### **Digital Conference**







2020 Vision:

**Conference 2020** 

# Health for All

11 -13 September 2020 (Friday – Sunday)

PROGRAMME BOOK



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### Welcome Message

On behalf of the Hong Kong College of Family Physicians and Hong Kong Primary Care Conference 2020 Organizing Committee, it is with great pleasure that I invite you all to our first ever digital conference to be held from September 12-13, 2020 at the Hong Kong Academy of Medicine (HKAM) Jockey Club Building, Aberdeen, Hong Kong.

This year's theme, "2020 Vision: Health for All" guides our joint efforts to improve the standard of healthcare for everyone even through these trying times. As family physicians and healthcare providers, we will also exchange strategies to maintain our physical and mental health in the face of formidable challenges in order to help our patients and community stay healthy. Our conference is graced with the presence of three distinguished plenary speakers with deep expertise in their respective fields. We are honored to have Professor David Hui, an appointed expert in the group providing professional advice to the Chief Executive and the HKSAR Government on the preparedness and response plan for the Novel Infectious Disease of Public Health Significance. He will provide us with a timely update on the recent COVID-19 global pandemic. Professor Cindy Lam will speak on the importance of ongoing initiatives to promote mental health and wellness. Professor Terry Lum will share an effective collaborative model in supporting the elderly in our community who have, or are at a risk of having, mental health issues.

This annual hallmark conference to be held online will continue to serve as an inspiring platform in bringing together health experts, family physicians, dentists, nurses, allied health practitioners and other primary care providers to promote collaborative and networking opportunities. Furthermore, a wide array of interesting features will be added to our already exciting programs including pre-conference webinars and a timely discussion forum on a united front in tackling the challenge of the current COVID-19 global pandemic.

I welcome you all to yet another rewarding experience with this forthcoming conference.

Dr. Lorna NG

Oriairriari,

Organising Committee,

Hong Kong Primary Care Conference 2020



### Welcome Message from President

A very warm welcome to the Hong Kong Primary Care Conference 2020! This is the first ever digital conference in the history of our Conference. The format of holding the Conference has evolved, but the purpose of bringing clinical experts and practitioners from different fields across the various healthcare sectors for sharing and exchange of experiences and views on the current developments and future trends in primary care remains unchanged.

The theme of the Conference this year is "2020 Vision: Health for All", which encompasses our continuing effort in striving to provide quality healthcare to everyone in the community. Healthcare systems around the world are being challenged by the COVID-19 pandemic. The urge of shifting from a largely hospital-centred model to a high standard primary healthcare community-based approach is noticeable. Primary healthcare is the first point of contact for all patients. The ultimate goal is that health can be brought within reach of everyone in the community, i.e. "Health for All". We are extremely privileged to have the presence of many prominent speakers including: Prof. David S. C. Hui, Director of Stanley Ho Centre for Emerging Infectious Diseases and Chairman of Department of Medicine and Therapeutics, The Chinese University of Hong Kong, Prof. Donald K. T. Li, President of WONCA, Prof. Cindy L. K. Lam, Danny D. B. Ho Professor in Family Medicine and Head of Department of Family Medicine and Primary Care, The University of Hong Kong, and Prof. Terry Y. S. Lum, Henry G. Leong Professor in Social Work and Social Administration and Head of Department of Social Work and Social Administration, The University of Hong Kong, to share with us in the Conference, iust to name a few.

I would like to express my most sincere gratitude towards our fully committed Organising Committee led by Dr. Lorna Ng and the Conference Secretariat headed by Ms. Erica So for their hard work in putting together this very meaning annual Conference.

Wishing you all an inspiring and enjoyable meeting ahead!



4,

Dr. David V.K. CHAO

President

The Hong Kong College of Family Physicians



### **Organizing Committee**

**Chairlady:** Dr. NG Lorna

Advisors: Dr. CHAN Ming Wai, Angus

Dr. CHAO Vai Kiong, David Dr. FAN Yuen Man, Cecilia

Dr. LAU Ho Lim

Business Manager: Dr. CHIU Chi Fai, Billy

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Dr. YU Yee Tak, Esther (Coordinator)

Dr. LEE Kam Pui, Eric

Dr. LEUNG Lok Hang, Will

**Publication Subcommittee-**Dr. CHENG Ghar Yee, Judy (Coordinator)

Dr. CHENG Hei Wan, Lian

Dr. TSIM Koon Lan, Kathy

**Clinical Case Presentation** 

**Competition:** Dr. KWAN Yu (Coordinator)

Dr. CHOI Chuen Ming, Clarence

Poster Presentation Competition: Dr. WONG Chiu Lun, Aldo (Coordinator)

**Venue Coordinator:** Dr. SZE Pui Ka, Catherine

IT Coordinator: Dr. LUK Man Hei, Matthew

**Nurse Planners:** Ms. CHEUNG Yuk Hung, Kathy

Ms. CHONG Yuen Chun, Samantha

Allied Health Planner: Ms. FUNG Kim Yook, Brigitte

IT Advisor: Mr. CHAN Yat Leong, Boris



### **Conference Information**

Date : 11 – 13 September 2020 (Friday – Sunday)

Format : Digital Conference

Official Language : English

**Organizer**: The Hong Kong College of Family Physicians

Conference Secretariat : Scientific & Publication:

Ms. Suki Lung

**Exhibition & Advertisement:** 

Ms. Teresa Liu

Registration: Ms. Anna Ho

**QA Accreditation:** 

Mr. John Ma

General:

Ms. Erica So and Ms. Crystal Yung

**Contact Details** : Tel No. : (852) 2871 8899

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Email: hkpcc@hkcfp.org.hk

**Supported by** : HKCFP Foundation Fund



### Hong Kong Primary Care Conference 2020

### "2020 Vision: Health for All"

### **Conference Information**

Organized by : The Hong Kong College of Family Physicians
Date : 11 – 13 September 2020 (Friday - Sunday)

Official Language : English

### CME/CPD/CNE Accreditation

### **Accreditation for HKPCC 2020**

College/Programme	For the whole function	11/9/2020 Whole Day	12/9/2020 Whole Day	13/9/2020 Whole Day	CME/CPD Category
Anaesthesiologists	-	1	4	4	Non Ana
Community Medicine	8	1	4	3	PP
Dental Surgeons	-	1	3	4	Cat B
Emergency Medicine	-	1	4	3.5	PP
Family Physicians	9	1	5	3	Cat. 4.3
Obstetricians & Gynaecologists	5	1	3	3	Non OG
Ophthalmologists					
Orthopedic Surgeons					
Otorhinolaryngologists					
Paediatricians	-	1	3	3	Cat A
Pathologists	-	1	4	4	PP
Physicians	-	1	2	2	-
Psychiatrists	8.5	1	4	3.5	PPOP List B
Radiologists	-	1	4	4	Cat B
Surgeons	-	1	4	4	Passive
Prosthetist-Orthotists					
CEU (For HA Pharmacists)					
MCHK CME Programme	7	1	3	3	Passive
CNE (For Nurse)	-	1	4	4	=

### **Conference Secretariat**

 Tel No.
 : (852) 2871 8899

 Fax No.
 : (852) 2866 0616

 Email
 : hkpcc@hkcfp.org.hk

Contact Person : Ms. Erica SO / Ms. Crystal YUNG /

Ms. Suki LUNG / Ms. Teresa LIU / Ms. Anna HO

Contact Person for CME / CPD / CNE : Mr. John MA

**Supported by** : HKCFP Foundation Fund



### **Acknowledgement**

The organizing committee wishes to express our most sincere thank you to all parties who have helped to make the HKPCC 2020 a successful one.

### **Officiating Guests**

Prof. Sophia S.C. CHAN, JP

Secretary for Food and Health, HKSARG

Dr. David V.K. CHAO

President, The Hong Kong College of Family Physicians

### Plenary Speaker

Prof. David S.C. HUI

Chairman, Department of Medicine & Therapeutic, The Chinese University of Hong Kong

Prof. Cindy L.K. LAM, MH, JP

Danny D. B. Ho Professor in Family Medicine, The University of Hong Kong

#### Prof. Terry Y.S. LUM, PhD MSW

Henry G. Leong Professor in Social Work and Social Administration and Head of Department, Department of Social Work and Social Administration, The University of Hong Kong

### **Discussion Forum Speakers**

Dr. David V.K. CHAO

President, The Hong Kong College of Family Physicians

Prof. David S.C. HUI

Chairman, Department of Medicine & Therapeutic, The Chinese University of Hong Kong

Prof. Donald K.T. LI, SBS, JP

President, World Organization of Family Doctors (WONCA)

### Seminar Speakers

Dr. William C.W. WONG

Clinical Associate Professor & Chief of Research at Department of Family Medicine & Primary Care, The University of Hong Kong;

> Chief of Service, Departmental of General Practice, HKU-Shenzhen Hospital; Honorary Consultant, HK West Cluster, Hospital Authority

> > Dr. Catherine X.R. CHEN

Consultant, Department of Family Medicine and GOPC, Kowloon Central Cluster, Hospital Authority



### **Acknowledgement**

#### Dr. Benjamin FANG

Consultant Radiologist, Department of Radiology, Queen Mary Hospital, Hospital Authority

#### Ms. Heidi H.Y. CHENG

Prosthetist and Orthotist I, Pamela Youde Nethersole Eastern Hospital, Hospital Authority

#### Dr. Vincent Y.T. CHEUNG

President, Obstetrical and Gynaecological Society of Hong Kong

#### Dr. Charleen S.Y. CHEUNG

Associate Consultant, Department of O&G, Queen Mary Hospital, Hospital Authority

#### Dr. Kenneth K.F. FU

Specialist in Urology

### Workshop Speakers

#### Dr. LEE Chi Chung

Associate Consultant (ENT), Yan Chai Hospital, Hospital Authority

#### Ms. Brigitte K.Y. FUNG

Senior Physiotherapist, Kwong Wah Hospital, Hospital Authority

#### Mr. Alan C.H. CHEUNG

Hong Kong Registered Chinese Medicine Practitioner Lecturer, Teaching and Research Division, School of Chinese Medicine, Hong Kong Baptist University

#### Dr. Will L.H. LEUNG

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

#### Mr. Alex T.S. HUI

Registered Social Worker; Registered Arts Therapist; Registered Dance Therapist

### **Sponsored Seminar Speakers**

#### Dr. IP Tai Pang

Specialist in Endocrinology; Diabetes Consultant, Department of Medicine, Tung Wah Hospital

#### Prof. Alice P.S. KONG

Professor, Division of Endocrinology, Department of Medicine and Therapeutics,
The Chinese University of Hong Kong

#### Dr. Leighton KEARNEY

Senior Cardiologist and Director of Heart Failure and New Models of Care, Genesis Care, Australia



### Acknowledgement

#### Dr. Matthew K.Y. WONG

Specialist in Respiratory Medicine Hon. Clinical Assistant Professor of the University of Hong Kong

#### Dr. WONG Wai Lun

Specialist in Cardiology

#### Dr. AU YEUNG Yick Cheung

Specialist in Endocrinology, Diabetes and Metabolism

#### Dr. Victoria TAN

Clinical Associate Professor, Department of Medicine, The University of Hong Kong

#### Dr. TSOI Tak Hong

Specialist in Neurology Co-Director and Honorary Consultant of the Neurology Centre, Hong Kong Sanatorium & Hospital

#### Dr. Elaine Y.K. CHOW

Clinical Assistant Professor, Phase 1 Clinical Trial Centre, Department of Medicine and Therapeutics, The Chinese University of Hong Kong

#### Dr. Jason L.K. CHAN

Specialist in Cardiology

#### Dr. Jacky W.K. LAM

Specialist in Otorhinolaryngology; Clinical Lecturer, Department of Chemical Pathology and Department of Otorhinolaryngology, Head and Neck Surgery, The Chinese University of Hong Kong

#### Dr. Danny H.F. CHOW

Specialist in Cardiology

#### Prof. Juliana CHAN

Professor of Medicine and Therapeutics; Director, Hong Kong Institute of Diabetes and Obesity, The Chinese University of Hong Kong, Hong Kong

### Judges of Full, Trainee Research Paper Competition

#### Prof. LAM Tai Pong

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

#### **Prof. Albert LEE**

Director, Centre for Health Education and Health Promotion; Professor, JC School of Public Health and Primary Care, The Chinese University of Hong Kong

#### **Prof. Doris YOUNG**

Professor, Yong Loo Lin School of Medicine, National University of Singapore; Head of Department of Family Medicine, National University Health System



### **Acknowledgement**

### Judges of Free Paper Competition - Poster Presentation

### Ms. Kathy Y.H. CHEUNG

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

#### Dr. Maria K.W. LEUNG

Consultant, Department of Family Medicine, New Territories East Cluster, Hospital Authority; Council Member, The Hong Kong College of Family Physicians

### Judges of Free Paper Competition - Oral Presentation

#### Dr. Cecilia Y.M. FAN

Specialist in Family Medicine; Vice President (Education & Examinations), The Hong Kong College of Family Physicians

#### Prof. Martin C.S. WONG

Professor, Family Medicine and Primary Healthcare, The JC School of Public Health and Primary Care,
Faculty of Medicine, The Chinese University of Hong Kong
Professor (Adjunct), The School of Public Health, Peking University
Professor (Adjunct), The Chinese Academy of Medical Sciences and Peking Union Medical Colleges

### **Judges of Clinical Case Presentation Competiton**

#### Dr. David V.K. CHAO

President, The Hong Kong College of Family Physicians

#### Ms. Samantha Y.C. CHONG

Nursing Director, HKU Health System, Li Ka Shing Faculty of Medicine, The University of Hong Kong; Immediate Past President, Hong Kong College of Nursing & Health Care Management

### Secretarial Support

#### Ms. Suki LUNG

Scientific & Publication

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Registration

### Ms. Erica SO / Ms. Crystal YUNG

General



### **Acknowledgement**

### **Sponsors**

### **Sponsored Seminar**

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### Scientific Programme at-a-glance

DATE	11 September 2020 (Friday) Pre-Conference			
19:30 - 20:30	Sponsored Seminar 1	A Case-Based Approach for Management of Osteoporosis in Primary Care	Speaker: Dr. IP Tai Pang Chairperson: Dr. Billy C.F. CHIU	
	Sponsored Seminar 2	Translating Evidence to Practice: Declaring the Early Cardio-Renal Protection in People with Type 2 Diabetes (T2D)	Speaker: Prof. Alice P.S. KONG Chairperson: Dr. Lorna V. NG	

