clinic in general out-patient clinic

Lee CP, Leung SY, Hui MT, Li PKT

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

Introduction

In order to improve the quality of diabetes mellitus (DM) management, a DM clinic was piloted in a general out-patient clinic (GOPC) from Sep 2014 for managing all DM patients which was attended by family medicine specialist.

Method

Data from all diabetic patients in the pilot GOPC was analyzed and compared between the period before and after the establishment of the DM clinic. Parameters include capture and control rate of HbA1c, blood pressure and LDL cholesterol, referral rate for Risk Assessment and Management Program (RAMP) and rate of Statin use and Insulin initiation.

Results

3935 DM patients were recruited for analysis. Improvement was shown in various aspects, including HbA1c capture rate (88.6% vs 92.5%, +3.9%), BMI capture rate (74.8% vs 83.7%, +8.9%), HbA1c control < 7% (50.1% vs 52.7%, +2.6%), LDL control < 2.6mmol/L (46.3% vs 53%, +6.7%), use of statin (44.6% vs 51.9%, +7.3%), initiation of insulin (1.7% vs 1.8%, +0.1%), RAMP attendance rate (41.8% vs 57.9%, + 16.1%) and RAMP referral rate (34.7% vs 39.4%). However, patients with blood pressure control <130/80 slightly dropped 1.5% (34.3% vs 32.8%).

Discussion

Without additional resources, the overall improvement in quality of DM care reflects family medicine specialist run DM clinic in GOPC is an effective care delivery model for managing diabetic patients in the primary care setting.

Free Paper Competition – Poster Presentation

POSTER 10

Net Effect of Metformin Monotherapy on Cardiovascular Diseases and Mortality amongst Chinese patients with Type 2 Diabetes Mellitus

Colman Siu Cheung Fung[1], Eric Yuk Fai Wan[1], Carlos King Ho Wong[1], Fangfang Jiao[1], Anca Ka Chun Chan[1]

[1] Department of Family Medicine and Primary Care, Li Ka Shing Faculty of Medicine, The University of Hong Kong

Introduction

Whether metformin, the first-line oral anti-diabetic drug, should be initiated early to a patient with type 2 diabetes mellitus (T2DM) in addition to lifestyle modifications can sometimes be a difficult decision. We aim to study the net effects of metformin monotherapy (MM) on cardiovascular diseases (CVD) events and all-cause mortality.

Method

This was a retrospective 5-year follow-up cohort study on Chinese diabetic patients without any CVD history under public primary care. Cox proportional hazard regressions were performed to compare the risk of CVD events (Coronary heart disease, stroke, heart failure) and all-cause mortality between patients receiving lifestyle modifications plus MM (MM group) and patients on lifestyle modifications alone (control group).

Results

Thirty-four hundred pairs of matched patients were compared. MM group had an incidence rate of 7.5 deaths and 11.3 CVD events per 1000 person-years during a median follow-up period of 62.5 months whereas control group had 11.1 deaths and 16.3 per 1000 person-years during a median follow-up period of 43.5-44.5 months. MM group showed a 29.5% and 30-35% risk reduction of all-cause mortality and CVD events (except heart failure) than control group ($P < 0.001$). MM group was more prone to progress to chronic kidney disease but lack statistical significance.

Discussion

Diabetic patients who were prescribed with metformin showed a lower incidence of having CVD events and all-cause mortality than those on lifestyle modifications alone. If it is tolerated and not contraindicated, diabetic patients should start metformin early to minimize their risk of having CVD events and mortality.

Free Paper Competition – Poster Presentation

POSTER 11

Towards the Goal of a Healthy University in Hong Kong: The Pilot Health Promotion Projects

Dana SM LO[1], Eva TK AU[2]

[1] Senior Medical Officer, University Health Service, The Hong Kong Polytechnic University
[2] Medical Officer, University Health Service, The Hong Kong Polytechnic University

Introduction

Since the Ottawa Charter for Health Promotion in 1986, health promotion in higher education has gradually drawn to attention at the global level. While network for Health Promoting Universities are well established in Europe providing mutual support at the organizational level, there is much room for improvement in enhancing Asia-Pacific Network including Hong Kong. This study aims at exploring the feasibility and effectiveness of organizing Pilot Health Promotion Projects with multidisciplinary coordination in a local university in Hong Kong.

Method

To start from University Health Service UHS, 6 health campaigns were organized in 2014/15 overall in-charge by the Senior Medical Officer. Each team was led by a Medical Officer, with members including Nurse, Chinese Medicine Officer, Allied Health members, University students major in health related disciplines, external departments and supporting staff.

Results

The 6 health campaigns were Travel Health, Well Women, Skin Health, Cardiovascular Health, Student Mental Health, and Campus Jog for Health Campaigns. There were 20 departments within the University and from external bodies involved in the collaboration, with positive feedback from both students and staff received.

Discussion

With the encouraging experience from the Pilot Health Promotion Projects organized by UHS, it is reinforced that the way of upgrading the previous ad hoc one-off health campaigns organized by individual unit in a University, to large-scale, systematic and sustainable movement by multidisciplinary units require strategic planning with the health policy at the organizational level and support from senior management.

Free Paper Competition – Poster Presentation

POSTER 12

What can we do for the common mental disorders in Primary Healthcare?

Hon Hon SZE, Keith LEUNG, Catherine NG, Chris CHAU, Mary CHU, Alfred KWONG, Welchie KO, Wendy TSUI

Department of Family Medicine and Primary Health Care, Hong Kong West Cluster, Hospital Authority

Introduction

According to the most recent Hong Kong Mental Morbidity Survey 2010 the weighted prevalence of adult population suffered from depressive and anxiety disorders was 13.3%. In primary care setting, depression and anxiety are the two most common mental disorders (CMDs) being diagnosed.

