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FP LiNKS

THE HONG KONG COLLEGE OF FAMILY PHYSICIANS

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Issue 212 October 2021

Message from the President

After a recent period of no local cases of COVID-19, the recent finding of a resurgence of positive cases with mutant strains served as a warning that we cannot be complacent towards the pandemic. Mr. Patrick Nip, the Secretary for the Civil Service, encouraged the elderly people to learn about the importance of receiving a COVID-19 vaccination and get vaccinated as early as possible to protect themselves. (https://www.info.gov.hk/gia/general/202110/10/P2021100900521.htm?fontSize=1) He reminded all that there is an immediate need to build a protective shield in the community and that people, especially elderly persons, who have yet to receive the vaccination should get vaccinated as soon as possible to protect themselves, as vaccination can help reduce the risk of serious morbidity and mortality from COVID-19 infection per recommendations by the experts. Please continue to help educate the public, and the elderly people in particular, about the urgent need for receiving the vaccination.

October is the breast awareness month. According to the Hong Kong Cancer Registry 2020 (using 2018 data), 1 in 14 women in Hong Kong are at risk of developing breast cancer by the age of 75. Based on the recently revised recommendations of the Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) (of which I am a member) of the Cancer Coordinating Committee (of which I am a member), the Government would adopt a risk-based approach for breast cancer screening and had rolled out a Breast Cancer Screening Pilot Programme since September 2021 for eligible women over a period of two years, aiming at early detection of breast cancer in asymptomatic women so that treatment can be commenced early. (https://www.info.gov.hk/gia/general/202109/02/P2021090100619.htm)

According to the latest CEWG's recommendations, women aged between 44 and 69 with certain combinations of personalised risk factors putting them at increased risk of breast cancer are recommended to consider mammography (MMG) screening every two years. The breast cancer risk assessment tools developed by University of Hong Kong are accessible at the Cancer Online Resource Hub: www.cancer.gov.hk/en/bctool. More details of the pilot programmes are available at: www.fhs.gov.hk/english/main_ser/woman_health/woman_health.html. Family doctors in the community are in an advantageous position to advise and support those in need.

The Chinese University of Hong Kong (CUHK) has completed a Department of Health commissioned survey on Iodine, assessing the iodine status among school-aged children, pregnant women and lactating mothers in Hong Kong. Recently, I participated in the Working Group on Prevention of Iodine Deficiency Disorders set up by Department of Health and Centre for Food Safety (CFS), Food and Environmental Hygiene Department, with representatives from the

(Continued on page 2)

Message from the President

(Continued from page 1)

Hospital Authority and other relevant Colleges. After reviewing the latest scientific evidence, including the key findings of the survey, the Working Group has made the following recommendations (https://www.chp.gov.hk/files/pdf/iodine_survey_report_en.pdf) : (A), Health education on iodine intake among pregnant and lactating women should be strengthened; (B), Joint recommendation for iodine intake for pregnant and lactating women should be made in collaboration with relevant parties. Key messages include (i) taking iodine-containing supplement at least 150ug iodine per day, (ii) consuming food with more iodine as part of a healthy balanced diet, and (iii) using iodised salt; and (C), Based on findings of adequate iodine intake among school aged children, mandatory salt iodisation programme is not warranted in local situation at present. For more details, please refer to the following link. (https://gia.info.gov.hk/general/202108/31/P2021083100334_375488_1_1630395882404.pdf)

The 9th Global Conference of the Alliance for Healthy Cities is going to be held in Hong Kong from 3 – 5 November, 2021. (https://www.afhc2021.org/) This conference aims at providing opportunities to facilitate sharing of wisdom and ideas while fighting against the COVID-19 pandemic, building collaboration platforms and strengthening local and international networking, and allowing participants to look beyond COVID-19. The Conference programme is comprised of themes including Development of Smarter Healthy Cities, Risk Communications in Emergencies, Mental Health Under and Beyond COVID-19, and Age-Friendly Communities Beyond COVID-19, which are highly relevant to our local situations in Hong Kong. Our College has also participated as a supporting organisation. Please make your registrations early at the Conference website to receive the early bird discounts.

Please keep well and stay safe.

Dr. David V K CHAO
President

Specialty Board News

The Specialty Board is pleased to announce that the following candidates have successfully passed the Exit Examination of HKCFP in 2021.

Dr. Chan Wing Yi
Dr. Chang Wells
Dr. Chen Liujing
Dr. Cheng Kwan Chui
Dr. Cheng Long Yee
Dr. Choi Man Kei
Dr. Chow Pui Yin Melody
Dr. Goh Winston Louis
Dr. Hou Jing
Dr. Lee Ho Ming
Dr. Lee Shek Hang
Dr. Ng Hoi Yee
Dr. Tsang Pui Lim
Dr. Yau King Sun
Dr. Yeung Ka Yu Doogie
Dr. Yip Hoi Man Vivian

Congratulations to you all!

Dr. Wendy Tsui
Chairlady, Specialty Board

Special Badge for Fellows of HKAM in Family Medicine

HKU Med LKS Faculty of Medicine
Department of Family Medicine & Primary Care
香港大學家庭醫學及基層醫療學系

Welcome more doctors!

HKCFP-HKU PRIMARY CARE MORBIDITY SURVEY

HKCFP Foundation Fund Commissioned Research | Co-PI's: Prof Cindy Lam & Dr Julie Chen

Why is this study needed?

- Crucial information about primary care clinical encounters and trends for understanding health of the general community and health care planning
- Evidence-based data to inform and validate the content of family medicine teaching, vocational training and examination

For promotional video and more details →

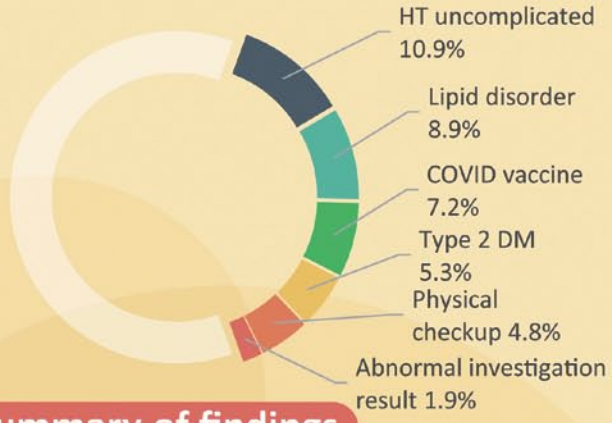
Partial Results for Summer Quarter

47	34*	5,389	7,815
doctors participating	weeks of data analysed	clinical encounters	problems managed

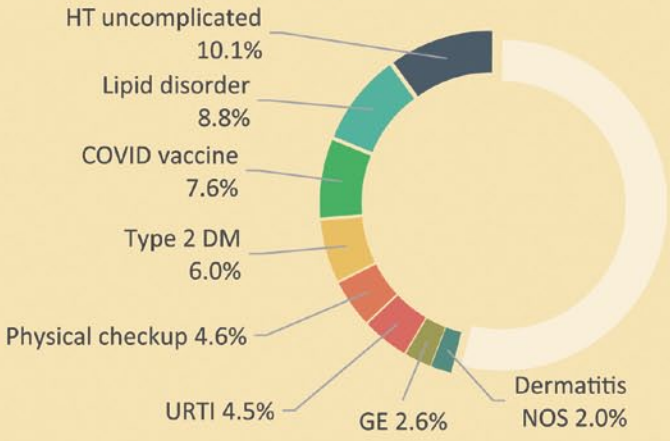
*34 weeks=72% of total data collected in the Summer quarter

Reason for clinical encounter

Most common presenting problems



Most common diagnoses



Summary of findings

- COVID-19 vaccination is a unique and frequent presenting problem in private sector in this year's survey.
- Significant portion of patients came for checkup – delayed checkup from the surge of pandemic in 2020 + pre-vaccination checkup
- URTI cases comprise 4.5% of diagnoses compared with 25.3% over the same period in the 2007-08 morbidity study – is it due to mask wearing OR change medical help-seeking habits due to COVID-19?

Welcome all practising primary care doctors to participate!

Q: How much time do I need to commit?
A: Minimum one week. Record all consecutive patient encounters during designated week in a simple template. Most doctors are able to complete the forms within 1-2 mins after each consultation. Data collection will continue until Feb 2022.

Q: Does participation count for CME/CPD?
A: Yes! 1 CPD point and MCHK/ HKCFP CME credits for attending online study-related seminars and training (per hour).

Q: How can participation help my practice?
A: Your own data can help you understand the scope of problems encountered and management undertaken in your own practice. Our research team can send you a personalized summary for your own use.

Q: How do I sign up?
A: Please contact Dr Julie Chen (Co-PI) (juliechen@hku.hk) or our research project manager Miss Joyce Tsang (joycetpy@hku.hk).

Board of Conjoint Examination News

The Board of Conjoint Examination is pleased to announce that the following candidates passed the 35th Conjoint HKCFP/RACGP Fellowship Examination (Written Segment) 2021.