DATE TIME	12 September 2020 (Saturday) Day 1			
	Sponsored Seminar 3	From Hospital to Community – The Role of the Family Physician in Managing Heart Failure Patients	Speaker: Dr. Leighton KEARNEY Chairperson: Dr. Lian H.W. CHENG	
14:00 - 14:45	Sponsored Seminar 4	Beyond the Guidelines - Optimizing Management & Patient's Quality of Life in Asthma	Speaker: Dr. Matthew K.Y. WONG Chairperson: Dr. Esther Y.T. YU	
	Sponsored Seminar 5	Triple Action for Hypertension and High Heart Rate Management	Speaker: Dr. WONG Wai Lun Chairperson: Dr. Eric K.P. LEE	
14:45 - 15:00	Break			
15:00 - 15:15	Opening Ceremony			
15:15 - 16:00	Plenary I	Update on Community Outbreak of COVID-19	Speaker: Prof. David S.C. HUI Chairperson: Dr. LAU Ho Lim	
16:00 - 16:45	Plenary II	Promote Mental Health and Wellness at All Times	Speaker: Prof. Cindy L.K. LAM Chairperson: Dr. LAU Ho Lim	
16:45 - 17:25	Sponsored Seminar 6	The Use of Ultra-Long Acting Basal Insulin in Primary Care	Speaker: Dr. AU YEUNG Yick Cheung Chairperson: Dr. Will L.H. LEUNG	
	Sponsored Seminar 7	The Prevalence, Causes, and Treatment of Gastrointestinal Reflux Disease	Speaker: Dr. Victoria TAN Chairperson: Dr. Esther Y.T. YU	
	Sponsored Seminar 8	Breakthrough in Migraine Management	Speaker: Dr. TSOI Tak Hong Chairperson: Dr. Lorna V. NG	
	Discussion Forum	COVID-19 Global Pandemic: Unity in Meeting the Challenge	Speaker: Dr. David V.K. CHAO, Prof. David S.C. HUI, Prof. Donald K.T. LI Chairperson: Dr. Alvin C.Y. CHAN	
17:25 - 18:40	Free Paper - Oral Presentation (Part I)	<b>Various Speakers</b> Chairperson: Dr. CHIANG Lap Kin		
	Sponsored Seminar 9	1. Minimising Hypoglycaemia with Newer Generations of Long-acting Insulin Analogues	Speaker: Dr. Elaine Y.K. CHOW	
		2. Latest Guideline on Management of Hypertension	Speaker: Dr. Jason L.K. CHAN Chairperson: Dr. Catherine P.K. SZE	
	Workshop 1	Exercise Prescription for Sleep Disordered Breathing	Speaker: Dr. LEE Chi Chung, Ms. Brigitte K.Y. FUNG Chairperson: Dr. Kathy K.L. TSIM	



TIME DATE	13 September 2020 (Sunday) Day 2				
09:00 - 10:15	Seminar A	Patient Engagement: Strategies to Improve Health among Ethnical Minority Patients in Hong Kong	Speaker: Dr. William C.W. WONG, Dr. Catherine X.R. CHEN Chairperson: Dr. Clarence C.M. CHOI		
	Free Paper - Oral Presentation (Part II)	Various Speakers Chairperson: Dr. CHIANG Lap Kin			
	Clinical Case Presentation Competition	<b>Various Speakers</b> Chairperson: Dr. KWAN Yu			
	Workshop 2	Pain Management When East Meets West	Speakers: Mr. Alan C.H. CHEUNG, Dr. Will L.H. LEUNG Chairperson: Dr. Catherine P.K. SZE		
10:15 - 11:30	Seminar B	Advanced Technology in Primary Care	Speakers: Dr. Benjamin FANG, Ms. Heidi H.Y. CHENG Chairperson: Ms. Brigitte K.Y. FUNG		
	Seminar C	Clinical Update on Gynaecological Disease Management in Primary Care	Speakers: Dr. Vincent Y.T. CHEUNG, Dr. Charleen S.Y. CHEUNG Chairperson: Dr. Esther Y.T. YU		
	Workshop 3	Expressive Arts Therapy for Yourself and Your Patient	Speaker: Mr. Alex T.S. HUI Chairperson: Dr. Eric K.P. LEE		
11:30 - 12:10	Sponsored Seminar 10	Liquid Biopsy for Early Cancer Detection - The Nasopharyngeal Cancer model	Speaker: Dr. Jacky W.K. LAM Chairperson: Dr. Judy G.Y. CHENG		
	Sponsored Seminar 11	Enhancing Hypertension Management: From Control to Protection	Speaker: Dr. Danny H.F. CHOW Chairperson: Dr. Lorna V. NG		
	Sponsored Seminar 12	A Paradigm Shift for Early Detection and Intervention in Type 2 Diabetes for Long Term Benefits	Speaker: Prof. Juliana CHAN Chairperson: Dr. Kathy K.L. TSIM		
12:10 - 12:55	Plenary III	Building a Healthier Community: The Effectiveness of the JC JoyAge Non-Pharmacological Intervention for Community Dwelling Older Adults with Depression  Speaker: Prof. Terry Y.S. LUM Chairperson: Dr. William C.W. WO			

#### 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.



### Plenary I

### **Update on Community Outbreak of COVID-19**



### **Professor David S.C. HUI**

MBBS, MD, FRACP, FRCP (Lond, Edin, Glasg), FHKCP, FHKAM

Chairman, Department of Medicine & Therapeutic, The Chinese University of Hong Kong

Prof. David Hui is the Chairman of Department of Medicine & Therapeutics in addition to being the Stanley Ho Professor of Respiratory Medicine and the Director of the Stanley Ho Centre for Emerging Infectious Diseases, The Chinese University of Hong Kong (CUHK). He undertook undergraduate medical training at the University of New South Wales in 1980-85 followed by postgraduate training in Respiratory & Sleep Medicine in Sydney, Australia. He has joined the CUHK as an academic clinician since 1998 and is based at the Prince of Wales Hospital, HK where a major outbreak of SARS occurred in 2003. Since 2004, he has frequently served as an advisor to the WHO on the clinical management of emerging severe acute respiratory infections (SARI) including avian influenza, pandemic influenza, MERS and COVID-19. He joined urgent WHO missions for the investigation of MERS outbreaks in Riyadh and South Korea in 2013 and 2015 respectively. Prof. Hui has published well over 300 peer-reviewed journal articles and 24 book chapters. His research interests include the clinical management of SARI, safety of respiratory therapy in the post SARS era, prevention of nosocomial transmission of respiratory infections, and study of ventilation/exhaust design in hospital isolation room.

On 31 Dec 2019, unusual cases of pneumonia in Wuhan, China were reported to the World Health Organization (WHO). A novel coronavirus, later named as severe acute respiratory syndrome coronavirus 2 (SARS-CoV2), was found to be the cause of this outbreak on 7 Jan 2020. Despite lockdown of Wuhan city on 23 Jan 2020, the outbreak quickly spread throughout China and many other countries by travellers from Wuhan. The outbreak was declared a Public Health Emergency of International Concern on 30 January 2020 and the WHO announced name on 11 Feb 2020 for the new coronavirus disease as COVID-19. On 11 March 2020, the WHO announced the extent and evolution of the global outbreak of COVID-19 as reaching a pandemic. Within 9 months, over 26 million people have been infected globally, with over 870,000 deaths.

The clinical experience in managing the outbreak of SARS in 2003 in Hong Kong has facilitated the management of COVID-19 in 2020. In addition to having a much safer work environment equipped with double door negative pressure isolation rooms, healthcare workers are familiar with infection control and prevention measures, wearing surgical masks in low risk areas and upgrading to airborne precaution with N95 masks, protective gowns, eye shield and gloves when managing high risk patients or performing aerosol generating procedures in the isolation rooms. No nosocomial transmission of COVID-19 has occurred so far in the hospital setting related to caring of patients with COVID-19.

Containment measures were implemented effectively in HK since Jan 2020 to limit the spread of COVID-19 imported to the community in phases 1 and 2. These include a) early isolation of suspected and confirmed cases; b) quarantine of close contacts and HK citizens who have returned from high risk areas for 14 days; c) social distancing measures (eg cancellation of mass gathering events, school closure, restrictions in restaurants and office at home); d) good personal hygiene (eg wearing of a surgical mask in public transport/crowded areas and hand hygiene); and e) enhanced laboratory surveillance in testing for in-patients and out-patients with febrile respiratory illness for SARS-CoV2. However, due to public fatigue with some of these measures and lifting of restrictions in restaurants on 19 June 2020, together with exemption from testing of seafarers and aircrew before 8 July 2020, a big third wave has occurred in HK since 5 July 2020 with multiple clusters involving different walks of life. The progressive reintroduction of social distancing measures has worked less effectively when the virus has penetrated deeply in the community. Tight border control for prevention of imported cases, construction of temporary isolation hospital facilities in preparation for the next waves, enhanced testing capacity, and cautious implementation of social distancing measures are important for control of COVID-19 before vaccines are readily available.

Primary care practitioners can play important roles in managing COVID-19 through screening of patients with URTI symptoms for COVID-19, participation in universal community testing programme, management of mild/asymptomatic cases at the community treatment centers, and COVID-19 vaccination programme, in addition to offloading the public system by managing patients with stable chronic diseases.



### Plenary II

### Promote Mental Health and Wellness at All Times



### Professor Cindy L.K. LAM, MH, JP

MBBS(HK), MD(HK), FHKAM(Family Medicine), FRCGP, Specialist in Family Medicine Danny D. B. Ho Professor in Family Medicine, The University of Hong Kong

Professor Cindy L. K. Lam MH, JP, is Danny D. B. Ho Professor in Family Medicine and Head of the Department of Family Medicine and Primary Care, the University of Hong Kong. She is Chief Censor of the Hong Kong College of Family Physicians. In her capacity as the Asia Pacific Vice-Chair of the WONCA Working Party for Mental Health (WWPMH), she actively promotes the integration of mental health into primary care in the region. She is a co-author of the WWPMH Guidance on Core Competence in Primary Mental Health Care and Medically Unexplained Symptoms. She was Master Faculty of the WONCA-California Academy of Family Physicians-Healthcare Performance Consulting Asia Pacific Train-the-Trainer Courses on Improving Our Care for Patients with Depression and Anxiety. Her main research interests are primary mental health care, health-related quality of life measurement and primary care services quality and outcome evaluation. She has over 340 peer-reviewed journal articles and book chapters.

Mental health problems, particularly depression, are becoming one of the most common non-communicable diseases in the 21<sup>st</sup> Century. It is one of the top three causes of morbidity in the world in both developed and developing regions. Research has shown that less than 30% of the people suffering from depression are receiving the needed treatment. Self, social and professional stigma often deters patients from seeking help for their mental illnesses. Many people in distress present to primary care with a variety of physical symptoms, which provide an opportunity for early detection and interventions of their mental health problems.

The WHO and WONCA have recognized primary care as the key to mental health for all and advocated the integration of mental health into primary care. The WWPMH Guidance on Core Competence in Primary Mental Health Care has identified six competencies that family doctors must have. The first is a positive attitude towards the value of mental health; the second is effective communication with patients in distress; the third is the ability to diagnose mental health problems early; the fourth is the skills of applying the appropriate non-drug and drug treatments to the management of mental health problems; the fifth is the capability to collaborate with other professional and community services to meet the needs of the patient; and the sixth is reflective practice to maintain one's own well-being. This presentation will illustrate with a real patient example on how the family doctor applies these core competencies to achieve the goal of promoting mental health and wellness at all times.



### Plenary III

# Building a Healthier Community: The Effectiveness of the JC JoyAge Non-pharmacological Intervention for Community Dwelling Older Adults with Depression



### Professor Terry Y.S. LUM, PhD MSW

Henry G. Leong Professor in Social Work and Social Administration and Head of Department, Department of Social Work and Social Administration, The University of Hong Kong

Professor Terry Lum is the Henry G. Leong Professor in Social Work and Social Administration and the Head of the Department of Social Work and Social Administration at the University of Hong Kong. His research focuses on long-term care, productive aging, and geriatric mental health. He is a key advisor to the Hong Kong Government in long-term care policy and has led the development of new assessment instrument and service matching formula for long-term care for frail older adults in Hong Kong. He is currently directing the JC JoyAge Program that provides community based nonpharmacological intervention for older adults with depression. Professor Lum is a member of the WHO's Consortium on Metrics and Evidence for Healthy Aging and Global Network on Long-term Care. Professor Lum was a tenured professor in the University of Minnesota in the United States before he joined HKU. He was elected as a Fellow by the Gerontological Society of America in 2011 and was awarded the Career Leadership Award by the Association of Gerontology Education in Social Work in 2016. Professor Lum is the Editor for Asia and Australasia of the Journal of Aging and Mental Health.

The JC JoyAge is a collaborate stepped care intervention for older people at risk of or have depressive symptoms. Between September 2016 and December 2019, the intervention was implemented in four districts in Hong Kong. The project is expanded to cover 12 districts between 2020 and 2021. It will be expanded to all 18 districts by 2023. This paper will present findings on the effectiveness of the intervention based on data collected between 2016 and 2019, from 3,240 older adults who completed the intervention and 354 older adults in the control group who completed a 12-month follow-up study. Controlled for demographic, risk factors, and baseline mental health and cognition, for participants who were at risk or with mild depressive symptoms at baseline, logistic regression revealed that the JoyAge intervention was 5.7 times more effective in preventing them from deterioration at follow-up than service as usual (OR=5.74, 95% Cl: 3.81, 8.65). For participants who had moderate or more severe depressive symptoms at baseline, the JoyAge intervention was also 3.5 times more effective in treating these symptoms, defined as 50% reduction on PHQ-9 total score and severity level decreased to mild or below, than service as usual (OR=3.55, 95% Cl: 2.10, 5.98). The results suggested that compared to service as usual, the JoyAge stepped-care model was more effective in both prevention of depression among those who were at risk or with mild depressive symptoms, and treatment of depression among those who had moderate or more severe depressive symptoms.