In this study, we explored the characteristics of patients recruited into IMHP. We also estimated the change of symptom frequency and severity of CMDs by monitoring tools, i.e. the PHQ-9 and GAD-7 questionnaires.

Methods

At the two clinics, the details of recruited patients were analysed. All the patients were stratified by filling in the same questionnaire of PHQ-9 and GAD-7 at the beginning and after the programme.

Results

During April 2014 to March 2015, there were 385 patients recruited into IMHP. The female to male ratio was about 3:1. The medium of age was 54 years old. There were 239 patients with outcome documentation at that period of time. When comparing pre- and post- score difference, there were 82.8% and 82% of patients showed improvement in PHQ-9 and GAD-7 scores.
The mean score of pre- vs post-PHQ-9 scores = 14.3 vs 7.8 ($p < 0.001$)
That of pre- vs post- GAD-7 scores = 12.9 vs 7.2 ($p < 0.001$).

Discussion

Primary healthcare is an important and effective provider for majority of patient with CMDs. Concerning the characteristics of non-response group, we could develop specific treatment modalities/ class to manage those patients with mild symptoms.

Free Paper Competition – Poster Presentation

POSTER 13

Insulin therapy, no longer the nightmare to me: Pre-Insulin Class

Hon Ho SZE, Kin Kwan YEUNG, Ka Yi SU, Chris CHAU, Lai Ling LEE, Celina HO, Alfred KWONG, Welchie KO, Wendy TSUI

Department of Family Medicine and Primary Health Care, Hong Kong West Cluster, Hospital Authority

Introduction

Many DM patients refuse insulin therapy even when they clinically require this treatment modality. There is increased interest in conducting task orientated patient education for commencement insulin therapy running in group setting.

Methodology

Pre-insulin classes have been implemented since 2014 at two clinics. The class contents include talk and demonstration. We analyzed the participant filled questionnaires of pre- and post- data on the knowledge, skills and acceptance.

Result

We have recruited 125 patients. Majority of attendees (71.2%) were aged between 21-70 years old (89/125). 73.6% of attendees were primary and early secondary school education level (92/125). The following results were obtained comparing the pre and post condition:

1. There was 4.6 folds increase in acquired knowledge and skill about insulin therapy (from 9.6% [12/125] to 53.6% [67/125]).
2. There was more than 50% reduction in the fear of insulin therapy (inacceptable/ fear of insulin therapy from 35.2% [44/125] to 16% [20/125])

Concerning the DM patients' initial barriers and reasons for accepting it afterwards:
The following are top 3 reasons for declining insulin therapy.

1. Thought insulin injection procedures are complicated (46%, 57/124).
2. Scare of hurt during injection (31%, 38/124).
3. Scare of unwanted side effect of insulin therapy (15%, 18/124).

Discussion

The pre-insulin class was found to be a useful mean to raise the knowledge, acceptance and willingness of insulin therapy in DM patients with no or little knowledge about insulin therapy.

Free Paper Competition – Poster Presentation

POSTER 14

Advanced hypertensive retinopathy and hypertension complications in the primary care setting: retrospective cross-sectional study

Chiang LK, Yau Michael, Kam CW, Ng Lorna

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

Introduction

Poorly controlled hypertension (HT) causes damage to the retinal microcirculation, which is important in cardiovascular risk stratification. Studies have shown that hypertensive retinopathy (HTR) changes can be reliably documented by retinal photographs. International agencies had recognized retinopathy as hypertensive target end organ damage. This study aims to examine the epidemiology of advanced hypertensive retinopathy in the primary care setting; to assess patient predictive characteristics associated with advanced HTR; to assess the association of advanced HTR with other HT complications.

Methods

This is a retrospective cross-sectional review involving all hypertensive patients who had retinal photographs done during the period from January 2010 to December 2013. Patients with comorbidity of diabetes mellitus were excluded. Patient's predictive characteristics associated with advanced hypertensive retinopathy, and the association of hypertensive retinopathy and other hypertension complications were examined.

Results And Outcomes

256 (34.3%) male and 491 female (65.7%) hypertensive patients were included. The average duration of hypertension was 7.2 years, while 49.8% and 41.2% were taking one and two antihypertensive medications respectively. The leading associated comorbidity was dyslipidaemia (53.3%). 130 patients (17.4%) were concluded to have advanced HTR. Advanced patient age, longer duration of hypertension, taking more antihypertensive agents were statistically significant associated with advanced HTR. Multivariate analyses revealed that patient age statistically significant associated with advanced HTR. The OR (95% CI) was 1.04 (1.02-1.06, P=0.001). Three leading hypertension complications or target organ damage was advanced HTR (17.4%), heart disease (7.1%) and cerebrovascular disease (3.9%).

In conclusion, 17.4% of hypertensive patients in a primary care clinic have advanced hypertensive retinopathy and which is the commonest hypertensive end organ complication.

Free Paper Competition – Poster Presentation

POSTER 15

Family Physicians taking care health care workers - is self-reported history of chickenpox a reliable marker for varicella zoster virus (VZV) immunity?

Eva Tai-Kwan Au[1], Susanna Kar-pui Lau[2], Dana Sze-mon Lo[3]

[1] Medical Officer, University Health Service, The Hong Kong Polytechnic University
[2] Clinical Professor, Department of Microbiology, Li Ka Shing Faculty of Medicine, The University of Hong Kong
[3] Senior Medical Officer, University Health Service, The Hong Kong Polytechnic University

Introduction

Chickenpox is a highly transmissible disease. Nosocomial transmission of VZV is well recognized. Professional bodies have published different guidelines about immunization of health care personnel. US CDC recommended VZV IgG tests in all persons who cannot provide a written documentation of having 2 doses of varicella vaccine or verification of a history of VZV disease by a health-care provider; while professional bodies in the UK and Australia accepted a self-reported history of chickenpox an evidence of immunity. This study aims to determine the association of a patient's history of chickenpox to VZV seropositivity.