Dr. Chan Cho Shan Erica
Dr. Chan Ka Shing Ricky
Dr. Chan Kam Hung David
Dr. Chan King Hang
Dr. Chang Hoi Yi
Dr. Cheng Ka Ho
Dr. Choi Wai Keung Justin
Dr. Chow Wing Man
Dr. Dianto Jeffrey
Dr. Fung Andrew Yat Wang
Dr. Fung Wai Yee
Dr. Ho Suet Ying
Dr. Hou Baijing
Dr. Kelly Sara Jane
Dr. Lai Ge Woon Gevon
Dr. Lam Chi Hang
Dr. Lam Ka Wai
Dr. Lam Wing Ching Nicole
Dr. Lee Jerrold
Dr. Leung Ka Cheong
Dr. Li Janice Chun Ying
Dr. Li Shiyue
Dr. Liu Ka Yee
Dr. Liu Wing Yee
Dr. Lo Chak Yui
Dr. Locke Michael Ka Yung
Dr. Lui Tsz Yin
Dr. Mak Ho Yin
Dr. Ng Carrie Chi Wing
Dr. Ng Hok Wai
Dr. Ng Tsz Chung
Dr. Poon Kwok Ming
Dr. Tai Lok Yin Nadia
Dr. Tso Sau Lin
Dr. Wong Calvin Alexander
Dr. Wong Chun Hun Jonathan
Dr. Wong Hiu Yeung
Dr. Wong Sau Kuen
Dr. Woo Long Yiu
Dr. Yiu Man Lok Genevieve
Dr. Yu Louise Anne Sum Wun
Dr. Yu Yi Fung
Dr. Zhu Yin

Congratulations to you all !

Dr. Chan Hung Chiu
Chairman
Board of Conjoint Examination

Meeting Highlights

Online Dermatology Seminar on 4 September 2021

Dr. Lam Yuk Keung, Specialist in Dermatology & Venereology, delivered a lecture on "Topical Corticosteroid Sparing Approach in Treating Atopic Dermatitis".

Dr. Lam Wing Wo (left, Moderator) presenting a souvenir to Dr. Lam Yuk Keung (right, Speaker).

Online Seminar on 14 September 2021

Dr. Hau Kwun Cheung, Specialist in Dermatology & Venereology, delivered a lecture on "Common Foot and Nail Infections: New Evidence on Topical Treatment of Onychomycosis" on 14 September 2021.

Dr. Lo Yuen Chung, Yvonne (left, Moderator) presenting a souvenir to Dr. Hau Kwun Cheung (right, Speaker).

Certificate Course in Ophthalmology for Primary Care Doctors 2021

The 2nd to 4th sessions of Certificate Course in Ophthalmology for Primary Care Doctors 2021 were held on 5, 12 & 26 September 2021.

Dr. Iu Pui Leung, Lawrence, Specialist in Ophthalmology, delivered a lecture on "DM Retinopathy & Vascular Diseases" on 5 September 2021.

Dr. Ho Ka Ming (left, Moderator) presenting a souvenir to Dr. Iu Pui Leung, Lawrence (right, Speaker).

Dr. Lai Hiu Ping, Frank, Specialist in Ophthalmology, delivered a lecture on "Maculopathy & Fundus Photo Quiz" on 12 September 2021.

Dr. Chan Wing Yan (left, Moderator) presenting a souvenir to Dr. Lai Hiu Ping, Frank (right, Speaker).

Dr. Fan Ching Yim, Michelle, Specialist in Ophthalmology, delivered a lecture on "Emergency Eye Condition" on 26 September 2021.

Dr. Ma Ping Kwan, Danny (right, Moderator) presenting a souvenir to Dr. Fan Ching Yim, Michelle (left, Speaker).

RTC

Refresher Training Course for Exit Examiners 2021

Organized by Specialty Board

(For Exam Observers, Trainee Examiners & Examiners of Exit Exam)

(Trainee Examiners & Exam Observers need to possess certificate of Refresher Training Course before promotion as Examiners)

4 sessions

Dates	Segments	Panel Speakers led by:
2 December 2021 (Thu)	Practice Assessment *(Hybrid)*	**Dr. Luk Kam Hung** (Coordinator, Practice Assessment)
7 December 2021 (Tue)	Consultation Skills Assessment # *(Hybrid)*	**Dr. Wang Hua Li, Jenny** (Coordinator, Consultation Skills Assessment)
10 December 2021 (Fri)	Clinical Audit *(by ZOOM)*	**Dr. Kwong Siu Kei, Alfred** Coordinator, Clinical Audit)
14 December 2021 (Tue)	Research *(by ZOOM)*	**Prof. Wong Chi Sang, Martin** (Coordinator, Research)

Participants of CSA Refresher Training Course would be required to attend a video viewing session for completing the pre-course assignment on either 2 or 7 December 6:15 -7:00 p.m.

Time : 7:00 – 9:00p.m.

Venue : HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Hong Kong

Highlights of our course:

- Overview on the Exit Exam Segments and interactive discussions
- Concentrate on reaching consensus on the required standard of marking the exam
- CME: 2 points for each session (Cat 4.4) and max. 8 points for whole course
- CPD: Up to 2 CPD points will be awarded, depending on achievement made in the pre & post- course assessment
- Invitation to mark in the coming Exit Examination
- Privilege to receive course materials and free admission to the subsequent years of Refresher Training Courses

Certificate of attendance:

- Awarded for 75% or more attendance of the whole course (i.e. 3 sessions)

Course fees:

HK$1,000 for whole course (4 sessions)

HK$500 for single session

[Course fee reimbursable upon 100% attendance of the whole course / registered session(s)]

APPLICATION DEADLINE 5 November 2021

For enquiry, please contact the secretariat,
Ms. Alky YU or Mr. John MA at 2871 8899 or email to exit@hkcfp.org.hk

Enrolment & Learn more

The Diary of a Family Doctor【家庭醫生的日常】

洗銘全醫生

從「痱滋」到家庭關係

50來歲女士來看口腔潰瘍，俗稱「痱滋」。她沒有免疫系統或其他消化道病徵。常見的起因是休息不好吧。

我　：「最近瞓得好嗎？」

女士：「一直都瞓得唔好。成日擔心個女囉，佢有長期病患，又讀緊大學，每晚見阿女間房盞燈未熄都要瞭解下...」女兒21歲，有驚恐症，在精神科覆診，兒時發展遲緩及語言障礙。現在讀工商管理。女士和丈夫都是專業人士。

我安排一個月後與女士、她丈夫和女兒一起會晤。

女士續說擔心女兒不夠休息。我轉向女兒，問她有何回應。

女兒：「其實佢乜嘢都掛心，連親戚啲朋友佢都會擔心埋一份，我都費事同佢坳。」

我　：「咁你有啲咩忠告俾媽媽?」

女兒：「有時人要有返啲自己，唔係成日擔心人哋。」

女兒說出了重點。

女士：「我有兩個哥哥，我排最細。佢哋全部都好錫我。呢10幾年阿媽個腎有問題，要貼身照顧，都幾辛苦…之後照顧奶奶重辛苦…」淚水已奪眶。幾乎同一時間，女兒也在手袋給自己拿紙巾。男士見妻女二人一起流淚，跌坐著，很無奈。

男士來自截然不同的家庭，沒有那暖暖的愛，不太表達，傾向逃避問題。太太的強勢也令他難受。

我向著女士：「妳從少感受很多愛，很ready去關愛別人。但背負太多，神經系統失衡，放鬆不了，便成失眠。妳付出很多但卻失去了自己。妳身邊兩位痛心及擔心妳，尤其呢位(我指著女兒)，佢好細個已經擔心妳同屋企，難以集中，點唔發展遲緩？佢自己要埋首學業又要擔心妳，驚恐有何出奇？」

女兒哭得淒厲，口罩也掉了。

沉默過後，我提出每人改變的方向：

要女士學習放下那背影，多點自己的生活，多點和丈夫二人世界，注意不要和女兒太近；丈夫要加強自己在家中的背負及角色；女兒集中學習，做好學生的角色。

最後鳴謝那粒「痱滋」。

The Diary of a Family Doctor
家庭醫生的日常

We Welcome articles on interaction with patients in your daily practice. Submissions up to 400 words in English or 600 words in Chinese are always welcome.

Email: alkyyu@hkcfp.org.hk

Membership Committee News

The Council approved, on recommendation of the Chairlady of the Membership Committee, the following applications for membership in **August – September 2021**:

Associate Membership (New Applications)

Dr CHEUNG Sum Lik	張心力
Dr KU Ngai Lam	古艾琳
Dr LAM Sonia	林子靖
Dr NG Chi Ho	吳子豪
Dr NGAI Ching Yee	魏菁儀
Dr OR Sui Kei, Alison	柯萃琦

Using POCUS to diagnose neoplasm involving the Splenic, Hepatic and Biliary system: A case series by Family Physician

Dr. Yiu Ming Pong, Dr .Cheung Kwok Leung & Dr. Chan Kin Wai
[Specialists in Family Medicine, Department of Family Medicine and Primary Health care, Kowloon West Cluster, Hospital Authority]

Introduction:

The use of POCUS/Bedside USG becomes more popular now in the general practice. It is easily available, noninvasive and lack of radiation. It augments our physical examination, reduces the uncertainty, helps formulating the management plan, and gives us satisfaction in patient management. To follow up our urological series and the pancreatic neoplasm series in the POCUS corner, we are going to present another series in splenic, hepatic and biliary system.

Case 1: A young lady presented with weight loss and bruise

A 37 years old Filipino maid, came to Hong Kong for 4 months, presented with on and off bruise over the trunk and weight loss of 15kg in 4 months. She noticed a swelling over left side of the abdomen. She had no other constitutional symptoms.