### **Discussion Forum**

# COVID 19 Global Pandemic: Unity in Meeting the Challenge



### Dr. David V.K. CHAO

MBChB(Liverpool), DCH(London), DFM(CUHK), DOM(CUHK), MFM(Monash), DipClinDerm(London), DCD(Cardiff), MScClinDerm(Cardiff), FRCGP, FHKAM(FM)

President, The Hong Kong College of Family Physicians, Hong Kong

Dr. David Vai-kiong Chao is a Family Medicine Specialist and is the President of The Hong Kong College of Family Physicians. Dr. Chao serves as the Editor of the Hong Kong Practitioner (the official journal of the Hong Kong College of Family Physicians), the Chairman of External Affairs, and an experienced examiner of the Conjoint Fellowship Examination and Exit Examination of the College. He is an Honorary Clinical Associate Professor of the University of Hong Kong and the Chinese University of Hong Kong, teaching both undergraduate and postgraduate courses.

After completing his vocational training in the UK, Dr. Chao has worked as a full-time academic and then in private practice before joining the public sector in Hong Kong to kick-start the Family Medicine vocational training programme. Dr. Chao is currently the Chief of Service and Consultant, Department of Family Medicine and Primary Health Care, United Christian Hospital and Tseung Kwan O Hospital, Kowloon East Cluster, Hospital Authority, Hong Kong. Being the Postgraduate Family Medicine Training Director for Kowloon East Cluster of hospitals, in addition to providing supervision and training to the residents, he is responsible for recruiting resident trainees, organizing Family Medicine training activities and rotations to other specialties during the Family Medicine Vocational Training. As the Chairman of the Coordinating Committee (Family Medicine) of the Hospital Authority (HA), Dr. Chao is actively involved in HA's Family Medicine service planning and development.

Dr. Chao serves as a member in various government committees, e.g. Advisory Committee for Regulatory Standards for Private Healthcare Facilities, Advisory Group on Antibiotics Stewardship in Primary Care, Cancer Expert Working Group on Cancer Prevention and Screening, Working Group on Colorectal and Breast Cancer Screening, Working Group on Colonoscopy Services, Colorectal Cancer Screening Pilot Programme Task Force, Grant Review Board of the Health and Medical Research Fund, Assessment Panel for Commissioned Research to Support Local Cohorts and Follow-up Studies. Dr. Chao has special interests in chronic disease management, consultation skills training, smoking cessation, community dermatology, and primary care research.



### **Professor David S.C. HUI**

MBBS, MD, FRACP, FRCP (Lond, Edin, Glasg), FHKCP, FHKAM
Chairman, Department of Medicine & Therapeutic, The Chinese University of Hong Kong

David Hui is the Chairman of Department of Medicine & Therapeutics in addition to being the Stanley Ho Professor of Respiratory Medicine and the Director of the Stanley Ho Centre for Emerging Infectious Diseases, The Chinese University of Hong Kong (CUHK). He undertook undergraduate medical training at the University of New South Wales in 1980-85 followed by postgraduate training in Respiratory & Sleep Medicine in Sydney, Australia. He has joined the CUHK as an academic clinician since 1998 and is based at the Prince of Wales Hospital, HK where a major outbreak of SARS occurred in 2003. Since 2004, he has frequently served as an advisor to the WHO on the clinical management of emerging severe acute respiratory infections (SARI) including avian influenza, pandemic influenza, MERS and COVID-19. He joined urgent WHO missions for the investigation of MERS outbreaks in Riyadh and South Korea in 2013 and 2015 respectively. Prof Hui has published well over 300 peer-reviewed journal articles and 24 book chapters. His research interests include the clinical management of SARI, safety of respiratory therapy in the post SARS era, prevention of nosocomial transmission of respiratory infections, and study of ventilation/exhaust design in hospital isolation room





### **Professor Donald K.T. LI**

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

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 World Organization of Family Doctors (WONCA). He is the Censor of the Hong Kong College of Family Physicians. He is the Past President of the Hong Kong Academy of Medicine and Chairman of the Governing Board of Hong Kong Jockey Club Disaster Preparedness and Response Institute.

Dr. Li is an active member of many Hong Kong governmental, non-government organization and public health bodies. He is the Chairman of the Hong Kong Sheng Kung Hui Welfare Council, Director of Bauhinia Foundation Research Centre, a policy thinktank, Director of the Hong Kong St. John Ambulance Association and member of Hong Kong St. John Ambulance council, Honorary Steward of Hong Kong Jockey Club, member of the Steering Committee on Primary Healthcare Development of Food & Health Bureau, member of the Chief Executive's Council of Advisers on Innovation and Strategic Development, Chairman of Professional Committee on Medical Health of Belt and Road General Chamber of Commerce, Member of Slope Safety Communication Strategy Advisory Committee of Civil Engineering and Development Department, Honorary Advisor of Agency for Volunteer Service.

Dr. Li also dedicates much of his professional time to academia and teaching in China. He is Honorary Professor of Shanghai Medical College of Fudan University, Honorary Professor of School of Medicine and Honorary Medical Superintendent of Department of General Practice of Shanghai Tongji University, a workshop of General Practice in Shanghai East Hospital, Adjunct Professor of School of Medicine of Zhejiang University, President of World Association of Chinese General Practitioners, Honorary Advisor of Shanghai Huashan Worldwide Medical Center, Chairman of Advisory Committee of Shanghai General Practice Medical Education & Training Centre of Shanghai University of Medical & Health Science. He was awarded Shanghai Magnolia Silver Award by Shanghai Municipal People's Government on 2017 and the Fok Ying-Tung Prize –The World Outstanding Chinese Doctor Award in 2019. He is a registered Mainland China medical practitioner and has contributed to the training and development of family medicine in mainland for over twenty years.

The COVID 19 pandemic has been the most pressing global health crisis in the past 9 months. The health care sectors must unite to tackle the crisis. Primary Care colleagues are an important force in this battle. The Organizing Committee is very honored to have 3 distinguished guests, Prof. Hui Shu Cheong, David, Prof. Li Kwok Tung, Donald and Dr. Chao Vai Kiong, David, to come to this Discussion Forum to share their views with the audience.

Professor Hui will give us an overview of the crisis, Prof. Donald Li will give us some global perspective and Dr. David Chao will share with us what is happening in the local primary care sector. Their presentation will be followed by a panel discussion with the audience, led by our moderator, Dr. Chan Chung Yuk, Alvin. We will focus our discussion on how the primary care sector can contribute to the pandemic and the deficient areas for improvement.



### Seminar A

# Patient Engagement: Strategies to Improve Health among Ethnical Minority Patients in Hong Kong



### Dr. William C.W. WONG

MB ChB (Edin) MD (Edin) MA (Dist. Lon) MPH (CUHK) DFFP (UK) DCH (Lon) DHCL (Swansea) FRCGP (UK) FRACGP (Aus) MFTM RCPS (Glasg) honMFPH (UK)

Clinical Associate Professor & Chief of Research at Department of Family Medicine and Primary Care, The University of Hong Kong; Chief of Service of Department of GP, HKU–Shenzhen Hospital, China PRC; Honorary Consultant, Hong Kong West Cluster, Hospital Authority, Hong Kong.

Dr. William Wong is an untiring educator and advocate in Family Medicine and Primary Care. He was the Director of GP & Primary Care Education at The University of Melbourne (2007–2010), and Advisory Professor of Fudan University, China. With over 150 peer-reviewed publications, his contributions to infectious diseases, health promotion and health equity have led to international recognition. He advised WHO West Pacific Office on sexual health issues which resulted in a number of international guidelines. He was the founder and now Emeritus Advisor to the WONCA Health Equity Special Interest Group. He was PI of 24 competitive research grants (awarded >HK\$30million) and several commissioned projects by NIH, Hong Kong SAR and Australian governments.



#### Dr. Catherine X.R. CHEN

LMCHK, FHKCFP, FRACGP, MRCP(UK), PhD (Medicine, HKU), FHKAM (Family Medicine)

Consultant, Department of Family Medicine and GOPC, Kowloon Central Cluster, Hospital Authority

Dr. Catherine Chen obtained her PhD in Medicine from HKU in 2002 and joined HKCFP in 2004. She became a member of Royal College of Physician of United Kingdom in 2007 and a fellow of HKAM (Family Medicine) in 2011. She now works as Consultant in the Hospital Authority and is Honorary Clinical Associate Professor of JC School of Public Health & Primary care of CUHK. With her special interest in primary care research, Dr. Chen was the winner of Best Research Paper Award at Hong Kong Primary Care Conference in 2013 and 2015 and Best Research Paper Award of HKCFP in 2016.

Hong Kong is "Asia's World City" with vibrant culture mix and diversity. According to census in 2011, about 5% of the local inhabitants are from ethnic minorities groups, particularly South Asia. Yau Ma Tei Jockey Club (YMYJC) GOPC at Central Kowloon is where most of the South Asian minorities including Indians, Nepalese, and Pakistanis, reside. Previous studies have shown that chronic disease, i.e. diabetes (DM) and hypertension (HT), affect certain EMGs differently. Differences in health care systems, limited access to health services, and social deprivation can further compound the risk of developing diabetes and its complications. A clinical audit on chronic disease control (DM and HT) among EMG patients was carried out in YMTJC GOPC in 2013-15. Compared with Chinese DM and HT patients, EMGs patients were much younger but more obese. Deficiencies existed in the comprehensive management of chronic diseases, particularly the glycemic and blood pressure control. A series of improvement strategies promoting the care for EMG patients etc. had been implemented since 2014, including internet resources for health information in multilanguages; standardization and alignment of interpreter services; training and collaboration with NGOs; ethnical diet counselling and set up of chronic disease evening clinic to cater for patients who could not attend regular daytime FU due to working necessities etc. Through a team approach including enhanced culturally competent health promotion and culturally tailored health care interventions, their chronic disease control has been significantly improved.

A cross-sectional survey comprising of 6 domains such as health status, health-seeking behaviour, social experiences targeted at adult African asylum seekers and refugees (ASRs) living in Hong Kong was conducted through three local non-governmental organisations to identify the health practices, problems and needs of African ASRs in Hong Kong to inform policy and programming using the WHO's social determinants of health framework. We contend that the host government has a moral and ethical obligation to attend to health needs of ASRs. Based on our findings, we would recommend changes to current policies to allow refugees the right to work and improving access to healthcare for ASRs in Hong Kong.



### Seminar B

### **Advanced Technology in Primary Care**



Dr. Benjamin FANG

FHKAM(Radiology), FHKCR, FRCR, MBBS (HKU)

Consultant Radiologist, Department of Radiology, Queen Mary Hospital, Hospital Authority

Dr. Benjamin Fang is a Consultant radiologist in Queen Mary Hospital. Apart from providing diagnostic and interventional services in the hospital, he has a strong interest in IT related matters and codes in his spare time. He serves in a multitude of IT related roles in the hospital, Hong Kong College of Radiologists and Hospital Authority Head Office, where he works at both the administrative and also the technical level. He has worked closely with Hospital Authority Head Office in developing artificial intelligence tools which had been successfully put to everyday use in radiology departments.

#### **Artificial Intelligence in Radiology**

The development of AI has made great strides in the past decade. In certain computer vision tasks, AI had already surpassed human performance. In radiology, AI is poised to dramatically alter the way things work. In this session, the speaker will briefly cover some of the recent advances in AI in radiology. He will also share with us his work with HAIT&HI in using AI to triage non-urgent CXR requested by GOPCS which had led to dramatically reduced report turn-around time for exams that warrant early clinical attention.



### Ms. Heidi H.Y. CHENG

Prosthetist and Orthotist, Pamela Youde Nethersole Eastern Hospital, Hospital Authority

Ms. Heidi CHENG graduated from The Hong Kong Polytechnic University with a Bachelor degree in Biomedical Engineering in 2012 and The Chinese University of Hong Kong with a Master degree in Geriatric Orthopaedics in 2016. She is a Certified Prosthetist and Orthotist (HK) who has worked as a Prosthetist-Orthotist in Pamela Youde Nethersole Eastern Hospital (PYNEH) since 2012. She is actively involved in the 3D printing team in P&O department of PYNEH to provide 3D design and printing service.

#### Application of 3D Printing in Clinical Setting

3D printing is the additive manufacturing process of making three dimensional solid objects from a digital file. Different industries including the medical field have been benefited and enhanced through the utilization of 3D printers. 3D printing applications in clinical setting cover various aspects, including development of custom-made prostheses, assistive devices, surgical cutting/drilling guides/tools, as well as patient-specific models of bones, organs and blood vessels, etc. These applications allow both the healthcare professional and patient an evolving experience from assessment, planning to treatment compared with the past.

In this session, you will obtain more information on:

- 1. Introduction of 3D printing technology
- 2. Current practice and applications of 3D printing in the medical and P&O field
- 3. Future possible development of 3D printing applications in primary care



### Seminar C

### Clinical Update on Gynaecological Disease Management in Primary Care



### Dr. Vincent Y.T. CHEUNG

MBBS, FRCOG, FHKCOG, FHKAM (O&G), FRCSC

President, Obstetrical and Gynaecological Society of Hong Kong

Dr. Cheung graduated from the Faculty of Medicine at HKU. He underwent obstetrics and gynaecology training in Hong Kong and obtained Fellowship of the Royal College of Obstetricians and Gynaecologists from the United Kingdom in 2001. He is also a Fellow of the Royal College of Physicians and Surgeons of Canada in Obstetrics and Gynaecology in Canada and had been working in Canada for over 20 years. One of his area of interest is on sexual medicine. He is a Certified Sex Therapist from the Hong Kong Association of Sexuality Educators, Researchers & Therapist, and is a Fellow of the European Committee of Sexual Medicine.

Dr. Cheung is currently working as Clinical Associate Professor at the Department of Obstetrics and Gynaecology, HKU and is the President of the Obstetrical and Gynaecological Society of Hong Kong.

#### Approach to Female Sexual Problems in Primary Care Setting

The objectives of this lecture are to promote awareness of women's sexual health in primary care setting and to outline the approach to the management of sexual health problems.

This lecture will cover the types of female sexual dysfunction, the approach to the identification of women with sexual problems and the related management.