Method

University students of health care related subjects were asked to report history of chickenpox. Their vaccination records were collected for review. Each of them had VZV IgG test by ELIZA. The correlation of self-reported history and VZV seropositivity was calculated.

Results

Among the 727 included subjects, 75.65% reported history of chickenpox, of which 91.09% had positive VZV IgG. The positive predictive value (PPV) of a self-reported history of chickenpox to VZV seropositivity was 91.09%. The negative predictive value of a self-reported negative history of chickenpox to VZV seronegativity was 46.36%. The sensitivity of a self-reported chickenpox history to predict positive VZV IgG titer was 85.93% and specificity 76.92%.

Discussion

The PPV of a self-reported history of chickenpox to VZV seropositivity is reasonably high. However, if we only use that as evidence of immunity, we will miss 9% of health care workers who are susceptible to infection. Further investigations are needed to determine where it is cost effective to screen all health care workers by VZV IgG, or based on the disease history alone.

Free Paper Competition – Poster Presentation

POSTER 16

Can We Improve the Management of Hypertension in a General Out-Patient Clinic?

Chan HT, Fung HT, Chao DVK

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

Introduction

Hypertension is a major risk factor of cardiovascular and cerebrovascular diseases leading to significant morbidity and mortality. Evidence has shown that proper management of hypertension has been associated with significant reduction in complications.

Method

In August 2013, a random sample of 337 patients' records with hypertension were reviewed based on 23 audit criteria. The criteria were based on modified audit protocol published by Eli Lilly National clinical audit centre and updated local and international guidelines. Areas for improvement were identified and changes were commenced since September 2013. Another random sample of 346 patients' records with hypertension were then reviewed in September 2014.

Results

After the implementation of changes, 19 out of 23 criteria showed statistically significant improvement and reached the standard. The 19 criteria including blood pressure recorded every visit, correct diagnosis, assessment on risk factors - smoking / blood glucose / lipid / alcohol / physical inactivity / JBS cardiovascular risk, assessment on hypertension related complications - angina / stroke / heart failure / peripheral vascular disease / hypertensive renal disease / electrocardiogram, regular review, assessment on side effects of drug and drug compliance, advice on life style modification and the most significant outcome criterion - achieving target blood pressure.

Conclusion

Significant improvement of the management of patients with hypertension could be achieved by going through an audit cycle.

Free Paper Competition – Poster Presentation

POSTER 17

The effect of probiotic treatment for relieving constipation in healthy adults: a systematic review of randomized controlled trials

Li, T. S., Liu, C. L., Lam, N. S., Lo, T. S., Tsang, P. L., Lui, H. K., Tam, M. H. M., Mak, L. H., Ho, M.

School of Nursing, Tung Wah College, Hong Kong

Introduction

Constipation is one of the most common gastrointestinal disorders. There was an increasing trend of using alternative therapies for treating constipation, yet the remains uncertain. We have conducted a systematic review examine the effectiveness of alternative therapies for treating constipation in healthy adults. This paper will focus on evaluating the effect of probiotic treatments.

Methods

Studies published in English (up to 24th September 2015) were identified from MEDLINE, CINAHL, and Cochrane library. Each study was screened by two reviewers independently against the following eligibility criteria: randomized controlled trial involving alternative therapies, participants aged 18 years or above with constipation and without other co-morbidities. Review Manager 5.1 was used for meta-analyses.

Results And Discussion

A total of 2491 records were identified of which 8 involved probiotic product intervention. 7 of the 8 eligible studies provided complete and comparable data for meta-analysis on the frequency of bowel movement per week. The meta-analysis showed that probiotic intervention (n= 686 participants) significantly increased the bowel movement frequency by 0.58 times per week (95%CI: 0.30- 0.87, I2=66%) compared to the placebo or no-treatment control groups. Furthermore, probiotic intervention showed significant improvement in other constipation symptoms, including less straining, decrease in lumpy hard stool and sense of incomplete evacuation. Studies that used mixed probiotics reported a greater treatment effect than those used a single strain of probiotics. There was no report of adverse events from the included studies. In conclusion, probiotic intervention is a safe and effective alternative therapy for relieving constipation in healthy adults.

Free Paper Competition – Poster Presentation

POSTER 18

Translating instrument from one language to another: the challenges of translation in cervical screening research

Dorothy N.S. Chan, RN, PhD candidate; Winnie K.W. So , RN, PhD

The Nethersole School of Nursing, The Chinese University of Hong Kong

Introduction

Instrument translation is an important step before the instrument is used in a cross-cultural research. There is lack of instrument in relevant language that can be used to explore the cultural barriers to cervical screening of South Asian women in Hong Kong.

Purposes

To describe the translation process of an instrument (Cultural Barrier to Screening Inventory, from source language English to target language Nepali/Urdu), the challenges encountered and the strategies to tackle the challenges.

Method

Brislin's model was adopted to guide the translation process. Forward and backward translations were done by bilingual translators. The original version and back-translated version was compared to identify any errors in meaning or translation. The cycle of translation repeated again until all errors were corrected. The translated version was pre-tested with a sample of bilingual South Asian women to identify any potential problem.

Results And Discussions

The instrument had undergone three cycles of forward and backward translation. The challenges encountered during the process included 1)absence of the vocabulary in the target language such as pap test, 2)differences in the syntactical style in terms of the sentence structure, 3)inconsistency in words used by different translators to describe the same phrase/words and 4)translation error such as distorting the meaning of words. The challenges were solved by 1)using several words instead of one word to represent the vocabulary, 2)maintenance of sentence meaning despite the difference in sentence structure, 3) discussion with the translators for consistency in word usage and 4)clarification of the meaning of words with the translators.