She claimed good health all along. There was no significant family history.

On physical examination, the general condition was stable. There was no fever. A 5cm x 5cm bruise was noted at left inner thigh. There was a large non tender abdominal mass which was ballotable over left upper quadrant. The length was around 14cm. The differential diagnosis were kidney, splenic or colonic mass.

Bedside ultrasound was performed. It showed a homogenous hyperechoic shadow with a length of 18cm (Image 1). There was no definite solitary lesions inside the swelling. Splenorenal varices were noted (Image 2). The left kidney was normal in size and in echogenicity. From the anatomy and sonographic appearance, splenomegaly was suspected.

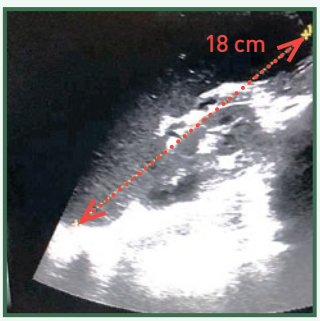


Image 1: Spleen largest dimension: 18 cm

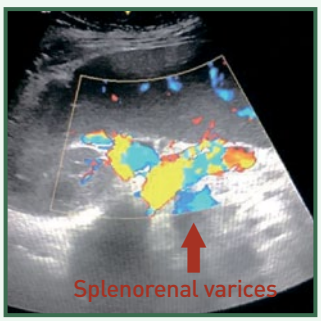


Image 2: Splenomegaly with splenorenal varices

Further blood test was arranged. The WBC was 372x10^9/L. There was bimodal distribution of myelocytes (152.6 x10^9/L) and neutrophils (131.2 x10^9/L). Some circulating blasts (3%), many promyelocytes and few metamyelocytes were encountered. Overall morphologic features were suggestive of Chronic Myeloid Leukemia with Splenomegaly.

The formal USG arranged by Medical SOPC confirmed mild enlarged liver and Splenomegaly (20cm in length) (Image 3). The patient was currently followed by Haematology Unit for chemotherapy.

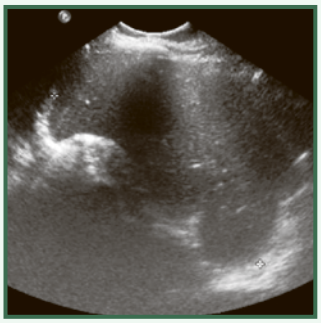


Image 3: Formal USG in Radiology Department: Spleen longest dimension 20 cm

Take home message:

In normal spleen, the largest dimension is less than 11cm (maximum distance between the most medial and most lateral points in the longitudinal plane). A cutoff of 13cm is also used to define splenomegaly.

The physical examination for splenomegaly includes palpation, percussion (Nixon's and Castell's method, Traube's space) with sensitivity ranging from 11% to 85% and specificity from 32% to 99%.

Sometimes it is not easy to differentiate between a big spleen, a big kidney and a colonic mass. Performing POCUS can augment our physical examination and improve the sensitivity for diagnosing splenomegaly especially in out-patient setting as splenomegaly is uncommonly seen.

Case 2: An old gentleman presented with right upper quadrant abdominal pain

A 69 years old gentleman presented with epigastric pain for 4 months. On physical examination, there was no palor or jaundice. A non tender RUQ mass was suspected on palpation. POCUS was performed and found an ill-defined heterogenous isoechoic lesion in the hepatic segment VI (Image 4). The lesion has increase chaotic vascularity (Image 5). The right portal vein was thrombosed (Image 6) and there was a hypoechoic halo bull eye lesion in left lobe (Image 7).

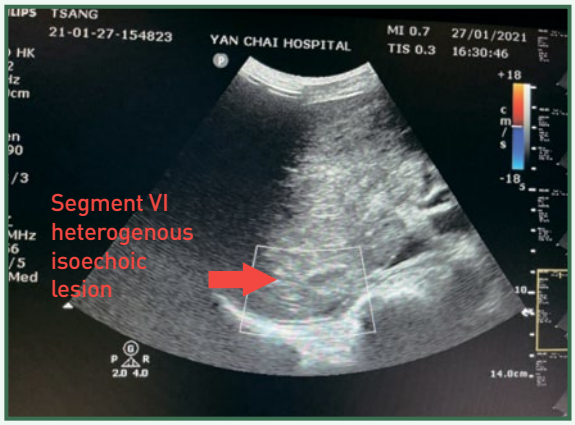


Image 4: An ill-defined heterogenous isoechoic lesion was found in segment VI

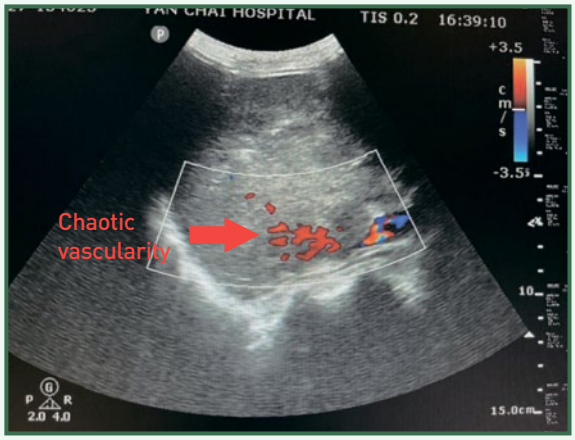


Image 5: The lesion showed increase in chaotic vascularity, suggestive of HCC

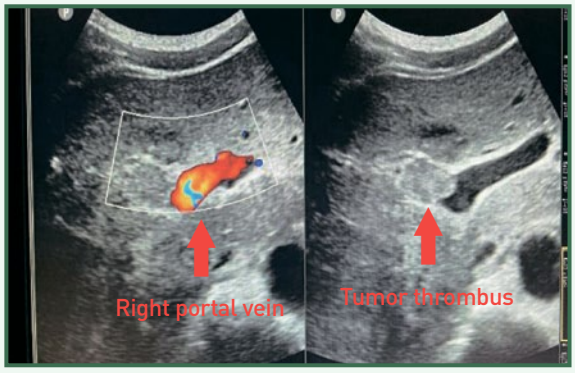


Image 6: Large Tumor thrombus in right lobe encasing/infiltrated into right portal vein. Hardly seen the distal branch of the right portal vein.

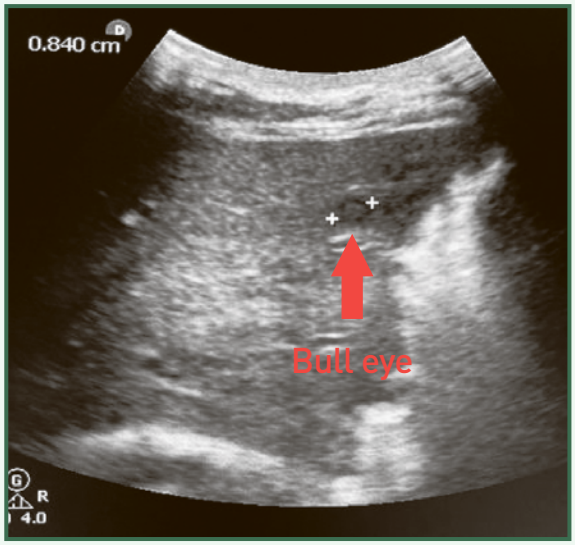


Image 7: Bull eye lesion (hypoechoic halo) at segment II

The patient was seen by Surgical specialist 2 weeks later. AFP was 32ng/ml. An early triphasic CT was arranged by Surgical Specialist in view of the USG findings and clinical pictures. The CT showed multiple arterial enhancing masses up to 8cm in both lobes of liver. Most show portal venous/ delay washout and some with necrotic component. The right portal vein was encased and compressed (Image 8). Features were highly suggestive of multifocal HCC. There was cluster of paraaortic lymph nodes.

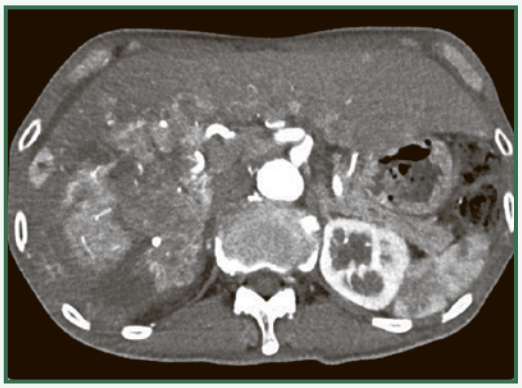


Image 8: Contrast CT show Multifocal HCC with tumor necrosis. Right portal vein was itruncated by tumor thrombus

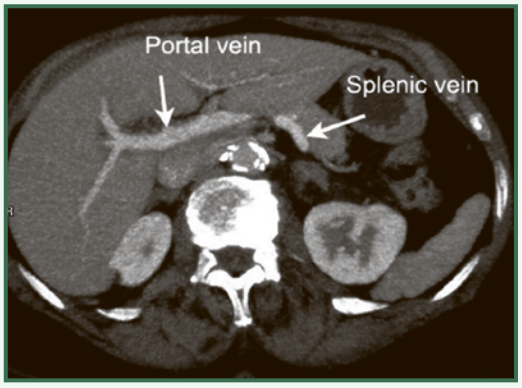


Image 9: A normal patient CT scan with patent portal vein for comparison

Due to the poor premorbid conditions of the patient, target therapy was withheld. The patient was currently followed up by Surgery, Oncology and Palliative Care Units.