### Dr. Charleen S.Y. CHEUNG

MBBS (HK), MRCOG, FHKCOG, FHKAM (O&G)

Associate Consultant, Department of O&G, Queen Mary Hospital, Hospital Authority

Dr. Cheung is a general gynaecologist with special interest in paediatric and adolescent gynaecology. She is an accredited colposcopy trainer of the Hong Kong College of Obstetricians & Gynaecologists (HKCOG) and the Hong Kong Society for Colposcopy and Cervical Pathology (HKSCCP). She is also a Fellow of the International Federation of Paediatric and Adolescent Gynaecology (FIGIJ). She has set up the Paediatric and Adolescent Gynaecology Clinic at Queen Mary Hospital in 2018, with the aim to promote health education and services to young girls and women.

#### **Cervical Cancer Screening and HPV Vaccination**

Cervical cancer is the fourth most common cancer among women globally and the seventh commonest cancer among females in Hong Kong. It is largely resulted from human papillomavirus (HPV) infection. While the low-risk subtypes 6 and 11 cause genital warts, the high-risk HPV subtypes 16 and 18 account for 70% of cervical cancers. In Hong Kong, HPV subtypes 52 and 58 are more prevalent than in the West. Spontaneous regression of HPV infection is common, however, persistent infections of high-risk HPV are associated with the development of pre-malignant cervical lesions and progression to cervical cancer.

HPV vaccine is a vaccine to prevent cervical cancer as well as other HPV-related cancers or diseases, and there is good evidence that HPV vaccine is both effective and safe. Bivalent, quadrivalent and nonavalent vaccines are currently available. Universal HPV vaccination programme for teenage girls have been conducted in many countries and regions. In Hong Kong, eligible schoolgirls will receive HPV vaccine under the Hong Kong Childhood Immunisation Programme starting from the 2019/2020 school year.

It is important to be reminded that vaccines cannot offer full protection. Vaccinees are still recommended to continue cervical screening according to the HKCOG guidelines. With the increasing awareness and uptake of HPV vaccination, there will certainly be new updates on the screening modalities and intervals.

WHO is calling for global health strategy to eliminate cervical cancer as a public health problem, and set out the "90-70-90 targets" to be achieved globally by 2030. Every health care provider can contribute to the education, provision of vaccination and screening to combat this treatable disease.



### Workshop 1

# **Exercise Prescription for Sleep Disordered Breathing**



**Dr. LEE Chi Chung**MB ChB (CUHK), FHKAM(Otorhinolaryngology)

Associate Consultant (ENT), Yan Chai Hospital, Hospital Authority

Dr. Lee obtained his fellowship in Otorhinolaryngology in 2012. He developed his specialist interest in sialendoscopy, rhinology and skull base surgery. For sleep medicine and surgery, he undertook attachment in the Medical College of Wisconsin and the Chang Gung Memorial Hospital. He was the pioneer in Asia to use the Encore Suspension System for hyoid suspension. Currently, he leads the sleep disordered breathing service in Yan Chai Hospital. He works closely with physicians, surgeons, orthodontists and physiotherapists to provide a full-range of patient care.



### Ms. Brigitte K.Y. FUNG

Senior Physiotherapist, Kwong Wah Hospital, Hospital Authority

Ms. Brigitte FUNG is the Senior Physiotherapist at Kwong Wah Hospital. She was awarded the Master of Exercise and Nutrition Science in Chester University. She is also a Certified Lymphatic Drainage Therapist, Orofacial Myofunctional Therapist and Butekyo Practitioner. She is accredited for the use of acupuncture in her daily practice. She is the recipient of the Hong Kong Physiotherapy Association's 2013 Golden Jubliee Award for her contribution to the profession. In 2016, she was awarded the AAMS Rising Star Researcher Award by the Academy of Applied Myofunctional Sciences for her contribution to evidence based practice in Orofacial Myofunctional Therapy.

Sleep disordered breathing (SDB) is characterized by the disturbance of airflow during sleep secondary to airway collapse. It spans a whole spectrum from simple snoring to severe obstructive sleep apnoea. It leads to unrefreshing sleep and oxygen desaturation to a varying degree. It increases the risk and burden of metabolic diseases, namely hypertension, cardiovascular disease, stroke and diabetes. Management includes behavioural intervention, oral appliance, positive therapy and surgery. In recent years, myofunctional therapy has been added to the armamentarium. Through a series of exercises that the patient practises every day, orofacial and tongue muscles are trained to improve their strength and tone. Evidence supports that this improves the symptoms and reduces the severity of SDB, in addition to many other benefits.

Family physicians are often central to the management of metabolic diseases. They have an indispensable role in the early recognition of SDB and monitoring of a patient's compliance to and the effect of their treatment.

In this session, we will take you through the basis of SDB. There will be a practical session on the risk assessment of patients. We will introduce the principles and measurement used in myofunctional therapy. Participants can try some basic exercises following our live demonstrations.

#### Please prepare the followings for the hands-on session:

1) hand sanitizer, (2) measuring tape, (3) a chopstick, (4) a spoon, (5) a cup of water to dip the chopstick and spoon, (6) another cup of water to drink, (7) some crackers.



### Workshop 2

### Pain Management When East Meets West



Mr. Alan C.H. CHEUNG

BCM&BSc (BIOMED) (HKBU), MCM (HKBU)

Hong Kong Registered Chinese Medicine Practitioner Lecturer, Teaching and Research Division, School of Chinese Medicine, Hong Kong Baptist University

Mr. Alan Cheung graduated from HKBU with a Bachelor and a Master degree in Chinese Medicine majoring in orthopaedics and tui-na. As a lecturer of HKBU, Mr. Cheung is active in both clinical practice and research in TCM orthopedics including fracture and dislocation, soft tissue injury and orthopedic degenerative disease management via acupuncture and manual therapy. He is a versatile academic practitioner with active involvement in both tertiary education and public services. His appointments include being the Secretary General of the Hong Kong Registered Chinese Medicine Practitioner Society, Committee member (TCM Orthopedics) of the Hong Kong Chinese Medicine Specialty Development Taskforce committee and Committee member of the Chinese Medicines Industry Subcommittee under the Chinese Medicine Development Committee under the FHB.



### Dr. Will L.H. LEUNG

MBChB (CUHK), MScHSM (CUHK), FHKCFP, FRACGP, FHKAM (Family Medicine), Dip Med (CUHK), DCH (Sydney) Associate Consultant, Department of Family Medicine & Primary Health Care, Kowloon West Cluster, Hospital Authority

Dr. Will Leung is a Family Medicine Specialist and Associate Consultant of the Department of Family Medicine & Primary Health Care, Kowloon West Cluster, Hospital Authority. Dr. Leung accomplished his Masters studies in Health Services Management at CUHK with interest in primary care, public health and pain management. Dr. Leung served the Kowloon West Cluster's Family Medicine Specialist Clinic (Orthopaedics) and is a Trainer for the Essential Pain Management (EPM) Lite Programme (Faculty of Pain Medicine, The ANZCA) where he advocates pain education for healthcare professionals.

Pain is commonly encountered in Primary Care practice. There are numerous methodologies to recognize, assess and treat pain. In this workshop, speakers would introduce theories and concepts of pain management from both the Chinese and Western Medicine perspectives. Live demonstrations of Chinese Medicine therapeutic manipulations such as Tui-na and acupressure would be presented. Each participant has a chance of participating in the interactive hands-on practice under the supervision of an experienced Chinese Medicine Practitioner.



### Workshop 3

### **Expressive Arts Therapy for Yourself and Your Patient**



Mr. Alex T.S. HUI

MExpArtsTh, BSW (Hons)

Registered Social Worker; Registered Arts Therapist; Registered Dance Therapist

Mr. Alex Hui is a registered Hong Kong based social worker with 20 years of experience. He is also a Registered Dance Therapist and Registered Arts Therapist. Mr. Hui is experienced in the integration of expressive arts, dance therapy and counselling in his clinical practice. He is competent in the management of stress, personal growth, emotion expression, emotion regulation, self-esteem and communication. After years of practice, he is well experienced in working with people who suffers from stress or mental health problems such as SEN students (ASD, ADHD), children with developmental needs as well as offering support services to their parents, young mothers, women's groups, marginal youths, dementia elderlies, caregivers of drug addicts, caregivers of intellectually disabled, ethnic minorities, etc. He organizes tailormade programs for individuals as well as corporate clients in Hong Kong whether in way of sessions, workshops, professional trainings, educational seminars or team building.

How does art promote integrative function for the brain? The left hemisphere is where the logical thoughts take place while the right hemisphere is where the emotional and conceptual information are formed. The creative process involves multisensory and emotional regulation that facilitates the potential to integrate information from both hemispheres of the brain.

Expressive Arts Therapy combines psychology and various art expression to foster personal growth and healing. This workshop encourages participants to become aware of their tension and stress in a safe and creative way through different non-verbal art modalities, such as dance movement, visual art, music and creative writing. As a result participants will experience a personal sense of relaxation, emotional refreshment and transformation of their thoughts which will all bring about the ultimate overall balance sense of wellbeing.

This experiential session will begin with stretching to enhance the awareness of body tension. Participants will externalize the energy into a drawing experience. In dialogging with their final art piece, participants will work together in small group to gain stimulation and insight through creative writing experience.

Format: Different art making experience, individual and co-creation process and sharing.

No art experience is required.



### **Sponsored Seminar 1**

### A Case-Based Approach for Management of Osteoporosis in Primary Care



**Dr. IP Tai Pang** 

Specialist in Endocrinology & Diabetes; Consultant, Department of Medicine, Tung Wah Hospital

Dr. IP is currently the Head of the Division of Endocrinology of the Department of Medicine, Tung Wah Hospital. He is also the Honorary Clinical Associate Professor of the Faculty of Medicine, University of Hong Kong. He was the Past President of the Osteoporosis Society of Hong Kong (OSHK) in 2010-2012 and had been elected as Committee Member of the Asia-Pacific Regional Advisory Committee of the International Osteoporosis Foundation from 2010 to 2015. He was the lead-author of the 2013 OSHK Guideline for Clinical Management of Postmenopausal Osteoporosis in Hong Kong.

Dr. Ip has been very active in promoting personalized approach in the pharmacological treatment of osteoporosis and diabetes to the profession. In the past 25 years, Dr. Ip has delivered more than 200 lectures in local, regional and international scientific meetings. He is also very active in clinical research.

Osteoporosis is the most common metabolic bone disease worldwide and it affects one in three postmenopausal women and one in five men age over 50. The most serious complication of osteoporosis is a fracture, the most common being spine, wrist and hip fractures. Occurrence of a fragility fracture will cause pain and disability, which significantly limits the quality of life and even lead to death of an individual patient. Early identification and treatment of high risk patients have been shown to markedly decrease the risk of osteoporotic fractures. However, many at risk patients are still undiagnosed and less than a third of patients with prior fragility fractures are being treated. This osteoporosis treatment gap needs to be filled to enhance the quality of health care to our elderly populations.

The primary care setting would be the ideal place where osteoporosis can be assessed during an ordinary consultation for other illnesses. A simple assessment algorithm would be presented to aid primary care physicians to identify at risk patients. Clinical cases will be presented to guide physicians for selection of the relevant investigations, selection of the appropriate anti-osteoporosis drugs and the criteria for referral for specialist care.



### **Sponsored Seminar 2**

### Translating Evidence to Practice: Declaring the Early Cardio-Renal Protection in People with Type 2 Diabetes (T2D)



#### Prof. Alice P.S. KONG

MBChB, MD, MRCP, FHKAM(Medicine), FRCP(Glasg), FRCP(Edin)

Professor, Division of Endocrinology, Department of Medicine and Therapeutics, The Chinese University of Hong Kong, Hong Kong

Dr. Kong is Professor in the Department of Medicine and Therapeutics at The Chinese University of Hong Kong (CUHK), and Honorary Consultant at the Prince of Wales Hospital, Hong Kong. Dr. Kong graduated from CUHK and completed her training in General Medicine and Endocrinology at Queen Elizabeth Hospital, Hong Kong. She had her overseas training as postdoctoral fellow at the Division of Endocrinology, Department of Medicine at University of California, San Diego, United States. She has been the chairperson of Specialty Board in Advanced Internal Medicine, Hong Kong College of Physicians since 2017.

She is the Council Member of Diabetes Hong Kong and the ex-Vice President of Hong Kong Association for the Study of Obesity. Dr. Kong's research interests are obesity, insulin resistance and diabetes with particular focus on lifestyle factors including sleep and diet in adults and adolescents. She has presented at numerous local, regional and international meetings and has published over 230 articles in peerreviewed journals.

### Translating Evidence to Practice: Declaring the early cardio-renal protection in people with type 2 diabetes (T2D)

Cardio-renal complications lead to devastating morbidities and increased mortality in people with type 2 diabetes (T2D). Good glycemic control is of utmost importance in the management of T2D because T2D with poor glycemic control are at high risk of atherosclerotic cardiovascular disease, heart failure and renal disease. Sodium-glucose cotransporter 2 (SGLT2) inhibitor, which blocks glucose resorption in the proximal tubule of the kidney and promotes glucosuria, is one of the new classes of anti-diabetic agents which is shown to reduce body weight, improve glycemic control and have beneficial effects on cardio-renal outcomes in T2D. Recently, based on the favorable results from the cardiovascular outcome trials (CVOTs) including the intervention of SGLT2 inhibitors in people with T2D, international guidelines have recommended the early use of SGLT2 inhibitor in the treatment algorithms of T2D. This talk will review the current evidence from CVOTs related to SGLT2 inhibitors in T2D and the updated guidelines of T2D management.



### **Sponsored Seminar 3**

### From Hospital to Community – The Role of the Family Physician in Managing Heart Failure Patients



### **Dr. Leighton KEARNEY**

BMedSci, MBBS (Hons), PhD FRACP

Dr. Leighton Kearney graduated from the University of Tasmania with First Class Honours and awarded the University Medal for Academic Excellence in 1999. Dr. Kearney has received extensive post-graduate training which took place with Austin Health (Australia) and the Royal Brompton Hospital (England), where he completed Fellowships in both Non-Invasive Cardiac Imaging and Cardiac MRI. He subsequently completed a PhD through the University of Melbourne, investigating valvular heart disease and techniques for the detection of early myocardial dysfunction.

