

Hong Kong Primary Care Conference 2015



# Stay Caring, Go Excelling in Primary Care



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

**30-31 May 2015  
(Saturday-Sunday)  
Programme Book**



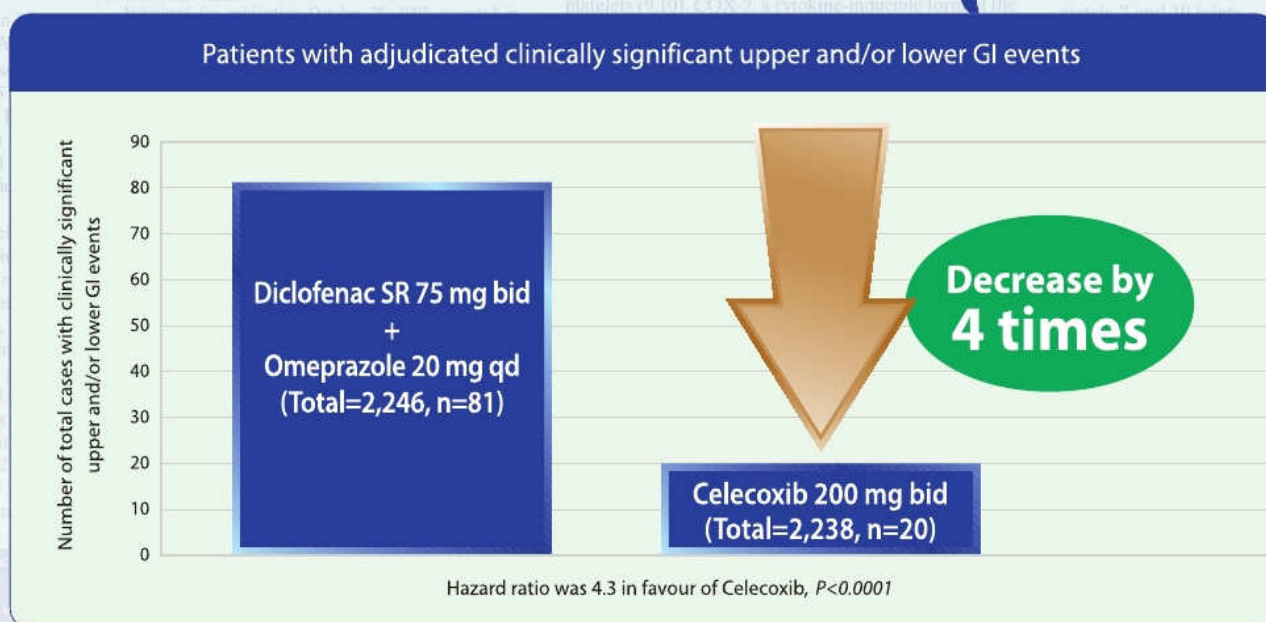


# CONDOR

Celecoxib versus Omeprazole and Diclofenac  
in patients with Osteoarthritis and Rheumatoid arthritis

## Celecoxib vs. Diclofenac + Omeprazole:

Patients treated with Celecoxib had a **LOWER RISK** of  
Clinically Significant Upper and/or Lower GI Events<sup>1</sup>



- Proven efficacy in various pain models<sup>2-5</sup>
- The only FDA-approved COX-2 inhibitor<sup>6</sup>
- Best-selling NSAID worldwide<sup>7</sup>



**CELEBREX**  
(CELECOXIB)



**References:** 1. Chan FKL, Lanas A, Scheiman J, Berger MF, Nguyen H, Goldstein JL. Celecoxib versus omeprazole and diclofenac in patients with osteoarthritis and rheumatoid arthritis (CONDOR) a randomized trial. *J Rheumatol*. 2010;37:167-174. 2. Graham DY, Chan FK. *Gastroenterology* 2008;134:1240-1257. 3. Nadarajah A, et al. *Singapore Med J* 2006; 47:534. 4. Petri M, et al. *J Rheumatol* 2004;31:1614-20. 5. Cheung R, et al. *Clin Ther* 2007;29 [Theme Issue]:2498-2510. 6. Food and Drug Administration (FDA). <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm111085.htm>. Accessed February 12, 2014. 7. IMS Database 3rd Quarter 2013. 8. Drug Office, Department Of Health HKSAR - Search Drug Database. [http://www.drugoffice.gov.hk/eps/do/en/consumer/search\\_drug\\_database.html](http://www.drugoffice.gov.hk/eps/do/en/consumer/search_drug_database.html). Accessed February 12, 2014. 9. FDA Approved Drug Products. <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm>. Accessed February 12, 2014.

**CELEBREX ABBREVIATED PACKAGE INSERT** 1. **TRADE NAME:** Celebrex. 2. **PRESENTATION:** Capsules contain either 100mg, 200mg or 400mg of celecoxib. **INDICATIONS:** Adult: For relief of the signs and symptoms of osteoarthritis (OA), rheumatoid arthritis (RA), ankylosing spondylitis (AS), management of acute pain (AP) in adults; treatment of primary dysmenorrhea (PD); treatment of the signs and symptoms of low back pain (LBP). 3. **DOSAGE:** OA, 200mg OD or 100mg BID; RA, 100 or 200mg BID; AS, 200mg OD or 100mg BID; 400mg OD if no response after 6 weeks; AP & PD, 400mg OD initially, an additional 200 mg if needed on the first day, subsequent days 200mg BID as needed; LBP: 100mg BID. 4. **CONTRAINDICATIONS:** Hypersensitivity to celecoxib, aspirin, or other NSAIDs or demonstrated allergic-type reaction to sulfonamide or experienced asthma, urticaria, or allergy-type reaction after taking aspirin or other NSAIDs. Use as treatment for per-operative pain in the setting of CABG surgery. 5. **WARNINGS & PRECAUTIONS:** Increased risk of serious adverse cardiovascular thrombotic events, myocardial infarction, and stroke, which can be fatal. Patients with known CV disease or risk factors for CV disease may be at greater risk. Caution in patients with hypertension, fluid retention or heart failure. Can cause serious gastrointestinal events including bleeding, ulceration, and perforation of the stomach, small intestine or large intestine, which can be fatal. Extreme caution in patients with prior history of ulcer disease or gastrointestinal bleeding. Special care should be taken as most spontaneous reports of fatal GI events are in elderly and debilitated patients. A patient with symptoms and/or signs suggesting liver dysfunction, or in whom an abnormal liver test has occurred, should be monitored carefully for evidence of the development of a more severe hepatic reaction. If clinical signs and symptoms consistent with liver disease develop, or if systemic manifestations occur, Celebrex should be discontinued. Long-term administration of NSAIDs has resulted in renal papillary necrosis and other renal injury. Renal toxicity has also been seen in patients in whom renal prostaglandins have a compensatory role in the maintenance of renal perfusion. Not recommended in patients with advanced renal disease. Anaphylactoid reactions have occurred in patients without known prior exposure to Celebrex. Should not be given to patients with the aspirin triad. This symptom complex typically occurs in asthmatic patients who experience rhinitis with or without nasal polyps, or who exhibit severe, potentially fatal bronchospasm after taking aspirin or other NSAIDs. Can cause serious skin adverse events such as exfoliative dermatitis, Stevens-Johnson syndrome (SJS), and toxic epidermal necrolysis (TEN), which can be fatal. These serious events can occur without warning and in patients without prior known sulfa allergy. Patients should be informed about the signs and symptoms of serious skin manifestations and use of drug should be discontinued at the first appearance of skin rash or any other sign of hypersensitivity. Cannot be expected to substitute for corticosteroids or to treat corticosteroid insufficiency. Should not be administered to patients with aspirin-sensitive asthma and should be used with caution in patients with preexisting asthma. The pharmacological activity in reducing inflammation, and possibly fever, may diminish the utility of these diagnostic signs in detecting infectious complications of presumed noninfectious, painful conditions. The concomitant use with any dose of a non-aspirin NSAID should be avoided due to the potential for increased risk of adverse reactions. 6. **INTERACTIONS:** ACE inhibitors and angiotensin II antagonists, antacid, aspirin, dextromethorphan, fluconazole, fluoxetine, furosemide, lithium, NSAIDs, paroxetine, warfarin and drugs that inhibit cytochrome P450 2C9. Potential interaction with drugs that metabolized by P450 2D6. 7. **PREGNANCY AND LACTATION:** Pregnancy Category C. Pregnancy category C from 30 weeks of gestation onward. Should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. No studies have been conducted to evaluate the effect of celecoxib on the closure of the ductus arteriosus in humans, therefore should be avoided during the third trimester of pregnancy. 8. **SIDE EFFECTS:** Abdominal pain, Diarrhea, Dyspepsia, Flatulence, Nausea, Back pain, Peripheric edema, Accidental injury, Dizziness, Headache, Insomnia, Pharyngitis, Rhinitis, Sinusitis, Upper respiratory infection, Rash. Reference: HK P (Mar 2011). Date of preparation: JUN 2011. Identifier number: CELEB611. FULL PRESCRIBING INFORMATION IS AVAILABLE UPON REQUEST.



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## WELCOME MESSAGE



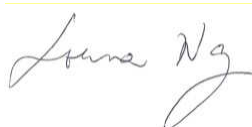
Dear Colleagues and Friends,

On behalf of the Organizing Committee, I am delighted to welcome you all to the 5th Hong Kong Primary Care Conference hosted by the Hong Kong College of Family Physicians.

As this annual meaningful event is now in its 5th year, our theme “Stay caring, Go Excelling in Primary Care” highlights the growth and consolidation of our discipline through enhancement of well-established training programs and delivery of new healthcare models and services. The enormous progress in primary care development, both locally and globally, has come a long way since World Health Organization’s World Health Report in 2008 advocated for the strengthening of primary care and general practice around the world. With our achievements come tremendous responsibilities for us to stay caring and excel. Sustainable primary care is progressively evolving towards team based care and multi-disciplinary collaboration with various clinical specialties, nursing and allied healthcare professionals. Although multi-disciplinary care can deliver more management options and resources to the community, it can be expensive and may not even be effective when it is not well-coordinated. Thus, it is time to reappraise our role not only as clinicians and gatekeepers, but knowledge leaders for change and center-point for a robust primary healthcare system.

This conference will serve again as a fertile platform for bringing together experts, family physicians, nurses and allied health practitioners in addressing challenges in primary care. Aside from the exciting array of plenary sessions, workshops, seminars and discussion forum, we will continue our well-received competitions in full research paper, oral, poster and clinical case presentations. All these have become a hallmark in our annual conference.

I would like to take this opportunity to express my sincere appreciation to all speakers, facilitators and delegates for their valuable support; sponsors for their generosity, and all the hardworking members of the Organizing Committee and Conference Secretariat for their commitment towards this memorable event.



**Dr. Lorna NG**

Chairperson, Organizing Committee  
Hong Kong Primary Care Conference 2015



## ORGANIZING COMMITTEE

Chairperson : **Dr. Lorna NG**

Advisors : **Dr. Angus M.W. CHAN**

**Dr. David V.K. CHAO**

**Dr. Stephen K.S. FOO**

**Dr. H.L. LAU**

Business Manager : **Dr. Billy C.F. CHIU**

Scientific Subcommittee Chair : **Dr. Catherine X.R. CHEN**

Scientific Subcommittee Coordinators : **Dr. L.K. CHIANG**

**Dr. S.C. FUNG**

Poster Presentation Coordinator : **Dr. Wendy W.Y. KWAN**

Clinical Case Presentation Coordinators : **Dr. Kevin B.Y. FOO**

**Dr. Y. KWAN**

Publication Coordinators : **Dr. Judy G.Y. CHENG**

**Dr. Dana S.M. LO**

Venue Coordinator : **Dr. Vienna C.W. LEUNG**

Committee Members : **Dr. M.Y. CHONG**

**Dr. Regina W.S. SIT**

Nurse Planners : **Ms. Samantha Y.C. CHONG**

**Prof. W.Y. IP**

**Ms. Margaret C.H. LAM**

Conference Secretariat : **Ms. Teresa LIU**

**Ms. Erica SO**

**Ms. Carmen TONG**

**Ms. Wing YEUNG**

**Ms. Crystal YUNG**



## MESSAGE FROM PRESIDENT

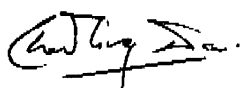


The ultimate goal of Primary Care is better health for all. WHO has identified five key elements to achieve this goal: reducing exclusion and social disparities in health; organizing health services around people's needs and expectations; integrating health into all sectors; pursuing collaborative models of policy dialogue; and increasing stakeholder participation. Family Physicians and Nurses are centres to the achievement of this goal.

This is the 5th Hong Kong Primary Care Conference and the organizing committee has chosen “Stay Caring, Go Excelling in Primary Care” as the main theme to address the above five elements. This conference brings together local and international experts for the exchange of ideas and experiences on the latest development in Primary Care amongst different disciplines and addresses the present and future challenges in Primary Care.

We are lucky to have three high power plenary lectures, namely “Excellence in Primary Care- Ethical Dilemmas”, “We Need the Family Doctor more than Ever in the Era of Multi-disciplinary Primary Care” and “Family Medicine in 2050- a Vision through a Crystal Ball”. Do not miss a single one!

Last but not least, I must thank our sponsors for their never failing support, our 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



It is my pleasure to congratulate the Hong Kong College of Family Physicians on organising the Hong Kong Primary Care Conference 2015.

Primary care plays a pivotal role in a healthcare system. It provides first contact care that is comprehensive, continuing, co-ordinated and person-centred. Amidst the challenges from ageing population, the Government needs to strengthen primary care at the community level to support disease prevention, management of chronic diseases, maintenance of functional status and improvement in quality of life.

Following the promulgation of the Primary Care Development Strategy Document in 2010, reference frameworks on hypertension and diabetes as well as specific population group including older adults and children in the primary care settings have been developed and promulgated with the support of the College. They provide care providers with best practices and evidence-based knowledge on both prevention and control of diseases. Under the Primary Care Directory, we will further promote and encourage continuing professional development for medical practitioners and other primary care providers. We will also continue to promote the concept of family doctors at the community level through the public-private partnership approach to sustain the efforts made by the Government, the College, family physicians and other stakeholders over the years.

The College has been taking the lead in enhancing and developing family medicine in Hong Kong. Now in its fifth year, the Hong Kong Primary Care Conference has become a cultivating platform to facilitate stakeholders' discussion and sharing among professionals on topics relating to primary care. I wish the Conference every success and all participants a fruitful and inspirational 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 gives me great pleasure to extend our congratulations to the Hong Kong College of Family Physicians for organizing the Hong Kong Primary Care Conference 2015 from 30 to 31 May 2015, and the Organizing Committee for an excellent job in putting together such a relevant and well-structured programme.

The annual family medicine-led Conference, entitled “Stay Caring, Go Excelling in Primary Care”, will provide an excellent platform for learning and discussion to address the challenges facing primary care physicians.

Quality primary care is delivered by well-trained family physicians. They are competent in different medical disciplines but need to regularly update their skills. It is always a challenge to organize conferences which would be of interest and yet beneficial. I am sure this Conference will be a huge success in successfully achieving both, while demonstrating the importance and value of primary care in the public health system. The Conference will provide an opportunity for colleagues to network and share insights on how to work together in a collaborative approach to achieve excellence in patient-centered care.

I look forward to joining leading healthcare experts and family physicians at the Conference. May I wish the Conference a great success and all the participants a most rewarding gathering.

With warmest regards,



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





## CONGRATULATORY MESSAGE



On behalf of the Primary Care Office, Department of Health, I would like to extend my heartiest congratulations to the Hong Kong College of Family Physicians for organizing the Hong Kong Primary Care Conference 2015.

The Hong Kong College of Family Physicians has all along been our invaluable partner in the promotion of primary care in the community. Last year, the College worked closely with the Primary Care Office in the production of television series, titled “My Family Doctor”, advocating the concepts of family doctor to the public. This year, the College continues to organize medical education seminars, facilitating the practice of evidence-based medicine in primary care through promoting the adoption of the Hong Kong Reference Frameworks for management of chronic diseases and preventive care in specific populations.

Adopting a caring attitude towards our patients and pursuing excellence in our practices are important attributes in providing quality medical services. May I wish all participants bring home intellectual treasures with applications to enhance primary care.

**Dr. Monica WONG**

Head, Primary Care Office

Department of Health, HKSARG

## CONGRATULATORY MESSAGE



I am honoured by the invitation of the Hong Kong College of Family Physicians to be part of the 2015 Hong Kong Primary Care Conference (HKPCC). My hearty congratulation to the Organizing Committee for their success in making the HKPCC a platform that truly brings multiple medical and other professionals together to advance primary care. I like the theme “Stay Caring, Go Excelling in Primary Care” very much. It is visionary and succinct in highlighting the mission of family medicine and primary care in the 21st Century. Aging of the population has changed the landscape of primary care from the treatment of episodic minor illnesses to the continuing care of persons with chronic and multiple morbidities. New medical technologies and performance indicators may improve performance but can distract us from our focus on individualized whole person care. I wish you will be inspired by the exchange in this conference to maintain a balance between the art of care and the science of medicine in the delivery of the best primary care to every person in our community.



**Prof. Cindy L.K. LAM**

Danny D. B. Ho Professor in Family Medicine

Head, Department of Family Medicine and Primary Care

The University of Hong Kong



## CONGRATULATORY MESSAGE



This year's Primary Care conference of the Hong Kong College of Family Physicians has an important theme – “Stay Caring, Go Excelling in Primary Care”. We are increasingly aware that the provision of patient centred care is a key attribute of quality primary care and health systems that are patient centred can achieve better health and greater health equity.

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 healthcare professionals with a caring attitude to enable and empower patients to better manage their health conditions. By uniting efforts and working with various primary care partners to provide accessible patient 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 a profitable two days for all those attending and I wish you all every success in establishing further partnerships for health in the future.

**Professor EK Yeoh**

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



## CONFERENCE INFORMATION

**Organized by:** The Hong Kong College of Family Physicians  
**Date:** 30-31 May 2015 (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 2015

College/Programme	For the whole function	30/5/2015 Whole Day	31/5/2015 Whole Day	CME/CPD Category
Anaesthesiologists	10.5	5.17	5.33	Non-Ana passive
Community Medicine		5	5	
Dental Surgeons		5	3.5	Cat. B
Emergency Medicine		5	5	PP
Family Physicians	10	5	5	Cat. 5.2
Obstetricians & Gynaecologists		5	5	Non-OG
Ophthalmologists	4	2.5	2.5	passive
Orthopedic Surgeons	Pending			
Otorhinolaryngologists	5.5	2.5	3	Cat. 2.2
Paediatricians	6	Nil	3 ( for Workshop 2) 3 (for Seminar E)	Cat A
Pathologists		5	5	PP
Physicians		5	5	
Psychiatrists	10	5	5	PP/OP
Radiologists		5	5	Cat. B
Surgeons	10	5	5	Passive
MCHK CME Programme	10	5	5	Passive (Accredited by HKAM)
CNE (For Nurse)	10	5	5	
CEU (For HA Pharmacists)	9	5	4	

#### Conference Secretariat

Tel No. : (852) 2528 6618  
 Fax No. : (852) 2866 0616  
 Email : [hkpcc@hkcfp.org.hk](mailto:hkpcc@hkcfp.org.hk)  
 Contact Person : Ms. Crystal YUNG / Ms. Erica SO / Ms. Teresa LIU / Ms. Carmen TONG / Ms. Wing YEUNG  
 Contact Person for CPD / CNE : Ms. Wing YEUNG / Ms. Carmen TONG



## 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 2015 a successful one.

### Officiating Guests

#### **Prof. Rodger CHARLTON**

Professor and Director of Primary Care Education, Nottingham Medical School;  
Honorary Professor of Medical Education, Swansea College of Medicine

#### **Dr. KO Wing Man, BBS, JP**

Secretary for Food and Health, HKSARG

#### **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

#### **Dr. Donald K.T. LI**

Honorary Treasurer, WONCA World Executive Council;  
President, Hong Kong Academy of Medicine

### Plenary Speakers

#### **Prof. Rodger CHARLTON**

Professor and Director of Primary Care Education, Nottingham Medical School;  
Honorary Professor of Medical Education, Swansea College of Medicine

#### **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

#### **Dr. Donald K.T. LI**

Honorary Treasurer, WONCA World Executive Council;  
President, Hong Kong Academy of Medicine

### Seminar Speakers

#### **Ms. S.K. CHAN**

Nurse Consultant, Continence Care, Kowloon East Cluster, Hospital Authority

#### **Dr. Andrew Y.Y. HO**

Head of Division of Endocrinology,  
Department of Medicine and Geriatrics, Tuen Mun Hospital, Hospital Authority;  
Immediate Past President of the Osteoporosis Society of Hong Kong

#### **Dr. Y.Y. LAM**

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

#### **Dr. Eddy K.P. NG**

Principal Medical & Health Officer, Non-Communicable Disease Division,  
Surveillance and Epidemiology Branch, Centre for Health Protection, Department of Health,  
HKSARG

**Ms. Katherine SIU**  
Manager (Nursing), Hospital Authority Head Office

**Dr. Wendy W.S. TSUI**  
Consultant In-charge (Primary Care), Primary Care Office, Department of Health, HKSARG;  
Chief of Service (Family Medicine & Primary Healthcare), Hong Kong West Cluster, Hospital  
Authority

**Prof. Doris YOUNG**  
Professor of General Practice, Melbourne Medical School;  
Associate Dean China, Faculty of Medicine, Dentistry and Health Sciences, The University of  
Melbourne

**Workshop Speakers**

**Prof. Rodger CHARLTON**  
Professor and Director of Primary Care Education, Nottingham Medical School;  
Honorary Professor of Medical Education, Swansea College of Medicine

**Dr. James S.P. CHIU**  
Mediator & Specialist in General Surgery;  
Mediation Course Co-ordinator & Lead Trainer, Hong Kong Academy of Medicine;  
1<sup>st</sup> Adjunct Assistant Professor (Mediation Courses), The Chinese University of Hong Kong;  
Honorary Clinical Assistant Professor, Medical School, The University of Hong Kong

**Dr. Annie O.L. FOK**  
Medical & Health Officer, Family Health Service, Department of Health, HKSARG;  
Honorary Clinical Tutor, Department of Paediatrics, The Chinese University of Hong Kong

**Dr. Shirley S.L. LEUNG**  
Specialist in Developmental-Behavioural Paediatrics

**Discussion Forum Speakers**

**Dr. Miranda C.M. CHAN**  
Chief of Service, Department of Surgery, Kwong Wah Hospital, Hospital Authority

**Dr. Steve W.H. CHAN**  
Associate Director, Urology Centre, Hong Kong Sanatorium & Hospital;  
Specialist in Urology

**Dr. Regina C.T. CHING, JP**  
Head, Surveillance & Epidemiology Branch,  
Centre for Health Protection

**Prof. T.H. LAM**  
Chairman of the Cancer Expert Working Group on Cancer Prevention and Screening

**Symposia Speakers**

**Dr. T.P. IP**  
Specialist in Endocrinology, Diabetes & Metabolism;  
Consultant, Department of Medicine, Tung Wah Hospital, Hospital Authority

**Dr. Jamie C.M. LAM**  
Associate Consultant, Honorary Clinical Assistant Professor  
Division of Respiratory Medicine, Department of Medicine, Queen Mary Hospital, The University of  
Hong Kong, Hong Kong.