Take home message:

With the use of POCUS, it supplements the clinical information of physical examination and investigation to improve the diagnostic accuracy. The significant positive findings (thrombosed right portal vein and bull eye lesions) can also assist the radiologist to prioritize an earlier formal scan with the limited public resources.

Case 3: An old lady presented with jaundice

A 83 years old lady, non-smoker and non-drinker, enjoyed good past health. She attended GOPC as passing tea colour urine for 10 days. She also complained of reduced appetite without vomiting. She did not have any abdominal pain or fever. Her bowel habit and stool colour were normal. She was not taking any medications or herbs.

Her general condition was fine. She was afebrile. Physical examination showed deep jaundice (Image 10). There was no lymph node palpable. No pallor was detected. No chronic liver disease stigmata were noted. Abdominal examination did not show any tenderness or abnormal mass.

Bedside UGS abdomen was performed and found that the common bile duct was dilated (Image 11). Intrahepatic ducts were also dilated. The body of pancreas was normal in looking but the head and tail of the pancreas were obscured by gas. The gallbladder was globular in shape with uneven mural thickening of gallbladder wall (4.3mm) around the neck region (Image 12). No gallstone or CBD stone were noted.

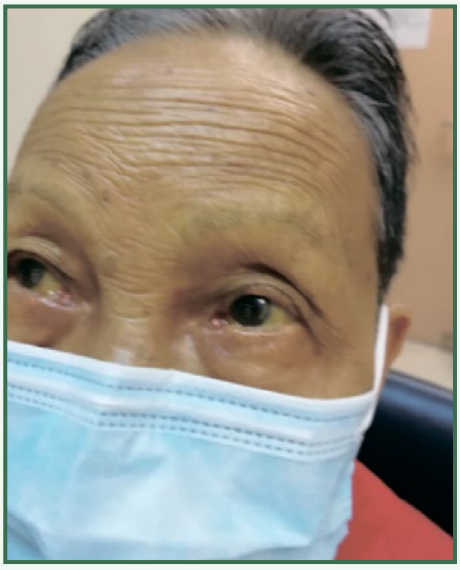


Image 10: An old lady presenting with jaundice

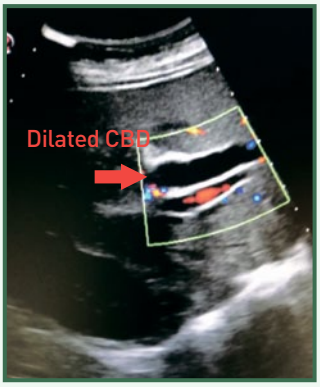


Image 11: Dilated CBD

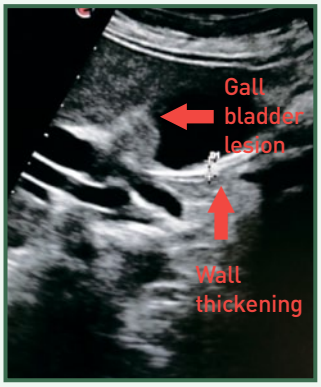


Image 12: Gallbladder neck lesion with uneven mural thickening of gallbladder wall

After having the additional information of the bedside USG, we suspected that the lady was suffering from obstructive jaundice, probably due to the obstruction of biliary system by the lesion around the gallbladder neck. She was admitted to the hospital and further managed by surgical colleagues.

The liver function test during admission confirmed the obstructive pattern: ALP 1300, ALT: 183, Bili: 314, viral hepatitis serology was negative. CT abdomen with contrast showed malignant biliary obstruction by a gallbladder carcinoma (Image 12). She finally decided to have conservative treatment for the obstructive jaundice. Percutaneous Transhepatic Biliary Drainage (PTBD) internalization was performed before discharge.

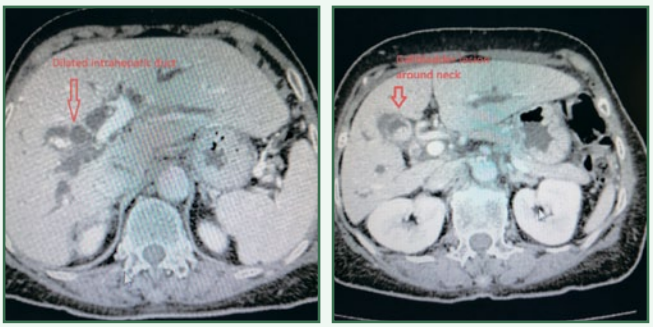


Image 12: CT scan show dilated biliary tree, gallbladder lesion and gallbladder wall thickening suspicious to be CA gallbladder

Take home message:

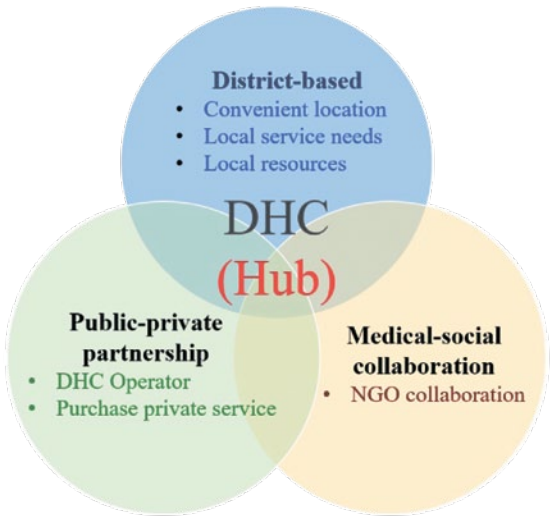
Some tell-tale sign in USG e.g. dilated CBD and intrahepatic duct can help us to confirm the diagnosis of obstructive jaundice and dig out the abnormal anatomical lesion causing the obstruction. It gives us additional information to reach the diagnosis or suggest what kind of further investigations to proceed. It helps us to achieve diagnosis early and refer the patient for further management without delay.

Introduction of the District Health Centre Scheme in Primary Healthcare Development

Dr. LAI Sheung Siu Florence, Associate Consultant (Primary Healthcare Office), Food and Health Bureau

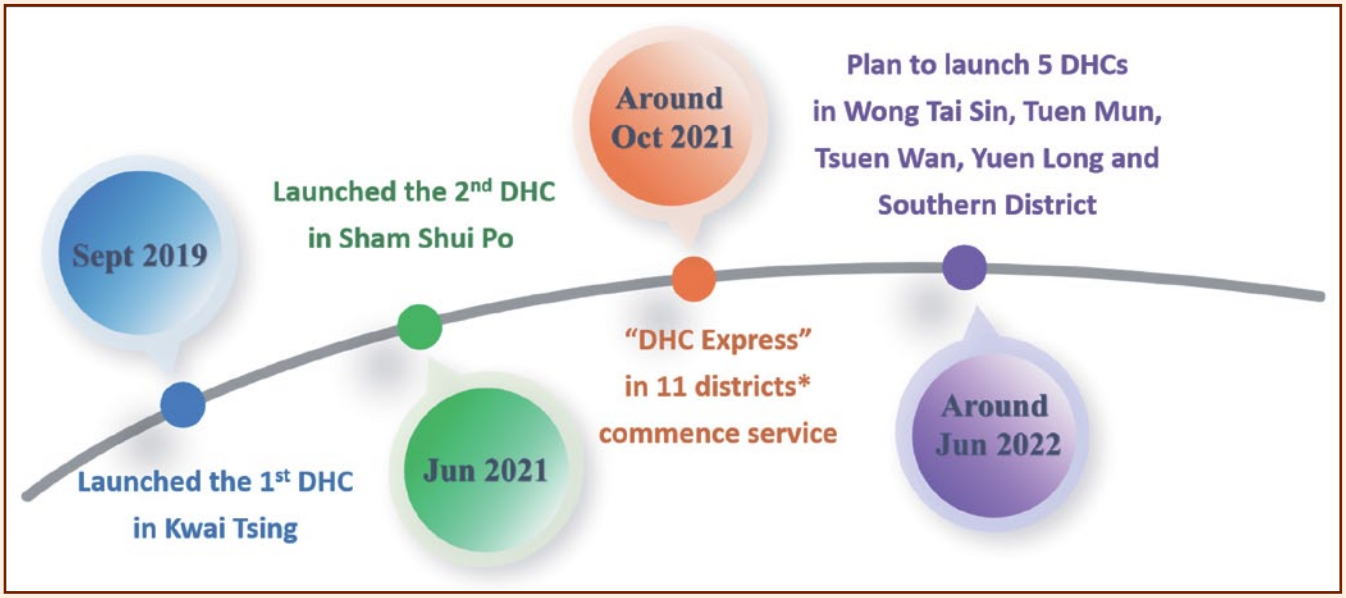
Background

In a bid to shift the emphasis of the present healthcare system and mindset from treatment-oriented to prevention-focused, the Government is enhancing district-based primary healthcare services by setting up District Health Centres (DHCs) in 18 districts to provide primary healthcare services through medical-social collaboration and public-private partnership. Within the term of the current Government, it is planned to have full-fledged DHCs in 7 districts and interim smaller-scale "DHC Express" in 11 districts where full-fledged DHCs would yet to be set up.