Dr. Kearney has held a public hospital position at a major Australian teaching hospital since 2001 (Austin Health), he is also the Senior Cardiologist and the Director of Heart Failure and New Models of Care with Genesis Care, which is Australia's largest provider of private Cardiology services. He is actively involved in multi-centre clinical trials, including first-in-man studies, Dr. Kearney has published multiple publications in prestigious peer-reviewed journals and presented his works at national and international scientific congresses.

Dr. Kearney's passion for improving patient outcomes through research, registry design and implementation of novel models of care has seen him as the recipient of numerous prestigious awards, which include International Young Investigator Award from the Asia Pacific Society of Cardiology, as well as awards from the National Heart Foundation of Australia.

Despite advances in pharmacological therapy, patients' outcomes following heart failure hospitalization remain suboptimal. Approximately 25 percent of heart failure patients are re-admitted to hospital within 30 days of discharge, and the mortality over this vulnerable period can reach to 10 percent.

Family physicians are the keystone of heart failure care for this vulnerable group of patients. Access to quality, individualized, evidence-based management in the weeks to months following a new heart failure diagnosis or heart failure hospitalization is critical to enhance patients' cardiac function, which would then optimize the quality of life and improve survival.

Optimizing outcomes for patients with heart failure requires a multi-faceted approach including rapid access to clinical assessment and cardiac investigations; patient education and fluid management advice; effective decongestive therapies; institution and up-titration of heart failure medication; and structured multi-disciplinary programs for the transition of care from hospital to the community.

This presentation will discuss a variety of strategies for improving the short and long-term outcomes of patients with heart failure.



### **Sponsored Seminar 4**

# Beyond the Guidelines - Optimizing Management & Patient's Quality of Life in Asthma



### Dr. Matthew K.Y. WONG

MBBS (HK), MRCP (UK), FHKCP, FHKAM, FRCP (Edin), FRCP RCPS (Glasg) Specialist in Respiratory Medicine

After graduating at the University of Hong Kong, Dr. Wong worked in the Department of Medicine as an Associate Consultant of Queen Mary Hospital. After leaving to his private practice in 2013, Dr. Wong is now an Honorary Clinical Assistant Professor of the University of Hong Kong.

Dr. Wong received the young investigator's award in Hong Kong Thoracic Society 2003. His main research interest has been in interventional pulmonology, lung cancer, pleural effusion, sleep medicine, respiratory infection and airway diseases. He received overseas training in Japan, France, Australia, Germany and US since 2005 for introducing new technologies to Hong Kong.

- Latest guidelines updates (GINA, BTS, ATS etc) & insights on patient profiling and drug choice
- · Implications of uncontrolled asthma, identifying the main points and strategies for optimal intervention
- Comparative review of regular & variable ICS/LABA dosing are they all doing the same job in controlling asthma?
  - o Does pharmacology play a role?
  - o How does molecules & combination correlate with drug efficacy, safety & adherence?
  - o Role of proper inhalers usage in drug delivery
- Patient cases discussion (2-3 cases)



### **Sponsored Seminar 5**

# Triple Action for Hypertension and High Heart Rate Management



### Dr. WONG Wai Lun

MBChB (CUHK), MRCP (UK), FRCP (Edinburgh), FHKCP, FHKAM (Medicine) Specialist in Cardiology

Dr. Wong Wai Lun is a Specialist in Cardiology and is currently practicing in the private sector in Hong Kong. He obtained his MBChB from the Chinese University of Hong Kong in1992, and attained MRCP from Royal College of Physicians (UK) in 1996. Few years later, Dr. Wong was conferred his Fellowship in Hong Kong College of Physicians and Hong Kong Academy of Medicine. 10 2010, Dr. Wong pursued the Master of Public Health from Bloomberg School of Public Health Johns Hopkins University in the USA and was awarded the Fellowship from Royal College of Physicians (Edin.) in 2016.

#### Triple pathways: The new approach for managing HTN patients

The etiology of essential hypertension differs widely amongst individuals. Regulating blood pressure (BP) is a very complex physiological function, involving different systems such as the sympathetic nervous system (SNS), reninangiotensin-aldosterone system (RAAS) and arterial blood vessels. Furthermore, majority of hypertension patients (~75%) are poorly controlled by monotherapy. Poor adherence with prescribed medications was an important cause of sub-optimal control of BP. When combination therapy is chosen, fixed dose combination preparations should be used whenever possible, as they are associated with higher adherence to treatment and are more effective when administered once daily.

Monotherapy in hypertension routinely evokes counter-regulatory responses that reduce the magnitude of response. Thus, blocking these counter-regulatory responses by using a drug combination may result in achieving guideline-recommended BP targets. A good example to illustrate the dual combination acts on 3 major systems involved in BP regulation is beta-blockers (BB) and calcium-channel blocker (CCB). CCB will activate RAAS as counter-regulatory effect, whilst the addition of BB interfering with RAAS will lead to potentiation of the BP lowering effect of the CCB.

The current ESH/ESC guidelines (2018) assessed the combination of a BB and dihydropyridine CCB as useful management for patients who do not achieve their target BP on monotherapy. A combination of Bisoprolol and Amlodipine as a single-pill combination is available in many countries. Though without large outcome trial assessment of this specific combination, Amlodipine (targeting arterial blood vessels) and Bisoprolol (targeting both SNS and RAAS) will result in a complementary and additive BP and heart rate reduction.



# Sponsored Seminar 6 The Use of Ultra-Long Acting Basal Insulin in Primary Care



Dr. AU YEUNG Yick Cheung
MBBS(HK), MRCP(UK), FHKCP, FHKAM(Medicine)
Specialist in Endocrinology, Diabetes and Metabolism

Dr. Au Yeung is an endocrinologist/ diabetologist in private practice. He has a special interest in caring for patients with diabetes mellitus and thyroid diseases. He also has extensive experience in osteoporosis, adrenal and pituitary diseases.

Dr. Au Yeung obtained his medical degree from the University of Hong Kong (HKU) and completed his training in Internal Medicine and Endocrinology in the Queen Elizabeth Hospital (QEH).

He was one of the co-investigators for the development and evaluation of a peer support program for type 2 diabetic patients in Hong Kong. He also helped prepare Guidelines for the in-patient management of hypoglycemia and Endocrine protocols for the Hospital Authority Kowloon Central Cluster.

It is well proven that appropriate blood glucose control, especially in the early phase of diabetes, results in long-term cardiovascular benefits. Despite recent encouraging advances with the various oral diabetic medications, some type 2 diabetic patients will eventually require insulin in their treatment regimen. Fear of hypoglycaemia, inflexible injection schedule or weight gain are some of the problems clinicians will face during the use of traditional basal insulin.

Newer generations of basal insulin (ultra-long acting basal insulin), with modified molecular structures or advanced packaging of the insulin molecule, have longer half-lives and a more stable pharmacological effect compared to the traditional basal insulins. With a comparable glucose lowering effect, patients using ultra-long acting insulin may have less fluctuations in their blood glucose level and hence are at less risk of hypoglycaemia. This is particularly important for groups of patients who already have a high risk of hypoglycaemia e.g. elderly population or people with irregular lifestyle routines.

This session will discuss some of the difficulties clinicians may face in the use of insulin and how ultra-long acting insulin may tackle some of these problems. Data from studies comparing ultra-long acting insulin with other basal insulins will also be shared.



### Sponsored Seminar 7

# The Prevalence, Causes, and Treatment of Gastrointestinal Reflux Disease



#### Dr. Victoria TAN

MBBS (Uni.Melb), FRACP, LMCHK, FHKCP, PhD (HKU), FHKAM (Medicine)

Clinical Associate Professor, Department of Medicine, The University of Hong Kong

Dr. Victoria Tan graduated from the Melbourne University Medical School. She received her gastroenterology training in Melbourne and her PhD at HKU examining gastro-esophageal reflux and functional dyspepsia. Dr. Tan is currently a Clinical Associate Professor with the University of Hong Kong, Queen Mary Hospital and the Chief Medical Officer at Gleneagles Hospital Hong Kong. Dr. Tan's expertise is in manometry/pH study, breath test and gastrointestinal motility. She is also an editorial board member of the Journal of Clinical Gastroenterology, council member of the Hong Kong Society of Gastrointestinal Motility and board member of WIGNAP (Women in GI Network-Asia Pacific).

Dr. Tan specializes in research on gastro-esophageal reflux, functional dyspepsia and irritable bowel syndrome. In particular, she has a special interest in dietary therapies for functional gastrointestinal disorders and the role of dietary nutrients effect on GI motility.

Gastrointestinal reflux disease (GERD) is a common condition in Hong Kong. Although the prevalence is lower in Chinese populations, the prevalence rate in Hong Kong keeps rising over the last decade. In this presentation, Dr Tan will introduce GERD in detail, to provide audience a deeper understanding on the etiopathogenesis, symptoms, diagnosis and the management of GERD. Importantly, Dr Tan will share her recent research work on the local epidemiology of GERD to raise the disease awareness in the primary care setting and the community.



### **Sponsored Seminar 8**

# Breakthrough in Migraine Management



### **Dr. TSOI Tak Hong**

Specialist in Neurology; Co-Director and Honorary Consultant of the Neurology Centre, Hong Kong Sanatorium & Hospital

Dr. Tsoi is specialist in Neurology and currently the Co-Director and Honorary Consultant of the Neurology Centre at Hong Kong Sanatorium & Hospital. He completed his medical degree in Hong Kong and received training in neurology locally and at the National Hospital for Neurology and Neurosurgery in London. Before entering into private practice in 2014, he was the Consultant physician at the Department of Medicine of Pamela Youde Nethersole Eastern Hospital (PYNEH) for more than 16 years; and was the Chief of the Department before he left the service. He is now the Honorary Consultant of PYNEH, Honorary Associate Professor of the Department of Medicine of the University of Hong Kong and Clinical Associate Professor (Honorary) of the Department of Medicine & Therapeutic of the Chinese University of Hong Kong. Dr. Tsoi is an active member of various professional bodies. He was the Past President of the Hong Kong Neurological Society, Past President of the Hong Kong Stroke Society, Past Chairman of Neurology Specialty Board and ex- Council Member of the Hong Kong College of Physicians. Currently Dr. Tsoi is the Vice-President of the Hong Kong Stroke Fund, Director of the Hong Kong Parkinson's Disease Foundation, Council Member of the Hong Kong Multiple Sclerosis Society.

Migraine is a very common primary headache disorder affecting more than 10% of population. Most of the patients are managed by primary care physicians or do not seek medical attention. It is supposed to be a benign disease but indeed it can cause great societal burden and is among the top 10 causes of DALYs (Disability-Adjusted Life Year) worldwide. In the past decade, we witnessed major breakthrough advances in understanding of the pathophysiology as well as treatment of migraine, which would lead to better care of our patients in terms of relieving their sufferings, and in reducing disabilities.

The first part of the talk is on the approach and evaluation of a patient presenting with headache, which would guide the diagnosis of migraine by a neurologist.

In the later part of the talk, evidence-based acute headache treatments and prevention treatments will be reviewed. The important role of calcitonin gene- related peptide (CGRP) in the pathophysiology of migraine was first discovered more than twenty years ago but it is only very recently anti-CGRP therapies became available for clinical use. The therapies are either monoclonal antibodies against CGRP receptor/peptide/ligand or antagonist to the CGRP receptors (gepants). Another breakthrough in migraine treatment is non-invasive neuro-modulation delivered by external device. To date, four devices are approved by FDA including vagus nerve stimulation, trancranial magnetic stimulation, supraorbital nerve stimulation and remote electrical neuromodulation.



### **Sponsored Seminar 9**

### Minimising Hypoglycaemia with Newer Generations of Long-acting Insulin Analogues



### Dr. Elaine Y.K. CHOW

The Chinese University of Hong Kong

BSc (London), MBChB (Hons), MSc Clinical Research (Sheffield), PhD (Sheffield), MRCP (UK)

Clinical Assistant Professor, Phase 1 Clinical Trial Centre, Department of Medicine and Therapeutics,

Dr Chow received her medical education at the Leicester Warwick Medical School. She received her Membership with the Royal College of Physicians (United Kingdom) in 2009 and became a Fellow of the Hong Kong Academy of Medicine in 2019.

Dr. Chow's main research interests include exploring the pathophysiology of diabetes using human experimental medicine and glucose clamp studies. Her previous work focused on the effects of hypoglycaemia on cardiac arrhythmias and thrombosis in type 2 diabetes. She is the co-investigator for over 40 phase I to IV clinical trials in areas of diabetes and metabolism, kidney disease and cardiovascular outcome trials, BABE studies. Currently, she is investigating the role of beta cell dysfunction and insulin resistance in the development of young onset type 2 diabetes among Chinese. Among Dr Chow's many interests in particular is continuous glucose monitoring systems and technologies related to the prevention of hypoglycaemia.

International guidelines recommend using basal insulin in patients with type-2 diabetes mellitus (T2D) if glycaemic target cannot be attained with non-insulin glucose lowering drugs (GLDs). Hypoglycaemia remains a limiting factor in the optimisation of insulin therapy. Fear of hypoglycaemia leads to inertia in the initiation and titration of insulin therapy. Insulin glargine U100 (Gla-100) has a more consistent pharmacokinetic profile and is associated with lower hypoglycaemic risk compared with Neutral Protamine Hagedorn (NPH) insulin. In her recent study involving T2D patients newly started on NPH insulin, 74% of patients had an episode of hypoglycaemia < 3.9 mmol/l and 22% had at least one incidence of hypoglycaemia < 3.0 mmol/ in the six months following initiation.

Insulin glargine U300 (Gla-300) is a more concentrated form of insulin glargine with a longer duration of action and smoother action profile. In the EDITION trials, Gla-300 was consistently associated with similar glycaemic control with lower risk of hypoglycaemia in comparison to first-generation Gla-100. In particular, the risk of nocturnal hypoglycaemia was significantly lower. Gla-300 was also associated with a better glycaemic control in patients with chronic kidney disease as when compared to other insulin analogues such as insulin degludec.

In this talk, Dr Chow will summarize the latest evidence for the use of basal insulin analogues in the current landscape of T2D treatment. Crucially, the new basal analogues can be conveniently administered once daily to provide 24-hour coverage with a low risk hypoglycaemia when used in combination with oral GLDs. These advantages may facilitate earlier initiation and intensification of insulin therapy in patients with suboptimal control.