**Dr. C.W. SIU**

Associate Professor, Department of Medicine,  
The University of Hong Kong;  
Honorary Consultant, Department of Medicine, Queen Mary Hospital, Hospital Authority  
Specialist in Cardiology

**Dr. M.W. TSANG**

Specialist in Endocrinology, Metabolism & Diabetes  
Hon.Ass Prof. Department of Medicine, University of Hong Kong  
Hon Adj. Prof. Department of Medicine & Therapeutic, Chinese University of Hong Kong

**Dr. Bernard B.L. WONG**

Specialist in Cardiology;  
President of the China-Hong Kong Society for Medical and Health Care;  
Chief Editor, CME Bulletin, Hong Kong Medical Association;  
Co-Chairman, CME Committee, Hong Kong Medical Association;  
Manager, CME Committee, Hong Kong Doctors' Union;  
Editor, Hong Kong Medical Diary, The Federation of Medical Societies of Hong Kong;  
Council Member, Hong Kong Medical Association;  
Council Member, Hong Kong Doctors' Union

**Judges of Full, Novice, Trainee Research Paper Competition**

**Prof. T.P. LAM**

Professor & 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

**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 – Oral Presentation**

**Dr. David V.K. CHAO**

Vice-President (Education & Examinations), The Hong Kong College of Family Physicians  
Chief of Service, Department of Family Medicine and Primary Health Care, Kowloon East Cluster, Hospital  
Authority

**Dr. Kenny KUNG**

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

**Prof. Gabriel NG**

Chair Professor & Head, School of Rehabilitation Sciences,  
The Hong Kong Polytechnic University

**Prof. Martin C.S. WONG**

Director, CUHK Jockey Club Bowel Cancer Education Centre;  
Associate 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

**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**

**Ms. Samantha Y.C. CHONG**

Chief Nursing Officer, Hong Kong Baptist Hospital

**Dr. Cecilia Y.M. FAN**

Specialist in Family Medicine

**Ms. Margaret C.H. LAM**

Ward Manager, KWC FM & PHC, Hospital Authority

Chairman – Professional Development Committee, HK Nurses Association of FM & PHC

**Dr. Luke C.Y. TSANG**

Specialist in Family Medicine;

Consultant and Head of the Professional Development & Quality Assurance, Department of Health,  
HKSARG;

Honorary Clinical Associate Professor, Department of Community and Family Medicine  
Consultant(Family Medicine), Department of Health, HKSARG

**Judges of Clinical Case Presentation Competition**

**Dr. Angus M.W. CHAN**

President, The Hong Kong College of Family Physicians

**Mr. Lawrence C.W. FUNG**

KWC CSC(Allied Health);

Department Manager (Physiotherapy), Kwong Wah Hospital, Hospital Authority

**Mr. Jimmy K.W. WONG**

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



**Secretarial Support**

**Ms. Windy LAU / Ms. Wing YEUNG**  
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**Ms. Wing YEUNG / Ms. Carmen TONG**  
Scientific and QA Accreditation

**Ms. Teresa LIU / Ms. Erica SO**  
Exhibition and Advertisement

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**Ms. Teresa LIU / Ms. Crystal YUNG / Ms. Erica SO**  
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# PROGRAMME

SCIENTIFIC PROGRAMME					
Hong Kong Primary Care Conference 2015 "Stay Caring, Go Excelling in Primary Care"					
Time	Date	30 May 2015 (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)	Excellence in Primary Care - Ethical Dilemmas	Dr. Donald K.T. LI (Honorary Treasurer, WONCA World Executive Council; President, Hong Kong Academy of Medicine)  Chairperson: Dr. Stephen K. S. FOO
16:05 - 16:40		Plenary II	Pao Yue Kong (G/F)	We Need the Family Doctor More than Ever in the Era of Multi-disciplinary Primary Care	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)  Chairperson: Dr. Stephen K. S. FOO
16:40 - 17:00		Coffee Break - Exhibition Hall & Foyer (G/F & 1/F) Poster Presentation Part 1# - Foyer (1/F)			
17:00 - 18:30		Workshop 1	James Kung (2/F)	Mediation and Applying Mediation Skills to Handle Complaints from Patients	Dr. James S.P. CHIU (Mediator & Specialist in General Surgery; Mediation Course Co-ordinator & Lead Trainer, HKAM; 1st Adjunct Assistant Professor (Mediation Courses), The Chinese University of Hong Kong; Honorary Clinical Assistant Professor, Medical School, The University of Hong Kong)  Chairperson: Dr. Mark S. H. CHAN
		Seminar A	Function Room 1 (2/F)	Update on Management of Osteoporosis	Dr. Andrew Y.Y. HO (Head of Division of Endocrinology, Department of Medicine and Geriatrics, Tuen Mun Hospital, Hospital Authority; Immediate Past President of the Osteoporosis Society of Hong Kong)  Chairperson: Dr. Catherine X. R. CHEN
		Free Paper - Oral Presentation Part 1#	Lim Por Yen (G/F)	Various Speakers	
		Discussion Forum	Pao Yue Kong (G/F)	Cancer Screening and Preventive Care	Prof. T.H. LAM (Chairman of the Cancer Expert Working Group on Cancer Prevention and Screening)
				Evidence and Recommendations of the CEWG on Population-based Breast Cancer Screening	
				Should We Recommend Breast Cancer Screening in Clinical Practice?	Dr. Regina C.T. CHING, JP (Head, Surveillance & Epidemiology Branch, Centre for Health Protection)
				Planning for the Colorectal Cancer Screening Pilot Programme in Hong Kong	Dr. Miranda C.M. CHAN (Chief of Service, Department of Surgery, Kwong Wah Hospital, Hospital Authority)
18:30 - 21:00		Dinner Symposium	Run Run Shaw Hall (1/F)	1. Type 2 Diabetes Treatment - A Pathophysiological Approach	Dr. T.P. IP (Specialist in Endocrinology, Diabetes & Metabolism; Consultant, Department of Medicine, Tung Wah Hospital, Hospital Authority)
				2. Current Management of Asthma in Adults	Dr. Jamie C.M. LAM (Associate Consultant, Department of Medical (Respiratory specialist), Queen Mary Hospital, Hospital Authority)  Chairperson: Dr. Loretta W. Y. CHAN

# PROGRAMME

**31 May 2015 (Sun)**

		Date	PROGRAMME				
Time			31 May 2015 (Sun)				
8:15 - 9:00		Registration - Exhibition Hall & Foyer (G/F)					
		9:00 - 10:30	Workshop 2	James Kung (2/F)	Supporting Mothers to Establish and Sustain Breastfeeding: What Family Physicians Need to Know and Practice	Dr. Shirley S.L. LEUNG (Specialist in Developmental-Behavioural Paediatrics)	
						Dr. Annie O.L. FOK (Medical & Health Officer, Family Health Service, Department of Health, HKSARG; Honorary Clinical Tutor, Department of Paediatrics, The Chinese University of Hong Kong)	
						Chairperson: Dr. Judy G. Y. CHENG	
						Prof. Rodger CHARLTON (Professor and Director of Primary Care Education, Nottingham Medical School; Honorary Professor of Medical Education, Swansea College of Medicine)	
			Workshop 3	Function Room 1 (2/F)	Do We Need a New Consultation Model to Include Cultural Competency When Managing Complex Disease?	Chairperson: Dr. Vienna C. W. LEUNG	
			Seminar B	Lim Por Yen (G/F)	Research and Clinical Audit	Prof. Doris YOUNG (Professor & Chair of General Practice, Melbourne Medical School; Associate Dean Academic, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne)	
			Clinical Case Presentation Competition#	Pao Yue Kong (G/F)	Various Speakers		
10:30 - 10:45		Coffee Break - Exhibition Hall & Foyer (G/F & 1/F) Poster Presentation Part 2# - Foyer (1/F)					
		10:45 - 12:00	Seminar C	James Kung (2/F)	Advance in Cardiac Imaging/ Investigation for Coronary Artery Disease	Dr. Y. Y. LAM (Associate Professor, Department of Medicine & Therapeutics, The Chinese University of Hong Kong)	
						Chairperson: Dr. Alvin C. Y. CHAN	
			Seminar D	Function Room 1 (2/F)	Continence Care Management from Training to Clinical Applications	Ms. Katherine SIU (Manager (Nursing), Hospital Authority Head Office)	
						Ms. Chan Sau Keun (Nurse Consultant, Continence Care, Kowloon East Cluster, Hospital Authority)	
			Free Paper - Oral Presentation Part 2#	Lim Por Yen (G/F)	Various Speakers		
			Seminar E	Pao Yue Kong (G/F)	HK Frameworks for DM, HT, Elderly and Children	Dr. Wendy W.S. TSUI (Consultant In-charge (Primary Care), Primary Care Office, Department of Health, HKSARG; COS, Hong Kong West Cluster, Hospital Authority)	
						Dr. Eddy K.P. NG (Principal Medical & Health Officer, Non-Communicable Disease Division, Surveillance and Epidemiology Branch, Centre for Health Protection, Department of Health, HKSARG)	
						Chairperson: Dr. Wekchie W. K. KO	
12:05 - 13:00			Plenary III	Pao Yue Kong (G/F)	Family Medicine in 2050 - A Vision Through a Crystal Ball	Prof. Rodger CHARLTON (Professor and Director of Primary Care Education, Nottingham Medical School; Honorary Professor of Medical Education, Swansea College of Medicine)	
						Chairperson: Dr. David V. K. CHAO	
13:05 - 14:35			Lunch Symposium	Run Run Shaw Hall (1/F)	1. What to Do When Basal Insulin Failed to Achieve HbA1c Target?	Dr. M.W. TSANG (Specialist in Endocrinology, Metabolism & Diabetes)	
					2. Extension from Treatment Convenience to Real-life Efficacy	Dr. B.L. WONG (Specialist in Cardiology; President of the China-Hong Kong Society for Medical and Health Care; Chief Editor of the Continuous Medical Education Bulletin, Hong Kong Medical Association and Editor of the Hong Kong Medical Diary)	
					3. Lowering CV risk- Can you IMPROVE IT?	Dr. C.W. SIU (Associate Professor, Department of Medicine, the University of Hong Kong; Honorary Consultant, Department of Medicine, Queen Mary Hospital, Hospital Authority; Specialist in Cardiology)	
						Chairperson: Ms. Samantha Y. C. CHONG Dr. Vincent T. F. YEUNG	

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

## Disclaimer

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

# ABSTRACTS OF PLENARY LECTURES

## PLENARY LECTURE I



### *“Excellence in Primary Care - Ethical Dilemmas”*

**Dr Donald LI SBS, JP**

*Honorary Treasurer, WONCA World Executive Council;  
President, Hong Kong Academy of Medicine*

Dr. Donald Li is a specialist in Family Medicine in private practice, and the sole proprietor of Family Medical Practice in Hong Kong. He is the President of the Hong Kong Academy of Medicine, the Honorary Treasurer and member at large of the World Organization of Family Doctors (WONCA) World Executive Council and Censor of the Hong Kong College of Family Physicians.

He is an active member of many Hong Kong governmental and public health bodies. He also dedicates much of his professional time to academia and teaching. He served as Member of Council of Cornell University; Honorary Professor in the Faculty of Medicine, The University of Hong Kong; Honorary Adjunct Associate Professor in Family Medicine as well as Public Health at the Chinese University of Hong Kong; Honorary Consultant at Huashan Hospital, Shanghai; Consultant of Family Physicians Training of Shanghai Health and Family Planning Commission; Accreditation Panel Specialist of National Health and Family Planning Commission of the People's Republic of China Industry Research for Public Welfare projects; and Lecturer of the Diploma of Family Medicine of the Hong Kong College of Family Physicians.

Dr. Li is the Honorary Secretary of the St. John's Ambulance council. He is the Chairman of Bauhinia Foundation Research Centre, and also the Chairman of the Hong Kong Sheng Kung Hui Welfare Council and serves on the committee of the Community Care Fund Task Force under the Commission of Poverty. He is honorary adviser of The Hong Kong Award for Young People and honorary fellow of Agency for Volunteer Service. He is also a member of the Health and Medical Development Advisory Committee of Food & Health Bureau.

Ethical dilemmas arise regularly throughout a doctor's career. As primary care providers, we are the first to encounter patients and have to deal with dilemmas involving money, life, death pain and even romance. How we deal with them reflects each doctor's values and personality and will affect our relationship with a patient which is the cornerstone of the continuous holistic nature of family medicine. Unfortunately the influence of healthcare financing such as insurance schemes becomes a challenge to doctor's clinical decisions, quality of service and sometimes will lead the doctor's behavior and actions to become at odds with the rigorous standards of the profession.

The presentation will discuss current ethical dilemmas encountered by the family physician and the approach towards handling them.



## ABSTRACTS OF PLENARY LECTURES

### PLENARY LECTURE II



#### ***“We Need the Family Doctor More than Ever in the Era of Multi-disciplinary Primary Care”***

##### **Professor 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*

Professor Cindy L. K. LAM, JP, is the Danny D. B. Ho Professor in Family Medicine and Head of the Department of Family Medicine and Primary Care of the University of Hong Kong. She is Chief Censor and Honorary Fellow of the Hong Kong College of Family Physicians. Cindy graduated with the M.B.B.S. (HK) degree from the University of Hong Kong and later obtained the M.D. (HK) degree. She is a specialist in Family Medicine, Fellow of the Hong Kong Academy of Medicine (Family Medicine) and Fellow of the Royal College of General Practitioners. She provides regular clinical service in a General Outpatient Clinic.

Her main research areas are health-related quality of life and health services in primary care. She has published 220 peer-reviewed journal articles. Her public services include being a Co-Chair of the Grant Review Board of the Health and Medical Research Fund, and the Convener of the Task Force on the Primary Care Directory.

##### **Background:**

To meet the needs of the increasing complexity of health problems and rising demands for more effective services, primary care requires the input from an ever expanding number of professionals from medical and social science disciplines. While multi-disciplinary care provides more management options and resources to our patients, it can be costly and may even be harmful when it is not properly selected and co-ordinated.

##### **Objectives:**

To explore how the family doctor can maximize the benefit and minimize the side effects of multi-disciplinary primary care.

##### **Methods:**

Clinical examples will be used to illustrate how the family doctor must play a central role in the motivation, access, co-ordination, continuation, and monitoring of multi-disciplinary care.

##### **Results:**

Indicators and criteria that family doctors can use to assure the quality of multi-disciplinary primary care will be identified.

##### **Conclusion:**

The family doctor plays a central role in assuring that multi-disciplinary primary care is patient-centered by enabling the right service is delivered to the right patient at the right time in the right place.

## ABSTRACTS OF PLENARY LECTURES

## PLENARY LECTURE III

***“Family Medicine in 2050 - a Vision through a Crystal Ball”*****Prof. Rodger CHARLTON***Professor and Director of Primary Care Education, Nottingham Medical School;**Honorary Professor of Medical Education, Swansea College of Medicine*

Professor Charlton qualified (MB ChB) from Birmingham, UK, in 1983 then completed an MPhil thesis in Medical Ethics. He has been a GP since 1987 and a GP Trainer since 1998. In 1991-2, he was a visiting fellow at the University of Otago Medical School, New Zealand, researching into the perceived needs of undergraduates in palliative medicine education. In 1994 he was appointed Senior Lecturer in Primary Health Care at the Postgraduate School of Medicine, Keele University. In 2001 he was awarded the RCGP John Fry Award. In September 2000 he was appointed as senior lecturer in continuing professional development at Warwick University and in January 2003 he became the Director of GP Undergraduate Medical Education at Warwick Medical School and an Associate Clinical Professor. He has completed 6 textbooks including: “Primary Palliative Care: Dying, Death & Bereavement in the Community” Radcliffe Medical Press Ltd, Oxford, UK. 2002. He is the Honorary Editor of RCGP Publications. Professor Charlton was appointed as a Professor of Medical Education and sub Dean for Community Based Learning at the College of Medicine at Swansea University in 2011. He remains an active clinician as a GP and has a fellowship of the Royal College of General Practitioners in London and in New Zealand. He received a national bronze clinical excellence award in 2008 and 2013 in the UK. In 2007 his book; “Learning to Consult” was published by Radcliffe Publishing Ltd and he is keen to work with the Hong Kong College of Family Physicians to produce a second edition of this book to include a chapter on cultural competency.

Family medicine is the personal working relationship with continuity of care achieved usually between one doctor and one patient in the community. The family physician provides care from cradle to grave and using a hypothetico-deductive problem-solving approach which helps to manage the uncertainty of undifferentiated illness with which patients present and consult in primary care. For many family physicians, patients present problems that challenge the concept of medicine as an exact science despite the plethora of increasing numbers of guidelines as part of evidence based practice. The consultation to the Family Physician/GP is as the scalpel is to the surgeon. Despite the many current consultation models there is a need for further model that takes the culture of the patient into account. Professor David Haslam's new consultation model will be discussed of listening, knowing something and caring, together with the RCGP College motto; Cum Scientia Caritas. There is a need to think globally both in relation to the mobility of patients and physicians where there are considerable expectations of the future workforce in terms of the team, location in the community, investigation resources, access, availability and premises and interface with specialists at intermediate clinics and hospitals. Similarly, the increasing amount of specialist care that can be undertaken in the community not least Chronic Disease Management which once used to be the domain of the hospital specialist and now is the role of the generalist family physician in the community. Although in family medicine there is a minimal role in obstetrics, there is an increasing emphasis on End-of-Life care where the role of the family physician is pivotal. Finally, there is a challenge for primary care education to prepare, train and inspire the future workforce, which sees 90% of patients who are ill but has proportionately a much lesser amount of healthcare funding.

## ABSTRACTS OF SEMINARS

## SEMINAR A

***“Update on management of Osteoporosis”*****Dr. Andrew Y. Y. HO**

*Head of Division of Endocrinology, Department of Medicine and Geriatrics,  
Tuen Mun Hospital, Hospital Authority;  
Immediate Past President of the Osteoporosis Society of Hong Kong*

Dr. Andrew Ho is currently Head of Division of Endocrinology, Department of Medicine and Geriatrics at Tuen Mun Hospital. He graduated from the Chinese University of Hong Kong and completed his post-doctoral research fellowship at the Metabolic Bone Disease Center, Columbia University in New York. Dr. Ho is the Immediate Past President of the Osteoporosis Society of Hong Kong. He has numerous publications on the topic of osteoporosis.

Postmenopausal osteoporosis is a common chronic disease which predisposes an individual to fragility (low trauma) fracture. The most devastating outcome of osteoporosis is hip fracture, commonly leading to early mortality and significant disability. Vertebral fracture is also causing morbidity and decreased quality of life. Elderly men are also at risk of osteoporosis but in general men are often neglecting the potential impact of osteoporosis on their health. Dual energy X-ray absorptiometry (DXA) of the spine and proximal femur remains the gold standard for diagnosis of osteoporosis before a fracture occurs. Nevertheless many fragility fractures occur in those with DXA results in osteopenic range. Therefore, clinical management must be based on the clinical risk factors such as age, body weight, history of previous fragility fracture, in addition to DXA result. Lifestyle measures should include consumption of a healthy balanced diet rich in calcium and vitamin D, regular weight-bearing and muscle-strengthening exercises, avoidance of smoking and excessive alcohol intake, and adequate sunlight exposure.

For early postmenopausal women below 65 years of age and without a history of hip fracture, selective estrogen receptor modulator (SERM) may be the preferred treatment. Oestrogen replacement therapy may also be considered as an interim treatment in early postmenopausal women with menopausal symptoms. For postmenopausal women aged 65 years or older, anti-resorptive agents such as bisphosphonates (alendronate, risedronate or zoledronic acid) or denosumab may be considered the first-line therapy. The choice of agents can be individualized. For postmenopausal women with more severe osteoporosis, teriparatide, the only bone-forming agent available, may be used for up to 2 years and followed by anti-resorptive. Strontium ranelate may be considered as alternative for patients with no cardiovascular risk factor but with contra-indication to all other anti-osteoporosis medications. Many drugs except oestrogen and SERM can be employed in treatment of osteoporosis in men, extrapolating their efficacy in postmenopausal women.

The duration of bisphosphonate treatment should be assessed according to the risk level of an individual after 5 years of oral or 3 years of intravenous bisphosphonate treatment. Those with high risk of fractures should not have their treatment stopped.

## ABSTRACTS OF SEMINARS

## SEMINAR B

***“Research and Clinical Audit”*****Professor Doris YOUNG**

*Professor of General Practice, Melbourne Medical School;  
Associate Dean China, Faculty of Medicine, Dentistry and Health  
Sciences, The University of Melbourne*

Professor Young graduated from Faculty of Medicine, University of Melbourne and completed Family Medicine training in Australia. She did further postgraduate training in Academic Family Medicine and Adolescent Medicine at University of Washington, Seattle USA. Over the last 30 years, Professor Young has been involved extensively in educating and training medical students, registrars, general practitioners and other health professionals in adolescent medicine, general practice and primary care research. Over the last 10 years, she has been actively building General Practice /Family Medicine research capacity in Hong Kong and recently in Shanghai, China. She has been the External Exit examiner for HKCFP since 2007 and in 2012, was awarded an Honorary Fellowship of the HKCFP. In 2014, she was appointed to the role of external examiner and quality assurance advisor for the assessment of the GP training program in Shanghai, China. She received Honorary visiting Professorships from Shantou Medical College, Fudan University and Peking Union Medical College.