Free Paper Competition – Poster Presentation

POSTER 19

What is the significance of early detection of chronic obstructive pulmonary disease (COPD) by spirometry in high risk population in primary care?

Chow KL[1], Lai KPL[1], Chan PF[1], Chao DVK[1], Chan PC[2], Chan KS[2]

[1] Department of Family Medicine and Primary Health Care, Kowloon East Cluster (KEC), Hospital Authority

[2] Department of Medicine, Haven of Hope Hospital, Hospital Authority

Introduction

COPD is a major cause of morbidity and mortality. Early detection is important to allow timely intervention and prevent deterioration. The objective of this study is to evaluate the spirometry results and outcomes of at risk patients assessed for COPD in a GOPC.

Method

Chronic smokers or ex-smokers aged 40 or above who have not been diagnosed COPD were referred for spirometry assessment. Brief counselling on smoking cessation and advice on influenza vaccination were given. The spirometry results and outcomes of patients from 1 Jan 2014 to 31 Dec 2015 were reviewed.

Results

419 patients with spirometry (Without bronchodilator reversibility test) performed were included in the study. 27.2% (n=114) was found to have COPD in which 108 (94.7%) were male patients. The mean age was 67 years and 22% of patients were younger than 60 years old. Among these newly diagnosed COPD patients (Forced Expiratory Volume in 1 second/Forced Vital Capacity <0.7), 70.2% of them were smokers and 29.8% were ex-smokers. Most patients were classified as GOLD grade 1 (Mild, 34.2%) and grade 2 (Moderate, 44.7%) while 21.1% were classified as GOLD grade 3 (Severe) or 4 (Very severe) in severity. Among those newly diagnosed COPD smokers, 20% of them quitted smoking after received counselling within 1 year. 45.6% of newly diagnosed COPD patients were prescribed with COPD medications and 50% of those aged 65 or above received influenza vaccine.

Discussion

This study showed that the COPD detection rate by spirometry in high-risk patients in primary care is 27.2%. With early detection of COPD, timely intervention including counselling for smoking cessation, vaccination and pharmacotherapy can be provided.

Free Paper Competition – Poster Presentation

POSTER 20

Implementing diabetes nurse assisted and family physician led insulin titration and intensification in primary care – the benefits and outcomes

Lai KPL, Chan PF, Chow KL, Tsang ML, Chan WY, Chao DVK

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

Introduction

With the assistance of diabetes nurses, family physicians can titrate the insulin dosage more frequently to achieve faster glycaemic control and tackle hypoglycaemic episodes more promptly. This study aimed to review the preliminary outcomes of a diabetes nurse assisted and family medicine specialists led insulin titration and intensification programme in a primary care clinic.

Method

Since April 2015, all diabetes patients being put on insulin in the clinic would be advised to perform self-monitoring of blood glucose (SMBG) and report the results to our diabetes nurses. The diabetes nurses would inform doctors for abnormal readings. The doctors would then advise for the needs of insulin titration or earlier follow-up. Patients being put on insulin from 1st April 2015 to 30th June 2015 and had their glycated haemoglobin (HbA1c) results obtained 6 months after the latest change of insulin regimen were recruited. The required clinical data and medical records of the subjects were reviewed and analysed.

Results

101 out of 213 patients attended the clinic during the study period were put on insulin therapy in which 62 patients had their HbA1c obtained 6 months after insulin regimen change. 51.6% of patients had reported SMBG. At 6 months after implementation of the programme, the proportion of patients with HbA1c controlled to less than 7.0% and 7.5% improved from 3.2% to 14.3% (Chi square test $p = 0.027$) and 14.3% to 30.2% (Chi square test $p = 0.032$) respectively.

Discussion

Diabetes nurse assisted and family physician led insulin titration and intensification could be successfully implemented to better manage patients on insulin in primary care.

Free Paper Competition – Poster Presentation

POSTER 21

Outcomes of patients with chronic dyspepsia managed in a Family Medicine specialist led Triage Clinic

Wong SN[1], Chan PF[1], Fung HT[1], Kwan Y[1], Luk MHM[1], Too LC[1], Chao DVK[1], TP Fung[2], TL Chow[2]

[1] Department of Family Medicine and Primary Health Care, United Christian Hospital, Kowloon East Cluster, Hospital Authority

[2] Department of Surgery, United Christian Hospital, Kowloon East Cluster, Hospital Authority

Introduction

Family Medicine Triage Clinic (FMTC) was set up at Kwun Tong Community Health Centre in February 2015 to manage some common predefined surgical conditions. Chronic dyspepsia was one of the major conditions referred to FMTC. This review was to evaluate the diagnoses and outcomes of patients with chronic dyspepsia referred to FMTC.

Methodology

All patients with chronic dyspepsia referred to FMTC from 14th February 2015 to 13th June 2015 were recruited. Relevant clinical data were retrieved from Clinical Management System.

Results

167 patients with chronic dyspepsia were referred to FMTC. The mean age of patients was 56.5 years (SD 13.9) and 71.9% were female. The mean waiting time for FMTC was 3.5 weeks (SD 1.2). The mean duration of the dyspepsia symptoms was 37.4 months, with a median of 12 months. Oesophagogastroduodenoscopy (OGD) was arranged in 84 patients (50.3%) and the mean waiting time was 8.42 weeks (SD 3.9). The indications of OGD included chronic dyspepsia (57.1%), epigastric pain (22.6%), acid reflux (17.9%), suspected malignancy (1.2%) and suspected peptic ulcer (1.2%). The most common OGD finding was gastritis (82.2%) followed by metaplasia (6.8%), benign gastric polyps (6.8%), peptic ulcer (5.5%) and gastric erosion (1.4%). 32.9% was found to have helicobacter pylori (HP) infection by biopsy. 20 patients were arranged for urea breath test (UBT) with 39.9% positive for HP.