#### Key References:

Bolli GB, Riddle MC, Bergenstal RM, et al. New insulin glargine 300 U/ml compared with glargine 100 U/ml in insulin-naïve people with type 2 diabetes on oral glucose-lowering drugs: a randomized controlled trial (EDITION 3). Diabetes Obes Metab. 2015;17(4):386-394.

Haluzík M, Cheng A, Müller-Wieland D, et al. Differential glycaemic control with basal insulin glargine 300 U/mL versus degludec 100 U/mL according to kidney function in type 2 diabetes: A subanalysis from the BRIGHT trial. Diabetes Obes Metab. 2020;22(8):1369-1377. doi:10.1111/dom.14043



### **Sponsored Seminar 9**

# Latest Guideline on Management of Hypertension



**Dr. Jason L.K. CHAN**MBBS (HK), MRCP (UK), FHKCP, FACC, FHKAM (Medicine)
Specialist in Cardiology

Dr. Jason Leung Kwai, Chan graduated from the University of Hong Kong in 2002 and finished cardiology training under the Hong Kong College of Physicians in 2009. Dr. Chan was employed as Associate Consultant in Queen Elizabeth Hospital until 2017. He finished intervention fellowship training specialized in congenital and structural heart intervention in Montreal Heart Institute, Montreal, Canada.

He is currently the cardiologist at Hong Kong Sanatorium and Hospital; Honorary Clinical Assistant Professor of the University of Hong Kong; Honorary associate consultant of Queen Elizabeth Hospital, Pok Oi Hospital and United Christian Hospital. He also serves as the Honorary associate consultant of the University of Hong Kong-Shenzhen Hospital.

Dr. Chan is also the president of the society of Hong Kong Congenital and Structural Heart Disease and chairperson of Run for Heart Sub-Committee, World Heart Day, Hong Kong. His special interests are in percutaneous valve intervention, congenital and structural heart intervention, cardiac imaging, 3D printing and coronary intervention and promoting public heart health.

Hypertension is a risk factor for atherosclerosis and all other clinical manifestations that arise from atherosclerosis. Untreated or sub-optimally controlled hypertension leads to increased cardiovascular, cerebrovascular and renal morbidity/ mortality and overall mortality.

Due to the critical significance and increasing prevalence of the disease, several national and international societies have recently updated their guidelines for the diagnosis and treatment of hypertension. Current guideline recommendations emphasize the importance of evidence-based care to curtail the widespread mortality and morbidity related to hypertension and associated complications.



### **Sponsored Seminar 10**

### Liquid Biopsy for Early Cancer Detection - the Nasopharyngeal Cancer model



Dr. Jacky W.K. LAM

ENT specialist

Dr. Lam graduated with a Bachelor of Medicine and Bachelor of Surgery degree in 2007 and received a Master of Philosophy degree in Surgery in 2013. He was admitted as a Fellow of the Hong Kong College of Otorhinolaryngologists, Royal College of Surgeons of Edinburgh and Hong Kong Academy of Medicine (Otorhinolaryngology) in 2014. Currently, he is pursuing the Doctor of Philosophy degree in Chemical Pathology in the Chinese University of Hong Kong. His research focus is on the biological features of plasma DNA and its potential clinical application in noninvasive cancer detection. He is engaged in a large-scale prospective clinical trial on the use of plasma Epstein-Barr virus DNA for the screening of nasopharyngeal cancer in Hong Kong.

Nasopharyngeal Carcinoma (NPC) is most prevalent in Southern China and it is one of the common cancers in Hong Kong.

Early detection of NPC is difficult as most patients remain asymptomatic at the early stages of the disease.

Liquid biopsy provides new avenues for early cancer detection, treatment modification, and surveillance of head and neck cancers.

In a landmark study in 2017, Chan et al. examined over 20,000 Chinese male subjects and analyzed the cell-free EBV DNA in their plasma samples as a screening tool for NPC. The NPC patients identified by screening were diagnosed with tumours at a significantly earlier stage. This study also suggested that early NPC detection could potentially result in better survival outcomes. (Chan et al., 2017).

The application of liquid biopsy could be potentially useful for screening of early asymptomatic NPC in populations with a high prevalence of the disease.



### **Sponsored Seminar 11**

## **Enhancing Hypertension Management: From Control to Protection**



#### Dr. Danny H.F. CHOW

Specialist in Cardiology

Dr. Danny Chow is a consultant cardiologist with St. Paul's Hospital. He obtained his medical degree with the University of Hong Kong in 2005. He thenunderwent training at the Princess Margaret Hospital and obtained his cardiology and advanced internal medicine fellowships from the Hong Kong College of Physcians in 2012 and 2013 respectively. His main interest is complex percutaneous coronary intervention. He has henceforth completed the Hong Kong Heart Foundation Fellowship Program for overseas training in structural heart intervention in Copenhagen, Denmark in 2016 and Cardiovascular CT experience program Level 2 at Amery Medical Center, UCLA in 2017.

Dr. Chow was previously a Council Member of the Hong Kong Public Hospital Cardiologist Association. He is currently the Honorary Clinical Assistant Professor for the Chinese University of Hong Kong, and was Observer Senior Medical Officer/Associate Consultant on the Specialty board for Cardiology (of the Hong Kong College of Physicians).

Hypertension remains a leading cause of death worldwide. Various treatments and strategies have been developed to treat hypertension. Unfortunately, it is still highly prevalent in Hong Kong. Hypertension is a silent killer that leads to cardiovascular events and eventually death. When we are lowering a patient's blood pressure, are we also actually lowering their cardiovascular risks?

In this presentation, Dr. Chow will be investigating the effectiveness of different hypertensive treatments as well as their protective properties against CV diseases; especially their effect on endothelial function. He will also discuss the adherence issues for hypertensive patients and how this would affect their cardiovascular outcome. Shifting the disease management from controlling hypertension to protecting patients from cardiovascular diseases.



### **Sponsored Seminar 12**

## A Paradigm Shift for Early Detection and Intervention in Type 2 Diabetes for Long Term Benefits



#### **Professor Juliana C.N. CHAN**

MBChB, MD, FRCP

Professor of Medicine and Therapeutics; Director, Hong Kong Institute of Diabetes and Obesity, The Chinese University of Hong Kong, Hong Kong

Juliana Chan is Professor of Medicine and Therapeutics and the Director of the Hong Kong Institute of Diabetes and Obesity at the Chinese University of Hong Kong She graduated from the University of Liverpool, UK, and is a physician scientist specializing in diabetes and clinical pharmacology. In 1995, she established the Hong Kong Diabetes Register as a data-driven quality improvement program. This has evolved to become a territory-wide risk assessment and management program, and the regional Joint Asia Diabetes Evaluation (JADE) Program to improve care and discover new knowledge. Professor Chan has published over 500 articles and 20 book chapters. She is a member of steering committees of international projects and the Hong Kong Government Steering Committee for the control of diabetes and NCD. She is a recipient of the American Diabetes Association Harold Rifkin Award for Distinguished International Service in the Cause of Diabetes, and leads a Lancet Commission on Diabetes to advocate the use of systems and policies to reduce the burden of diabetes and NCD.

Diabetes is characterized by chronic hyperglycemia with varying degrees of insulin resistance and insufficiency. Reduced early phase insulin secretion and non-suppression of glucagon are evident in people with impaired glucose tolerance. In the presence of insulin resistance, notably due to obesity, predisposed individuals fail to secrete adequate insulin and develop hyperglycemia. This creates a microenvironment characterized by glucolipotoxicity and inflammation which accelerates beta cell failure to worsen hyperglycemia.

Long term hyperglycemia along with other cardiometabolic risk factors underlie the widespread vasculopathy and neuropathy which culminates into multiple organ failure in people with type 2 diabetes. Natural aging and disease duration are the most important risk factors for complications rendering patients with young onset diabetes particularly vulnerable. The dual effects of DPP-4i which suppresses glucagon and augments prandial insulin secretion addresses the primary defects in type 2 diabetes.

Until recently, most of the clinical trials of blood glucose lowering drugs were conducted in patients with multiple risk factors and advanced disease. VERIFY study is one of the few studies conducted in newly diagnosed patients with type 2 diabetes. In this study, patients treated with initial combination treatment of vildagliptin and metformin had a 49% risk reduction for primary drug failure, defined as A1c>7% on 2 occasions 3 months apart. A 26% risk reduction in secondary drug failure with high A1c was seen when all patients were on the combination treatment as compared with the metformin monotherapy group followed by the addition of vildagliptin only when glycemic control failed.

These results highlighted the importance of latent benefits of early intervention which if sustained, is expected to translate to long term benefits. Effective implementation of an integrated detection, evaluation and management program will bring out the best of these innovative medications along with self management for reducing the burden of diabetes and other chronic diseases.



## **Clinical Case Presentation Competition –**

### **Schedule**

### 13 September 2020 (Sunday)

TIME	TOPIC	PRESENTING AUTHOR
09:05 – 09:20	Double trouble: diagnosis and management of patients with vertical diplopia	Dr. Jessica NEUVILLE
09:20 – 09:35	A rare cause for common complaint of shoulder pain	Dr. HOU Jing
09:35 – 09:50	Hyperglycemia presented with Chorea: a case report from primary care	Dr. OR Ka Yan
09:50 – 10:05	Case review of a mental rehabilitation patient presented with metabolic syndrome for dietary management by registered dietitian in community clinic.	Ms. Doris P.S. LAU, Mr. Enoch T.L. LI



## Free Paper Competition -

### **Schedule of Oral Presentation**

### 12 September 2020 (Saturday)

TIME	TOPIC	PRESENTATION GROUP
17:25 – 18:40 (Part I)		
17:25 – 17:40	Comparison between automated office blood pressure measurements and manual office blood pressure measurements – intra-individual differences: a systematic review and meta-analysis	Dr. Eric K.P. LEE Y.C. BO, K.O. KWOK, Kareen K.Y. CHU, Eppie Y.H. LEUNG, C.P. YU, Samuel Y.S. WONG
17:40 – 17:55	Effects of combined physical and cognitive training on falls in subjects with mild cognitive impairment: a randomized controlled study	Prof. William W.N. TSANG D. S. LIPARDO
17:55 – 18:10	Cultural adaptation and pilot psychometric testing of the Person-Centered Primary Care Measure (PCPCM) in a Chinese Population	Dr. Emily T.Y. TSE Cindy L.K. LAM, Carlos K.H. WONG, W.Y. CHIN, Rebecca S. ETZ, Stephen J. ZYZANSKI, Kurt C. STANGE
18:10 – 18:25	Kinesio taping improves gait kinematics in children with developmental coordination disorder	<b>Dr. Timothy T.T. YAM</b> TSANG W. W.N.

### 13 September 2020 (Sunday)

TIME	TOPIC	PRESENTATION GROUP
9:00 – 10:15 (Part II)		
9:00 – 9:15	Efficacy of Conservative Nail Gutter Splint Treatment for Ingrown Toenail	<b>Ms. Yuk KWOK</b> WY. IP, S.Y. LEUNG
9:15 – 9:30	Associations between sleep quality and 10-year cardiovascular disease risk among female nurses in Hong Kong: a cross-sectional study	<b>Lin Jia YAN</b> Y.J. XIE
9:30 – 9:45	Longer sleep duration is associated with diabetes mellitus among older adults with impaired fasting glucose	<b>Dr. lvy L. MAK</b> Esther Y.T. YU, Kiki S.N. LIU, Y. WANG, Eric Y.F. WAN
9:45 – 10:00	How are family doctors serving the Hong Kong community during the COVID-19 outbreak? A survey of HKCFP members	Dr. Esther Y.T. YU Will L.H. LEUNG, Samuel Y.S. WONG, Kiki S.N. LIU, Eric Y.F. WAN For the HKCFP Executive and Research Committee
10:00 – 10:15	Coping Strategies on Stress and Emotional Distress among Hong Kong Youths	Ms. Sikky S.Q. CHEN T.P. LAM, Paul S.F. YIP, K.F. LAM, T.L. LO, David V.K. CHAO, K.Y. MAK, W.W. LAM, Tony K.S. SUN



## Free Paper Competition – Oral Presentation

### ORAL 01

Comparison between automated office blood pressure measurements and manual office blood pressure measurements – intra-individual differences: a systematic review and meta-analysis

Yacong BO, Kin On KWOK, Kareen Ka Yin CHU; Eppie Yu Han LEUNG, Chun Pong YU; Samuel Yeung Shan WONG; Eric Kam Pui LEE

#### Introduction:

Recent research has suggested that automated office blood pressure (AOBP) measurements provide more accurate blood pressure (BP) estimation than manual office blood pressure (MOBP) measurements. This study aimed to systematically review the (i) mean difference of BP measured by AOBP and MOBP, using ambulatory blood pressure measurement (ABPM) as reference, (ii) sensitivity and specificity of AOBP and MOBP to detect elevated BP, (iii) limits of agreement between AOBP/MOBP and ABPM, and (iv) proportion of participants incorrectly categorized based on AOBP and MOBP (including white-coat and masked hypertension (HT)).

#### Methods:

Several databases, including MEDLINE, Embase, Scopus, and China Academic Journals, were searched. Eligible studies were observational studies that compared AOBP and MOBP with ABPM with the mean BP parameters reported. Thereafter, data were extracted and double-checked by two investigators. Data was analysed using a random effect model, and the studies were graded by QUADAS-2 and the quality of BP measurements.

#### Results:

Twenty-six observational studies (5,428 participants) were included. The quality of the studies ranged from unclear to low. Mean systolic/diastolic BPs (SBP/DBP) obtained from AOBP were not significantly different from ABPM (SBP: -1.32 mmHg; 95% CI: -3.56 to 0.91; DBP: -0.53 mmHg, 95% CI: -1.59 to 0.53), whereas mean SBP and DBP obtained by MOBP were significantly higher than that from ABPM. Specificity and specificity of AOBP to detect elevated BP were approximately 70%. Fewer participants had white coat HT on AOBP than MOBP measurements (7% versus 14%), but around 13% had masked HT on AOBP measurement. The width of the limit of agreement comparing (i) AOBP and ABPM and (ii) MOBP and ABPM was comparable.

#### **Conclusions:**

Although AOBP may reduce white coat effect, it may undermine masked HT. However, the current recommendation is limited by the low and unclear quality and high heterogeneity of the evidence.