Professor Young has published extensively in the area of General Practice integration models with the wider health care system and her current research focuses on trialling innovative models of care in the primary care setting to improve health outcomes for people with chronic diseases (Diabetes) in culturally and linguistically diverse and disadvantaged communities.

As Associate Dean China Programs, Professor Young is responsible for developing and implementing strategies to build teaching and learning and research collaborations and partnerships between the Faculty of MDHS at The University of Melbourne and top Universities in China.

Research and audit are essential learning process for family physicians to keep up their standard of care. Thanks to the nature of primary care, the topics of research and audit that can be done in primary healthcare are unlimited. Knowing how to do research and audit is a vital skill of the present day family physician. Through sharing of some research and audit projects ideas, combined with practical tips and advice from an expert, is an invaluable opportunity to get oneself more familiar with how a research or an audit process can be wisely planned and implemented, and at the same time, how the findings can be presented systematically. As many college members are still new to research or audit, this seminar, led by the renowned Professor Doris Young, aims to inspire those interested college members on how they can proceed with their research and audit ideas or their findings. Although this seminar will definitely benefit those trainees who need to do their research or audit projects as part of their examination, we also hope that this workshop can provide an alternate learning platform for those who just want to know more about research and audit projects without the examination stress.



## ABSTRACTS OF SEMINARS

## SEMINAR C

***“Advance/Application in Cardiac Imaging/ Investigation for Coronary Artery Disease”*****Dr. LAM Yat Yin***Associate Professor, Department of Medicine & Therapeutics, The Chinese University of Hong Kong*

Dr Lam is an experienced Physician Trainer. He is the President of HKCASH, and has been instrumental in the development of structural heart interventions and magnetocardiography in Hong Kong. He has published >230 peer-reviewed original articles & abstracts in international journals.

With increasing incidence of cardiovascular disease around the globe, patients with suspected coronary artery disease (CAD) benefit enormously from the proper utilization of non-invasive anatomical and stress imaging modality prior to referral for invasive cardiac catheterization.

Coronary CT angiography (CCTA) using multi-detector CT (MDCT) is a robust imaging tool for detection or exclusion of obstructive coronary artery disease with high sensitivity and negative predictive value. Despite widely applied in daily clinical practice for anatomical assessment of coronary arteries, CCTA cannot provide functional information which is essential in guiding clinical management. The presence of myocardial ischemia is associated with adverse clinical outcome and an ischemia-guided approach to revascularization is associated with improved patient outcomes and functional status. Nuclear imaging was traditionally being used to assess myocardial ischemia but it is less favored now because of the potential radiation hazards. Stress echocardiography also provides accurate functional data. However, both the scan and interpretation are highly operator-dependent and thereby limits its wide application in Hong Kong. Cardiovascular magnetic resonance (CMR) imaging has been evolved over the past decade as a robust imaging modality and now being utilized as part of clinical routine. The different available CMR sequences allow the assessment of myocardial function, pre- and post-stress perfusion, and extent of fibrosis/myocardial viability in a single comprehensive examination. The excellent diagnostic performance of stress perfusion CMR to detect significant coronary stenosis has been proven in evaluation of chest pain syndromes with intermediate probability of CAD.

All the aforementioned tests are robust screening tools but they all require either cardiologists or radiologists for reading the tests. Patients with stable chest pain may need to wait for more than a year in public hospital for the test. For general practitioners, exercise treadmill test (ETT) remains the first screening tool readily available to patients despite of its relatively low accuracy of 60-70%. Magnetocardiography (MCG) has recently been introduced to Hong Kong which could potentially improve the accuracy of ETT. Stress MCG is a non-invasive technique to detect and display the local magnetic field signals generated by the electrical activity of the heart during exercise. In order to detect these very weak cardiac magnetic signals, the subject will need to perform cycling exercise in a shielding room where the subtle changes of cardiac magnetic activities during exercise will be measured by very sensitive magnetic sensors.

Apart from diagnostic screening tools, advancement in intra-coronary imaging techniques like intracoronary ultrasound (ICUS) and optical coherence tomography (OCT) allow detail evaluation of coronary lesions, vessel size and post-stenting results. These imaging modalities are largely indispensable in guiding interventional strategies for better patient outcome.

## ABSTRACTS OF SEMINARS

### SEMINAR D

#### *“Continence Care Management from Training to Clinical Applications”*



**Dr Katherine SIU**

*Manager (Nursing), the Hospital Authority Head Office*

Dr. Katherine Siu graduated with a PhD in Nursing from the Chinese University of Hong Kong in 2006 and has been Manager (Nursing) of the Hospital Authority of Hong Kong Head Office since 2010. She has extensive clinical experience in continence care and was Nurse Specialist (Continence Care) in Princess Margaret Hospital. Dr. Siu is also Adjunct Assistant Professor of the Chinese University of Hong Kong.



**Ms. CHAN Sau Kuen**

*Nurse Consultant (Continence Care), Kowloon East Cluster, Hospital Authority*

Ms. Chan has been Nurse Consultant of the Continence Care Service at Kowloon East Cluster, Hospital Authority since 2009. She is also Adjunct Assistant Professor of the Chinese University of Hong Kong and Lecturer of the Doctor of Nursing Programme, Chinese University of Hong Kong.

Urinary and bowel incontinence affect people of various ages, from children to elderly persons. Incontinence problems could be caused by psychological problems, precipitated by chronic diseases, pharmacological effects, complicated by pregnancy, delivery of babies and pelvic surgeries.

Given that the incontinence problems have significant impact on people's quality of life, it is essential to equip healthcare professionals to acquire knowledge on treatment and management of people with various kind of incontinence. As a pioneer in developing Continence Care Service in Hong Kong, the United Christian Hospital collaborated with the Royal Prince Alfred Hospital (Australia) and has been holding “Certificate course on continence care for registered nurses” since 1995. The Hospital Authority Head Office conducted the Post Registration Certificate Course in Continence Care Nursing for registered nurses which composes of theoretical input and clinical practice within Hospital Authority hospitals. In addition, there are e-learning programs on the topic of continence management available for all HA nurses to flexibly facilitate learning.

Apart from in-patient consultations, continence care service also includes Nurse Continence Clinics at Specialists Outpatient Clinics and General Outpatient Clinics for early detection and intervention of bladder or bowel problems. Continence care provides comprehensive assessment for the diagnosis of the type of incontinence, tailor-made individualized treatment plan, such as life modification, pelvic floor exercise, bladder training, bowel training and other supportive care.

Continence Care Service provides an effective approach to promote continence care, and improve the quality of life of clients with bladder or bowel problems.

## ABSTRACTS OF SEMINARS

## SEMINAR E

***“HK Frameworks for DM, HT, elderly and children”*****Dr. Wendy WS TSUI**

*Consultant In-charge (Primary Care), Primary Care Office, Department of Health, HKSARG;*

*Chief of Service (Family Medicine & Primary Healthcare), Hong Kong West Cluster, Hospital Authority*

Dr. Tsui is Consultant In-charge of the Primary Care Office under the Department of Health of the Government of the HKSAR. She is also Chief of Service & Consultant of the Department of Family Medicine & Primary Health Care under Queen Mary Hospital of the Hong Kong West Cluster of the Hospital Authority.

She has been serving as Council member of the Hong Kong College of Family Physicians since 2007 and the Chairman of the Specialty Board since 2010, responsible for organizing the Exit Exam of the College. She has also been the Chief Editor of the College Newsletter, ‘the Family Physicians Links’ since 2006.

Academically, she is Honorary Clinical Associate Professor in Family Medicine, University of Hong Kong. She has also been appointed by College as Clinical supervisor for both basic and higher trainees since 2005 and as Examiner for the Exit Exam, Conjoint HKCFP & RACGP Fellowship Exam and DFM since 2007, 2008 and 2005 respectively. Her special interests include family medicine training and development, consultation skills assessment and primary care development.

As a core member of the Coordinating Committee in Family Medicine and Taskforce on Chronic Disease Management/ Shared care programs of Hospital Authority Head Office, Dr. Tsui has been engaging heavily in the strategic leadership, planning and delivery of new service models in chronic disease management in primary care, including Risk Assessment & Management Program (RAMP), Nurse & Allied Health Clinics (NAHC), Integrated Mental Health Program (IMHP), Patient Empowerment Program (PEP), Smoking Counselling & Cessation Program (SCCP) and Public-private Partnership Program (PPP).

***Title: Striving for excellence in primary care – translating evidence into practice***

With the rapidly ageing population and associated intensifying pressure of patients with chronic diseases, it is of paramount importance to have a good primary care system to meet the present and future health care challenges of Hong Kong.

The “Primary Care Development Strategy” document published in 2010 sets out the major strategies for strengthening primary care in Hong Kong. Following its direction, the Primary Care Directory and Reference Frameworks on hypertension and diabetes, as well as preventive care for children and older adults, have been developed.

Evidence-based practice is an essential element in primary care as it facilitates delivery of quality primary care with effective interventions. The Reference Frameworks provide common reference for healthcare professionals to provide continuing, comprehensive and evidence-based care in the community, empower patients and their carers, and raise public awareness of the importance of the proper prevention and management of chronic diseases.

The seminar will highlight the Hong Kong Reference Frameworks with a view to giving the audience a better understanding on their application and the successful application of the frameworks would further improve patient care in primary care setting.

## ABSTRACTS OF SEMINARS

### SEMINAR E



#### *“HK Frameworks for DM, HT, elderly and children”*

##### **Dr Eddy Kwok-Po NG**

*Principal Medical & Health Officer, Non-Communicable Disease Division,  
Surveillance and Epidemiology Branch, Centre for Health Protection,  
Department of Health, HKSARG*

Dr Ng is responsible for prevention and control of non-communicable diseases of significance to Hong Kong population. His work includes the formulation of related strategies, implementation of various health programmes such as the Cervical Screening Programme and Colorectal Cancer Screening Pilot Programme, prevention of poisoning incidents, as well as provision of advice on environmental health.

#### ***Title: Colorectal Cancer Screening Pilot Programme***

The burden of Colorectal Cancer (CRC) has been increasing in Hong Kong over the past three decades. CRC became the commonest cancer in 2011 and came second after lung cancer in 2012. To address the rapidly increasing burden of CRC locally, the Government announced in 2014 to develop a Colorectal Cancer Screening Pilot Programme that subsidises CRC screening for specific age groups.

Evidence that CRC screening saves lives is clear. The challenge for Hong Kong is to design and implement a screening programme that is effective, efficient, affordable to the community, as well as accessible, acceptable and equitable for those who have a need. This pilot programme will form the basis for further deliberation whether and how best CRC screening service may be provided to the wider population.

A multi-disciplinary taskforce and four working groups were established in January 2014 to oversee planning, implementation, publicity and evaluation of the pilot programme, including determination of inclusion criteria for participation, method of screening, funding model and operational logistics etc.

This presentation serves to introduce the background of the pilot programme, workflow, roles of service providers including primary care practitioners, screening tool, schedule of enrolment etc. Healthcare professionals are appealed to participate actively in this first ever subsidised population-based screening programme in Hong Kong.

## ABSTRACTS OF WORKSHOPS

## WORKSHOP 1



***“Mediation and Applying Mediation Skills to Handle Complaints from Patients”***

**Dr James SP CHIU**

*Mediator & Specialist in General Surgery;*

*Mediation Course Co-ordinator & Lead Trainer, Hong Kong Academy of Medicine;*

*1st Adjunct Assistant Professor (Mediation Courses), The Chinese University of Hong Kong;*

*Honorary Clinical Assistant Professor, Medical School, The University of Hong Kong*

Dr. Chiu, MBBS (HK), LLB (Hons) London, is the founder of JC Professional Mediation Practice and a full-time mediator. He is a pioneer in medical mediation and the only healthcare practitioner who is an Assessor and approved Lead Trainer of the HK Mediation Accreditation Association Ltd. Dr. Chiu is an invited Mediation Judge of an International ADR Mooting Competition, Committee Member of the HK Mediation Council, and the Chairman of its Commercial Mediation Interest Group. He is a member of the Regulatory Framework Sub-committee of the Secretary for Justice's Steering Committee on Mediation. Dr. Chiu is the co-editor of “Clinical Risk Management Handbook” published by the HKMA, one of the authors of the books 「調解通鑒」 and 「調解实务与技巧」, and co-author of a leading textbook “Mediation in Hong Kong – Law & Practice” in 2014. He has also published more than 10 articles on mediation and chaired or spoken in over 50 medico-legal & mediation talks.

**Introduction:**

Conflicts and disputes are facts of life. The conflict which has the biggest impact on doctors and hospitals, whether in terms of numbers or in terms of monetary and non-monetary loss, has to be disputes between them and their patients/relatives. The Hong Kong Hospital Authority receives more than 2,000 complaints each year. At the same time, the Medical Council of Hong Kong receives nearly 500 complaints against doctors for disregard of professional responsibility to their patients each year.

**Background:**

Since the introduction of Civil Justice Reform on 2 April 2009 and more so, after the implementation of Practice Direction 31 on 1 January 2010, mediation has been used increasingly with success in Hong Kong. It has been found that mediation is effective in resolving healthcare disputes.

**Application:**

Mediation skills can be utilised to reduce the incidence of complaints from patients and to handle such complaints when they arise. These skills are applicable in the communication and negotiation processes. Some examples of the former are active listening, acknowledgement, reframing, summarizing and questioning. Some examples of the latter are those developed and propagated by Fisher and Ury of Harvard University: separate the people from the problem, focus on interests not positions, invent options for mutual gain, insist on using objective criteria, and develop best alternative to a negotiated agreement.

**Conclusion:**

Mediation is effective in resolving healthcare disputes. Mediation skills can be used to reduce the chances of complaints from patients and to handle such complaints when they arise.



# ABSTRACTS OF WORKSHOPS

## WORKSHOP 2

### *“Supporting mothers to establish and sustain breastfeeding: What family physicians need to know and practice”*



**Dr. LEUNG Sze Lee, Shirley**

*Specialist in Developmental-Behavioural Paediatrics*

Dr. Shirley Leung graduated from the Medical Faculty of the University of Hong Kong and has extensive international work experience in hospital pediatrics and community child health in Hong Kong, the United Kingdom and New Zealand. Dr. Leung returned to Hong Kong from New Zealand in 1993 and became the head of the Family Health Service of the Department of Health in 1999. Dr. Leung was the Assistant Director of Health for the Family & Elderly Health Services of the Department of Health from 2011-2014. Her main responsibility was to set strategic directions for and oversee the development and maintenance of health promotion and disease prevention programmes for children 0-5 years, women and the elderly.



**Dr. Annie FOK Oi Ling**

*Medical & Health Officer, Family Health Service, Department of Health, HKSARG;*

*Honorary Clinical Tutor, Department of Paediatrics, The Chinese University of Hong Kong*

Dr. Annie Fok graduated from the Medical Faculty of the Chinese University of Hong Kong and is Honorary Clinical Tutor of the Department of Paediatrics, CUHK. After acquiring her fellowship in Paediatrics, she joined the Family Health Service. Dr. Fok is currently working as Medical Officer-in-Charge at the West Kowloon MCHC. She is also a member of the Working Group of Paediatrics & Neonates and Breastfeeding Working Group which helps to promote, protect and support breastfeeding through the development of health education programmes and policies.

Breastfeeding provides the optimal nutritional, immunological and emotional nurturing for the growth and development of infants with benefits proportional to its exclusivity and duration. While the local breastfeeding initiation rate is on the rise, mothers often stop breastfeeding because of mild transient illnesses or problems arising from breastfeeding. Timely and appropriate professional care can certainly prevent premature cessation of breastfeeding. Yet, supporting sustained breastfeeding in a busy primary care setting poses challenges to family physicians and other primary care practitioners. This workshop will present a number of scenarios of commonly encountered breastfeeding problems, including ineffective breastfeeding, blocked ducts, mastitis and ductal candidiasis, etc. Dr. Leung and Dr. Fok will discuss on up-to-date management of these problems and more importantly, possible strategies to prevent them, illustrated with videos. This workshop will also review the compatibility of breastfeeding with common maternal illnesses such as infections, diabetes and thyroid diseases etc.; as well as the guiding principles of drug use in lactating mothers. Useful resources for professional reference and client education will be introduced.

## ABSTRACTS OF WORKSHOPS

### WORKSHOP 3



***“Do we need a new consultation model to include Cultural Competency when managing complex disease?”***

**Prof. Rodger CHARLTON**

*Professor and Director of Primary Care Education, Nottingham Medical School;*

*Honorary Professor of Medical Education, Swansea College of Medicine*

#### **Background**

Many consultation models exist, some of which put particular emphasis on the hypothetico-deductive approach to the consultation. Some of the models are complex and can be difficult to both instruct and assess the students in. Professor David Haslam's new consultation model will be discussed and its relation to the RCGP College motto; Cum Scientia Caritas. The global challenge to family medicine of increasing numbers of consultations in the community both in complexity and the expectations of patients will be discussed, not least regarding the need to increase the duration of the consultation.

#### **Small Group Discussion**

It is going to be an interactive workshop, with the participants divided into small groups for discussion, aim at defining cultural competency and how this can become part of existing consultation models and be useful in the consultation in Hong Kong and globally.

#### **Contributing to the book "Learning to Consult"**

After discussion, the small groups will be invited for presentations, aim at arriving at a consensus statement as the output from the workshop. This may contribute to part of the chapter in the second edition of the book, "Learning to Consult".

## ABSTRACTS OF DISCUSSION FORUM

*“Cancer Screening and Preventive Care”***Prof. LAM Tai Hing, BBS, JP***Chairman of the Cancer Expert Working Group on Cancer Prevention and Screening*

Prof Lam Tai-hing was Head of Department of Community Medicine, The University of Hong Kong during 2000-12 and was Director of School of Public Health in 2009-13. He is Chair Professor in Community Medicine since 2000 and has been appointed as Sir Robert Kotewall Professorship in Public Health since 2007. Moreover, Prof Lam had been appointed by the World Health Organization (WHO) as short-term consultant, temporary advisor or expert participant for more than ten occasions, and he was awarded a WHO medal for tobacco control 1998. He has published about 600 papers in international peer reviewed journals. Prof Lam is also the Member of Cancer Coordinating Committee and Chairman of Cancer Expert Working Group on Cancer Prevention and Screening, Food and Health Bureau since 2002.

***Title: Evidence and recommendations of the CEWG on population-based breast cancer screening***

Mammography is widely used as a screening tool in places with population-based breast cancer screening programme. However, debate has grown in recent years over the benefits and harms of breast cancer screening. New information presented in the Swiss Medical Board's report in 2013 and findings from a Canadian based randomised controlled trial in 2014 call into question the value of systematic mammography examination for average risk women.

After reviewing the scientific evidence, the CEWG reaffirmed in 2012 there is insufficient evidence to recommend for or against population-based mammography screening for general female population in Hong Kong. Family physicians should discuss both the benefits and harms of breast cancer. CEWG advises that all women should be breast aware and visit their doctors promptly if unusual changes appear. Family physicians have a definite role to play in supporting women to adopt healthy lifestyle habits and watching out for unusual changes in their breasts.

## ABSTRACTS OF DISCUSSION FORUM

*“Cancer Screening and Preventive Care”***Dr. Miranda CHAN***Chief of Service, Department of Surgery, Kwong Wah Hospital, Hospital Authority*

Dr Miranda Chan is Chief of Service in Department of Surgery, Kwong Wah Hospital. She is also the consultant in charge of Breast Centre. After her obtaining her fellowship in Surgery, she specialised in breast surgery. After her overseas training in MD Anderson Cancer Centre in Houston, Texas, she introduced the sentinel lymph node biopsy and skin sparing mastectomy in Hong Kong. She has been working in close collaboration with the Well Women Clinic, TWGHs (the first and most successful breast cancer screening program in Hong Kong). Her interests are management of screen detected breast cancer, minimal invasive breast procedures, QOL and decision making process of breast cancer patients.

***Title: Should we recommend breast cancer screening in clinical practice?***

For women with normal risk, the most widely studied breast cancer screening tool is conventional mammogram. This test has proven to be effective to prevent breast cancer related mortality in screened population in Caucasian population. However, mammogram is associated with false positive result which will create additional investigation and anxiety in women. The diagnosis and treatment of DCIS is considered as overtreatment as less than half of these will progress into invasive cancer. Newer technology like digital mammography, tomosynthesis or MRI has not proven to be of higher sensitivity in normal risk patients.

To derive maximal benefit from screening, multilevel co-ordination is essential. This includes well defined government policy constructed on evidence, an integrated and efficient healthcare system and adequate facilities and inter-facility benchmarking. The most important element is the women have access to risk and preference based care which result in better survival through early detection, diagnosis and treatment of breast cancer.

## ABSTRACTS OF DISCUSSION FORUM

### *“Cancer Screening and Preventive Care”*



**Dr. Regina Cheuk-tuen CHING, JP**

*Head, Surveillance & Epidemiology Branch, Centre for Health Protection*

Dr. Regina Ching is the Consultant Community Medicine for Non-Communicable Diseases of Hong Kong's Department of Health. Dr. Ching obtained her medical degree from the University of Hong Kong and her Master Degree in Public Health Medicine from the London School of Hygiene and Tropical Medicine. Dr. Ching oversees prevention and control of non-communicable diseases, which include strategy formulation and implementation of cancer awareness, prevention and screening programmes, health risk surveillance, monitoring and risk factor reduction, environmental health risk assessment and advice as well as prevention of poisoning incidents.