For those 143 patients who had attended the clinic for more than once, 121 (84.6%) of them reported symptoms improvement. 53.9% of patients were discharged after a mean of 2.74 visits. Only 13 patients (7.8%) required referral to the Surgical SOPC for further assessment and management.

Discussion

This review showed that with the use of protocol driven tactic and enhanced accessibility of hospital investigations, patients with chronic dyspepsia could be managed well in primary care. The clinic successfully acted as a gatekeeper and reduced workload in secondary care.

Note

Note

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HbA1c Reduction[2-7]	Weight Loss[1]	Blood Pressure Reduction[1]	Low Hypoglycemia Incidence[1*]	Once-Daily Dosing[1]

* Frequency of hypoglycemia depends on the background antidiabetic therapy used.
SGLT2 = sodium-glucose cotransporter 2.
FORXIGA™ is not indicated for the management of obesity or high blood pressure.

References
1. Forxiga™ prescribing information. 2. Bailey CJ, et al. Lancet 2010;375:2223-2233. 3. Nauck MA, et al. Diabetes Care 2011;34:2015-2022. 4. Wilding JP, et al. Ann Intern Med 2012;156:405-415. 5. Bailey CJ, et al. BMC Med 2013;11:43. 6. Nauck MA, et al. Diabetes Obes Metab 2014;16:1111-1120. 7. Wilding JP, et al. Diabetes Obes Metab 2014;16:124-136.

Presentation:
Dapagliflozin propanediol monohydrate film-coated tablet. Indication and Usage: Improve glycaemic control in adults aged 18 years and older with type 2 diabetes mellitus, as monotherapy when diet and exercise alone do not provide adequate glycaemic control in patients for whom use of metformin is considered inappropriate due to intolerance; or in combination with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. Dosage and Administration: 5 mg or 10 mg. To be taken orally once daily at any time of day with or without food. Tablets are to be swallowed whole. Contraindications: Hypersensitivity to the active substance or to any of its excipients. Warnings and Precautions: Should not be used in patients with type 1 diabetes mellitus; for the treatment of diabetic ketoacidosis; in patients with hereditary problems of galactose intolerance, the Lapp lactase deficiency, or glucose-galactose malabsorption; and while breastfeeding. Not recommended in patients with moderate to severe renal impairment (CrCl < 60 ml/min or eGFR < 60 ml/min/1.73 m²); patients concomitantly treated with pioglitazone; patients receiving loop diuretics or who are volume depleted; and in patients 75 years and older for initiating dapagliflozin. Discontinued if renal function falls below CrCl < 60 ml/min or eGFR < 60 ml/min/1.73 m²; and when pregnancy is detected. Temporarily interrupted in patients who develop volume depletion until the depletion is corrected; and when treating pyelonephritis or urosepsis. Caution in patients on anti-hypertensive therapy with a history of hypotension; elderly patients; and patients with already elevated haematocrit. Limited or no data in hepatic impairment; cardiac failure; pregnancy; paediatric population; and when used with DPP4 inhibitors or GLP1 analogues.Adverse Reactions: Very common: Hypoglycaemia when used with SU or insulin. Common: Vulvovaginitis, balanitis and related genital infections, urinary tract infection;, back pain dysuria and polyuria; dyslipidaemia and increased haematocrit. Uncommon: Vulvovaginal pruritus; volume depletion, thirst; constipation; hyperhidrosis; nocturia; increased blood creatinine and blood urea. Drug interaction: Coadministration with rifampicin may reduce dapagliflozin systemic exposure; coadministration with mefenamic acid may increase dapagliflozin systemic exposure. Local prescribing information is available upon request. API.HK.FOR.0113

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306,627,022 29/12/2014

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* Pooled data from three 12-24 weeks randomized, double-blind studies in which OD Relvar Ellipta 100/25 or OD Fluticasone Furoate 100 mcg was delivered via the Ellipta dry powder inhaler (DPI) (n=989)[3]

Relvar Ellipta is indicated for the regular treatment of asthma in adults and adolescents aged 12 years and older where use of a combination medicinal product (long-acting $beta_2$-agonist and inhaled corticosteroid) is appropriate:
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Dosage strengths indicated for treatment of Asthma:

Relvar Ellipta 200/25
micrograms
One inhalation, once-daily[1]

Relvar Ellipta 100/25
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Notes to Prescriber

- Patients should not stop therapy with Relvar in asthma, without physician supervision.
- Relvar should not be used to treat acute asthma symptoms, for which a short-acting bronchodilator is required.