#### **Keywords:**

Automated office blood pressure; manual office blood pressure; meta-analysis



## Free Paper Competition – Oral Presentation

#### **ORAL 02**

### Effects of combined physical and cognitive training on falls in subjects with mild cognitive impairment: a randomized controlled study

William W.N. Tsang 1,3, Donald S. Lipardo 2,3

- <sup>1</sup> Department of Physiotherapy, School of Nursing and Health Studies, The Open University of Hong Kong, Hong Kong, China
- <sup>2</sup> Department of Physical Therapy, College of Rehabilitation Sciences, University of Santo Tomas, Manila, Philippines
- <sup>3</sup> Department of Rehabilitation Sciences, The Hong Kong Polytechnic University, Hong Kong, China

#### Introduction:

Older persons with mild cognitive impairment (MCI) are at risk of falling due to physical and cognitive decline. This study aimed to investigate the effects of combined physical and cognitive training on fall rate and risks of falling in community-dwelling older adults with MCI.

#### Methods:

Ninety-two community-dwelling older persons with MCI [69.5 (5.6) years; 79.4% female] participated. Single-blind, multicentre, randomized controlled trial was conducted. Participants were randomized to combined physical and cognitive training group (PACT), physical training alone group (PT), cognitive training alone group (CT), or waitlist group (WG). The interventions were delivered for 60-90 minutes, 1-3 times per week for 12 weeks with 6-month follow-up. Primary outcome was fall rate. Secondary outcomes were overall fall risk [Physiologic Profile Assessment and Falls Risk for Older Persons in the Community, and fall-related cognitive, physical, and psychological risks.

#### Results:

PACT group demonstrated lower overall fall risk, (p =.003), higher cognitive function (p <.001), and better dynamic balance (p =.004) over time. PT group also demonstrated significantly higher cognitive function (p <.001) post-intervention, and significant increase in walking speed (p =.001), and lower extremity muscle strength (p <.001). CT group did not improve on cognitive function over time (p =.058). No significant change was observed across time and groups on fall rate and psychological outcomes.

#### **Conclusions:**

There was no significant difference among groups on the reported fall incidence rate post-intervention. PACT significantly resulted in lower overall fall risk, improved cognitive function, and better dynamic balance. PT led to better outcomes in cognitive function, walking speed, and muscles strength. CT did not produce significant improvement in cognitive performance. A follow-up study to determine the long-term effects of the interventions is warranted.

#### **Keywords:**

Mild cognitive impairment; fall incidence; risk of falls



## Free Paper Competition – Oral Presentation

#### ORAL 03

### Cultural adaptation and pilot psychometric testing of the Person-Centered Primary Care Measure (PCPCM) in a Chinese Population

Emily T.Y. Tse, Cindy L.K. Lam, Carlos K.H. Wong, W.Y. Chin, Rebecca S. Etz, Stephen J. Zyzanski, Kurt Stange

Emily T.Y. Tse: Clinical Assistant Professor, Department of Family Medicine & Primary Care, Li Ka Shing Faculty of Medicine, The University of Hong Kong Cindy L.K. Lam: Clinical Professor, Department of Family Medicine & Primary Care, Li Ka Shing Faculty of Medicine, The University of Hong Kong Carlos K.H. Wong: Assistant Professor, Department of Family Medicine & Primary Care, Li Ka Shing Faculty of Medicine, The University of Hong Kong W.Y. Chin: Honorary Assistant Professor, Department of Family Medicine & Primary Care, Li Ka Shing Faculty of Medicine, The University of Hong Kong Rebecca S. Etz: Associate Professor, Department of Family Medicine and Population Health, School of Medicine, Virginia Commonwealth University, USA Stephen J. Zyzanski: Professor, Department of Family Medicine and Community Health, School of Medicine, Case Western Reserve University, USA Kurt C. Stange: Professor, Department of Family Medicine and Community Health, School of Medicine, Case Western Reserve University, USA

#### Introduction:

The Person-Centered Primary Care Measure (PCPCM) was developed in 2019 in the USA to holistically assess the vital functions of primary care provided by a doctor or a clinic practice from the patients' perspective. This study tested the cultural compatibility and psychometric properties of its Chinese translation.

#### Methods:

A Chinese translation of the PCPCM was developed by iterative forward-backward translations and its content validity was evaluated through cognitive debriefing interviews with 20 Chinese patients. 300 Chinese adult patients attending a primary care clinic in Hong Kong were then asked to self-administer the Chinese PCPCM, plus the Chinese versions of the Consultation and Relational Empathy (CARE) Measure, the Patient Enablement Instrument (PEI) and the Adult (Short) version of Primary Care Assessment Tool (PCAT). 118 patients were contacted by phone two weeks later to assess re-test reliability of the Chinese PCPCM. Construct validity was examined using item-scale correlations, item fit and dimensionality testing of Rasch analysis. Test-retest reliability was measured by Pearson correlation. Sensitivity was evaluated using known group comparisons.

#### **Results:**

The content validity of the Chinese PCPCM was confirmed with cognitive debriefing. A one-factor construct was confirmed by good item fit and uni-dimensionality on Rasch analysis. Pearson correlation (0.68) between PCPCM scores of first interview and follow-up showed good reproducibility. Cronbach's alpha >0.8 indicated that the set of items were closely related as a group. Significant correlations (r = 0.42 - 0.58) between PCPCM and CARE, PEI, and PCAT total scores supported convergent validity. The PCPCM scores were higher among patients who had known the doctors longer, were more likely to see the same doctor every visit and self-reported to have "better" than "worse" health.

#### Conclusions:

This study confirmed the Chinese translation of the PCPCM to be linguistically equivalent to the original PCPCM and culturally adapted for application amongst Chinese-speakers.

#### **Keywords:**

Person-Centered primary care; Measurement; Chinese



## Free Paper Competition – Oral Presentation

ORAL 04

## Kinesio taping improves gait kinematics in children with developmental coordination disorder

#### Timothy T.T. Yam<sup>1</sup>, William W.N. Tsang<sup>2</sup>

- <sup>1</sup> Assistant Professor, Department of Physiotherapy, School of Nursing and Health Studies, The Open University of Hong Kong
- <sup>2</sup> Department Head cum Professor, Department of Physiotherapy, School of Nursing and Health Studies, The Open University of Hong Kong

#### Introduction:

Developmental coordination disorder (DCD) is a neurodevelopmental condition which is characterized with gait deficits. This includes a weaker gait propulsion strategy accompanied with reduced lower limb muscle activations. Social activities with peers are greatly affected which ends up in a vicious cycle. Kinesio tape (KT) which claims to improve muscle activation and synchronization of movements may be a possible intervention to improve the gait kinematics in children with DCD.

#### Methods:

This was a parallel-group randomized controlled trial where children aged 6 to 9 were randomly allocated into either KT group (n = 25; mean age = 7.97 years) or control group (n = 24; mean age = 8.04 years). KT application to the bilateral quadriceps and gastrocnemius muscles was given to the KT group whereas the control group did not receive any intervention. Peak muscle activation patterns were measured while walking on a motorized treadmill using the surface electromyography, electrogoniometer and foot contact switches.

#### **Results:**

Gastrocnemius medialis activations were significantly different between the KT and control group during midstance (23.46%MVIC, 95% CI=-32.53, -14.39) and late-stance (3.25%MVIC, 95% CI=-5.67, -0.81) phases. Furthermore, the control group illustrated a decrease in muscle activation patterns during loading response phase for gastrocnemius medialis (8.36%MVIC, 95% CI=2.71, 14.02) and biceps femoris (3.54%MVIC, 95% CI=1.08, 6.01).

#### **Conclusions:**

KT application illustrated positive gait kinematic changes in children with DCD. The control group demonstrated less favourable gait changes without the KT application. KT could be a potential adjunct in gait rehabilitation programmes for children with DCD.

#### **Keywords:**

Gait kinematics; Gait rehabilitation; Developmental coordination disorder



## Free Paper Competition – Oral Presentation

**ORAL 05** 

## Efficacy of Conservative Nail Gutter Splint Treatment for Ingrown Toenail

YK Kwok; WY Ip, SY Leung

#### Introduction:

Ingrown toenail (IGTN), also known as onychocryptosis, is one of the most commonly treated cases in daily podiatric clinic. It is an ordinary pathology of foot that occurs in all age groups which may happen in every generation especially of high incidence rate for the youth and elderly due to poor self-care; age or disease related deformed toenails problems (Heidelbaugh and Lee, 2009). Current conservative treatments for IGTN is of high deviation of efficacy due to dependence on patient's self-care. Nail gutter splint treatment is a conservative treatment that does not require patient's intervention. It aiming at allowing symptoms free nail regrow by the means of tunnel. It is a relatively new treatment in Hong Kong without any local evidence support to author's knowledge. A 12 weeks nail gutter splint treatment program was designed by author to evaluate its outcome and safety. Program consisted of 4 clinical visits for placement of nail gutter splint, which did not involve any surgical intervention nor local anesthesia administration. Subjects were required to fill in questionnaire before and after treatment each visit.

#### Methods:

25 subjects with onychocryptosis were recruited according to sets of inclusion and exclusion criteria. Efficacy was evaluated by both objective measure included healing status and recurrence; and subjective measure included visual analogue scale (VAS) and patients' satisfaction. IBM SPSS Version Statistics (SPSS Inc., Chicago, Illinois) was used for data collection, statistical calculation and analysis. Paired sample t-tests was used to calculate the difference of VAS before and after the procedure. P-value < 0.05 was considered as statistically significance. The study was under the surveillance of the Institutional Review Board of The University of Hong Kong / Hospital Authority Hong Kong West Cluster, and ethical approval was granted.

#### **Results:**

78.3% subjects were suffered from multiple diseases that required regular medical follow-up, whose were the target participants of conservative IGTN treatment. 86.96% onychocryptosis healed after first gutter splint treatment, all onychocryptosis healed within the 12 weeks' program. The average healing time was 2.78 weeks. No recurrence of onychocryptosis reported at 3 months' follow-up post 12 weeks' program. The reduction of mean VAS in terms of toenail pain, walking pain and wearing shoes pain were all significant with p<0.001. There were also significant immediate pain relief, continuous relieve of symptoms throughout the 12-week program, and improvement of symptoms post treatments (p<0.001). All subjects were satisfied with the nail gutter splint treatment received. No complications reported in this study.

#### **Conclusions:**

Conservative nail gutter splint treatment was of high efficacy and safe to practice on high risk patients in hospital setting.

#### **Keywords:**

Ingrown toenail; nail gutter splint; conservative treatment



## Free Paper Competition – Oral Presentation

### ORAL 06

# Associations between sleep quality and 10-year cardiovascular disease risk among female nurses in Hong Kong: a cross-sectional study

Lin Jia Yan, Yao Jie Xie

#### Introduction:

Nurses typically have sleep problems owing to their unique work patterns and schedules. This situation might increase the risks of developing cardiovascular diseases (CVDs). Few studies on this topic have been conducted in Hong Kong. The present study aimed to explore the role of sleep quality in predicting the risks of developing CVDs among female nurses in Hong Kong.

#### Methods:

Data were drawn from a research project titled, "Hong Kong Women's Health Study 2019". Two rounds of e-mail survey and one round of mail survey were conducted among female nurses in Hong Kong from June 2019 to January 2020. The Framingham 10-year Risk Score (FRS) and the Pittsburgh Sleep Quality Index (PSQI) were used to evaluate the 10-year risk of developing CVDs and sleep quality, respectively.

#### **Results:**

A total of 1,344 Chinese female nurses aged 30 to 74 years and free of CVDs completed the questionnaires. The average global PSQI score was  $6.02\pm3.35$ , and 52.4% (704/1344) of the participants had poor sleep quality (PSQI score >5). The mean 10-year CVD risk was  $3.6\%\pm3.3\%$ . After adjusting for employment status, menopausal status, family history of CVDs and hypercholesterolemia, significant associations of 10-year CVD risk with sleep disturbance ( $\beta$ =0.006) and daytime dysfunction ( $\beta$ =-0.002) were observed (both p<0.01). The participants suffering from sleep disturbance showed a 1.82-fold higher risk of developing CVDs than those without sleep problems (OR=1.82; 95% CI: 1.04~3.18). Whereas a high daytime dysfunction decreased CVD risk (OR =0.63; 95% CI: 0.46~0.85).

#### Conclusions:

Sleep quality, especially sleep disturbance and daytime dysfunction, has a considerable influence on the 10-year CVD risk among female nurses in Hong Kong. Nurses who were unemployed, undergoing menopause and with a family history of CVDs were susceptible to a worse sleep–CVD risk association than nurses who did not belong to this high-risk group.

#### **Keywords:**

Sleep quality; Cardiovascular disease risk; Women



## Free Paper Competition – Oral Presentation

#### ORAL 07

## Longer sleep duration is associated with diabetes mellitus among older adults with impaired fasting glucose

Esther Y. T. Yu<sup>1</sup>, Ivy L. Mak<sup>2</sup> (Presenting author), Kiki S. N. Liu<sup>3</sup>, Y. Wang<sup>4</sup>, Eric Y. F. Wan<sup>5</sup>

- <sup>1</sup> Clinical Assistant Professor, Department of Family Medicine and Primary Care, The University of Hong Kong
- <sup>2</sup> Postdoctoral Fellow, Department of Family Medicine and Primary Care, The University of Hong Kong
- <sup>3</sup> MPhil Candidate, Department of Family Medicine and Primary Care, The University of Hong Kong
- <sup>4</sup> Research Assistant, Department of Family Medicine and Primary Care, The University of Hong Kong
- <sup>5</sup> Assistant Professor, Department of Family Medicine and Primary Care & Department of Pharmacology and Pharmacy, The University of Hong Kong

#### Introduction:

Suboptimal sleep duration and quality are associated with increased risk of diabetes mellitus (DM) in the general population. It is uncertain how age-related changes in sleep patterns impacts DM risk in the older population. This study investigates the association between sleep patterns and DM among older adults with impaired fasting glucose (IFG) in Hong Kong.