#### ***Title: Planning for the colorectal cancer screening pilot programme in Hong Kong***

With increasing burden from CRC in Hong Kong, the Government of the HKSAR is developing the first ever subsidised population-based CRC screening programme in collaboration with primary care doctors and other healthcare providers. The programme will first be piloted on specific age groups to gather local experience from user and provider perspectives. Dr. Ching will discuss with the audience the principles and concepts of population-based screening, provide an update of CRC epidemiology and screening evidence as well as report on the progress of development of the CRC screening pilot programme.



## ABSTRACTS OF DISCUSSION FORUM

### *“Cancer Screening and Preventive Care”*



**Dr. Steve CHAN**

*Associate Director, Urology Centre, Hong Kong Sanatorium & Hospital;  
Specialist in Urology*

Dr. Chan Wai Hee Steve became a specialist in urology since 1998 after obtaining the Fellowship in Urology in The Royal College of Surgeons of Edinburgh and became a fellow in Hong Kong Academy of Medicine (Surgery) and the Hong Kong College of Surgery (Urology). He finished his study in Master Degree in Health and Hospital Management in the University of Birmingham in 2003. He was the Head and Consultant of the Division of Urology, Queen Elizabeth Hospital until July 2013 and is now the Associate Director of Urology Centre, Hong Kong Sanatorium and Hospital. In addition, he is the immediate past-President of the Hong Kong Urological Association, ex-President of the Hong Kong Society of Endourology, council member of Hong Kong Society of Minimal Access Surgery, Scientific Committee member of the Hong Kong College of Surgeons and Honorary Associate Professor of Surgery in the HKU and CUHK. His main area of interest is laparoscopic and robotic urology especially prostatectomy and surgical management of benign prostatic enlargement and is the author of many scientific papers and abstracts and reviewer of many urology journals.

#### ***Title: Updates and evidence on prostate cancer screening***

Two large scale randomized controlled trials: PLCO (Prostate Lung Colorectal and Ovarian) Cancer Screening Trial and ERSPC (European Randomized Study of Screening for Prostate Cancer Trial) were published in New England Journal of Medicine with a view to find out whether screening for prostate cancer offers any benefit and these studies formed the basis for the recommendations from different academic organizations. These organizations used the same data and yet they have strikingly different conclusions.

These studies, pointed out PSA screening is not without problems e.g. overdiagnosis of clinically indolent tumors, over treatment, risks associated with biopsy that was necessary to confirm the diagnosis when PSA is found to be abnormal.

In fact the US Preventive Service Task Force USPTF in 2012 recommended against the use of PSA in early detection of prostate cancer, in contrary to the previous common practice of widespread use of the test. The American Urological Association in response to this recommendation released its guideline in 2014 and so did the European Urological Association in the same year. These guidelines did not recommend the broad indiscriminate use or cessation of PSA in screening or early detection, but chose a more moderate and practical approach: narrowing the screening age group in 50-60+ for the general population and earlier screening e.g. 40+ years old men who have high risk factors. The screening interval can be spaced out from yearly to biennially if the initial result is not high. This view was being echoed by the NCCN (National Comprehensive Cancer Network) which sought to establish a middle ground use of PSA, instead of the extreme approaches of “testing everyone” or “testing no one”

Hong Kong’s men were not screened as extensively as in USA or the European countries but the Asian population luckily does not have as high prostate cancer incidence as in USA and that probably will dilute out the possible benefit of screening. Before clear cut data to advocate the best strategy, it is likely that NCCN’s middle ground approach: with informed decision, narrowed screening age range, use of active surveillance in less aggressive tumors, PSA can still provide benefit in the population for the early diagnosis of prostate cancer.

## ABSTRACTS OF SYMPOSIA

## DINNER SYMPOSIUM

***“Type 2 Diabetes Treatment - A Pathophysiological Approach”*****Dr. IP Tai-Pang***Specialist in Endocrinology, Diabetes & Metabolism;**Consultant, Department of Medicine, Tung Wah Hospital, Hospital Authority*

Dr. Ip graduated from the University of Hong Kong in 1989. He received his specialist training in the Queen Mary Hospital and became a Specialist in Endocrinology, Diabetes & Metabolism in 1997. Dr. Ip is currently Consultant Endocrinologist of Tung Wah Hospital.

Dr. Ip is a well-known physician in the clinical management of diabetes mellitus and osteoporosis. He is regarded as one of the top authorities in the field of osteoporosis in Hong Kong being appointed as the chairperson of the Task Group for the formulation of the 2013 OSHK Guidelines for Clinical Management of Postmenopausal Osteoporosis in Hong Kong, which was published in the Hong Kong Medical Journal in April 2013.

Dr. Ip has been very active in promoting the importance of personalized treatment to diabetes and osteoporosis patients to the profession. In the past 10 years, Dr. Ip has delivered more than 100 lectures on diabetes & osteoporosis in local, regional and international scientific meetings. He is also very active in clinical research. He has been the principal investigators of a number of multicentre international studies on diabetes and osteoporosis treatment. He has authored more than 40 journal articles and conference abstracts.

The pathophysiological hallmark of type 2 diabetes mellitus has been conventionally characterized by an early loss of  $\beta$ -cell function leading to relative insulin deficiency on top of a background of insulin resistance especially at the liver and the skeletal muscles. In recent years, at least five other pathophysiological defects have been identified, namely a reduction of incretin effects, an increase in glucagon secretion, an increase in glucose reabsorption in the renal tubules, an increase in lipolysis and neurotransmitter dysfunction. All these pathophysiological defects, the ominous octet, collectively contribute to hyperglycaemia in a type 2 diabetic patient. However each of these defects will have different contributions to the degree of hyperglycaemia in each individual patient so that a personalized approach is mandatory for each individual patient.

To achieve good control of glycaemia, multiple drugs in combination is likely to be required to correct the multiple pathophysiological defects. The selection of drugs should be based upon a reversal of known pathophysiologic abnormalities and not simply on reducing the HbA1C. The therapy should also be started early to prevent or slow down the progression of  $\beta$ -cell failure. Compared to the traditional step-wise approach, an early intensive combination approach based upon known pathophysiological disturbances in type 2 diabetes is more likely to produce a durable long-term effect in maintaining euglycaemia and hence prevention of complications and reduction in cardiovascular risk and overall mortality.

## ABSTRACTS OF SYMPOSIA

### DINNER SYMPOSIUM

#### *“Current Management of Asthma in Adults”*

**Dr Jamie LAM**

*Associate Consultant, Honorary Clinical Assistant Professor*

*Division of Respiratory Medicine, Department of Medicine, Queen Mary Hospital, The University of Hong Kong, Hong Kong.*

Dr Lam graduated from the University of New South Wales in Australia, and obtained her specialist qualifications in Respiratory Medicine. She pursued further fellowship training in sleep medicine at the Woolcock Medical Research Institute in Sydney, and was awarded her Doctor of Medicine (MD) in 2009.

Dr Lam is the ex-President of Hong Kong Society of Sleep Medicine and a council member of American College of Chest Physicians (Hong Kong & Macau Chapter). She is currently working as an Associate Consultant in Queen Mary Hospital, and an Honorary Clinical Assistant Professor at the University of Hong Kong, actively involved in clinical services as well as research projects in respiratory and sleep medicine.

Asthma is a chronic inflammatory airway disease with hyper-responsiveness. It is associated with substantial morbidity if poorly controlled. Common presenting symptoms are cough, breathlessness and wheezing attacks, and resulting in variable airflow obstruction.

The goal of asthma management is achievement and maintenance of disease control. There have been clinical practice guidelines on disease classification, severity and stepwise care for optimally managing asthmatic patients. With the advanced technology, a number of pharmaceutical products are available for good asthma control nowadays. In the primary care settings, patient education is the key, in particular, self-monitoring with peak expiratory flow, appropriate inhaler technique, and how to independently make treatment modifications in response to symptom changes.

Treatment plans or interventions for asthma care may differ in the types of providers, for examples, specialists, primary care physicians, nurses, chest physiotherapists. Therefore, it is of utmost importance for all health care workers to recognize different factors that may contribute to poor asthma control, and hence, to initiate appropriate management.

## ABSTRACTS OF SYMPOSIA

### LUNCH SYMPOSIUM



***“What to do when basal insulin failed to achieve HbA1c target?”***

**Dr. TSANG Man-Wo**

*Specialist in Endocrinology, Metabolism & Diabetes*

*Hon.Ass Prof. Department of Medicine, University of Hong Kong*

*Hon Adj. Prof. Department of Medicine & Therapeutic, Chinese 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 and Adjuvant Associated Professor of Department of Medicine and Therapeutic of Chinese 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 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.

HbA1c  $\leq 7\%$  is the gold standard adopted by most countries. Adjustment can be made according to individual patient preference or particulars. Over the past ten years, we have seen early use of insulin, especially basal insulin in T2DM patient when oral hypoglycaemic agents fail to achieve HbA1c target.

However insulin initiation does not necessarily result in achieving target HbA1c.

The International Diabetes Management Practice Study (IDMPS), listed attainment of HbA1c goal ( $<7\%$ ) in patients with type 2 diabetes to be 37% ( Asia), 36% ( Latin America) among patients treated with insulin.

In this presentation Dr. Tsang will discuss on other insulin regimen when basal insulin added on oral agent fails to achieve target HbA1c; their pathophysiological base and how to apply the recent advocate of individualized treatment.

## ABSTRACTS OF SYMPOSIA

### LUNCH SYMPOSIUM



#### *“Extension from Treatment Convenience to Real-life Efficacy”*

##### **Dr. Bernard B.L. WONG**

*Specialist in Cardiology;*

*President of the China-Hong Kong Society for Medical and Health Care;*

*Chief Editor, CME Bulletin, Hong Kong Medical Association;*

*Co-Chairman, CME Committee, Hong Kong Medical Association;*

*Manager, CME Committee, Hong Kong Doctors' Union;*

*Editor, Hong Kong Medical Diary, The Federation of Medical Societies of Hong Kong;*

*Council Member, Hong Kong Medical Association;*

*Council Member, Hong Kong Doctors' Union*

Dr. Bernard Wong graduated from the University of Hong Kong in 1991 and became a specialist in Cardiology in 2001. He is now in private practice. Dr. Wong is currently President of the China-Hong Kong Society for Medical and Health Care, Council member of the Hong Kong Medical Association and the Hong Kong Doctor's Union. He is also a member of the Task Force on Conceptual Model and Preventive Protocols, Department of Health which is responsible for the guidance and formulation of the Hong Kong Reference Framework for Hypertension Care for Adults in Primary Care Settings and the Hong Kong Reference Framework for Diabetic Care for Adults in Primary Care Settings.

Dr. Wong is also Chief Editor of the Continuous Medical Education Bulletin, Hong Kong Medical Association and Editor of the Hong Kong Medical Diary. Dr. Wong has published books for medical professionals and general public readers, authored clinical guides on heart failure and atrial fibrillation.

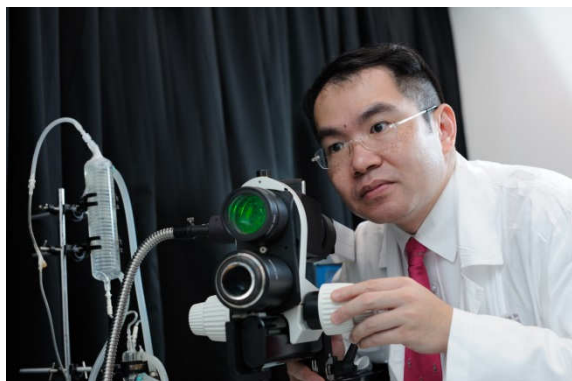
Type 2 diabetes mellitus is common in developing cities such as Hong Kong. Treatment of diabetes always pose challenges due to polypharmacy and poor treatment compliance. One solution would be the use of fixed-dose combinations (FDCs). FDCs provide much higher potency and improve compliance through the reduction of pill burden. Once-daily FDC further amplifies the benefit. Combination of DPP-4 inhibitors and newer generation of long-acting biguanide is probably an evidence-based choice as it opens up a new horizon of diabetic treatment with guaranteed tolerability and compliance.

TECOS, the cardiovascular safety trial of Sitagliptin and by far the longest DPP-4 inhibitor CV safety trial, will be available soon. More will be discussed on the study design and the uniqueness of TECOS.



## ABSTRACTS OF SYMPOSIA

### LUNCH SYMPOSIUM



#### ***“Lowering CV risk- Can you IMPROVE IT?”***

**Dr. SIU Chung Wah David**

*Associate Professor, Department of Medicine,  
The University of Hong Kong;  
Honorary Consultant, Department of Medicine, Queen  
Mary Hospital, Hospital Authority  
Specialist in Cardiology*

Dr. David Siu graduated from the University of Hong Kong and trained as a cardiologist at the Department of Medicine, the University of Hong Kong, Queen Mary Hospital. Dr. David Siu was a postgraduate scholar at the stem cell program, Department of Human Anatomy and Cell biology, School of Medicine, University of California, Davis. He attained Doctor of Medicine (MD) with honor in 2010 and is now Associated Professor at the Department of Medicine, the University of Hong Kong and Honorary Consultant of the Department of Medicine, Queen Mary Hospital. He is currently Director of the Sun Chieh Yeh Cardiovascular Research and Training Laboratory.

Dr. Siu has published extensively over 150 international journals and is the editor of many international peer reviewed journals. He has won many prestigious awards commending his clinical and scientific achievements including the Gold Badge award commendation and recognition for outstanding contribution to combating against SARS, the Croucher Foundation Postdoctoral Fellowship, the Distinguished Research Paper Award for Young Investigators in 2010, the Patrick Mansion Gold Medal for the Best MD Thesis and the Late Breaking Basic Science Abstract, European Society of Cardiology Annual Scientific Meeting in 2011.

Dr. Siu has also been active in undergraduate and postgraduate teaching. He is also the supervisor and co-supervisor of multiple research students and the supervisor of 2 post doctoral fellows.

Statins (HMG Co-A reductase inhibitor) treatment remains the mainstay of management for lipid abnormalities in current clinical practice.

It is well established that treatment with statins reduces the risk of cardiovascular events. Despite statin therapy for LDL-cholesterol lowering, the residual cardiovascular risk of patients suffers from dyslipidemia and prior cardiovascular events remains high. There is an emerging need for other therapeutic approach to lower their cardiovascular risk. While the role of ezetimibe in lowering LDL-cholesterol has been established, controversy remains about the clinical benefit of non-statin agent.

A recent study of the IMProved Reduction of Outcomes: Vytorin Efficacy International Trial (IMPROVE-IT) has shown that additional reduction of LDL cholesterol with ezetimibe confers additional reduction in CV events compared to high intensity statin treatment alone; this provides evidence that lipid lowering combinations are safe and effective.

# FREE PAPER COMPETITION – SCHEDULE OF ORAL PRESENTATION

PART I: 30 May 2015 (Saturday) 17:00 – 18:30

PART II: 31 May 2015 (Sunday) 10:45 – 12:00

TIME	TOPIC	PRESENTATION GROUP
<b>Part I</b>		
17:05 – 17:20	Primary Care Physicians' Attitude, Practices and Barriers Regarding Organ Donation in Hong Kong	<u>Dr. Yiu Yee Ki</u>
17:20 – 17:35	What are the characteristics of low back pain patients who benefit from spinal manipulative therapy as compared to non-responders, asymptomatic and untreated controls?	<u>Dr. WONG Arnold YL</u> Dhillon S, Parent E, Narasimha P, Kawchuk G
17:35 – 17:50	Epidemiological study of hypertensive retinopathy in the primary care setting: Retrospective review of retinal photographs	<u>Dr. CHIANG Lap Kin</u> Yau MKC, Kam CW, Ng VL
17:50 – 18:05	Managing common mental health problems in primary care - how Hong Kong primary care physicians and psychiatrists see it	<u>Mr. SUN Kai Sing</u> Lam TP, Lam KF, Lo TL
18:05 – 18:20	Physical fitness and weight management program - a self-empowerment exercises program in primary health care service for chronic disease	<u>Mr. CHAN Kwai Wing</u> Kwan M, See E, Yong R, Sin MC, Wong J, Wong M
<b>Part II</b>		
10:50 – 11:05	Tackling back pain and neck pain as a disease burden: multidisciplinary approach management in the primary care setting	<u>Dr. CHAN King Hong</u> Chen XRC, Wong CLA, Chin PH
11:05 – 11:20	Use of Continuous Glucose Monitoring System (CGMS) to Detect Silent Hypoglycaemia in Elderly Diabetes Patients – An Experience Programme in Hong Kong East Cluster GOPCs	<u>Dr. SIN Ming Chuen</u> Wong YF, Tsui PN, Lam CY, Kwan WY, Wong MYM, Poon KW, Hung SY, Lam SK, Leung YS
11:20 – 11:35	The effect of physical activity consultation in promoting physical activity in sedentary people with hypertension in primary care – a pilot RCT study	<u>Dr. YAU Kin Chung</u> Chiang LK, Ng LV
11:35 – 11:50	Predicting factors of glaucoma in asymptomatic Chinese diabetic patients with incidental finding of increased cup-to-disc ratio in primary care setting in Kowloon East Cluster (KEC)	<u>Dr. LUK Man Hei Matthew</u> Chan PF, Lai KPL, Wong OY, Shiu CT, Wong SW, Chao DVK, Chan JC, Li KKW

# **FREE PAPER COMPETITION – ABSTRACT OF ORAL PRESENTATION ORAL PRESENTATION 1**

## **Primary Care Physicians' Attitude, Practices and Barriers Regarding Organ Donation in Hong Kong**

**YK YIU**

*University Health Service, The Hong Kong Polytechnic University, Hong Kong*

### **INTRODUCTION**

The deceased donor number in Hong Kong remained low as compared with other developed countries. This study aims to investigate attitude, practices and barriers of Hong Kong primary care physicians (PCP) regarding organ donation. And the predictors of their willingness and actual discussion of organ donation in practice.

### **METHOD**

The organ donation questionnaire (Thornton 2010) was modified and pilot tested among a group of local doctors. The finalized questionnaire was sent to all members of the HKCPF. Demographic data, attitude, practices and barriers regarding discussion of organ donation. Logistic regression analysis was used to determine factors affecting willingness and actual discussion of organ donation in practice.

### **RESULTS AND DISCUSSION**

The response rate was 21.1% (307/1452). Significant positive predictors of PCP willingness to talk about organ donation in their practices included higher self-rated competence (OR 4.15, 95% CI 2.07-8.34), willingness to donate organs of family members who never discussed their preferences (OR 2.29, 95% CI 1.17-4.48) and obtaining family medicine related diploma (OR 3.10, 95% CI 1.14-8.34). Those who believed organ donation was outside their scope of practice (OR 0.17, 95% CI 0.07-0.39) and wish of donated organs to go to persons of their choosing (OR 0.39, 95% CI 0.2-0.77) were the significant negative predictors of PCP willingness to talk about organ donation in their practices. Significant positive predictors of PCP actual discussion of organ donation within the last year included having readily available organ donation information (OR 4.95, 95% CI 2.65-9.23), having discussed end of life issues (OR 4.95, 95% CI 2.65-9.23) and willingness to talk about organ donation (OR 4.57, 95% CI 1.46-14.45). Obtaining primary medical qualification in Hong Kong (OR 0.39, 95% CI 0.18-0.83) was the only significant negative predictor of PCP actual discussion of organ donation.

# FREE PAPER COMPETITION – ABSTRACT OF ORAL PRESENTATION ORAL PRESENTATION 2

**What are the characteristics of low back pain patients who benefit from spinal manipulative therapy as compared to non-responders, asymptomatic and untreated controls?**

**Arnold WONG<sup>1</sup>, Sukhvinder Dhillon<sup>2</sup>, Eric Parent<sup>2</sup>, Narasimha Prasad<sup>2</sup>, Greg Kawchuk<sup>2</sup>**

<sup>1</sup> Hong Kong Polytechnic University

<sup>2</sup> University of Alberta

## **INTRODUCTION**

Individual studies revealed that low back pain (LBP) patients who benefit from spinal manipulative therapy (SMT) displayed distinct post-SMT physical changes as compared to non-responders. Unfortunately, the importance of these findings remains uncertain given methodological differences between studies including a lack of controls. This study investigated if LBP participants receiving SMT differed biomechanically from asymptomatic/untreated controls.

## **METHOD**

LBP participants and asymptomatic controls attended 3 sessions over 1 week. On sessions 1 and 2, LBP participants received SMT (+LBP/+SMT, n=32) while asymptomatic controls did not (-LBP/-SMT, n=57). In this protocol, spinal stiffness and multifidus thickness ratios were recorded before and after SMT and on session 3. Apparent diffusion coefficients (ADC) from lumbar discs were measured from +LBP/+SMT participants before and after SMT on session 1 and from LBP controls who did not receive SMT (+LBP/-SMT, n=16). +LBP/+SMT participants were dichotomized as responders/non-responders based on self-reported disability at 1 week. Groups were compared by ANCOVAs.

## **RESULTS**

Following the initial SMT application, SMT-responders displayed significant decreases in spinal stiffness and increases in multifidus thickness ratio sustained over 1 week ( $p < 0.05$ ); these findings were absent in other groups. Similarly, only SMT-responders demonstrated post-SMT increases in ADC ( $p < 0.05$ ).

## **DISCUSSION**

The SMT-responders demonstrated simultaneous changes in self-reported and objective measures of spinal function. These observations were absent in asymptomatic or untreated controls. These data imply that SMT impacts biomechanical variables within SMT-responders only. This work lays a foundation to investigate the heterogeneous nature of LBP and mechanisms underlying differential therapeutic response.

# **FREE PAPER COMPETITION – ABSTRACT OF ORAL PRESENTATION ORAL PRESENTATION 3**

## **Epidemiological study of hypertensive retinopathy in the primary care setting: Retrospective review of retinal photographs**

**CHIANG LK, Yau MKC, Kam CW, Ng VL**

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

### **INTRODUCTION**

Poorly controlled systemic hypertension causes damage to the retinal microcirculation. Recognition of hypertensive retinopathy may be important in cardiovascular risk stratification of hypertensive patients.