Abbreviated Prescription Information **NAME OF THE PRODUCT** RELVAR™ ELLIPTA™ **QUALITATIVE AND QUANTITATIVE COMPOSITION** Pre-dispensed dose of 100 mcg or 200mcg of fluticasone furoate and 25 mcg vilanterol (as trifenatate). Inhalation powder. **INDICATIONS** ***Asthma*** **Relvar Ellipta 100/25mcg & 200/25mg** is indicated for the regular treatment of asthma in adults and adolescents aged 12 years and older where use of a combination medicinal product (long-acting $beta_2$-agonist and inhaled corticosteroid) is appropriate: - patients not adequately controlled with inhaled corticosteroids and 'as needed' inhaled short acting $beta_2$-agonists. ***COPD*** **(Chronic Obstructive Pulmonary Disease) Relvar Ellipta 100/25mcg** is indicated for the symptomatic treatment of adults with COPD with a FEV_1<70% predicted normal (post-bronchodilator) with an exacerbation history despite regular bronchodilator therapy. **DOSAGE AND ADMINISTRATION** ***Asthma*** **Adults and adolescents aged 12 years and over** One inhalation of **Relvar Ellipta 100/25mcg or 200/25mg** once daily. Patients usually experience an improvement in lung function within 15 minutes of inhaling Relvar Ellipta. 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Patients usually experience an improvement in lung function within 16-17 minutes of inhaling Relvar Ellipta. **Elderly patients (>65 years) & renal impairment** No dose adjustment. Relvar Ellipta is for inhalation use only. After inhalation, the patient should rinse their mouth with water without swallowing. Patients should be made aware that Relvar Ellipta must be used regularly, even when asymptomatic. Patients should be regularly reassessed by a healthcare professional so that the strength of **Relvar Ellipta** they are receiving remains optimal and is only changed on medical advice. **CONTRAINDICATIONS** Hypersensitivity to the active substances or to any of the excipients **WARNINGS AND PRECAUTIONS** *Deterioration of disease* Fluticasone furoate/vilanterol should not be used to treat acute asthma symptoms or an acute exacerbation in COPD, for which a short-acting bronchodilator is required. Increasing use of short-acting bronchodilators to relieve symptoms indicates deterioration of control and patients should be reviewed by a physician. Patients should not stop therapy with fluticasone furoate/vilanterol in asthma or COPD, without physician supervision since symptoms may recur after discontinuation. Asthma-related adverse events and exacerbations may occur during treatment with fluticasone furoate/vilanterol. Patients should be asked to continue treatment but to seek medical advice if asthma symptoms remain uncontrolled or worsen after initiation of 1 treatment with Relvar Ellipta. *Paradoxical bronchospasm Paradoxical bronchospasm* may occur with an immediate increase in wheezing after dosing. This should be treated immediately with a short-acting inhaled bronchodilator. Relvar Ellipta should be discontinued immediately, the patient assessed and alternative therapy instituted if necessary. *Cardiovascular effects* such as cardiac arrhythmias e.g. supraventricular tachycardia and extrasystoles may be seen with sympathomimetic medicinal products including Relvar Ellipta. Therefore fluticasone furoate/vilanterol should be used with caution in patients with severe cardiovascular disease. *Systemic corticosteroid effects* Systemic effects may occur with any inhaled corticosteroid, particularly at high doses prescribed for long periods. These effects are much less likely to occur than with oral corticosteroids. Possible systemic effects include Cushing's syndrome, Cushingoid features, adrenal suppression, decrease in bone mineral density, growth retardation in children and adolescents, cataract and glaucoma and more rarely, a range of psychological or behavioural effects including psychomotor hyperactivity, sleep disorders, anxiety, depression or aggression (particularly in children). Fluticasone furoate/vilanterol should be administered with caution in patients with pulmonary tuberculosis or in patients with chronic or untreated infections. *Pneumonia* in patients with COPD An increase in pneumonia has been observed in patients with COPD receiving fluticasone furoate/vilanterol. There was also an increased incidence of pneumonias resulting in hospitalisation. In some incidences these pneumonia events were fatal. Physicians should remain vigilant for the possible development of pneumonia in patients with COPD as the clinical features of such infections overlap with the symptoms of COPD exacerbations. Risk factors for pneumonia in patients with COPD receiving fluticasone furoate/vilanterol include current smokers, patients with a history of prior pneumonia, patients with a body mass index <25 kg/m2 and patients with a (forced expiratory volume) FEV_1<50% predicted. These factors should be considered when fluticasone furoate/vilanterol is prescribed and treatment should be re-evaluated if pneumonia occurs. The incidence of pneumonia in patients with asthma was common at the higher dose. The incidence of pneumonia in patients with asthma taking Relvar Ellipta 200/25mcg was numerically higher compared with those receiving Relvar Ellipta 100/25mcg or placebo. No risk factors were identified. **INTERACTIONS** *Interaction with beta-blockers* $beta_2$*-adrenergic blockers* may weaken or antagonise the effect of $beta_2$-adrenergic agonists. Concurrent use of both non-selective and selective $beta_2$-adrenergic blockers should be avoided unless there are compelling reasons for their use. *Interaction with CYP3A4 inhibitors* Caution is advised when co-administering with strong CYP 3A4 inhibitors as there is potential for increased systemic exposure to both fluticasone furoate and vilanterol, and concomitant use should be avoided. **PREGNANCY AND LACTATION** Pregnancy Administration of fluticasone furoate/vilanterol to pregnant women should only be considered if the expected benefit to the mother is greater than any possible risk to the foetus. Breast-feeding A decision must be made whether to discontinue breast-feeding or to discontinue fluticasone furoate/vilanterol therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman. **ADVERSE REACTIONS** Pneumonia, upper respiratory tract infection, bronchitis, influenza, candidiasis of mouth and throat, headache, extrasystoles, nasopharyngitis, oropharyngeal pain, sinusitis, pharyngitis, rhinitis, cough, dysphonia, abdominal pain, arthralgia, back pain, fractures, pyrexia. **OVERDOSE** There is no specific treatment for an overdose with fluticasone furoate/vilanterol. If overdose occurs, the patient should be treated supportively with appropriate monitoring as necessary. Further management should be as clinically indicated or as recommended by the national poisons centre, where available. Abbreviated Prescribing Information based on Relvar Ellipta Summary of Product Characteristics, Hong Kong (Sep 2014).

References: 1. IMS Health pharmaceutical data 2010-2015. Assessed on 26 May 2015. **2.** Prescribing Information of therapeutics agents indicated for asthma treatment, MIMS Drug Reference (Concise Prescribing Information) Hong Kong. Issue 1, 2015 **3.** Relvar (Fluticasone Furoate and vilanterol inhalation powder) Hong Kong Prescribing Information, 2014. **4.** Bleecker ER et al. Fluticasone furoate-vilanterol 100/25 mcg compared with fl uticasone furoate 100 mcg in asthma: a randomized trial. JACI In Practice. 2014;2(5):553-561. **5.** Svedsater H et al. Ease of use of a two-strip dry powder inhaler (DPI) to deliver fluticasone furoate/vilanterol (FF/VI) and FF alone in asthma. BMC Pulmonary Medicine 2013, 13:72.