3 key values of the DHC Scheme

DHC and "DHC Express" are set up gradually in different districts. The timeline is illustrated as follows:



*Include: Central and Western District, Wan Chai District, Eastern District, Yau Tsim Mong District, Kowloon City District, Kwun Tong District, North District, Tai Po District, Sai Kung District, Sha Tin District and Islands District

Application of Integrated Care under the DHC Scheme

Integrated care includes different forms, such as horizontal integration with multidisciplinary care approach involving health services, social services and other care providers; vertical integration with protocol-driven management across primary, community, hospital and tertiary care services; as well as people-centred integration for engaging and empowering people through health education, shared decision-making, supported self-management, and community engagement.[1] According to the World Health Organization, integrated health services aim at providing people "a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and

palliative care services, coordinated across the different levels and sites of care within and beyond the health sector, and according to their needs throughout the life course".[2] Integration of different levels of healthcare is important in delivery of quality care to people.

In order to perform its role as district-based primary healthcare hub, each DHC/ "DHC Express" would form a primary healthcare network with medical practitioners and other healthcare service providers in the community to provide co-management of care. Under the DHC Scheme, DHC/ "DHC Express" coordinates and develops multidisciplinary team including nurses, pharmacists, social workers and other allied health professionals to support family doctors for providing holistic, effective and affordable care to their patients, in particular those with chronic conditions.

DHC/ "DHC Express" also serves as a district health resource hub to collect information on healthcare and social related resources available in the district for the use of the general public and healthcare service providers in community. It provides individualised health related information to clients when needed and collaborates with other service providers, including both private and non-governmental organisations, in the district for offering appropriate healthcare services to the general public. The DHC Scheme enhances the health literacy of clients for managing their own health and making informed decision related to health, as well as promoting the concepts of family doctor in the community.

Community Health Resources Station

Scope of Services

DHC/ "DHC Express" in each of the districts comprises a Core Centre, which serves as its primary service site, complemented with Satellite Centres and/or Service Point(s) in the same district to enhance accessibility of services. The following range of services would be provided:

Services available in both DHC and "DHC Express"

Primary Prevention Services

- Health promotion and educational programmes
- Advisory and counselling services
- Health coaching

Tai Chi class

Secondary Prevention Services

- Annual health risk factors assessment
- Screening for diabetes mellitus (DM) and hypertension (HT)

Tertiary Prevention Services

- Patient Empowerment Programmes (PEP) for patients with DM, HT, chronic low back pain and osteoarthritic knee pain
- Risk assessment and complication screening for patients with DM and HT
- Health coaching
- Individual allied health services, e.g. physiotherapy, occupational therapy or dietetic services, for patients with DM, HT, chronic low back pain and osteoarthritic knee pain

Patient Empowerment Programme

Services available mainly in DHC

- Community Rehabilitation Programme for patients with fractured hip, stroke and post-acute myocardial infarction

In addition to the pre-defined service scope, the operator of DHC/ "DHC Express" may introduce other evidence-based services for secondary and tertiary prevention having regard to community need as value-adding services.

Eligibility as DHC/ "DHC Express" Members

Hong Kong resident, who lives or works in the district of the corresponding DHC/ "DHC Express" at the time receiving the services and agrees to enrol in the Electronic Health Record Sharing System (eHRSS), is eligible to be DHC/ "DHC Express" member.

Family Doctors as Key Players of the DHC Scheme

Family doctors provide comprehensive, coordinated, continuing and preventive care to patients and their family members in order to improve their physical, psychological and social health outcomes. Family doctors are in a position to comprehend patients' needs in different aspects and advise them on receiving services from appropriate health and social sectors. As part of the multidisciplinary care team, family doctors can coordinate the care provided by other healthcare professionals of the DHC Scheme. The DHC Scheme supports family doctors to facilitate the delivery of comprehensive and holistic care to patients who can get the necessary care and services through the DHC system.

All doctors enrolled in the Primary Care Directory practising in the corresponding and adjacent districts of the concerned DHC or "DHC Express", and agreed to use the eHRSS, are welcome to be engaged as Network Medical Practitioners (NMPs) to provide DM and HT screening for the public with related health risk factors under the DHC Scheme.

Meanwhile, doctors can refer their patients to DHC or "DHC Express" for free nursing, social worker and pharmacist services, and/or other health educational activities. Besides, patients can be referred to other services including PEP, DM/HT complication screening, individual allied health services and Community Rehabilitation Programme, as appropriate, subject to the referral requirements of the DHC Scheme.

In addition, as announced in the Chief Executive's 2020 Policy Address, the Government will introduce a Pilot Public-Private Partnership Programme (the Pilot Programme) for DHCs, under which subsidised medical consultation services will be provided to DHC members who are newly diagnosed with DM or HT. The Pilot Programme intends to incentivise DHC members to continue chronic disease management by NMPs in the community, promote family doctor concept, and alleviate the pressure on the public healthcare system.

The DHC Scheme aims to ameliorate public awareness of disease prevention and their capability in self-management of health, drive healthy lifestyle for chronic disease prevention, support the chronically ill to prevent deterioration, and enhance client access to primary healthcare service. It is targeted to support doctors for providing quality care to their patients. Family doctor is a crucial element in the development of primary healthcare. Collaboration between family doctors and DHC/ "DHC Express" results in a synergy that can improve the health of citizens and enhance their quality of life. We look forward to working together for better health. Further information about the DHC Scheme is available at https://www.dhc.gov.hk.

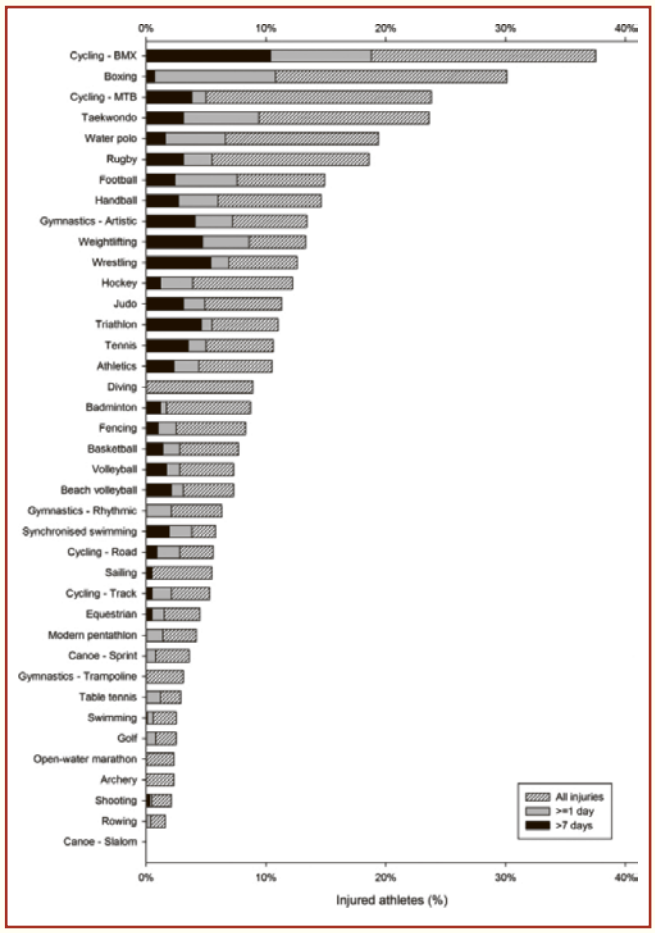
Reference:

1. Goodwin N. Understanding Integrated Care. Int J Integr Care. 2016;16(4):6.
2. Framework on integrated, people-centred health services. Geneva: World Health Organization; 2016 (A69/39; http://apps.who.int/gb/e/e_wha69.html).

Post Olympics Era - Sports Injury, Prevention and Nutrition

After the Olympic fever, seems like everyone in Hong Kong is indulged in various kinds of sports. Same as the professional athletes, without proper training and prevention, we can be easily get injured by doing sports. What should we be aware of?

What kind of injuries does the Olympic gamers had so far? There was literature studying the most common sports injuries occurred during 2016 Summer Olympics [1]:



Box 1 Information on the 221 severe injuries (estimated absence >7 days), with the sports with the highest numbers in brackets.

- 65 muscle strains (33 in athletics, six in football, six in weightlifting)
- 57 ligament sprains/ruptures (eight in wrestling, six in athletics, six in judo, five in artistic gymnastics, five in weightlifting)
- 24 fractures (three in hockey, three in rugby, two in boxing, two in artistic gymnastics, two in mountain bike cycling, two in road cycling, two in water polo)
- 15 dislocations or subluxations (four in wrestling, three in judo, two in boxing)
- 12 lesions of meniscus or cartilage
- nine concussions (out of 12 in total: seven in boxing, two in rugby, one each in BMX cycling, mountain bike cycling, and handball)
- seven stress fractures (three in athletics, two in tennis, one each in boxing and triathlon)
- six tendon ruptures
- five contusions, haematomas or bruises
- five lacerations, abrasions or other skin lesions (three in boxing, two in triathlon)
- four nerve or spinal cord injuries
- four tendinopathies (three in athletics)
- two arthritis, synovitis or bursitis injuries
- two impingements
- two other bone injuries

Injury type was missing for two of the severe injuries.

In this corner we have short discussions on two of the most common sports Hong Kong people are currently playing: running and cycling - What injuries and how to prevent injuries.