### **METHODS**

This is a retrospective case series review involving all hypertensive patients with retinal photographs done during the period from January 2010 to December 2013. All retinal photographs were reviewed by 2 family physicians according to Wong and Mitchell classification. Patient's predictive characteristics associated with hypertensive retinopathy, and the association of hypertensive retinopathy and other hypertensive complications were examined.

### **RESULTS**

256 (34.3%) male and 491 female (65.7%) hypertensive patients were included, with mean (SD) age of 59.2 (8.6) years old. 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%). The mean (SD) blood pressure was 128.2 (11.5)/75.3 (7.7) mmHg. 1491 retinal photographs (744 right eye and 747 left eye) were qualified for classification. 24.9%, 62.6% and 12.5% were classified as normal, mild and moderate hypertensive retinopathy. The three commonest retinal signs included 650 (43.6%) generalized or focal arteriolar narrowing, 168 (11.3%) hard exudates and 166 (11.1%) opacity (copper or silver wiring) of arteriolar wall. Chi-Square test revealed that hypertensive patients aged greater than 61 years old, having hypertensive more than 15 years or taking three or more antihypertensive were associated with hypertensive retinopathy.

### **CONCLUSION**

77.1% hypertensive patients in a primary care clinic of Hong Kong had hypertensive retinopathy. Advanced hypertensive retinopathy was the commonest target organ damage.



# FREE PAPER COMPETITION – ABSTRACT OF ORAL PRESENTATION ORAL PRESENTATION 4

## Managing Common Mental Health Problems in Primary Care - how Hong Kong Primary Care Physicians and Psychiatrists See it

SUN Kai Sing<sup>1</sup>, LAM Tai Pong<sup>2</sup>, LAM Kwok Fai<sup>3</sup>, LO Tak Lam<sup>4</sup>

<sup>1</sup> PhD Candidate, Department of Family Medicine and Primary Care, The University of Hong Kong

<sup>2</sup> Professor, Department of Family Medicine and Primary Care, The University of Hong Kong

<sup>3</sup> Associate Professor, Department of Statistics and Actuarial Science, The University of Hong Kong

<sup>4</sup> Hospital Chief Executive, Kwai Chung Hospital

### BACKGROUND

Recent studies have reported a lack of collaboration and consensus between primary care physicians (PCPs) and psychiatrists.

### OBJECTIVE

To compare the views of Hong Kong PCPs and psychiatrists on managing common mental health problems in primary care.

### METHODS

Two focus groups for PCPs and two others for psychiatrists were conducted to explore their opinions. There were six to ten participants per group. The acceptance towards the proposed collaborative strategies from the focus groups were investigated in a questionnaire survey with data from 516 PCPs and 83 psychiatrists working in public and private sectors.

### RESULTS

In the focus groups, the PCPs explained that several follow-up sessions to build up trust and enable the patients to accept their mental health problems were often needed before making referrals. Although some PCPs felt capable of managing common mental health problems, they had limited choices of psychiatric drugs to prescribe. Some public PCPs experienced the benefits of collaborative care, but most private PCPs perceived limited support from psychiatrists. The survey showed that around 90% of PCPs and public psychiatrists supported management of common mental health problems by PCPs and discharging stabilized patients to primary care. However, only around 54-67% of private psychiatrists supported different components of these strategies. Less than half of the psychiatrists agreed with setting up a support hotline for the PCPs, but most supported for a feedback mechanism after referral.

### CONCLUSIONS

The majority of Hong Kong PCPs and psychiatrists support management of common mental health problems in primary care, but there is significantly less support from the private psychiatrists.

# FREE PAPER COMPETITION – ABSTRACT OF ORAL PRESENTATION ORAL PRESENTATION 5

## Physical Fitness and Weight Management Program – a Self-empowerment Exercises Program in Primary Health Care Service for Chronic Disease

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### INTRODUCTION

Weight Management has been a challenge in various chronic diseases. A combined program led by physiotherapist and dietitian aims at promoting proper training strategies on physical fitness and weight management, dietary and lifestyle modifications and self-exercise empowerment.

### METHOD

The program was run in group format and consisted of 4 sessions held in 2 months' time in General Outpatient Clinic at HKEC. The content included education on weight management and dietary concepts; exercise planning, disease-based exercise precaution, modified exercises circuit training and home-based exercises practices.

Fitness consultation and advices, tailor-made exercise prescription and progression were given by physiotherapist. Nutrition education on weight management was conducted by dietitian in the 3<sup>rd</sup> session.

### RESULT

62 patients (49 female and 13 male; age 36-68) completed the program from September 2013 to August 2014.

Upon 2-month follow-up, there were significant improvement ( $p \leq 0.05$ ) in Body Weight (↓ 78.72 to 78.06kg), Body Mass Index (↓ 30.56 to 30.26), exercise tolerance (↑ 155 to 170 steps), Resting Systolic Blood Pressure (↓ 131 to 126 mmHg), Resting Diastolic BP (↓ 79 to 76mmHg) and post-exercise Diastolic BP (↓ 91 to 86mmHg).

### DISCUSSION

The physical fitness and weight management program in primary health care setting effectively improved the physical fitness of obese patients upon short-term follow-up. Longer follow-up or monitoring sessions if feasible may further enhance sustainability. The medical costs associated with secondary care of chronic diseases may be saved in the long run.

# FREE PAPER COMPETITION – ABSTRACT OF ORAL PRESENTATION ORAL PRESENTATION 6

## **Tackling Back Pain and Neck Pain as a Disease Burden: Multidisciplinary Approach in the Primary Care Setting**

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### **INTRODUCTION**

Back and neck pain are one of the commonest conditions encountered in the primary care and constitute a major burden overwhelming outpatient clinics both at community and hospital level. To tackle this problem, FM “Back Clinic” (FMBC) was set up in 2007 at KCC partnering Orthopedic (ORT) SOPC and physiotherapy department (PT) with the purpose to relieve the workload of ORT SOPC and provide timely care to patients suffered from back or neck pain. The aim of this study is to review the clinical service of FMBC and assess its clinical efficiency in case management.

### **METHODOLOGY**

This is a retrospective descriptive study. All back/neck pain referrals to KCC ORT SOPC spine team were triaged by ORT specialist to either FMBC or ORT SOPC according to risk level. Those patients triaged to FMBC were assessed using a structured questionnaire administered by a physiotherapist over the phone. A within three-month consultation appointment in FMBC and physiotherapy were given for lower risk patients. This study reviewed all patients followed up at QEH FMBC from 01/01/2009 to 31/12/2014. Their demographic data, referral source, blood biochemical parameter, co-morbidities and follow up status were retrieved from the medical records in the Computer Management System (CMS). The ORT SOPC waiting time was retrieved from Clinical Data Analysis System (CDARS).

### **RESULTS**

Totally 2688 patients had attended FMBC during the study period, among which 1082 patients were male and the average age was 56.1+/- 14.9 yrs. Most of them were referred from other SOPCs or AEDs (n=938 and n=415 respectively) and community (n=443 from GOPCs and n=762 from private GPs). 70% of cases were referred for back problems and the remaining for neck or limb problems. 65% of them are either obese or overweight (n=1102 and n=672 respectively) and 45% (n=1210) had comorbidities with chronic diseases including diabetes, hypertension or stroke. XR exam was performed in 87% of the cases and MRI spine in 8% of cases. With an average attendance of 2.5 +/- 1.0 (CI 1.0-8.0), 2155 patients (80.2%) were successfully discharged to the community, among which 54.6% of cases were closed within 3 consultation attendances. The most common diagnosis among discharged patients were lumbar/cervical spondylosis (81%), the others being prolapsed intervertebral disc (7.5%), collapse of spine (3.5%), carpal tunnel syndrome (2%) and others (6%). 194 patients (7.2%) were referred to ORT SOPC for further investigations and 67 cases (2.5%) were certified dead during the study period. Common reasons for referring back to ORT SOPC were persistent back/neck pain despite conservative management (45%), diagnosis needing further investigations (20%) and referral for surgical intervention (20%). The ORT SOPC spine team waiting time has been decreased from 80 weeks on 1-2009 to 45 weeks on 1-2010, 29 weeks on 1-2011 and 24 weeks on 1-2012.

### **CONCLUSION**

Our study showed that multidisciplinary approach to manage back/neck pain patients at primary care outpatient setting was highly effective in managing lower risk cases and has significantly reduced patients' waiting time for ORT SOPC spine team service. Risk assessment by screening at different tiers, in particular using an endorsed de facto screening tool, enables lower risk back/neck pain cases to attend FMBC for timely medical management and functional rehabilitation. This new service model has also released ORT SOPC settings for more needy patients, reflecting “right patient right time right place” care.

# **FREE PAPER COMPETITION – ABSTRACT OF ORAL PRESENTATION ORAL PRESENTATION 7**

## **Use of Continuous Glucose Monitoring System (CGMS) To Detect Silent Hypoglycaemia in Elderly Diabetes Patients – An Experience Programme in Hong Kong East Cluster (HKEC) General Out Patient Clinics (GOPCs)**

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### **INTRODUCTION**

An increasing number of diabetic patients are using insulin treatment regime in GOPCs and hypoglycaemia as a potential complication is recognized. Elderly patients are especially susceptible because of lower physical awareness of symptoms, resulting in undiagnosed hypoglycemia and its sequelae. We explored the effectiveness of CGMS in detecting those subclinical episodes.

### **OBJECTIVES**

- (1) To evaluate blood glucose fluctuation in type 2 diabetes patients who are using twice daily insulin regimen
- (2) To investigate the proportion of silent hypoglycaemia

### **METHOD**

20 patients, aged 60-80 with HbA1c 7-8% in latest 3 months and having twice daily NPH (Neutral Protamine Hagedorn) or premixed insulin, were recruited from GOPCs in HKEC within 6 months. A CGMS device was inserted subcutaneously to patient's abdomen, and glucose was monitored regularly and continuously for 5 days. Patients were asked to record hypoglycaemic symptoms and their diet during the 5 day period. Hypoglycaemia is defined as blood glucose level < 4.0mmol/L.

### **RESULTS**

Mean age of patients was 68. Among the 20 patients, 8 were having NPH and 12 using premixed insulin. 80% patients had experienced hypoglycaemia, but only 19% patients reported hypoglycaemic symptoms.

### **DISCUSSION**

Hypoglycaemia is commonly found in patients having twice daily insulin regimen. Precaution and injection/ meal time match should be well explained to patients particularly elderly. Continuous glucose monitoring is an effective tool for insulin dose adjustment.

# **FREE PAPER COMPETITION – ABSTRACT OF ORAL PRESENTATION ORAL PRESENTATION 8**

## **The Effect of Physical Activity Consultation in Promoting Physical Activity in Sedentary People with Hypertension in Primary Care – a Pilot RCT Study**

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### **INTRODUCTION**

Physical activity (PA) consultation based on trans-theoretical model of behavioral change (TTM) has been shown to promote PA in people with diabetes mellitus. This pilot study was aimed to examine the 3-month effectiveness of TTM-based PA consultation conducted by primary care physician in sedentary people with hypertension (HT).

### **METHODOLOGY**

This was a single-blinded randomized controlled trial. 30 sedentary people with HT were recruited and randomized to receive either PA consultation or placebo according to sealed envelope. The intervention group was offered a 20-minute one-to-one TTM based PA consultation while discussion on topics unrelated to exercise was offered in control group. Primary outcomes including change in stage of change to exercise and PA level were obtained via validated questionnaires (short last 7-day self-administered version of the International Physical Activities Questionnaire and assessment form of the stage to exercise) at baseline and endpoint of 12 weeks.

### **RESULTS AND DISCUSSION**

30 participants (13 males and 17 females) completed the study, with mean age of  $56.3 \pm 5.9$  years, and HT duration of  $5.9 \pm 4.1$  years. The experimental group reported a significant mean increase in total PA level from 300.1 to 837.5 MET-minutes per week ( $P = 0.011$ , effect size=0.61). The control group also reported smaller increase from 350.7 to 831.6 MET-minutes per week ( $P=0.045$ , effect size=0.51). 73.3% experimental participants progressed one or more stage compared with 53.3% in control participants ( $P = 0.08$ ). No significant between-group difference was recorded. TTM based PA consultation conducted by primary care physician insignificantly increased PA level and promoted stage of behavioral change at 3 months in people with HT. A full-scale study with larger sample size is recommended in view of this positive impact.



# FREE PAPER COMPETITION – ABSTRACT OF ORAL PRESENTATION ORAL PRESENTATION 9

## **Predicting Factors of Glaucoma in Asymptomatic Chinese Diabetic Patients with Incidental Finding of Increased Cup-to-disc Ratio in Primary Care Setting in Kowloon East Cluster (KEC)**

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### **INTRODUCTION**

An abnormally high cup-to-disc ratio (CDR) is a common incidental finding during diabetic retinopathy assessment in the primary care clinics. It may signify glaucoma but can also be physiological. The objective of this study is to evaluate the predicting factors of glaucoma in Chinese diabetic patients with incidental finding of high CDR in 4 general out-patient clinics (GOPC) in KEC.

### **METHODOLOGY**

This was a case control study. Diabetes patients with increased CDR as detected by fundi photo during diabetic retinopathy assessment from 1 July 2010 to 30 June 2013 were included. Data were retrieved from diabetic complications assessment report, consultation notes of GOPC and Ophthalmology Specialist Out-patient Clinics (SOPC) and fundi photographic images. Statistical tests including paired t-test, Wilcoxon sign rank test, McNemar's test and conditional logistic regression were used for data analysis.

### **RESULTS AND DISCUSSION**

155 cases and 155 controls were recruited. High CDR [OR 2.86 (95%CI 1.82-4.52) for every 0.1 unit increase] and family history of glaucoma [OR 8.19 (95%CI 0.99-67.6)] were found to be strong associated factors predicting glaucoma. Other known risk factors of glaucoma including history of hypertension, myopia, obstructive sleep apnoea and migraine were not found to be the associated factors of glaucoma in this study. On the other hand, established diabetic retinopathy was found to be a protective factor against glaucoma [OR 0.6 (95%CI 0.357-0.996)].

The primary care physicians should enquire about family history of glaucoma in patients with incidental finding of increased CDR. Positive family history justifies prompt referral to ophthalmologists for early assessment and management.

# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 1**

## **A Research Study to Investigate the Pre-operative Anxiety and Knowledge for Elective Orthopedic Patients Attending a Nurse-led Pre-operative Assessment Clinic (POAC)**

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### **INTRODUCTION**

Locally, a nurse-led POAC has been established in a regional teaching hospital. The nurses' roles in POAC aims to provide a comprehensive pre-operative teaching to elective orthopedic patients in order to enhance patients' greater understanding of what to expect for the forthcoming surgery.

### **METHOD**

A quasi experimental pre-test and post-test research design for one group of elective orthopedic patient has been carried out to scrutinize the anxiety and knowledge level of elective orthopedic patients after attending POAC. The Chinese Trait and State anxiety Inventory was adopted to investigate the anxiety level and a self-developed Knowledge Assessment Questionnaire was used to examine the knowledge level of patients in the pre-operative period.

### **RESULTS**

A total of 73 participants joined the study. Paired t test indicated that there were statistically significant differences in the mean anxiety scores ( $t = -6.980$ ,  $p < 0.001$ ) and the knowledge scores ( $t = 9.486$ ,  $p < 0.001$ ) from T1 (pre-operative period) to T2 (one day before operation), where the participants exhibited less anxiety and showed an increased level of knowledge after receiving pre-operative assessment and education in POAC.

### **DISCUSSION**

The present study revealed that the significant educational role of nurses in POAC to allay anxiety and escalate knowledge to better preparedness of patients for the impending surgery. Pre-operative assessment and education ensures that patients are prepared physically, socially and emotionally for anesthesia and surgery. Nurse-led POAC has substantial impact for elective patients undergoing surgery and it definitely help to improve care for surgical patients in the peri-operative phases.

# FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 2

## Prevalence of Dysmenorrhea and Its Effect on the Quality of Life of Chinese Adolescent Girls

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### INTRODUCTION

Introduction: Primary dysmenorrhea is commonly observed in girls who have begun menstruating. This condition refers to painful menstruation despite normal pelvic anatomy. To date, few studies have examined the prevalence of dysmenorrhea and its impact on the quality of life of younger population. The aim of this study is to evaluate the prevalence and health-related quality of life (HRQOL) among adolescent girls in Hong Kong.

### METHODS

This study adopted a cross-sectional descriptive approach. A convenience sample of 653 girls was recruited in three secondary schools in Hong Kong. The severity of dysmenorrhea was assessed using a 10-point visual analog scale. The 36-item Short-Form Health Survey (SF-36) was used to determine HRQOL.

### RESULTS

The mean age of the girls surveyed was 15.67 (SD = 1.55) years old. Their mean age of menarche was 12.07 (SD = 2.23) years, which ranged from 10 to 16. The prevalence of dysmenorrhea was found to be 65.5%. Among girls suffering from dysmenorrhea, their mean pain intensity was 5.43. Adolescent girls with dysmenorrhea reported significantly lower mean score in general health score, social functioning, and bodily pain score in the SF-36 scale.

### DISCUSSION

Findings suggested that the prevalence of dysmenorrhea among Hong Kong adolescents is high, and the pain the girls suffer can be severe, and resulting in poorer quality of life. Primary dysmenorrhea is a significant health problem that requires attention, and educational intervention on this topic should be provided to adolescent girls to ameliorate its adverse outcome.

# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 3**

## **The Psychometrics of the Center for Epidemiologic Studies Depression Scale (CES-D) for Chinese Patients in Primary Care Setting**

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### **INTRODUCTION**

The aim of this study was to establish the factor structure, construct validity, reliability, sensitivity and responsiveness of the CES-D for Chinese patients in primary care setting.

### **METHOD**

3686 subjects were included in this prospective longitudinal study. The factor structure was evaluated by CFA. The internal construct validity was assessed by corrected item-total correlation. The convergent validity was assessed by examining the correlations between CES-D, PHQ-9 and SF-12 v 2 MCS. Instrument reliability was assessed by examining the internal consistency and 2-week test-retest reliability. Sensitivity was determined by calculating the AUC. The internal and external responsiveness was assessed.

### **RESULTS**

The data fitted the four-factor structure. Corrected item-total correlations were 0.4 for most items. The CES-D had a strong correlation with the PHQ-9 and SF-12 v2 MCS. The CES-D showed good internal consistency (Cronbach's alpha coefficient = 0.89) and good test-retest reliability (Intraclass correlation coefficient: 0.91, paired t-test p-value >0.05). The CES-D was sensitive in detecting differences between groups, with the AUC >0.7. Internal responsiveness to detect positive and negative changes was satisfactory. The CES-D was externally responsive, with the AUC >0.7.

### **DISCUSSION**

The CES-D is valid and reliable. The instrument is sensitive enough to screen for depression and responsive enough to longitudinally monitor patients in primary care.

# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 4**

## **12-month Trajectory Pathways for Depressive Symptoms in a Hong Kong Primary Care Population**

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### **INTRODUCTION**

This study aimed to identify the trajectory pathways for depressive symptoms amongst primary care patients in Hong Kong by Growth Mixture Modeling (GMM) and the associated risk factors.

### **METHOD**

721 patients were included in data analysis by GMM. Depressive symptoms were measured using the PHQ-9 at baseline, 3, 6 and 12 months. Kruskal-Wallis H or Chi-square tests were used to explore factors associated with the trajectories.

### **RESULTS**

A seven-class trajectory pathway model was found to be the best fitting model. Five trajectory pathways showed symptom reduction over 12 months, one trajectory showed no significant improvement or reduction in symptoms and one pathway showed an increase in depressive symptoms. Of these, more than half of our subjects (class 1; n=406, 54.2%) started with mild depression at baseline, as a result they recovered. Factors associated with trajectory path class included health-related quality of life scores, presence of co-morbidity and increased health services use.

### **DISCUSSION**

Depression pathways appear to be very heterogeneous in this primary care population. The findings can help to clinicians identify which patients may be at higher risk of poor prognosis over time. Clinical practice and further research can incorporate such trajectories into risk stratification in order to identify patients who are at risk of progression of depression.



# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 5**

## **Screening the Health of Adults with Intellectual Disabilities to Identify Unrecognized Health Problems**

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### **INTRODUCTION**

Report from Census and Statistic Department indicates that there are 71,000 to 101,000 persons with intellectual disabilities (ID) in Hong Kong. They are known to have poorer health than their non-disabled peers. Children with ID are usually detected at the Family Health Service and closely monitored by a multidisciplinary team. However, there is no routine health check for adults with ID unless they have identified health problems.

### **METHODS**

A health screening test was conducted in 4 workshops providing sheltered employment for adults with ID. Their blood pressure (BP), pulse rate, body weight, and body height were taken with body mass index (BMI) calculated. Random capillary blood glucose and total blood cholesterol were tested. Information about the participants' demographics and health condition was collected.

### **RESULTS**

A total of 332 (76.3%) adults participated and their mean age was 39.3 years old. About half (51.2%) had a BMI  $\geq 25$ , 13.0% had high BP (systolic BP  $>140$  mmHg or diastolic BP  $>90$  mmHg), 16.6% had a glucose level  $>7.8$  mmol/L, and 2.4% had a cholesterol level  $>6.2$  mmol/L. Among these participants, 41 were identified to have unrecognized health problems, i.e. 16 had high BP, 22 with high blood glucose level, and 3 had both high BP and blood glucose level.

### **DISCUSSION**

Regular health check for this vulnerable group of people is warranted. Early detection of unrecognized health problems facilitates early medical consultation and commencement of treatment. Ultimately healthcare cost can be reduced in treating people's possible complications that may incur in the future.

# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 6**

## **Items Construction for Assessing the Occurrence and Severity of Allergic Rhinitis**

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### **INTRODUCTION**

Allergic rhinitis (AR) is a global health problem affecting 46% of population in Hong Kong. A self-reporting instrument assessing the “occurrence” and “severity” of AR among Chinese populations is needed for facilitating the treatment plan and prognosis prediction.

### **AIMS**

This study aims to construct a valid item pool for measuring the “occurrence” and “severity” of AR among Chinese populations.