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- Additional benefits of weight loss and blood pressure reduction[3]
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DPP-4 = dipeptidyl peptidase 4. SGLT2 = sodium-glucose cotransporter 2.

References
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INVOKANA® tablets 100 mg, 300 mg
ABBREVIATED PRESCRIBING INFORMATION

ACTIVE INGREDIENT(S): canagliflozin. **INDICATION(S):** INVOKANA is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. INVOKANA is not recommended in patients with type 1 diabetes mellitus or for the treatment of diabetic ketoacidosis. **DOSAGE & ADMINISTRATION:** Recommended starting dose is 100 mg once daily, taken before the first meal of the day. In patients tolerating INVOKANA 100 mg once daily who have an eGFR of 60 L/min/1.73 m² or greater and require additional glycemic control, the dose can be increased to 300 mg once daily. The dose of INVOKANA is limited to 100 mg once daily in patients with moderate renal impairment with an eGFR of 45 to less than 60 mL/min/1.73 m². INVOKANA should not be initiated in patients with an eGFR less than 45 mL/min/1.73 m². Assessment of renal function is recommended prior to initiation of INVOKANA therapy and periodically thereafter. INVOKANA should be discontinued when eGFR is persistently less than 45 mL/min/1.73 m². **CONTRAINDICATIONS:** History of a serious hypersensitivity reaction to INVOKANA. Severe renal impairment (eGFR less than 30 mL/min/1.73 m²), end stage renal disease or patients on dialysis. SPECIAL WARNINGS & PRECAUTIONS: Hypotension: Causes intravascular volume contraction. Before initiating INVOKANA, assess and correct volume status in patients with renal impairment (eGFR less than 60 mL/min/1.73 m²), the elderly, patients with low systolic blood pressure, or patient on either diuretics or medications that interfere with the renin-angiotensin-aldosterone system. Monitor for signs and symptoms during therapy. Impairment in Renal Function: More frequent renal function monitoring is recommended in patients with an eGFR below 60 mL/min/1.73 m². Hyperkalemia: Monitor serum potassium levels periodically after initiating INVOKANA in patients with impaired renal function and in patients predisposed to hyperkalemia. Hypoglycemia: A lower dose of insulin or insulin secretagogue may be required to minimize the risk of hypoglycemia when used in combination with INVOKANA. Genital Mycotic Infections: Monitor and treat if indicated. Hypersensitivity Reactions: Discontinue INVOKANA; treat per standard of care and monitor until signs and symptoms resolve. Increases in Low-Density Lipoprotein (LDL-C): Monitor LDL-C and treat per standard of care. **SIDE EFFECTS:** Female genital mycotic infections, urinary tract infection, increased urination, male genital mycotic infections, vulvovaginal pruritus, thirst, constipation and nausea. Refer to full prescribing information for other side effects. **PREGNANCY & LACTATION:** Pregnancy Category C. Discontinue drug or nursing. **INTERACTIONS:** UDP-Glucuronosyl Transferase (UGT) Enzyme Inducers. Digoxin. **PLEASE REFER TO FULL PRESCRIBING INFORMATION BEFORE PRESCRIBING.** Prescribing information last revised: MMM-2014 [JJH-IK41402/7P01]
aPI version to be quoted on promotional material: Invokana aPI ver.1.0

MKT-CAN-I-IK-0043 Version Date: Feb 2016
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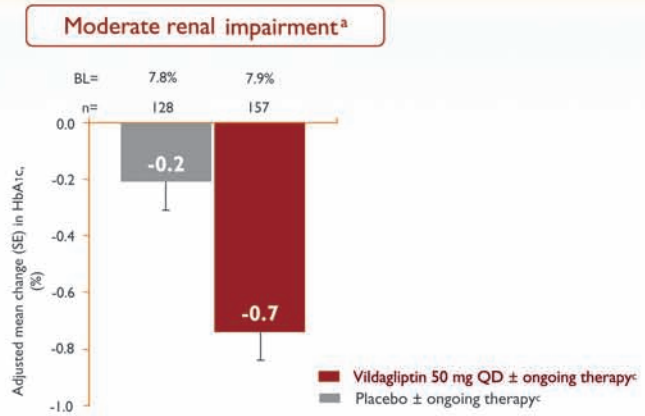

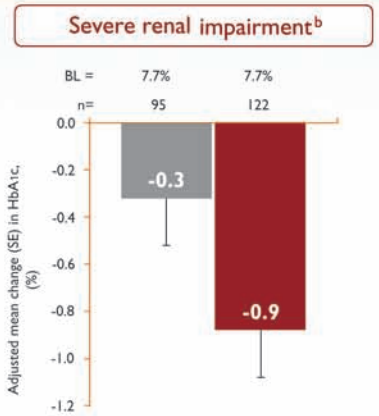

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References

[a]P<0.0001 vs placebo. Full analysis set. BL=baseline; SE=standard error;
[b]BLeGFR: ~40 mL/min/1.73 m²;
[b]BLeGFR: ~21 mL/min/1.73 m²;
[c]ongoing background therapy included: Untreated, sulphonylurea, alpha-glucosidase inhibitor, thiazolidinedione, insulin, meglitinide, or a combination of agents at a stable dose for at least 4 weeks before the first study visit.

1. Adopted from Lukashevich V, et al. Diabetes Obes Metab 2011;13:947-54. **2.** Adopted from Schweizer A, Dejager S. Diabetes Ther 2013;4:257-67. **3.** Adopted from Lukashevich V, et al. Vasc Health Risk Manag 2013;9:21-8. **4.** Adopted from Kothny W, et al. Diabetes Obes Metab 2012;14(11):1032-9. **5.** Galvus® HK. PI EMA July 2014.