Running

Running is one of the most common recreational and competitive sports in Hong Kong. In general, injuries encountered in running includes overuse or repetitive stress type from accumulative impact loading. Sites of injury are often around lower extremity. The most common diagnoses are patellofemoral pain, medial tibial stress syndrome, Achilles tendinopathy, iliotibial band syndrome, plantar fasciitis, and stress fracture of the metartasals and tibia. [2]

Injury prevention for runners [3]

A proper diagnosis helps in successful treatment and prevention of future running injuries. Training routines much be checked and training errors discovered. An efficient biomechanics approach to reduce the load on the musculoskeletal system includes:

Change movement (change running technique).

Change the surface (running on a soft surface instead of hard).

Change shoes: athletes should select a running shoe that feels extremely comfortable and is well-suited to their foot structure.

"Submissions of articles to News Corner with up to 500 words are always welcome.
Gift vouchers will be given as a token of appreciation for good works if the articles are selected for publication. Email: alkyyu@hkcfp.org.hk"

Change the running distances and frequency (run shorter and longer distances with changing intervals).

Allow time for recovery.

Cycling

Bicycle injuries are mainly caused by trauma and overuse. Serious injuries and fatalities are usually caused by collisions with motor vehicles. Common injuries include soft tissue injuries (lacerations, abrasions), fractures, abdominal injury and traumatic brain injury.

Injuries Sustained by Bicyclists

Type	*Etiology*	*Injuries*
Overuse	Neck and back	Cervical strains, lower back pain
	Handlebar neuropathies	Ulnar nerve (deep palmar branch), median nerve
	Saddle	Skin chafing, ulceration, irritation (saddle sores), ischial tuberosity pain, fibromas, pudendal neuropathies, impotence, urethral trauma (urethritis, hematuria), vulval trauma
	Hip	Trochanteric bursitis, iliopsoas tendonitis
	Knee	Patellofemoral syndrome
	Foot/ankle	Metatarsalgia, plantar fasciitis, Achilles tendonitis, paresthesias
Traumatic	Head	Skull fracture, concussion, brain contusion, intracranial hemorrhage
	Face/eye	Contusions, facial fractures, dental fractures, corneal foreign bodies
	Musculoskeletal	Fractures, dislocation, strains
	Chest	Rib fractures, parenchymal lung injury
	Abdomen	Splenic rupture, hepatic laceration, renal contusion, pancreatic trauma, vascular perforation, small or large bowel contusion, rupture, traumatic hernia
	Genitourinary	Urethral and vulval trauma, rectal trauma, pelvic fractures
	Skin and soft tissue	Abrasions ("road rash"), lacerations, contusions

Injury prevention for cyclists[4]

Correct fit and regular safety checks of your own bike are basic requirement for cycling injuries prevention.

Protective equipment, especially helmets can reduce risk of injury. Bicycle helmets should be encouraged for all bicycle riders and passengers, on every occasion that they ride a bicycle. Other protective equipment includes: gloves, eye protection, padded shorts, shoes, reflective and bright clothing and lights.

For long distance events, muscular endurance is crucial, while sprint events require power and strength. A bicyclist's training program should be tailor-made accordingly.

Sports nutrition[5]

Good nutrition strategies help in prevention of sports injuries.

Dietary recommendations for athletes

Athletes need varying amounts of energy depending on their body size, body composition, and type of training or competition. Monitoring body weight is an easy way to access the adequacy of caloric intake; some dietitian are using the concept of energy availability to monitor caloric requirement. Energy availability is the amount of energy left for bodily functions after the energy costs for training and competition have been calculated. Regardless of the technique used to monitor caloric requirements, both an excess and inadequate intake of calories can result in fatigue, increased risk of injury, prolonged recovery period, and overall poor athletic performance.

Hydration

Fluid loss of >2% of total body weight can compromise athletic performance and cognitive function, particularly in hot environment. To identify optimal fluid replacement strategies, athletes should know their individual sweat rates. Athletes should weigh their body weight before and after exercise to identify sweat loss. The rule of thumb is for every pound loss during exercise, 2-3 cups of fluid should be consumed.

Nutrition timing

Pre-event nutrition: the meal or snack consumed before exercise should be sufficient enough so that the athlete is not hungry during exercise but not so large as to leave undigested food in the stomach. The selection of food, water or sports drink to be consumed 1-4 hours before exercise should be based on the athlete's preference and competition situation.

During exercise: During brief exercise lasting <45 minutes, there is no need to consume carbohydrates. Replace adequate hydration for optimal performance. Depending on the length of the exercise or training, drinking a sports drink with 6%-8% carbohydrates can provide a source of fuel for the exercising muscles.

Recovery nutrition: The goal of post exercise recovery is to restore fluids and nutrients used during exercise and restore the body back to its pre exercise status. Combining carbohydrates and protein in a post exercise recovery snack will benefit both muscle glycogen restoration and muscle protein synthesis.

Nutrition and the injured athlete: Modifications to an injured athlete's diet may include a reduction in calories. Weight gain during an injury may slow the healing process.

Summary

Although now the Tokyo Olympic 2020 is over, we should continue the Olympic spirit and sustain our enthusiasm on doing sports regularly, in a safe and happy way. Now get off from your sofa and have a run!

Reference:

1. Sports injury and illness incidence in the Rio de Janeiro 2016 Olympic Summer Games: A prospective study of 11274 athletes from 207 countries.Soligard T et al. Br J Sports Med. 2017 Sep;51(17):1265-1271. doi: 10.1136/bjsports-2017-097956. Epub 2017 Jul 29.
2. Overview of running injuries of the lower extremity. UptoDate
3. Sports Injuries. Prevention, Treatment and Rehabilitation. Fourth Edition. Lars Peterson MD. PhD. Per Renström MD, PhD. CRC Press.
4. Bicycle-Related Injuries. AFP. https://www.aafp.org/afp/2001/0515/afp20010515p2007.pdf
5. Netter's Sports Medicine. 2nd edition. Christopher Madden, Margot Putukian, EricMcCarty, Craig Young. Elsevier.

Compiled by Dr. Cheuk Christina

Online Seminar on Dermatology – The 80th Meeting on 4 September 2021

Dr. Choi Man Kit, Dr. Fong Pak Yiu and Dr. Yeung Lok Ki

Theme : **Topical Corticosteroid Sparing Approach in Treating Atopic Dermatitis**

Speaker : **Dr. Lam Yuk Keung**
Specialist in Dermatology & Venereology

Moderator : **Dr. Lam Wing Wo, Board of Education**

Learning points

Atopic dermatitis (AD) is a heterogeneous, chronic and complex disease that involves hereditary skin barrier defects, immunological factors and environmental factors. Its natural history is highly heterogeneous which could be acute or chronic and persistent from childhood or de novo development in adulthood. Its hallmark symptom is pruritus, which is very difficult to control. Currently, the treatment paradigm for mild to moderate AD is based on emollients, topical corticosteroids (TCS) and topical calcineurin inhibitors (TCI). However, the frequent involvement of sensitive skin area (e.g. skin flexures, face, etc.) and "corticophobia" are limiting the use and treatment adherence of TCS. In this talk, Dr. Lam aimed to discuss the steroid-sparing approach in treating AD.

Dr. Lam first reviewed the important differential diagnoses that we needed to consider in adults with severe AD and the current treatment strategy for AD. Besides patient education and treatment of flares, it is also important to keep a maintenance therapy, including use of emollient, trigger avoidance and proactive use of anti-inflammatory compounds (e.g. Once weekly of TCS or TCI). Systemic therapy should also be considered when the disease is refractory to intensive topical steroid therapy (e.g. appropriate amount of medium-to-high potency topical agents for 1-4 weeks.). Among systemic agents, dupilumab (an recombinant human IgG4 Ab to the IL-4 receptor alpha subunit) is an efficacious, well-tolerated and safe choice for patients with moderate-to-severe AD.

Thinner skin at sensitive area is more vulnerable to steroid-induced epidermal barrier impairment and atrophy. Steroid-sparing treatment can be beneficial. Examples are topical calcineurin inhibitors (TCI), PDE4 inhibitors, JAK inhibitors, AhR agonists and microbial agents. Pimecrolimus and tacrolimus are two wildly used TCI and they have comparable efficacy. Studies show that pimecrolimus can reduce itchiness within 48 hours and it does not cause skin atrophy. There is no causal relationship between TCI and lymphoma.

Dr. Lam then talked about the practical recommendations for the topical treatment of atopic dermatitis in South and East Asia. Topical corticosteroids are still a main therapy for treatment of atopic dermatitis, but they have some limitations including skin atrophy, damage to skin barriers and increased skin infections etc. Therefore, topical calcineurin inhibitors are considered to be an alternative for topical corticosteroids. Topical calcineurin inhibitors, including tacrolimus ointment and pimecrolimus cream could be used in both acute flare and long term management of atopic dermatitis. It was noted that application site reactions were less common and of shorter duration with pimecrolimus than with tacrolimus, thus pimecrolimus cream is often used in sensitive skin areas such as face, neck and skin flexures. Also, Dr. Lam explained that in the hot and humid environment in South and East Asia, pimecrolimus is particularly beneficial owing to its cream characteristics, such as its non-sticky feeling and ease of rub-in. In short, topical corticosteroids could be reserved for severe flares or for flares not controlled by topical calcineurin inhibitors. For sensitive skin areas, pimecrolimus is preferred by the patients over topical corticosteroids. Emollients are necessary and should be used regularly during both acute flare and maintenance phases.