### **METHODS**

Seven items for measuring “occurrence” and “severity” of AR were conceptualized according to the Allergic Rhinitis and its Impact on Asthma guideline (ARIA; Bousquet et al., 2010). Fifteen convenient samples with AR (aged 11-50) were invited to comment on the comprehensibility of the drafted items. Six experts rated the relevance of items with computing item-content validity indices (item-CVI).

### **RESULTS**

According to the ARIA, “occurrence” of AR referred to the number of days (<4 days) or consecutive weeks (>4 weeks) with presenting symptoms (i.e., rhinorrhoea, nasal obstruction and sneezing). Six items were constructed for differentiating between intermittent and persistent AR. Examples of items include , “Apart from cold and flu, how often did you suffer from the AR symptoms regarding rhinorrhoea in a week” and “Did rhinorrhoea persist for more than four weeks consecutively?”

The items measuring “severity” referred to the presence of AR impacts, such as sleep disturbance, impairment of daily activities, impairment of school/work, and troublesome symptoms. One item, “Did rhinorrhoea, nasal obstruction or sneezing lead to the above problems”, was constructed. Any selection of these impacts indicates a moderate-severe AR while none indicates a mild AR.

Seven items in Chinese were of 100% comprehensibility and 1.0 item-CVI.

### **DISCUSSION**

These items could be complementary to any AR screening instrument to augment the understanding of AR condition for facilitating the treatment plan and prognosis prediction.

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# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 7**

## **Title: Utilization of Ultrasound in Primary Care -- A New Generation Stethoscope for Family Physicians**

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With the advancement of technologies, medical equipment becomes handier. Portable ultrasound machine is one of the examples of miniaturization of diagnostic tool. It is a non-invasive, cheap and real-time diagnostic modality to supplement traditional physical examination. The use of ultrasound in primary care is diverse, such as assessment of symptoms (e.g. biliary and ureteric colic), confirmation of physical signs (e.g. vaguely palpable abdominal mass) and evaluation of common laboratory abnormalities (e.g. liver and renal function impairment).

We share a case of using point-of-care ultrasound (POCUS) in a 68-year-old lady presented with right sided rib pain. She had the pain on and off for 2 months and was described as pleuritic in nature. She also had epigastric discomfort and reflux symptoms which was partially relieved with antacid. Abdominal examination did not reveal organomegaly, but she reported right lower rib tenderness on pressure. Laboratory tests showed elevated ALP without hyperbilirubinemia. We performed POCUS and found a large tumor occupying the liver, and she was urgently referred for further management. She was subsequently diagnosed to have cholangiocarcinoma.

POCUS can bring us a lot of benefit if it is properly used. However, ultrasonography is highly operator-dependent. Proper training and accumulation of hands-on experiences are important for skills acquisition and consolidation. As a point-of-care test, it should not replace a formal ultrasound study if it is clinically indicated. As we are dealing with wide disease spectrum as a family physician, point-of-care ultrasound allows us to differentiate various clinical problems better.

# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 8**

## **Coverage and Acceptance of Seasonal Influenza Vaccination of Healthcare Workers in Primary Care Clinics in Hong Kong: A Cross Sectional Questionnaire Study**

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### **INTRODUCTION**

Influenza poses a significant burden to our healthcare system. It has been observed that the uptake rate of seasonal influenza vaccination among healthcare workers (HCWs) remained low both locally and internationally. Primary care clinics are often the first contact point of patients presenting with influenza-like illness. There is limited evidence and lies a research gap of investigating the situation of vaccination in HCWs particularly in primary care clinics in Hong Kong.

### **METHODOLOGY**

This was a cross-sectional questionnaire study involving staffs of all groups working in Kowloon West Cluster (KWC) GOPCs. Self-administered questionnaire in Chinese was used. SPSS was used for statistical analysis.

### **RESULTS**

There were 530 staffs in 18 KWC GOPCs and 85.6% responded. The overall vaccination rate was 39.7%, doctors had the highest vaccination rate (75%) while pharmacy staffs had the lowest (23.6%). The most common reason for not having flu vaccine was the fear of systemic side effects (30.0%). Around 27.7% of unvaccinated HCWs believed vaccine would be ineffective to protect themselves or others. Doctors were significantly more likely to be vaccinated when compared with other groups. Uptake of flu vaccine last year also significantly predict the uptake of flu vaccine this year ( $p < 0.0005$ , OR 69.3).

### **DISCUSSION**

The vaccination of HCWs in primary care remained low despite continuous promotions. It is crucial for broader vaccination coverage so as to protect HCWs and patients. There is a need to revise the promotion strategies and further qualitative research especially on the characteristics of those unvaccinated HCWs would be helpful.

# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 9**

## **Screening of Intraocular Pressure (IOP) before Routine Pupil Dilation for Retinal Photograph: Case Series Review**

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### **INTRODUCTION**

Pharmacological dilatation of the pupil results in twice the sensitivity of detection of diabetic retinopathy compared with undilated retinal examination. However, pupil dilatation carries a potential risk of acute angle closure glaucoma (AACG). It has been hypothesized that the risk of AAC after pupil dilation may be higher in Asian patients with diabetes mellitus.

### **METHODOLOGY**

This case series reviewed all patients with persistently high IOP while arranged for complication screening from 1st December 2013 to 30th November 2014. The objectives were

1. To review the clinical parameters of patients with persistent elevated IOP;
2. To review the outcomes of patients with elevated IOP referred to Eye Specialty.

### **RESULTS**

1736 diabetes and or hypertensive complication screening were performed, and all had IOP measured by air-puff (noncontact) tonometry before referring for dilated retinal photography. 31 patients (1.8%), including 13 male and 18 female had detected to have IOP of any eye persistently higher than 21 mmHg at least two occasions.

The mean (SD) IOP of right eye was 24.1 (2.1) mmHg, while the left eye was 24.6 (2.5) mmHg. 4 patients (12.9%) were confirmed to have glaucoma and treatment was initiated by Eye Specialist. 2 patients had received topical treatment, while 1 patient received both topical and surgical iridotomy treatment.

### **CONCLUSION**

This case series revealed that 12.9% of diabetic or hypertensive patients with elevated IOP were confirmed to have silent glaucoma. Further study should be conducted to evaluate the cost effectiveness of IOP screening among this group of patients.



# FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 10

## Breastfeeding Self-efficacy: A Concept Analysis

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### INTRODUCTION

The benefits of breastfeeding are well-documented. However, breastfeeding rates in both developing and developed countries still do not meet World Health Organization (WHO) recommendations. Maternal self-efficacy has been identified as an important contributor for success in breastfeeding. Some interventions based on self-efficacy concept have been introduced aiming at increasing breastfeeding rate. Self-efficacy in breastfeeding is an important concept for healthcare professionals. Thus, the concept of breastfeeding self-efficacy was explored through the application of the concept analysis methodology by Walkers and Avant (1995).

### AIM

To provide an enhanced understanding of self-efficacy in breastfeeding using the concept analysis methodology of Walkers and Avant (1995) as a framework. This analysis would provide healthcare professionals with the conceptual basis to effectively develop, implement, evaluate, and compare the existing breastfeeding interventions towards increasing breastfeeding rate. The results could guide for further conceptual and empirical research.

### METHOD

A literature search of the past 50 years was performed using the online databases. The search strategy was implemented to identify both published and unpublished materials from inception to May 2012. Only data in English or translated into English were included.

### RESULTS

The results indicated that the breastfeeding self-efficacy concept has promising utility for health care practice. The Breastfeeding Self-efficacy Scale is a reliable and useful tool for healthcare professionals to ascertain the self-efficacy level of mothers in breastfeeding. With the use of the scale, the health care professionals can identify mothers who are likely to succeed and those who require additional interventions. Moreover, the self-efficacy concept can provide guidance in developing theoretical-based health care interventions to promote breastfeeding among postpartum women to meet the WHO breastfeeding recommendations.

### CONCLUSION

This paper highlighted the strategy toward an enhanced understanding of breastfeeding self-efficacy concept. It provides a conceptual basis for improving, implementing, and evaluating health behavior of healthcare professionals.

# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 11**

## **Diabetes Medication Management among Older People: A Literature Review**

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### **INTRODUCTION**

Diabetes mellitus (DM) is one of the most common chronic diseases in Hong Kong (HK). The prevalence rate of DM in older patients is particularly high. Good adherence to DM medication and developing self-efficacy in medication management are effective in controlling blood glucose level and reducing complications. However, older people face barriers that hinder their medication management. Related literature was reviewed to identify effective approaches to improve medication management and enhance adherence of community dwelling older patients.

### **METHOD**

Multiple electronic databases were searched with keywords related to DM, medication, older people, education and adherence. Six studies published between 2003 and 2013 met the inclusion criteria.

### **RESULT**

Four of the studies were randomized controlled trials and two were quasi-experimental studies. The quality of these studies was generally good. Methods of face-to-face education, motivational interview, diabetes nurse clinic intervention, home visit and telephone follow-up were examined. All approaches are effective in improving medication adherence. The results of using face-to-face education are most prominent.

### **DISCUSSIONS**

Face-to-face education program allows multiple participants to join, and interaction is possible to facilitate teaching and learning. Telephone calls in HK are free-of-charge and less time-consuming. Thus, it is a cost-effective way to evaluate adherence of community dwelling older people. In view of feasibility, manpower and cost, face-to-face education program with telephone follow-up is the most favorable approach to promote medication management for older DM patients in HK.

# FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 12

## Five-year Change of Clinical and Complications Profile of Diabetic Patients under the Primary Health Care Service across Hong Kong

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### INTRODUCTION

The number of Diabetic patients receiving primary care of the Hospital Authority (HA) GOPC rose from 150,157(2009) to 173,015(2013). This study aims to review the recent 5-year changes in epidemiology of diabetic patients.

### METHOD

A cross-sectional study was conducted with information of all diabetic patients under care of HA GOPC retrieved at 2009 and 2013 from HA Clinical Management System. Descriptive statistics were used to show patient's socio-demographic, clinical parameters, drug usage and major complications. The characteristics comparison between 2009 and 2013 were evaluated by independent t-test for continuous parameters and chi-square for categorical parameters.

### RESULTS

Annual checking of key clinical parameters and data completion rate had been improved significantly. There were significant increases in proportions of patients achieving target HbA1c, SBP, DBP, LDL-C, TG, and HDL-C ( $p < 0.001$ ). Levels of HbA1c, blood pressure (SBP, DBP), LDL-cholesterol (LDL), triglycerides (TG), and BMI dropped significantly from 7.2% to 7.0%, 137.1mmHg to 131.1mmHg, 75.6mmHg to 72.8mmHg, 3.1mmol/L to 2.5mmol/L, 1.7mmol/L to 1.4mmol/L, and 25.7kg/m<sup>2</sup> to 25.4kg/m<sup>2</sup>, respectively. More patients (1.6% raised to 4.0%) used insulin in addition to their oral anti-diabetic drugs for their management, and a significant boost (from 9.0% to 55.7%) on statin use. Prevalence of major DM complications, including cardiovascular diseases (CVD), sight-threatening diabetic retinopathy (STDR), and end-stage renal disease (ESRD) showed significant increase of 0.4% to 2.5%.

### DISCUSSION

Improvement in coverage of annual checking of key clinical parameters and patients' achievement to target values may be attributed by the regular monitoring and early intervention, including use of appropriate medications, after the launch of the territory-wide Risk Assessment and Management Programme (Diabetes Mellitus) since 2009, with its coverage raised from 3.1% (2009) to 81.9% (2013).

# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 13**

## **A Qualitative Study of the Views on Weight Management in Overweight and Obese Chinese Diabetic Patients**

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### **INTRODUCTION**

Weight reduction was found to be associated with improved glycemic control among overweight and obese adults with type 2 diabetes mellitus (DM). However, obesity and overweight remains a significant problem for diabetic patients, as their motivating factors and barriers for weight reduction are diverse and complex. This qualitative study aims to investigate the motivating factors and barriers in weight control among obese DM patients.

### **METHOD**

Twenty in-depth semi-structured interviews with obese or overweight diabetic patients under the care of Ap Lei Chau Clinic were conducted in 2013/2014. Issues like perceived barriers, facilitators, and their experience in weight and DM management were explored. All the interviews were audio-taped and transcribed into English, typed verbatim. Grounded theory approach was adopted and saturated data were analyzed thematically.

### **RESULTS**

Four key themes were identified: (1) patients' medical conditions, (2) psychological factors, (3) social support and (4) lifestyle habits. Co-morbidities like OA knee hinder regular exercise. Self-perception of health and weight influences the compliance to weight control. Dieting is preferred over exercise for weight reduction. Social and family support can assist patients to monitor their weight and facilitate adherence to appropriate choices and amount at meals. Patients who tried nutritional counselling before often considered the advice from dietitians are unpractical and difficult to apply.

### **DISCUSSION**

Lifestyle modifications play a significant role in weight management of DM patients. However, patients' self-perception and support from family is equally important. Nutritional counselling should be more tailor-made for individual patients, and considering of co-morbidities is equally crucial.

# FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 14

## A Comprehensive and Multi-dimensional Alcohol- related Harm Reduction Community-based Programme for Teens in Hong Kong

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Community Medical Outreach Service, PMCS, UCN

### INTRODUCTION

In Hong Kong, the proportion of lifetime alcohol-taking secondary students is increasing.<sup>1</sup> Amongst youth aged 18-24 years who have ever drunk alcohol, 52.3% started drinking at 15-18 years of age, while 23.3% started below age 14 years.<sup>2</sup> Unlike tobacco and substance abuse, alcohol consumption is not considered as dangerous. Education about alcohol harm in school is rare. Therefore, an alcohol harm reduction program for teens called 「SMART」 was conducted from May 2013 to October 2014 to enhance teen's knowledge and awareness on alcohol-related harm, and motivate their behavioral intention on abstinence.

### METHOD

Series of health talks and workshops were conducted in 17 secondary schools in Hong Kong, targeting Secondary 1 to 5 students. Teens were invited to take part in interactive role plays and games. Teens learnt the harmful consequences of alcohol abuse and more importantly, some practical refusal skills that would enable them to resist peer pressure.

### RESULTS

Participants demonstrated increase of 72.3% in knowledge score, 55.5% in attitude score and 51.6 to 61.8% behavioural intention score enhancement at the end of programme compared to baseline.

### DISCUSSION

The problem of underage alcohol drinking is prominent but underestimated in Hong Kong. A comprehensive alcohol-related harm reduction community-based program using multi-dimensional approach is essential for teens in their early schooling in Hong Kong.

### ACKNOWLEDGEMENT:

Programme funded by Health Care and Promotion Fund, Food and Health Bureau

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# FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 15

## Enhancing Diabetes Knowledge and Self-Management by Adopting a Structured Education Programme on Insulin-Initiation among Patients with Type 2 Diabetes

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### INTRODUCTION

Type 2 diabetes (T2DM) is a chronic condition which control is dependent on successful self-management largely by patients. Under the Risk Assessment and Management Programme (RAMP) on diabetes in general out-patient clinics (GOPC), a structured education programme on insulin-initiation, led by GOPC nurses and supported by a diabetes nurse consultant and physicians of GOPCs, has been conducted in four GOPCs of the New Territories East Cluster.

### METHODOLOGY

The study adopted a one-group pretest-posttest design, with a 14-week (4 sessions) structured education programme on insulin-initiation as the intervention. Adult Chinese patients with T2DM attending RAMP and requiring insulin-initiation were recruited. Diabetes knowledge and self-care activities level were measured before and after the intervention.

### RESULTS

Forty-three subjects completed the study. The pre-post data comparison revealed significant improvement ( $P < 0.001$ ) in both diabetes knowledge (from  $16.1 \pm 3.8$  to  $19.8 \pm 2.7$ ) and self-care activities level (from  $43.5 \pm 12.8$  to  $65.5 \pm 13.2$ ). There was a significant statistical difference in self-monitoring of blood glucose ( $t = -5.358$ ,  $P < 0.000$ ); drug compliance ( $t = -58.170$ ,  $P < 0.000$ ) and diet compliance ( $t = -3.588$ ,  $P < 0.003$ ).

### DISCUSSION

This study, although limited by a small sample size, demonstrated a structured education programme empowers patients in knowledge and participation in behavior conducive to the management of their diabetes condition.

# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 16**

## **“Smoking Cessation Month” in the General Out-patient Clinic, Hong Kong East Cluster**

**TSUI PN, Irene Lai, Michelle Wong**

*Family Medicine & Primary Health Care, Hong Kong East Cluster*

### **INTRODUCTION**

Smoking cessation is important for preventing cardiovascular and lung diseases and associated cancers. A new 1- month smoking cessation campaign involving all clinic staffs was launched in 7 HKEC GOPCs between Feb to Oct 2014, aiming to encourage more smokers to participate in the smoking cessation program.

### **METHOD**

During the month of smoking cessation campaign, we invited patients who were smokers to perform spirometry to assess their lung functions and to complete the COPD Assessment Test (CAT) Score Questionnaire to assess the severity of symptoms. FEV1/FVC < 0.7 would be classified as “poor lung function”. Patients with CAT score  $\geq 10$  would be regarded as “symptomatic”. Results were explained to them by doctors afterwards with the aim to make them aware of their lung function status and the need to stop smoking.

### **RESULTS**

Among 388 patients with spirometry performed during the entire campaign period, 83(21%) had FEV1/FVC < 0.7 and 11 of them had CAT score  $\geq 10$ . A total of 369 smokers were recruited into the smoking cessation program during this campaign period (recruitment rate 95%).

### **DISCUSSION**

Smoking cessation campaign could enhance the awareness of both patients and clinic staff towards the importance of smoking cessation. The lung function tests and the CAT questionnaire could help us identify previously undiagnosed symptomatic and asymptomatic COPD patients and manage them accordingly. Pulmonary rehabilitation program may be helpful for those symptomatic patients.

# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 17**

## **Osteoporosis Screening – Association of Quantitative Ultrasound (QUS) with OSTA (Osteoporosis Self Assessment Tool) and Common Osteoporosis Risk Factors**

**Wing See LAU, Joyce S. F. Tang, P. Chiu**  
*United Christian Nethersole Community Health Service*

### **INTRODUCTION**

QUS and OSTA are commonly used for screening of osteoporosis in a clinic setting due to their simplicity and low cost. This study attempts to find the association between the findings of QUS with OSTA and also common osteoporosis risk factors.

### **METHOD**

Data of Chinese females of age 60 to 70 who had a QUS done during their voluntary well-person health check from April 2013 to March 2014 in Jockey Club Wo Lok Community Health Centre, Kwun Tong, were collected. Statistical analyses were performed to see the relationship between T-scores of QUS with OSTA and also common osteoporosis risk factors.

### **RESULTS**

There were 43 females who fit in the selection criteria. The mean QUS T-score of these participants was -1.17 with the maximum T-score being +1.34 and minimum T-score being -2.8.

No association was found between the OSTA (Osteoporosis Self Assessment Tool) findings and the QUS T-Scores. However, the risk factors namely “30 minutes daily weight bearing exercise”, “Family history of low impact fracture”, “Past personal history of low impact fracture”, “Appropriate Daily intake of calcium” showed statistically significant association with the QUS T-score.

### **DISCUSSION AND LIMITATIONS**

The study failed to find an association between the two most common screening tools for osteoporosis in a clinic setting. This would raise the concern on which screening tools is preferred for the screening for osteoporosis. In particular, the validity of QUS for the screening of osteoporosis in the local setting could not be demonstrated in this study. There were various limitations of the study including a small sample size and the inclusion of only females in the age range of 60-70. Further studies using a bigger sample size with the inclusion of both sexes and more age ranges would be interesting. In addition, further studies comparing the finding of QUS and bone densitometry would be useful for providers to determine the future use of QUS locally.

# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 18**

## **Review on Health-seeking Behaviors of Patients with Allergic Rhinitis**

**J. H. M. Chan, S. C. Lam, C. C. Y. Yeung, D. W. C. Lam**

### **INTRODUCTION**

Allergic rhinitis (AR) represents a major challenge in primary care. However, patients' health-seeking behaviors of AR is unclear that hinders healthcare professional in planning effective health promotion strategies.

### **METHODS**

Keywords including “health-seeking behavior” and “allergic rhinitis” were used for searching which yielded 16 publications from 1997 to 2014. Key findings were reviewed to address the captioned issue.

### **RESULT**

Four common practices including seeking medical advices, tolerating symptoms, self-medication, and seeking alternative medicine, were identified as patients' health-seeking behaviors of AR. Around 50% of patients in developed countries sought medical advices and the general practitioner was the first option whereas visiting a specialist only accounted for a few percent. Over 50% of patients acknowledged the nasal symptoms were significant yet tolerable as observed in three US national studies. Self-medication with home stock or over-the-counter drugs was also prevalent. Seeking alternative medicine, such as Traditional Chinese Medicine in Asian countries (3.5% in Hong Kong), was observed.

### **DISCUSSION**

Seeking medical advices, tolerating symptoms, self-medication, and seeking alternative medicine were identified as common patients' health-seeking behaviors of AR. The paucity of literature searched restricted the accurate understanding on health-seeking behaviors of AR across cultures. Findings from this review suggested an underutilization of primary healthcare services in managing AR and the determinants of which are yet to be explored, which will help direct initiatives for managing AR at community level.

# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 19**

## **The Diagnosis and Management of Osteoarthritis of the knee- are we putting emphasis in the wrong place?**

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### **INTRODUCTION**

With the growing elderly population, osteoarthritis of the knee (OA knee) is becoming more commonly seen in primary care.

### **METHOD**

A retrospective case-study of patients with knee pain that presented to the CMC Family Medicine Clinic from January 1st-March 31st, 2014 was conducted. Data was retrieved by ICPC codes(L15 knee symptom/complaint and L90 osteoarthritis of knee) by CDARS.

### **RESULTS & DISCUSSION**

156 out of the 183 patients(85.25%) presented with knee pain were diagnosed with OA knee. 56.41%(88 patients) were diagnosed by xray while only 43.6%(68 patients) were diagnosed clinically. 68.59% of patients were given analgesics. 16 patients (10.26%) were referred for physiotherapy while 23(14.74%) were educated to do self exercises. Only 4 patients (2.56%) were educated on the emphasis on weight loss. Other conservative treatments offered were walking sticks and warm pads. 17 patients(10.90%) were being seen by an orthopedic specialist (7 old cases, 7 with a history of TKR and 3 referrals requested by patients).