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1. NovoPen® 5 User Guide **2.** Guo *et al*. Evaluation of a new durable insulin pen with memory function among people with diabetes and healthcare professionals. *Expert Opinion on drug Delivery* 2012; 9(4): 355-366. **3.** Market share for Novo Nordisk Penfill®. Internal Calculations based on IMS Midas Quantum data, October 2013. **4.** Hyllested-Winge J *et al*. A review of 25 years' experience with the NovoPen® family of insulin pens in the management of diabetes mellitus. *Clin Drug Invest* 2010; 30(10): 643–674. Marketing Authorisation Holder: Novo Nordisk A/S, Novo Allé, DK-2880 Bagsværd, Denmark. *Records dose volume and time within the last 12 hours. APROM ID#5714; approval date: March 2014.

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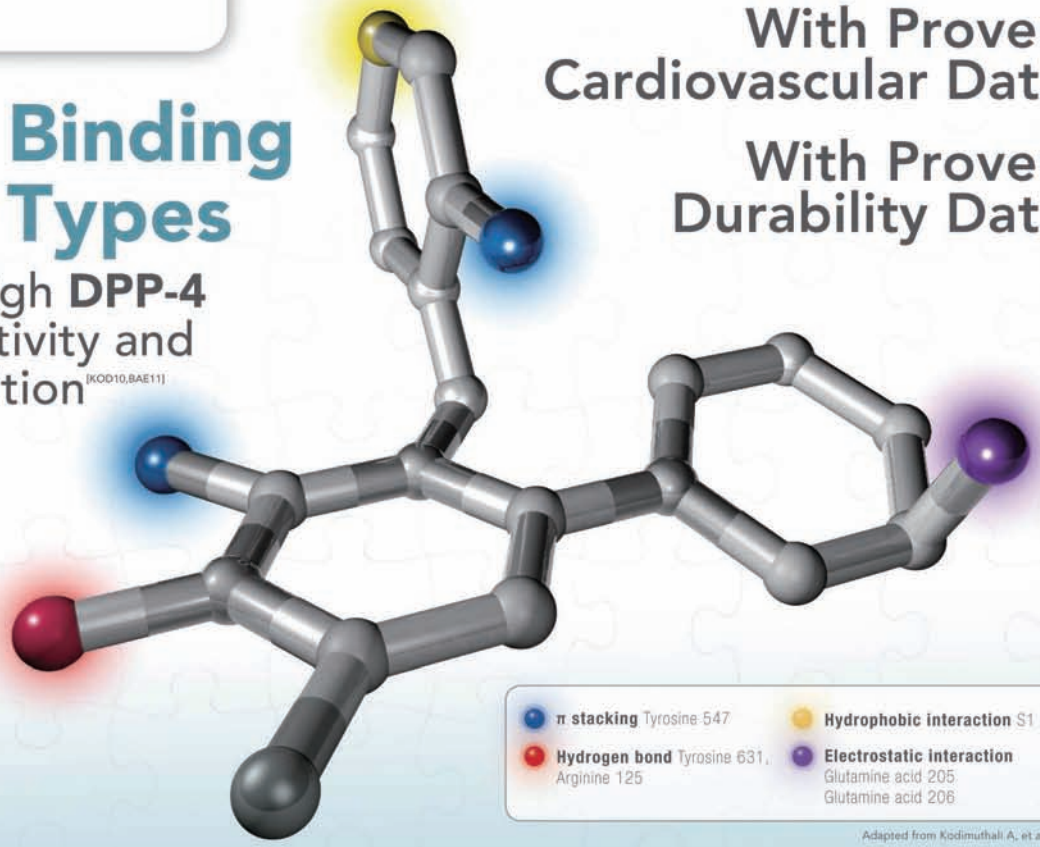

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References:
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Composition: FC tab: alogliptin 6.25 mg, 12.5 mg, 25 mg. Indications: Improves glycemic control in adult w/ type 2 DM: As monotherapy as an adjunct to diet & exercise in patients for whom metformin is inappropriate. In combination w/ metformin, sulfonylurea, pioglitazone or insulin (w/ or w/o metformin) when diet & exercise plus/ metformin, sulfonylurea, pioglitazone or insulin do not provide adequate glycemic control. Dosage: 6.25 mg or 12.5 mg or 25 mg once daily. Administration: Swallow whole. Contraindications: Hypersensitivity. Special Precautions: Type 1 DM or for the treatment of diabetic ketoacidosis; CHF of NYHA functional classes III &IV; abnormal liver tests; severe hepatic impairment (Child-Pugh score >9). Discontinue if pancreatitis is suspected. In combination w/ metformin & pioglitazone may increase risk of hypoglycemia. History of angioedema w/ another DPP-4 inhibitor; moderate or severe renal impairment, or ESRD requiring dialysis. Periodically monitor measurements of blood glucose & HbA1c levels. Obtain liver test panel prior therapy. Pregnancy & lactation. Ped patient <18 yr. Adverse Reactions: Anaemia, neutropenia; abdominal pain, constipation, nausea, toothache, vomiting, fatigue, peripheral oedema, pyrexia; gastroenteritis, influenza, nasopharyngitis, pharyngitis, upper resp tract infection; increased C-reactive protein, decreased CrCl; dyslipidaemia, hypercholesterolaemia; arthralgia, back pain, muscle spasms, musculoskeletal pain, pain in extremity; diabetic neuropathy, headache; cough; pruritus, rash; HTN.

For further information, consult full prescribing information.

Takeda Pharmaceuticals (Hong Kong) Limited
23/F & 24/F East Exchange Tower,
38 Leighton Road, Causeway Bay, Hong Kong
Tel : 2133 9800 Fax : 2856 2728

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Enquiry

E-mail: hkpcc@hkcfp.org.hk
Tel: (852) 2871 8899
Fax: (852) 2866 0616
Website: www.hkcfp.org.hk