[Disclaimer: All advice and sharing in the meeting are personal opinions and bear no legal responsibility. All patients' identities are kept confidential.]

Summary of presented cases

1. Case presentation of Dr. Choi Man Kit

Miss D is a 35 year-old lady with good past health. She presented with facial redness and discomfort that worsened after wearing face masks for 6 months. It was associated with skin dryness and flushing. There was no joint pain or other systemic symptoms. There was no improvement after over-the-counter topical benzoyl peroxide and no previous exposure to topical steroid. The clinical diagnosis was rosacea. Topical metronidazole was prescribed.

Behaviour modifications including sunlight protection, skin moisturization and non-soap skin cleansing agents were also advised. Patient's symptoms were under control afterwards. For more refractory cases, systemic therapies including oral antibiotics (tetracycline, macrolide) and oral isotretinoin could be used.

2. Case presentation of Dr. Fong Pak Yiu

K is an 8-year-old boy with history of eczema and allergic rhinitis. The control of eczema is satisfactory with topical corticosteroids and emollients as needed. He complained of a rash over perioral area for 2 months. There is some itchy rash with mild scaling and surrounding redness over his perioral area. He visited doctors twice with topical corticosteroids given. The symptom initially improved but worsened again shortly after stopping the topical medications. The diagnosis of perioral dermatitis was given. Topical metronidazole gel was prescribed. The patient was reviewed after a 2 weeks course of metronidazole gel. Significant improvement was noted. Education about skin care for eczema and proper way to use topical corticosteroids were given to the patient and his mother. For refractory cases of perioral dermatitis, oral antibiotics such as azithromycin could be considered.

3. Case presentation of Dr. Yeung Lok Ki

Madam X was a 73-year-old woman. She was a housewife. She presented with 6-month history of nail discolouration. She was otherwise asymptomatic. She received medical care from other clinics prior to this consultation. Fungal study of nail clipping revealed fusarium species. She was given topical clotrimazole without improvement.

On examination a dark green patch was seen on left thumb nail bed. There was no subungual hyperkeratosis or onycholysis. Clinical impression was green nail syndrome. Her condition improved after use of empirical ofloxacin drops.

Green nail syndrome is caused by pseudomonas infection and it is sometimes associated with prolonged water immersion (e.g. housewives, barbers). Diagnosis is usually made clinically while bacterial study on nail clipping can be helpful. It is important to keep lesion dry and have nails trimmed regularly. Initial treatment can be 2-week course of either topical fluoroquinolone or anti-septic (e.g. Clorox diluted 1:4). In refractory cases, 4-week oral fluoroquinolone can be prescribed. It is also important to treat any underlying onychomycosis or paronychia.

From left to right: Dr. Choi Man Kit, Dr. Fong Pak Yiu, Dr. Yeung Lok Ki, Dr. Lam Yuk Keung (Speaker) and Dr. Lam Wing Wo (Moderator)

The Board of Education is pleased to let you know that there will be online seminars to be conducted via the ZOOM Webinar platform in the coming month with the details below:

Online Seminars

Date and Time	Topics	Speakers	Moderators
6 Nov (Sat) 2:00 – 3:30 p.m.	**Herpes Zoster and New Vaccine Development** *Organized by the Interest Group in Dermatology* *Sponsored by GlaxoSmithKline Limited*	**Dr. Hau Kwun Cheung** *Specialist in Dermatology & Venereology*	**Dr. Lam Wing Wo**
9 Nov (Tue) 2:00 – 3:00 p.m.	**Management of Acne and Acne Scars** *Sponsored by Galderma Hong Kong Limited*	**Dr. Lee Tze Yuen** *Specialist in Dermatology & Venereology*	**Dr. Tsui Hing Sing**
12 Nov (Fri) 7:00 – 8:00 p.m.	**Smoking Cessation and Oral Health** *Sponsored by GlaxoSmithKline Consumer Healthcare (Hong Kong) Limited*	**Dr. Chan Man Ha Anita** *Specialist in Periodontology*	**Dr. Tse Sut Yee**

QR Code for registration

6 November 2021 (Sat)	9 November 2021 (Tue)	12 November 2021 (Fri)

Accreditation : 6 Nov : 2 CME Point HKCFP (Cat. 4.3)
2 CME Point MCHK (pending)
9 & 12 Nov : 1 CME Point HKCFP (Cat. 4.3)
1 CME Point MCHK (pending)

Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)

Online Monthly Video Session

Date and Time	Topic
29 October (Fri) 2:30 – 3:30 p.m.	**"Common Neurological Problems in Primary Care" by Dr. Chu Yim Pui, Jonathan**
26 November (Fri) 2:30 – 3:30 p.m.	**"Management in "Difficult Hypertension"" by Dr. Cheung Shing Him**

QR Code for registration

29 October 2021 (Fri)	26 November 2021 (Fri)

Accreditation : 1 CME Point HKCFP (Cat. 4.2)
1 CME Point MCHK (pending)

Up to 2 CPD Points (Subject to submission of satisfactory report of Professional Development Log)

CME points would be given for self-study at online recorded CME lectures only if participating doctors have not attended the same live CME lectures and completed the relevant quiz.

Admission Fee (for all online seminars) :
Member — Free
Non-member — HK$ 100.00 for each session
For non-members, please contact the secretariat for registration details. All fees received are non-refundable nor transferable.

Registration Method : Please register via the registration link to be sent by email later or scan the QR code above. For enquiry about registration, please contact Ms. Katie Lam by email to education@hkcfp.org.hk or call 2871 8899. Thank you.

Notes :

1. In case of over-subscription, the organizer reserves the right of final decision to accept registration.
2. The link to join the webinar **SHOULD NOT** be shared with others as it is unique to each individual who has completed prior enrolment procedures. If additional attendee(s) is/are found using the same unique link to join the webinar with you, all attendees joining the lecture via your unique link would be dismissed. You can only login with one device at a time. CME point(s) would only be given to those on the pre-registration list and attended the lecture.
3. Please note you can just attend **ONE** CME activity at a time. If it's found you are attending more than one CME activity simultaneously by the CME administrator later, you may NOT be able to receive the CME point(s).
4. Members who have attended less than 75% of the length of the online lecture may not be able to receive CME. Final decision would be subject to the approval of the related Board / Committee.
5. **Please be reminded to complete and submit the *MCQs or survey after the session for HKCFP and MCHK CME point(s) accreditation. (*MCQs/ True or False Questions; 50% or above of correct answers are required)**
6. Please be reminded to check the system requirements beforehand to avoid any connection issues.
7. Due to copyright issue, please note private recording of the lecture is prohibited.
8. Registration will be closed 3 days prior to the event.