Despite the clinical criteria set by the American Rheumatology Association, more than half of the cases were diagnosed by imaging. Imaging is only indicated to exclude sinister causes such as malignancy, infection or fracture. This represents over investigation and wastage of resources. More emphasis on nonpharmacological treatments, exercise and weight loss instead of analgesics will help in the long-term outcome of OA knee and will help make our patients more actively involved in the management of their condition.

# FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 20

## The Effectiveness of Nurse-led Continence Care Services for Primary Care Patients with LUTS

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### INTRODUCTION

The aim of this study was to evaluate the effectiveness of a primary care nurse-led continence care service for adult patients with LUTS.

### METHODS

A prospective longitudinal study was conducted. An intervention group of 360 primary care patients enrolled into the Nurse and Allied Health Clinic (NAHC) Continence Care services of the Hospital Authority were recruited by consecutive sampling. Patients enrolled in the programme received an initial assessment such as uroflowmetry, pelvic floor muscle strength and post-void residual urine estimation. Subsequent interventions were protocol-based and included conservative measures which were tailored to each patient according to the type of LUTS being experienced. Interventions included pelvic floor muscle exercise, diet modification, bladder training and urethral massage for male patients.

A control group of 360 primary care patients with LUTS identified by screening were recruited from the waiting rooms of General Out-patient Clinics. Both groups were monitored at baseline and at 12 months. Outcome measures included International Prostate Symptom Score, Incontinence Impact Questionnaire-7, Patient Enablement Instrument and Global Rating of Change Scale.

### RESULTS

Independent t-test showed that, at 12 months, the intervention group had greater improvements in LUTS severity ( $P<0.05$ ) and HRQOL ( $P<0.05$ ) than the controls. Chi-square test showed that a higher proportion of the intervention group subjects reported increased self-efficacy (43.48% vs. 66.83%,  $P<0.05$ ) and improved general health (17.74% vs. 41.5%,  $P<0.05$ ).

### DISCUSSION

Our findings support that the NAHC Continence Care services are effective in alleviating symptoms, improve HRQOL, and enhancing self-efficacy and general health in patients with LUTS.



# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 21**

## **A Retrospective Cohort Study on the Compliance with Faecal Immunochemical Test (FIT) among Participants of Colorectal Cancer (CRC) Screening Programme**

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### **BACKGROUND**

The 2014 policy address of the Hong Kong Government suggested a subsidized CRC screening programme be implemented for citizens at risk for CRC. FIT has been proposed as the primary screening tool. The test requires annual or biannual testing with persistent compliance.

### **OBJECTIVE**

We aimed to evaluate the level of compliance with FIT in a community clinic setting, and studied the factors associated with persistent compliance.

### **METHODS**

The study adopted a retrospective cohort design. Data were obtained in a non-government organization with medical clinics, where participants attended for annual FIT screening, with 2 specimens collected yearly. 1200 screening participants were selected from 10033 subjects tested in 2010, and records of their follow-up in 2011-2013 were obtained. The total numbers of returns were analyzed against age, sex, family CRC history, district of 3 screening centre, smoking status and history of chronic diseases (hypertension (HT), diabetes mellitus (DM) and coronary heart disease (CHD)) by binary logistic regression analyses.

### **RESULTS**

Among all participants, 645 (53.8%) never returned after their first CRC screening episodes. 301 (25.1%) returned once, 166 (13.8%) returned twice and 88 (7.3%) returned in all subsequent three visits. No reminders were sent to the participants. The number of returns have significant positive association with the participants' age (OR = 1.017, 95% C.I. = 1.001-1.033,  $p = 0.043$ ) and marginally associated with history of diabetes and coronary heart disease ( $p < 0.10$ ).

### **CONCLUSION**

Younger age was associated with non-compliance with CRC screening, and they represent target for reminders in future planning for FIT programme in community.

### **ACKNOWLEDGEMENT**

Dr. Martin Wong, Director, CUHK JC Bowel Cancer Education Centre

Dr. Joyce Tang, Medical Director, United Christian Nethersole Community Health Service

Key words: Faecal Immunochemical Test, Colorectal Cancer Screening

# FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 22

## Incidence and Risk Factors for Cardiovascular Disease in Diabetic patients in Hong Kong

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### INTRODUCTION

Cardiovascular Disease (CVD) is the major cause of morbidity and mortality in patients with diabetes mellitus (DM). The study aimed to calculate the 5-year incidence and identify risk factors for developing CVD in Chinese diabetic patients.

### METHOD

A retrospective cohort study was conducted on 119,276 Chinese adult diabetic patients without CVD history and receiving care in the Hospital Authority primary care clinics on or before 1 January 2009. They were followed up until 31 December 2013. Multiple imputation was used to deal with the missing data. Risk factors including socio-demographics and clinical parameters associated with the incidence of CVD were examined using Cox Proportional Hazard regression. Sensitivity analysis was conducted by using the cohort with complete case.

### RESULTS

Five-year incidence rate (1,000 person-years) of first CVD event (n=9,753) among diabetic patients was 17.6. Risk factors associated with CVD were age (Hazard ratio (HR):1.073), male (HR:1.310), smoker (HR:1.219), longer duration of DM (HR:1.014), insulin used (HR:1.425), higher stage of Chronic Kidney Disease (e.g. stage 5 vs stage 1 HR:4.430) and higher clinical parameters including body mass index (HR:1.022), systolic blood pressure (HR:1.002), total cholesterol to HDL cholesterol ratio (HR:1.056) and Urine Albumin/Creatinine ratio (HR:1.001). All of these risk factors were statistically significant (p <0.05). Sensitivity analysis showed the similar results except insulin use, hemoglobin A1c(HbA1c), systolic blood pressure and Triglyceride.

### DISCUSSION

Identification of CVD-related risk factors and early intervention play a crucial role in preventing CVD complications in diabetic patients. HbA1c, which reflects the control of DM, was not found to be a significant risk factor from this study. Further study is needed to explore the effect of controlling of HbA1c on CVD risk.

# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 23**

## **5 Year Trend in Proportion of Adults Having a Family Doctor – Survey of Health Centre Attendees in 4 Districts**

**Joyce S. F. TANG, Ruby K.C. LAI, Julia L.A. CHU, Virginia W.C. CHAN**  
United Christian Nethersole Community Health Service

### **INTRODUCTION**

The family doctor is one of the key features of the primary care system, especially relevant as the population ages with an increasing burden of chronic diseases. The Hong Kong government has been promoting the concept of family doctor in recent years, but just how popular is the uptake?

### **METHOD**

Observation of 5 years cross sectional survey of every adult attending a routine health check at 4 community health centres in Yau Tsim Mong (YMT), Kwun Tong (KT), Tai Po (TP) and Tin Shui Wai (TSW – 3 year) districts. Every person was asked the same question every year: “Do you have a regular family doctor?” There were 97,072 respondents.

### **RESULTS**

The proportion of people with family doctor differed amongst districts; highest in YMT (45.1% to 52.3%), followed by TP (39.7-49.5%), then KT (38.4 – 41.3%) and lowest in TSW (19.8 - 32.3%). The proportion of elderly (age  $\geq 65$  years) was highest in KT. The median ages were 52, 52, 57 and 50 years in YMT, TP, KT and TSW respectively. The proportion appeared to increase according to age, and was higher in those who had at least one chronic disease. However, there was no significant change in proportion over 5 years in any of the districts.

### **CONCLUSION**

Older people and those with chronic disease appear to be more likely to have a family doctor, but the proportion has remained static in recent years. With the introduction of health care voucher, the proportion amongst elderly may increase. More promotion and system incentives are needed to further the concept.

# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 24**

## **Does Having a Regular Family Doctor Make any Difference to Person's Smoking and Alcohol Drinking Habit?**

**Joyce S.F. TANG; Po CHIU, Ruby K.C. LAI**  
*United Christian Nethersole Community Health Service*

### **INTRODUCTION**

One of the roles of family doctors is to promote health, including not smoking and drinking excessive alcohol.

### **METHOD**

A cross-sectional survey was done on the relationship between having a regular family doctor on the smoking and drinking status of all 6990 adults, 28.4% (1985) male and 71.6% (3020) female, attending a voluntary general health checkup in 2014 in our Tai Po health centre.

### **RESULTS**

43.9% of males and 43.1% of females reported that they did have a regular family doctor. The current smoking rates were 19.6% (390) and 3.5% (107) amongst males and females respectively. A higher proportion of current smokers did not have a regular family doctor, 62.8 % of males and 69.2% of females, compared with 54.5% and 56.5% of male and female non-smokers respectively. (Both  $p < 0.05$ ) Amongst those with family doctor, 64.8% of males and 96.3% of females had never smoked compared to 59.1% and 94.3% respectively of those without a family doctor. (Both  $p < 0.05$ )

Amongst males, 1115 (56.2%) never drank alcohol, and of these 44.4% had a family doctor, 54 (2.7%) were heavy drinkers, of whom 37% had a family doctor, 61 (3.1%) men were binge drinkers and of these, 37.7% had a family doctor. Amongst females, 2630 (87.1%) never drank alcohol, and of these, 44% had a family doctor; 11 women were heavy drinkers of whom 36.4% had a family doctor, 17 were binge drinkers and of these 35.3% had a family doctor. However, the differences were not statistically significant.

### **DISCUSSION**

Having a family doctor appears to have more association with smoking abstinence than avoidance of excessive alcohol consumption. Family doctors can do more to alert patients about the harms of excessive alcohol intake.

# FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 25

## Results of a Patient Survey to Find Opinions on Medical Standards and Regulation

**Tim TRODD**

### **SUMMARY**

OT&P is a private medical practice in Hong Kong that is ACHS (Australian Council for Healthcare Standards) accredited. We have carried out two patient surveys, one in 2011 and one in 2015 to find patients' attitudes to doctor's professional and clinic regulation in Hong Kong. Our findings are that patients are strongly supportive of further regulation

### **BACKGROUND**

OT&P is a private medical practice offering Family Practice and Specialist Medicine, our patients come from both the expatriate and local communities. In 2010 we achieved ACHS accreditation for day case hospitals. The government is now considering introducing more regulation for Private Healthcare Facilities, and have just carried out a public consultation.

### **METHOD**

A sample of patients (115 patients in 2011 and 145 patients in 2015) were asked whether they agreed or disagreed with four statements concerning CME, indemnity insurance and clinic standards

### **RESULTS**

Statement 1: The knowledge a medical practice has international accreditation would make me more likely to use that medical practice

Statement 2: Hong Kong has no requirement for doctors to take part in a Continuing Medical Education (CME) Program: All doctors should take part in a CME program

Statement 3: There is no requirement for a practicing doctor in Hong Kong to have indemnity / malpractice insurance: All doctors in Hong Kong should have indemnity insurance

Statement 4: At present there are no controls over standards in medical clinics and doctors offices: There should be enforced standards for medical clinics and doctors' offices in Hong Kong

2011:

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
1	49%	43%	7%	1%	
2	49%	43%	7%	1%	
3	57%	32%	9%	2%	
4	80%	17%	3%	0%	

2015:

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	No Opinion
1	58%	37%	3%	2%	
2	73%	23%	2%	2%	
3	64%	25%	6%	2%	3%
4	82%	15%	1%	1%	1%

## DISCUSSION

Our survey shows strong support for further regulation of standards in for doctors, medical practices and clinics in Hong Kong. The support has been remarkably constant over this 4-year period. There seems to be particularly strong support for implementation of standards for medical clinics and doctors' offices.



# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 26**

## **When Gout Meets Type 2 Diabetes: Implications from a Case Series Study in the Primary Care**

**Chen XR, Catherine, Chan KH King**

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### **INTRODUCTION**

Type 2 Diabetes Mellitus (DM) is one of the most common chronic diseases encountered in the primary care locally, affecting up to 10% of HK population. DM and gout are closely linked conditions, having one condition elevates the risk of developing the other. This study tries to identify the prevalence of gout in Chinese type 2 diabetic patients managed in the primary care setting and to explore its associations with kidney disease and cardiovascular complications.

### **METHODOLOGY**

Type 2 diabetes patients who had been regularly followed up at Yau Ma Tei Jockey Club Clinic from 01/07/2013 to 30/06/2014 and had annual blood and urine check-up done at least once during this period were recruited. Their serum creatinine (Cr), urate, Haemoglobin A1c (HbA1c), lipid profile, urine albumin-creatinine ratio (ACR) and concomitant chronic disease were retrieved and compared in the absence or presence of gout. Student's t-test and analysis of variance (ANOVA) were used for analysing continuous variables, Chi-square test for categorical data and multivariate logistic regression for determining the correlation between eGFR and the different variables.

### **RESULTS**

Among 5665 Chinese type 2 diabetes patients fulfilling the inclusion criteria, 385 (6.8%) patients were found to have gout. Diabetes patients with gout were more to be male, of older age and with higher BMI. Compared with diabetes patients without gout and matched with age and sex, diabetes patients with gout had a higher co-morbidity rate of hypertension, hyperlipidaemia and chronic kidney disease but a lower co-morbidity of stroke. The blood pressure control were similar, but the glycaemic control was better among diabetic gout group compared those without. The total cholesterol level was similar but diabetic gout groups had a much lower HDL level and higher LDL and TG level. Multivariate analysis showed that male gender, old age, elevated urine ACR and co-morbidity with stroke, IHD and gout were associated with greater odds for the presence of CKD.

### **CONCLUSIONS**

Gout is commonly present among Chinese type 2 diabetes patients, particularly in those with impaired renal function or with established cardiovascular diseases. Early detection of gout and prompt referral to specialist care for optimal treatment if associated with severe renal impairment or high risk proteinuria at the primary care settings would be highly recommended.

## **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 27**

### **Occupational Therapists in handling patients facing Health and Aging related Stress in Integrate Mental Health Program (IMHP)**

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Facing the growing aging population in Hong Kong, Health and Aging related stress becomes one of major stressor in affecting one's mental health. Clients with chronic illness together with mood issue increasing challenge to health care system. In order to promote healthy aging, occupational therapists focus on restructuring lifestyle as early intervention.

The aim of the study is to explore occurrence and nature of chronic disease among patient attended IMHP and evaluate the effectiveness of program

A descriptive study conducted in YMTGOPC patients who were under care of occupational therapists. 97 clients were recruited. Outcomes were measured by the Personal Health Questionnaire (PHQ9) and General Anxiety Disorder Assessment (GAD7).

65% were suffered one chronic disease, 35% were suffered from 2 types or above. Reviewing occurrence and the nature of chronic disease, 28% were suffered from pain, 24% were newly diagnosed hypertension and 12% were suffered from heart related disease. Mean PHQ9 score decreased from 5.5 to 3.2 ( $t=6.337$ ;  $p<0.001$ ) and mean GAD scores decreased 5.5 to 3.4 ( $t=6.765$ ,  $p<0.001$ ).

Early Occupational Therapy interventions on redesigning lifestyle and promote self-control helps to reduce or prevent mood problem in clients with chronic illness in the community.

# FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 28

## **The Healthy Athletes Program™ (Health Promotion)– A Community-based Nutrition Screening and Health Education for Population with Intellectual Disability in Hong Kong**

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### **AFFILIATIONS**

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### **INTRODUCTION**

The “Healthy Athletes Program” (HAP) is a local onsite health screening program for athletes with intellectual disabilities (IDA) on behalf of the Special Olympics International. Since 2003, Health Promotion (HP) has been developed to carry out nutrition screening, dietary assessment and to provide health education.

### **METHODS**

IDA were recruited by HKSO and Trained nutrition/dietitian volunteers carried out 1) anthropometry and bone density measurement; 2) food habit survey, 3) nutrition counseling and 4) health education including handwashing, bone health, hydration and physical fitness at annual athletic meet.

### **RESULTS**

Of the 99 mild to severe grade IDA (64.6% male, mean age 31) being screened in Jan 2015, 26.3% of the children/adolescents (n=19) and 35.5% of the adults (n=76) were identified as overweight/obese. 55.7% and 13.1% adult IDA were found at risk of osteopenia and osteoporosis respectively. Water (93.7%) was selected as the common drink at thirsty, followed by fruit juice (34.7%) and soft drink (29.5%). About 95% consume 2 serves or below of dairy or equivalent per day while ~ 50% reported weekly consumption of snack, sweetened beverage and fast foods. 53.2% reported fruits and vegetables intake attained 3-5 serves or more per day. Knowledge of handwashing after toilet use and before eating were well received by 98% of IDA.

### **DISCUSSION**

Early nutrition screening, in-time dietary intervention and family-centered nutrition education are in need for the ID population. Referrals for follow up health care is warranted thus to decrease their susceptibility to illness and increased medical care thereon.

### **ACKNOWLEDGEMENTS**

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Professional volunteers from the Hong Kong Dietitians Association

Student volunteers from all participated academic institutions

Key words: Intellectual Disability, Health Promotion, Nutrition Screening, Health education

# FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 29

## Helping Low Income Families to Plan Healthy Meals on a Tight Budget - a Project by Community Dietitians in Hong Kong

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### **INTRODUCTION**

Local food prices are rising sharply in Hong Kong recently. Low income families (LIF) tend to reduce their daily expenses from food costs hence negatively affected family nutritional intake, especially children's growth and physical development, resulted in increasing their future burden in social, economical and medical issues.

### **OBJECTIVE**

This two-years project evaluating the knowledge, attitude and skills towards budgeted meal planning (BMP) of parents and children from LIF. Nutrition students were also trained as health ambassadors to convey BMP skills in the community.

### **METHODS**

Subjects were recruited via 15 non-government organizations and schools to attend two workshops conveying BMP knowledges and skills including recipe demonstration by parent/child pair and dietitian respectively. Follow up groups will be conducted to collect qualitative evaluation. BMP nutrition guidebook and posters are produced and available online for sustainability of positive behavior in the community.

### **RESULTS**

164 family units (43% joined follow up group) participated in this program, first 9 months available data analyzed both parents (63.4% vs 92.3%, N=61) and children (78.0% vs 87.1%, N=143) improved in BMP knowledge. Children indicated obvious improvement (46.0% vs 70.3%) to consider nutrition as priority factor in snack purchase and majority of parents (98.3%) and children (91.4%) indicated they will purchase nutritious yet economical foods after intervention.

### **DISCUSSION**

Nutrition and household food security are evidence based determinants of health as stated by the WHO. Parents as stakeholder of family and children's health require equipping with the 3 As (Adequate, Affordable and Available) nutrition knowledge and skills through community based program.

*This project is funded by the Health Care and Promotion Fund, Food and Health Bureau, The Government of the Hong Kong SAR, The People's Republic of China.*

Key words: Budget meal planning; low income families; Community Dietitian;

# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 30**

## **Gum Pain in a Hypertensive Patient- A Case Study**

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### **BACKGROUND**

A 44-year-old hypertensive lady had gum swelling and pain for a year after a trivial injury. Symptoms affected eating and appearance.

### **INVESTIGATION**

History revealed she has hypertension for 5 years; first put on beta-blocker and amlodipine (Calcium channel blocker) was added. Later amlodipine was step up to 10 mg QD to control blood pressure. She noted gum pain and contact bleeding 3 months later.

Physical examination showed her gum reddened and swollen with lobulated lesions around incisors. Blood tests results were normal.

Amlodipine induced gum hyperplasia was suspected.

### **MANAGEMENT**

Amlodipine was reduced stepwise and totally replaced by ACEI after 2 weeks. Her gum condition was reviewed on every visit with clinical photos taken. Gum pain was reduced gradually and could eat normally 6 weeks after stopping amlodipine completely and gum swelling subsided gradually.

The patient was referred to periodontists for assessment and surgical intervention if necessary.

### **DISCUSSION**

Drug – induced gingival overgrowth (DIGO) was well-known in patients taking calcium channel blockers, in which nifedipine (6.3%), verapamil (4.1%) and amlodipine (1.3- 3.3%) were observed in prevalence.

Pathogenesis was not fully understood histologically. DIGO showed an increase in the number of fibroblasts in gingival connective tissues; mast cells and inflammatory cytokines have a synergistic effect in the enhancement of the collagen synthesis by gingival fibroblasts.

DIGO presented with soft tissue growth and was lobulated in appearance.

Local factors including plaque, poor oral hygiene and ill- fit denture, and higher dose (5 mg or more) are associated with increased risk.

### **LESSONS LEARNT**

We should increase awareness and review drug history in hypertensive patients presented with gum pain.

Withdrawal of suspected drug and replace it with other anti-hypertensive effect is treatment of choice.

Good oral conditions may help prevent hyperplasia.

# FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 31

## Simulated Patient and Family Medicine Examiner Assessment of Medical Student Empathy

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### INTRODUCTION

Communication, interpersonal and empathic skills are essential elements of a family medicine consultation which medical students need to learn. Simulated patients' (SP) assessment of these skills has been suggested to be more authentic as SP respond to the empathic cues directed towards them. However, the best way to assess student empathy in an examination setting is not clear. The aim of this study is to investigate SP assessment of medical student empathy.

### METHODS

In 2013, 158 final-year medical students at the University of Hong Kong completed a Family Medicine clinical competency test in which they were assessed by a trained SP and a family medicine examiner. The Consultation and Relational Empathy (CARE) measure was used to rate students' empathy. The relationship of SP CARE scores to examiner CARE scores, to student academic outcomes and to gender were analysed using intraclass correlation, Spearman's correlation and logistic regression respectively.

### RESULTS

The inter-rater reliability between SP and examiner CARE ratings was low (ICC=0.228,  $p=0.002$ ). SP CARE rating was only weakly correlated with overall academic achievement in the Family Medicine clerkship ( $p=0.274$ ,  $p=0.001$ ). Students assessed by female SP were more likely to have a higher CARE rating (adjusted OR=5.38,  $p<0.001$ ).

### DISCUSSION

The weak correlation between SP and examiner ratings of medical student empathy may be due to subjectivity in the perception of empathy. Clinical examiners may be regarding empathy from a cognitive perspective while SP may be more sensitive to the emotive aspects. Further investigation to explore the reasons behind these differences and to establish the utility of a SP assessment of empathy in an examination setting would be beneficial.



# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 32**

## **Review of the Epidemiology of Allergic Rhinitis: Insights for the Primary Health Care**

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### **INTRODUCTION**

Allergic rhinitis (AR) is a global health problem with an increasing uptrend of prevalence. Although many epidemiological studies have explored the prevalence of AR on different population, no comprehensive review synthesizes the overall prevalence to inform the global primary health care. This study aims to review and synthesize the overall AR prevalence.

### **METHODS**

Published epidemiological AR studies from the past 20 years were searched through electronic databases of MEDLINE and CINAHL. Assessment of study quality was performed separately by two independent researchers. The prevalence, study methods and sample characteristics were extracted, compared and synthesized.

### **RESULTS**

Thirty epidemiological studies were included (covering 19 different countries). Majority of them adopted a standard protocol or self-reporting instruments (e.g., ISAAC and SFAR) for screening the AR. The sample size of individual studies ranged from 468 to 165,917 with age range (6-75). The prevalence of AR ranged from 12.7% to 63.0%. Of reviewed studies, three studies with samples of 1200 Mongolians, 17,666 Italians and 22,285 Americans explicitly indicated that the AR prevalence significantly decreased for aged above 40/50.

After pooling all the reviewed data, the overall AR prevalence was 28.77% (SD 11.0; 95% confident interval = 24.67-32.86) on average, computed from a total of 533,747 samples. The overall prevalence of Asian studies (n=17; 30.29%, SD 11.95) was higher than that of non-Asian studies (n=13; 26.77%, SD 9.66). Eighteen studies investigated the AR of children (aged 6-18) and 12 studies on adults (aged 18-75) with the overall mean prevalence of 29.27% (SD 11.74) and 28.01% (SD 10.18), respectively.

### **DISCUSSION**

This review synthesized 30 epidemiological findings and indicated the overall prevalence of AR as 28.77% on average. Asian population was suffered from AR more than non-Asian. The prevalence of children and adults was equally high regarding AR. Such findings informed that more emphasis on primary health care of AR should be shifted to adults and Asian population.

# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 33**

## **Five Years Cervical Smears Uptake by South Asian Ethnic Minority Women in Hong Kong**

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### **INTRODUCTION**

Cervical smear is a screening test for detecting early abnormal changes in the cervix before cancer development. Overseas studies have identified lower uptake of Cervical smear screening by the ethnic minority women. Knowledge, language and cultural factors may all contribute.

### **OBJECTIVES**

To overcome barriers to access for screening service amongst ethnic minority women.

### **METHOD**

1) Promotion on importance of Cervical/Pap smear screening in multilingual mode in the community 2) Women health advocate volunteer training 3) Cancer prevention workshops 4) Regular weekly Pap smear session particularly for the South Asian women.

### **INTERVENTIONS**

All the abnormal cases were followed up for treatment and referral outcomes were recorded.

### **RESULTS**

Total of 1,774 women attended cervical smear screening. The proportion of first time screening reduced from 49% in 2010 to 37% in 2014, similarly the abnormal cases reduced from 19% to 16%, and the ASCUS cases rate reduced from 6.3% to 5.1%

### **DISCUSSION**

A community based culturally sensitive health intervention can enhance uptake of cervical smear screening.

### **CONCLUSION**

In this 5 years first time cervical smear cases has decreased from 47% to 37% and the abnormality rate reduced, which is a good sign though still a relatively high number. Further in-depth research and continuity of the service to this vulnerable group is needed.

### **ACKNOWLEDGEMENT**

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# FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 34

## Clinic Vs Outreach Based Smoking Cessation Service for Ethnic Minorities and New Immigrants

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### INTRODUCTION

In 2013, UCNCHS initiated smoking cessation service for Ethnic Minorities and New Immigrants in Hong Kong, as an intervention to raise awareness and decrease smoking prevalence amongst the hard to reach and vulnerable group. Multilingual promotion and service was provided on clinic and outreach based mode.

**Clinic based service:** Pharmacological treatment, follow up and counseling provided at the clinic, during clinic opening hours.

**Outreach based service:** Counselling with/without low dose nicotine replacement therapy and follow up at out of clinic setting.

### OBJECTIVES

To assess quit rate between clinic based and outreach based smoking cessation service for ethnic minorities and new immigrants.

### METHOD

- All the cases were encouraged to use the clinic based service, however those who could not come to clinic due to various reasons such as time, location were provided outreach based service.
- All the cases were followed up at 26 and 52 weeks, then assessed on abstinence at self-reported 7-day point prevalence.
- Multifaceted follow up approach was adopted (face to face, telephone, voice/text message, email)
- Chi- square test was used to assess the difference amongst two groups.

### RESULTS

In 2013, 114 current smokers received the service for 52 weeks. Of which 15% received outreach based service and 85% received clinic based service. The abstinence rate between outreach Vs clinic based service was 35% Vs 38% at 26 weeks and 23% Vs 33% at 52 weeks. The abstinence rate at week 52, between clinic vs outreach service was statistically significant ( $p < 0.05$ ).

### CONCLUSION

Though the clinic based service has higher quit rate, the outreach based service was also effective. To adhere better compliance and encourage those intended to quit but failed due to access barrier, a pragmatic approach such as outreach based service at convenience may be needed to overcome the barrier.

### ACKNOWLEDGEMENT

The Tobacco Control office, Department of Health, Hong Kong

# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 35**

## **A Pilot Program on Self- monitoring Blood Glucose (SMBG) for Diabetes Mellitus (DM) Patients Using a Structured Glucose Log in Hong Kong East Cluster (HKEC) General Outpatients Clinics (GOPCs)**

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### **INTRODUCTION**

SMBG plays a role in assessing DM control and allows individual to evaluate their response to therapy and assess whether glycaemic targets are being achieved.

### **METHOD**

DM patients from 5 HKEC GOPCs were invited to join a 6 month SMBG program from April till Oct 2013. They were divided into 3 groups according to their level of DM control based on latest HbA1c result: satisfactory control (HbA1c<7.5%), sub-optimal control (HbA1c =7.5%-8.9%) and poor control (HbA1c≥9%). Each group of patients received tailored-made glucose logs with different recommended timing and frequency of SMBG according to their level of control. Every patient attended a class on SMBG technique with instruction on how to use the log.

A telephone survey was conducted at the end of the program to evaluate their views on SMBG and their willingness to make changes according to SMBG readings.

### **RESULT**

546 patients joined the SMBG program and 256 out of 546 patients completed the telephone survey. 246 (97%) out of 256 respondents agreed that SMBG is important in DM control. 228 (89%) respondents are willing to discuss their glucose logs with their health care team. 235 (92%) respondents agree they will make change on diet according to SMBG results and 197 (77%).

### **DISCUSSION**

Integrating SMBG results into diabetes management could be a useful tool for guiding health care professionals to make pharmacological choices and lifestyle modification advice as well as raising patient's awareness on self-empowerment of DM control.

# FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 36

## Hypertension Control and Treatment in Hong Kong – a Cross-Sectional Study

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### INTRODUCTION

Hypertension (HT) is the leading risk factor for global disease burden, and control of blood pressure (BP) is one of the most cost-effective methods to reduce premature cardiovascular morbidities and mortalities. This study aimed to review the control and treatment of HT patients in the public primary care setting in Hong Kong.

### METHOD

Cross-sectional retrospective study on anonymous clinical data of HT patients without diabetes managed in public primary care clinics of the Hospital Authority in 1 July 2012 – 30 June 2013 was conducted. Descriptive statistics were used to analyze the clinical profile and management pattern of the primary care hypertension population. The last available BP reading of each case by the end of study period was used for analysis.

### RESULTS

205,745 HT patients were included in this study; mean age was 68.5 years and 57.6% were female. Overall, 73.6% HT patients achieved optimal BP control (<140/90mmHg), 23.1% had SBP/DBP 140-159/90-99mmHg and 3.3% had SBP/DBP ≥160/100mmHg. 13.1% patients suffered from at least one HT complications (coronary heart disease, stroke, heart failure or end-stage renal disease) and 27.4% among this group had blood pressure >140/90mmHg. Concerning HT management, 2.2% patients were managed by lifestyle intervention alone; approximately half of the patients required two or more anti-hypertensive medications. Calcium channel blocker was the most common anti-hypertensive drug used, and calcium channel blocker plus β-blocker was the most popular drug combination.

### DISCUSSION

The standard of BP control among HT patients in HK public primary care is comparable with those achieved in developed countries such as the UK and USA. While this finding is reassuring, the significant proportion of patients with uncontrolled BP, especially those who had already developed complication(s), deserves our attention. A greater effort should be put into optimization of their management in order to attain the ultimate management goal – reduction of cardiovascular disease burden.

# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 37**

## **Managing Depressive Disorders in Primary Care Setting – Refer and where?: An Audit in a Family Medicine Clinic**

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### **INTRODUCTION**

Depressive disorders are common in Hong Kong. With growing needs of psychiatric healthcare services at General Out-Patient Settings, the Integrated Mental Health Program (IMHP) had been set up as a multidisciplinary team to empower and build the capacity in the management of common mental disorders in primary care level.

### **METHODS**

To review the management and pathway of care for patients with depressive disorders and evaluate the utilization of IMHP services, retrospective case review of patients who were diagnosed depression and prescribed selective serotonin reuptake inhibitors in our clinic in the period from May 2013 to October 2014 was performed. Their demographics, first presenting symptoms, treatment received, referral to other health care services and the waiting time were reviewed.

### **RESULTS AND DISCUSSION**

20 patients were identified, among which 75% of them were female (M:F = 5:15). Their average age was 52 years on presentation (ranged 30-67 years).

Majority of them (13, 65%) seek our clinic as the first point of contact for their mood conditions. After consultation at our clinic, nine patients were referred to the IMHP. The waiting time of first appointment at case manager at IMHP was 1-4 months (average 1.9 months), and doctor session at IMHP was 2-4 months (average 3 months), while that of Psychiatric SOPC ranged from 7-15 months (average 9.8 months).

Our health care system faces high demands from patients with depression and other common mental conditions. General Out-Patient Clinics are often the first point of contact for many of them. With prolonged waiting time at SOPC and enhanced training and resources at the primary care level, IMHP serves a faster track for these patients to receive more timely multidisciplinary management of their mood problems.



# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 38**

## **Risk Registry Enhancement in KCC FM & GOPC**

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### **INTRODUCTION**

A HA-Wide Advanced Incident Reporting System (AIRS) is used to report adverse events. In our department, a top three risk registry system is in-place, which acts as a central registry for risks identified by our department. A comprehensive AIRS data analysis and monitoring may facilitate our planning of department risk registry and enhance our clinical risk management.

### **METHOD**

The department's AIRS data recorded in our central office from year 2010 to 2013 were reviewed. AIRS data including the quantity and trend of incidents were recorded. Those incidents with high likelihood and impact were also highlighted. This forms an objective basis for risk registry development. After thorough discussion, 3 major risk areas in our department were selected as Department Top Three Risk Registry of our department in 2014.

### **RESULT**

The top three risk registry in our department in year 2014 includes medication safety, computer system failure and patient identification. After identification of the above areas, different strategies and risk-reduction actions were implemented. A Prescription Intervention Report System (PIRS) was implemented to monitor the potential prescribing risks in our department. Power system failure drills were conducted in each clinic to review staff's preparedness in situations of electricity and computer system failure. For patient identification, staff performance was monitored regularly by a half-yearly audit.

### **DISCUSSION**

A systematic application of AIRS data analysis can enhance the tasks of identifying, analyzing, evaluating, treating & monitoring risks in our department. It forms an objective basis for risk registry development. The governance of risk management in our department was enhanced.

# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 39**

## **Evaluating the Sustainability of Computer-based Cognitive Training Program for Older Adults with Cognitive Decline Managed in Primary Care Setting.**

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### **OBJECTIVE**

Studies on computer-based cognitive training for people with cognitive decline have reported positive benefits. This study aimed to evaluate the sustainability of clients' cognitive function after completion of a modified computer based cognitive training for 6 months.

### **METHODOLOGY**

A retrospective study was conducted in Yau Ma Tei Jockey Club Clinic Enhancement of Public Primary Care Services (EPPS) Occupational Therapy Centre during March, 2013-April, 2014.

Clients who were 65 years old or above, reported memory problem in daily functioning and completed 6-month cognitive reassessment.

Chinese Mini Mental State Examination (CMMSE) and Everyday Memory Questionnaire (EMQ) were the outcome measures.

### **RESULTS**

44 clients completed the 6-month cognitive reassessment and were selected into the data analysis. 72.7% were female. 50% of them have suffered from 2 or more comorbid chronic illnesses. 18 of them completed a course of computer based cognitive training.

No significant difference found within the intervention group (baseline CMMSE score: 22.94; 6-month CMMSE score: 23.94;  $t = -2.068$ ,  $p = 0.053$ ), this indicated clients' cognitive function could be sustained at 6-month interval. In contrast, significant difference was noted within control group (baseline CMMSE score: 19.73; 6-month CMMSE score: 18.42;  $t = 3.485$ ,  $p = 0.002$ ), their cognitive function deteriorated after 6 months.

### **CONCLUSION**

Our study showed that modified computer based cognitive training is effective in sustaining cognitive function for 6 months in older adults

# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 40**

## **Are you Choosing the Correct Antibiotic to Treat Male Urinary Tract Infection in Primary Care?**

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### **INTRODUCTION**

To describe the prevalence of organisms found in urine specimens in male patients presented with acute lower urinary tract symptoms in primary care clinics and to look for their susceptibility rate to the two widely recommended antibiotics namely Amoxicillin-Clavulanate and Nitrofurantoin in order to find out the best empirical antibiotic to treat male urinary tract infection in primary care setting.

### **METHODS**

This is a cross-sectional comparative study with entire male patients with acute lower urinary tract symptoms in three selected public primary care clinics in Kowloon East Cluster in 2013. We studied the prevalence of organisms found in the mid-stream urine specimens and their antibiotics susceptibility rate to Amoxicillin-Clavulanate and Nitrofurantoin.

### **RESULTS**

There were discrepancies in the prevalence of organisms in urine specimens and antibiotics susceptibility rate in the primary care compared with that in the regional hospital. The spectrum of organisms was wider in the primary care setting than that in the hospital. The prevalence rate of *Escherichia coli* was much lower than that found in the hospital. The overall susceptibility rate to Amoxicillin-Clavulanate was significantly better than Nitrofurantoin ( $p=0.033$ ) in the public primary care clinics which was not observed in the regional hospital.

### **DISCUSSION**

Antibiogram from the hospital might not be a very accurate reference for primary care. Treating male patients with urinary tract infections empirically with Amoxicillin-Clavulanate may have a higher chance of bacteriological cure in the primary care setting in Hong Kong.

# **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 41**

## **A Review on the Clinical Impact of Point of Care Capillary Blood Glucose Checking in Diabetes Patients in General Out-patient Clinics (GOPC)**

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### **INTRODUCTION**

All diabetes patients have point-of-care (POC) capillary blood glucose measured during follow up in KEC GOPCs. Despite this has been part of the routine clinical practice, it was not substantiated by any international guideline or research evidence. Therefore, it is important to review if the practice is clinically useful. Our objectives were to evaluate the proportion of patients with hypo- or hyper-glycaemic readings detected by POC capillary glucose measurement, and to evaluate the clinical impact of the test.

### **METHOD**

This was a retrospective review study conducted in two KEC GOPCs. A random sample of 784 out of 5962 diabetes patients who had follow-up visits from 1 May 2014 to 31 August 2014 were included in the study.

### **RESULTS**

There were 2741 consultations conducted for the 784 patients. The mean duration of diabetes was 7.44 years and their latest mean HbA1c was 6.84% (Range: 4.9%-15.5%). Only 31.2% patients were practising self- monitoring of blood glucose (SMBG).

Clinic capillary blood glucose levels ranged from 2.3mmol/L to 31.5mmol/L. Hypoglycaemia (capillary blood glucose level <4mmol/L) and hyperglycaemia with risk of ketoacidosis (capillary blood glucose level  $\geq 14$  mmol/L) were detected in 42 (1.5%) and 123 (4.5%) consultations respectively. Doctors intended to change the management (adjust medications/arrange earlier HbA1c test/follow up/refer to hospital) in 686 (25.0%) consultations for which there was no recent HbA1c available in 211(7.7%) consultations.

### **DISCUSSION**

Less than one-third of our GOPC patients were performing SMBG. POC capillary blood glucose measurement could detect patients with clinically significant hypoglycaemia or hyperglycaemia. The simple clinic test can also provide physicians with an important clinical parameter in addition to the HbA1c levels for a more timely diabetes management.

## **FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 42**

### **Is Smart Phone Based Telemonitoring on Blood Pressure among Hypertensive Patients in Primary Care Setting always Better than Usual Care? – A Randomized Controlled Trial**

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#### **INTRODUCTION**

Since 2012, a local clinic innovated by mobilizing community resources in conducting hypertension workshop and encouraging home blood pressure (HBP) monitoring. This study aims to evaluate whether hypertensives using smartphone-based BP telemonitoring will conduct more HBP-monitoring, better self-management behavior and greater reduction in BP from baseline to 6 months follow-up than those receiving usual care.

#### **METHODOLOGY**

210 hypertensive patients, recruited from a primary care clinic, satisfied the eligibility criteria and consented to block randomization to either control(N=105) or intervention(N=105). Both groups received identical 2-hours hypertension self-management workshop before randomization, encouraged to do HBP monitoring with control using paper BP recordings while intervention group had smartphone applications downloaded and taught HBP readings recording functions. Aside from automated message response features based on inputted BP readings, the apps also has reminder prompts to facilitate BP readings recordings. Data collection was performed at baseline, 3-months and 6-months post-intervention.

#### **RESULTS AND DISCUSSION**

Intention to treat were performed to 210 subjects who participated from January-December 2014. Both groups didn't differ with regards to baseline demographic characteristics and outcome variable. Self-efficacy for managing chronic disease (SEM-CD) and Morisky Medication Adherence Scale (MMAS) were used to assess patients' self-management behavior. Statistical improvements were seen in HBP monitoring compliance, mean average clinic and home SBP, self-efficacy and medication adherence within both groups but no statistical difference between groups. We conclude that smart-phone telemonitoring didn't show additional advantage in BP control and self-management behavior to usual care hypertensive patients in a primary care setting with robust pre-existing hypertension self-management program.

# FREE PAPER COMPETITION – ABSTRACTS OF POSTER PRESENTATION POSTER PRESENTATION 43

## **Categorisation of Chronic Obstructive Pulmonary Disease (COPD) Patients by Using a Combined Assessment Method Recommended in Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2013 Guideline – A Cross Sectional Study in a General Outpatient Clinic (GOPC).**

**Yeung SW, Chan PF, Lai KPL, Chow KL, Luk MHM, Chao DVK**

### **INTRODUCTION**

Since 2011, GOLD guideline introduced the use of combined assessment of COPD which included assessment of symptoms severity, assessment of airflow limitation and assessment of exacerbation risk. However, there is no related published data in primary care in Hong Kong which will be useful for devising the future policy of COPD management. The objectives of this study were to evaluate the prevalence of different COPD severity categories as defined by the GOLD 2013 guideline in a general outpatient clinic (GOPC) and to describe any differences in the categorization of COPD patients by using COPD Assessment Test (CAT) versus Modified Medical Research Council Dyspnoea Scale (mMRC). The adherence of pharmacological treatment to the guideline was also investigated.

### **METHOD**

This was a cross sectional study including all COPD patients who have attended one of the General Outpatient Clinics in Kowloon East Cluster from 1st January 2014 to 31st May 2014. CAT is a multidimensional questionnaire assessing different symptoms domains and health status related to COPD. It consists of 8 items with an overall score from 0 to 40. mMRC is a unidimensional symptom scale assessing only the degree of disability due to dyspnea. It was a 0-4 scale with Grade 4 represents the most severe category. They would undergo combined assessment following the GOLD 2013 guideline. The medical records of the participants were reviewed for comparison between the pharmacological treatment and the recommended management. Kappa coefficient ( $\kappa$ ) was used to interpret the extent of agreement between two symptom scales (CAT vs mMRC).

### **RESULTS**

139 subjects were included in the study. The mean age of the subjects was 73.36. 85.6% of them were male. The prevalence of COPD patients in group A and B were the highest. Using the CAT score, the prevalence of category A and B were 52.5%, and 24.5% respectively. On the basis of mMRC scale, the prevalence of category A and B were 51.8% and 25.2% respectively. There was moderate agreement for the GOLD categories ( $\kappa = 0.516$ ) and moderate correlation between CAT score and mMRC scale ( $p = 0.572$ ). 23.7% of the subjects were not receiving the recommended treatment.

### **DISCUSSION**

In view of the moderate agreement and correlation between CAT score and mMRC scale, same assessment tool should be used for symptom monitoring and categorisation. The addition of first choice drugs including long-acting bronchodilators, namely long-acting beta2-agonists (LABA), long-acting muscarinic antagonist (LAMA) and combined long-acting beta2-agonists/inhaled corticosteroids (LABA/ICS) into the GOPC drug formulary is recommended to improve adherence to recommended treatment.



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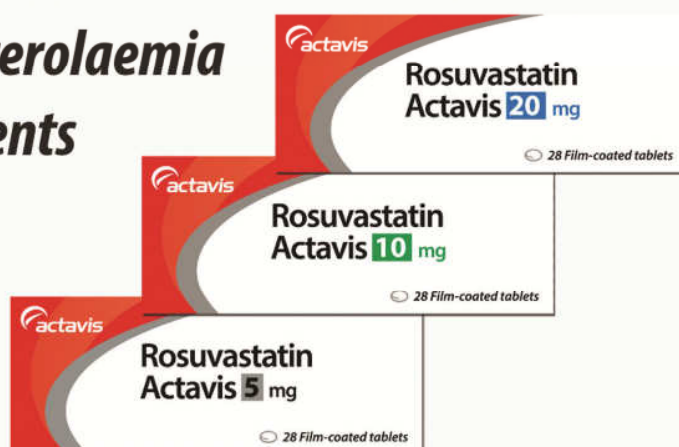


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