Structured Education Programmes

Free to members
HKCFP 2 CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
Wednesday, 03 November 2021			
14:00 - 17:00	Lecture Theatre, 10/F, YCK, Kwong Wah Hospital	**Consultation Enhancement (Physical Examination: Abdomen and Video Consultation)** Dr Lee Ka Kei & Dr Chow Hiu Cheong	Ms. Emily Lau Tel: 3506 8610
14:30 - 17:00	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	**Fall Prevention - How to Prevent Fall in Elderly?** Dr Chan King Hang	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Room 21, Kwun Tong Community Health Centre	**Eating Disorders** Dr Chen Tsz Ting & Dr Fung Wai Yee	Ms Judy Yu / Ms. Cordy Wong Tel: 3949 3043 / 3949 3087
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital	**MPS-case Demonstration, Pitfalls in Daily Practice** Dr Lee Chun Ki	Ms. Cherry Wong Tel: 2589 2337
Thursday, 04 November 2021			
16:00 - 18:00	Online at Activities Room, 3/F, Yan Oi General Out-patient Clinic	**Surgical Wound Management in GOPD** Dr Chang Ting Ting & Dr Kwok Vincci	Ms. Eliza Chan Tel: 2468 6813
Wednesday, 10 November 2021			
14:00 - 17:00	Lecture Theatre, 10/F, YCK, Kwong Wah Hospital	**Alternative Medicine and Traditional Chinese Medicine in Community** Dr Zhu Yin & Dr Yeung Chin Fung	Ms. Emily Lau Tel: 3506 8610
14:30 - 17:00	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	**Community Nurse Service** Dr Chiu Kwan Ki	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Room 21, Kwun Tong Community Health Centre	**Health Care Delivery System in Singapore and Taiwan** Dr Lui Tsz Yin & Dr Wong Nicole	Ms Judy Yu / Ms. Cordy Wong Tel: 3949 3043 / 3949 3087
15:30 - 17:30	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	**Apology Ordinance and Compliant Handling** Dr Chow Kam Fai	Mr. Alex Kwok Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital	**Interesting Case Review** All trainees	Ms. Cherry Wong Tel: 2589 2337
Thursday, 11 November 2021			
16:00 - 18:00	Online at Activities Room, 3/F, Yan Oi General Out-patient Clinic	**How Much Should We Tell When Counselling About A New Drug Prescription?** Dr Hung Fung & Dr Lam Kang	Ms. Eliza Chan Tel: 2468 6813
Wednesday, 17 November 2021			
14:00 - 17:00	Lecture Theatre, 10/F, YCK, Kwong Wah Hospital	**Common Symptoms in Medicine and Geriatrics (2) (Weakness, Numbness, Headache and Dizziness)** Dr Lo Chak Yui & Dr Lam Josephine Wai May	Ms. Emily Lau Tel: 3506 8610
14:30 - 17:00	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	**Approach to Male Sexual Dysfunction** Dr Lam Sze Yan	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Room 21, Kwun Tong Community Health Centre	**Management of Menopausal Symptoms** Dr Wu Sum Yi & Dr Tse Chin Ching	Ms Judy Yu / Ms. Cordy Wong Tel: 3949 3043 / 3949 3087
15:30 - 17:30	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	**CME and CPD** Dr Ng Hok Wai, Vincent & Dr Lau Sin Mei, MiMi	Mr. Alex Kwok Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital	**Role of Family Doctor in Subfertile Couples** Dr Hou Baijing, Prudence	Ms. Cherry Wong Tel: 2589 2337
Thursday, 18 November 2021			
16:00 - 18:00	Online at Activities Room, 3/F, Yan Oi General Out-patient Clinic	**Comparation Different for Traditional and New Generation Vaccine for COVID-19** Dr Tsang Kam Wah & Dr Tang Hoi Yan	Ms. Eliza Chan Tel: 2468 6813
Wednesday, 24 November 2021			
14:00 - 17:00	Video Conference at: Room 7 & Room 19, 8/F, Yau Ma Tei GOPC, Room 10, 1/F, New block, East Kowloon GOPC and Multifunction Room, Shun Tak Fraternal Association Leung Kau Kui Clinic	**Accident and Emergency Care (ENT, Eye, Surgical, Orthopaedic)** Dr Li Janice Chun Ying & Dr Chan Hue Yan, Stephanie	Ms. Emily Lau Tel: 3506 8610
14:30 - 17:00	Health Education Room, 1/F, Tin Shui Wai (Tin Yip Road) Community Health Centre	**Revisit to Hormonal Replacement Therapy** Dr Lam Yat Hei	Ms. Eliza Chan Tel: 2468 6813
14:30 - 17:30	Room 21, Kwun Tong Community Health Centre	**Preventive Aspects in Musculoskeletal Medicine** Dr Cheung Jessica & Dr Huang Wanshu	Ms Judy Yu / Ms. Cordy Wong Tel: 3949 3043 / 3949 3087
15:30 - 17:30	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	**Safe Drug Presciption and Polypharmancy** Dr Fung Yat Wang & Dr Ge Shicong, George	Mr. Alex Kwok Tel: 5569 6405
17:00 - 19:00	Lecture Room, 6/F, Tsan Yuk Hospital	**Handling Complaint Cases in Consultation** Dr Kwan Tsz Yan, Chelsia	Ms. Cherry Wong Tel: 2589 2337
Thursday, 25 November 2021			
16:00 - 18:00	Online at Activities Room, 3/F, Yan Oi General Out-patient Clinic	**Pathological Gambling** Dr Yu Yi Fung & Dr Lee Kar Fai	Ms. Eliza Chan Tel: 2468 6813

Toujeo®
insulin glargine 300U/mL

Choose A Newer Basal Analogue

Reassuring your patients' confidence in diabetes control

When compared with Lantus®, Toujeo® achieves:

Glycaemic control

Comparable HbA1c reductions[1-4]

Less hypoglycaemia during titration periods[1-4]

Up to **31%** LOWER incidence

Less anytime hypoglycaemia in full study periods[1-4]

Glycaemic variability

Better stability[5]

50% LOWER within-day fluctuation

Flexibility

Once daily administration at any time of the day[6]

Up to 36-hour duration of action and a 6-hour injection window (± 3h from usual time)[6]

Patient satisfaction

Up to 22% improvement after switching to Toujeo®[7,8]

This advertisement is only intended for Healthcare Practitioners and should not be re-distributed.

References: 1. Riddle MC, et al. Diabetes Care. 2014;37:2755-62. 2. Ykä Järvinen H, et al. Diabetes Care. 2014;37:3235-43. 3. Boli GB, et al. Diabetes Obes Metab. 2015;17:386-94. 4. Terauchi Y, et al. Diabetes Obes Metab. 2016;18:366-74. 5. Bergenstal R, et al. Diabetes Care. 2017;40:554-60. 6. Toujeo® Hong Kong prescribing information. 2020. Ver 1. 7. Mathieu C, et al. Diabetes Ther. 2020;11:495–507. 8. Colin IM, et al. Diabetes Ther. 2020;11:1835–47.

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

API-HK-TOU-20.09

SANOFI

Sanofi Hong Kong Limited
1/F & SECTION 212 on 2/F, AXA SOUTHSIDE, 38 WONG CHUK HANG ROAD,
WONG CHUK HANG, HONG KONG
Tel: (852) 2506 8333 Fax: (852) 2506 2537

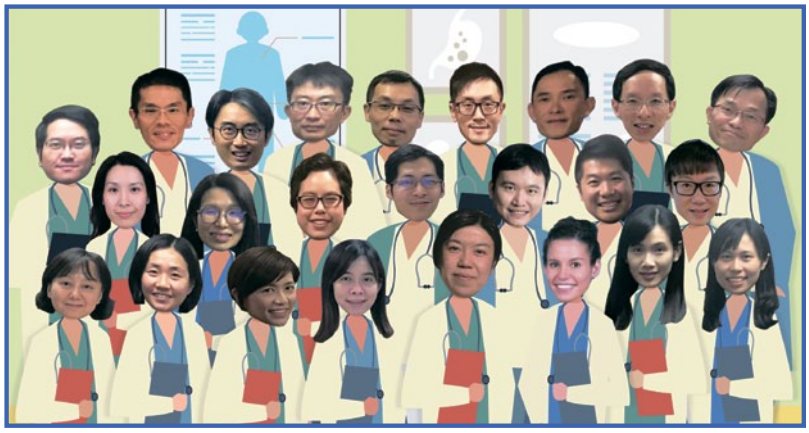
MAT-HK-2100904-1.0-08/2021

COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
24 Oct 2:30 – 4:30 p.m. Palliative Certificate Course	25	26	27 2:00 – 7:30 p.m. Structured Education Programme	28 4:00 – 6:00 p.m. Structured Education Programme 8:00 p.m. Board of Vocational Training & Standards Meeting	29 2:30 – 3:30 p.m. Video Session	30 Conjoint OSCE Exam Day 1
31 Conjoint OSCE Exam Day 2	1 Nov	2	3 2:00 – 7:30 p.m. Structured Education Programme	4 4:00 – 6:00 p.m. Structured Education Programme	5	6 2:00 – 3:30 p.m. Interest Group in Dermatology 2:30 – 5:30 p.m. DFM Module III Seminar
7 2:30 – 4:30 p.m. Palliative Certificate Course	8	9 2:00 – 3:00 p.m. Online CME Lecture	10 2:00 – 7:30 p.m. Structured Education Programme	11 4:00 – 6:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	12 7:00 – 8:00 p.m. Online CME Lecture	13 2:30 – 5:30 p.m. DFM Module III Seminar
14 2:30 – 4:30 p.m. Palliative Certificate Course	15	16	17 2:00 – 7:30 p.m. Structured Education Programme	18 4:00 – 6:00 p.m. Structured Education Programme 8:30 p.m. HKCFP Council Meeting	19	20 2:30 – 5:30 p.m. DFM Module III Seminar
21 2:30 – 4:30 p.m. Palliative Certificate Course	22	23	24 2:00 – 7:30 p.m. Structured Education Programme	25 4:00 – 6:00 p.m. Structured Education Programme	26 2:30 – 3:30 p.m. Video Session	27 2:30 – 5:00 p.m. DFM FM Clinical Skills Enhancement
28 2:00 – 4:30 p.m. Annual Refresher Course 2021	29	30 2:00 – 3:00 p.m. Annual Refresher Course 2021	1 Dec 2:00 – 7:30 p.m. Structured Education Programme	2 2:00 – 3:00 p.m. Annual Refresher Course 2021 4:00 – 6:00 p.m. Structured Education Programme 7:00 – 9:00 p.m. Exit Exam - Refresher Course for Examiners (PA)	3 7:00 p.m. HKCFP Annual General Meeting	4 2:00 – 4:00 p.m. Interest Group in Mental Health 2:30 – 5:30 p.m. DFM FM Clinical Skills Enhancement

Red : Education Programmes by Board of Education
Green : Community & Structured Education Programmes
Purple : College Activities

FP LINKS EDITORIAL BOARD 2021



Back row (from left to right): Dr. Sin Ming Chuen, Dr. Chan Man Li, Dr. David Cheng, Dr. Sze Hon Ho, Dr. Ho Ka Ming, Dr. Fok Peter Anthony, Dr. Yip Tsz Hung, Dr. Alfred Kwong and Dr. Alvin Chan
2nd row (from left to right): Dr. Maria Leung, Dr. Heidi Fung, Dr. Cheuk Christina, Dr. Leung Lok Hang, Prof. Martin Wong, Dr. John Tam and Dr. Yeung Wai Man
Front row (from left to right): Dr. Law Tung Chi, Dr. Tsui Hiu Fa, Dr. Judy Cheng, Dr. Catherine Ng, Dr. Wendy Tsui, Dr. Natalie Yuen, Dr. Anita Fan and Dr. Natalie Siu

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