#### Methods:

A cross-sectional study in patients aged >40 years with previously diagnosed IFG, and recruited from general-out-patient-clinics were conducted. Sleep duration and quality was assessed by the Pittsburgh Sleep Quality Index (PSQI), which measures overall sleep pattern including subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleep medication, and daytime dysfunction. DM was defined by: fasting glucose level ≥7 mmol/L, 2-hour-post-challenge glucose level >11 mmol/L after a 75-gram oral glucose tolerance test, or haemoglobin A1c ≥6.5%. The associations between sleep pattern and risk of DM were examined by multivariable logistic regression adjusted for age, gender, anthropometry, lifestyle factors, presence of comorbidities, blood pressure and lipids.

#### **Results:**

Patients (n=401, mean age  $67.0 \pm 7.5$  years, 49.8% male) had an average sleep duration of  $6.3 \pm 1.4$  hours and PSQI score of  $6.3 \pm 4.4$ . Overall, 28.9% and 6.7% of patients had DM and obstructive sleep apnea, respectively. After adjusting for covariates, the odds of DM increased by 29% (OR 1.29, 95%CI [1.06,1.56]) for every hour increase in sleep duration. Patients with  $\geq 8$  hours of sleep had significantly greater odds of DM (OR 2.50, 95%CI [1.16,5.39]) than those with < 6 hours. No significant associations were observed for other PSQI components.

#### **Conclusions:**

Longer sleep duration is associated with greater DM odds among older adults with impaired fasting glucose; conventional guidelines for optimal sleep duration may not apply in high risk groups. Future studies should include objective measures to describe sleep patterns associated with DM risk.

#### **Keywords:**

Sleep; Diabetes mellitus; Impaired fasting glucose



## Free Paper Competition – Oral Presentation

#### **ORAL 08**

## How are family doctors serving the Hong Kong community during the COVID-19 outbreak? A survey of HKCFP members

Esther Y. T. Yu<sup>1,2</sup>, Will L.H. Leung<sup>1,3</sup>, Samuel Y.S. Wong<sup>1,4</sup>, Kiki S.N. Liu<sup>2</sup>, Eric Y.F. Wan<sup>2,5</sup>; For the HKCFP Executive and Research Committee

- <sup>1</sup> The Hong Kong College of Family Physicians
- <sup>2</sup> Department of Family Medicine and Primary Care, The University of Hong Kong
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- <sup>4</sup> The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong
- <sup>5</sup> Department of Pharmacology and Pharmacy, The University of Hong Kong

#### Introduction:

Family doctors who serve as the first point of contact for patients will inevitably be responsible for identifying probably cases of coronavirus disease 2019 (COVID-19) among the many patients presenting with respiratory symptoms each day. Despite experience in dealing with the severe-acute-respiratory-syndrome (SARS) in 2003 and the H1N1 pandemic in 2009, their preparedness in handling another outbreak has not been explored. This study evaluated the preparedness of family doctors from both public and private sectors during the early phase of COVID-19 outbreak in Hong Kong.

#### Methods:

All members of the Hong Kong College of Family Physicians were invited to participate in a cross-sectional online survey using a 20-item questionnaire to collect information on practice preparedness for the COVID-19 outbreak through an email followed by a reminder SMS message between 31 January 2020 and 3 February 2020.

#### **Results:**

Of 1589 family doctors invited, 491 (31%) participated in the survey, including 242 (49%) from private sector. In all, 98% surveyed doctors continued to provide clinical services during the survey period, but reduced clinic service demands were observed in 45% private practices and 24% public clinics. Almost all wore masks during consultation and washed hands between or before patient contact. Significantly more private than public doctors (80% vs 26%, P<0.001) experienced difficulties in stocking personal protective equipment (PPE); more public doctors used guidelines to manage suspected patients. The main concern of the respondents was PPE shortage. Respondents appealed for effective public health interventions including border control, quarantine measures, designated clinic setup, and public education.

#### **Conclusions:**

Family doctors from public and private sectors demonstrated preparedness to serve the community from the early phase of the COVID-19 outbreak with heightened infection control measures and use of guidelines. However, there is a need for support from local health authorities to secure PPE supply and institute public health interventions.

#### **Keywords:**

Family doctors; Pandemic; Preparedness



## Free Paper Competition – Oral Presentation

#### **ORAL 09**

## **Coping Strategies on Stress and Emotional Distress among Hong Kong Youths**

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- <sup>3</sup> Department of Statistics and Actuarial Science, The University of Hong Kong
- <sup>4</sup> Kwai Chung Hospital

#### Introduction:

Mental health problem is a global public health concern and an effective primary care would minimize stigma for mental health care. A significant association was identified between elevated risks of mental disorders and suicide and maladaptive coping strategies in youths. The current study aims to investigate how youths aged 15-19 cope with stress and emotional distress in Hong Kong.

#### Methods:

A total of 1,704 Form 4-6 students of 9 secondary schools participated in a survey in the 2019 fall semester. Respondents were requested to complete a self-administered questionnaire, including questions on demographics, how to cope with stress and emotional distress, suicidal ideation in the past 12-month, and their willingness to seek help. Descriptive statistics and Pearson's Chi-square tests were performed.

#### **Results:**

A total of 1,676 valid questionnaires were collected with a mean age of 16.0, where 822 (49.1%) were males and 836 (49.9%) were females. 415 respondents (25.3%) reported suicidal ideation in the past 12-month.

The most common negative strategies were "indulgence in video games" (35.1%) and "self-isolation" (26.6%), while "talking with someone" (68.9%) and "doing other things for relaxation" (65.6%) were the most popular positive selections. Most respondents trusted their "friends or classmates" (87.9%) but less would turn to "family" (38.4%) or "other professionals" (all < 15%), including social worker (11.4%), counsellor/psychiatrist/clinical psychologist (3.4%), and traditional Chinese/Western medicine physician (0.8%).

Females tended to "find someone to share" and males preferred "video games". Respondents with suicidal ideation were more likely to "self-isolate" and "cry", while those without suicidal ideation tended to "talk with others".

#### Conclusions:

It shows local youths intended to cope with self-distress by both positive and negative strategies, but generally they lacked interest in professional help-seeking, especially primary care. How to enhance youths' awareness and confidence in primary care mental health help-seeking should be addressed.

#### **Keywords:**

Mental health; Coping strategies; Youths

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## Free Paper Competition -

### **Poster Presentation**

POSTER	PRESENTATION TOPIC	AUTHORS (The underlined author is the presenting author)
01	Carpal tunnel syndrome without numbness	Dr. Emily T.Y. TSE
02	Occupational Therapy (OT) program on White coat Hypertension (WCHT) and White coat effect (WCE) in Family Medicine Clinic in KWC	Ms. SO Mei Ki, TONG Y.C.
03	Flexible Sigmoidoscopy performed by Family Physicians - Its role and diagnostic value for patients presenting with fresh rectal bleeding at primary care clinic	Dr. CHEUNG Wing Wo, CHAN K.W.
04	Sex difference in the association between antipsychotic use and acute ischemic heart disease: a retrospective cohort study of one million primary care patients	Dr. Francisco T.T. LAI, B. GUTHRIE, S. W. MERCER, D. J. SMITH, YIP B. H.K., CHUNG G. K.K., LEE K.P., CHUNG R. Y., CHAU P. Y.K., WONG E. L.Y., YEOH E. K., WONG S. Y.S.
05	"Less is More" – Lean Improvement in Handling Laboratory Investigation Reports in NTEC GOPCs	Ms. FUNG Wai Man, LAM P.H., LEUNG W.K., CHIU C.W.H., LEUNG M.K.W., KWOK F.L., HUI E.M.T., HUI E
06	Wound documentation: concise and precise for patient safety and continuity of care	Ms. LEUNG Yin Fan, LAI M.L., LAU YY., WONG P.H., TSE K.Y., KWOK F.L., LAM P.H., CHIU C. C.W., LEUNG S.Y., HUI E. M.T., HUI E.
07	Reuse of face mask during the COVID-19 pandemic	Prof. Linda Y.K. LEE, CHAN I. C.W., WONG O. P.M., NG Y. H.Y., NG C. K.Y., CHAN M. H.W., NG J. K.C., KOO H. H.T., LAM S.T., CHU A. C.W., WONG R. Y.S., LEUNG H. P.Y., PUN A. L.C.
08	Patient Empowerment on Perianal and Fistula-In-Ano Wound Care in General Outpatient Clinic	Ms. WONG Yuk Wah, KONG K. S.M., CHU T.K., WONG B.C., LIANG J.
09	The Cost-Effectiveness of Prostate Health Index for Prostate Cancer Detection in Chinese men	Prof. Jeremy Y.C. TEOH, LEUNG C.H., WANG M. H.T., CHIU P. K.F., YEE C.H., NG C.F. WONG M. C.S
10	Tackling the challenge of patient identification in primary health care settings: Initiation of effective "3 Check's approach" in NTEC FM	Ms. Dobi K.W. CHEUNG, Yeung T.Y., KWOK F.L., LAM P.H., CHIU C. W.H., LEUNG W.K., HUI E. M.T., HUI E.
11	A Winter Surge Wellness Program to keep COPD patients in the community	Ms. CHEUNG Yee Man, KAN Y.S., SIU C.H., LEE C.P., LEUNG K.W. LEUNG W.K., LEUNG S.Y., WONG P.K., CHIU W.H., HUI M.T., TO Y.L., POON W.F., HUI E.
12	Reasons to Enrol and Adhere to Free Community-based Structured Physical Activity Programme – a qualitative exploration	Dr. Esther Y.T. YU, SUN T. K.S., LIU K. S.N., YIM C. W.Y., CHEN S. S., HO S. S.Y., SEE C. Y.H., LEUNG A. Y.M.
13	Dual-tasking performance in community-dwelling stroke survivors	Dr. CHAN Wing Nga, TSANG W. W.N.
14	Safe driving and health campaign : health promotion for commercial vehicle drivers	TANG J. S.F., Mr. Peter K.F. HO



## Free Paper Competition -

### **Poster Presentation**

POSTER	PRESENTATION TOPIC	AUTHORS (The underlined author is the presenting author)
15	Survey on the use of teleconference (Zoom) for CBT seminar/education	SZETO N. C.Y., <u>Dr. WESLEY C.H.</u> <u>TAM</u> , FOK P.A., NG C.L.
16	Pre-doctor Consultation Nurse Education for Sub-optimal DM Control Patients in Chai Wan General Out-patient Clinic	Ms. HUNG Shuk Yee, CHENG Y.H., MAK K.Y., LEUNG W. Y.N., LEUNG W. W.C., LEUNG V. C.W., CHEUNG P.H., CHOW A. W.P., CHEUNG K. Y.H., WONG M. M.S., WONG M. M.Y.
17	Exploring patients with COPD and functional impairment in daily living: Result from a validity study in NTEC GOPCs	Mr. Damian C.H. SIU, LEUNG M. K.W., CHUNG W.H., LEE C.P.,YUE A. S.Y., CHAN K. P.Y., FONG K.
18	Who reports insufficient sleep and sleep disturbances in Hong Kong? Results from a representative population-based health survey	Dr. Laura E. BEDFORD, TANG E. H.M., DONG W.N., WONG C. K.H., TSE E. T.Y., YU E. Y.T., LAM C. L.K.
19	The validity, reliability, sensitivity and responsiveness of a modified patient enablement instrument (PEI-2) as a tool for serial measurements of health enablement	Ms. MAEGAN H.Y. YEUNG, BEDFORD L.E., AU C.H., TSE E. T.Y., YIM W.Y., YU E. Y.T., WONG C. K.H., LAM C. L.K.
20	More needs to be done to regulate E- cigarette and Heated Tobacco Products	Ms. Sharmila GURUNG, TANG J. S.F., LEUNG B.
21	Tele-Web Dietitian Consultation (TWDC) Service Continued the Support to Community during COVID-19 Pandemic	Ms. Doris P.S. LAU, CHAN T. S.F.
22	A School-Based Intervention for Salt and Sugar Reduction to Promoting Dietary Change as Prevention for Non-Communicable Diseases (NCD) in Hong Kong	Ms. Doris P.S. LAU, CHAN H. T.M.
23	A Novel Approach of using combined Food Labelling workshop and 'Diabetes Conversation Map to enhance Participants' Awareness and Glucose Management by Community Dietitians	Ms. Doris P.S. LAU, LO M. M.S.
24	Who is at high risk of DM and pre-DM?	Mr. Dovey W.N. DONG, TSE E. T.Y., WONG C. K.H., YU E. Y.T., L. BEDFORD L.E., TANG E. H.M., LAM C. L.K.
25	Adolescents follow the healthy dietary habit of parents	Ms. Kiki S.N. LIU, AU I. C.H., L. BEDFORD, TSE E. T.Y.,YU E. Y.T., LAM C. L.K.
26	Cervical smear (Pap smear) uptake by South Asian Ethnic Minority women in Hong Kong	Ms. Sharmila GURUNG, TANG J. S.F., CHAN L.H.
27	Knowledge of Quit Methods amongst the Ethnic Minorities in Hong Kong	Ms. Sharmila GURUNG, TANG J. S.F., KHAN N.H.
28	Cervical Cancer Screening for Hong Kong's Foreign Domestic Helpers	Ms. Sharmila GURUNG, TANG J. S.F., BATOOI A.
29	Prevalence of household passive smoking exposure in Hong Kong	Ms. Bulbul SHARMA, S. GURUNG
30	Optimisation of Drug Dosage by CDARS-assisted Renal Function Screening	Mr. TAM Kar Yeung, YICK P.K.



## Free Paper Competition -

### **Poster Presentation**

POSTER	PRESENTATION TOPIC	AUTHORS (The underlined author is the presenting author)
31	Survey on the use of HAFM Note Template for Special Drugs	<u>Dr. YIP Wing Ki</u> , FOK P. A.
32	Preference of blood pressure measurement methods by primary care doctors in Hong Kong: A cross-sectional survey	Prof. Eric K.P. LEE, CHOI R. C.M., LIU L.C., GAO T., YIP B. H.K., WONG S. Y.S.
33	Short-term reproducibility of ambulatory blood pressure measurements: A systematic review and meta-analysis of 35 observational studies	Prof. Eric K.P. LEE, BO Y.C., KWOK K.O., CHUNG V. C.H., YU C.P., TSOI K., WONG S. Y.S.
34	Community drug support during Covid-19	Dr. LIU Shao Haei, CHIANG S.C.
35	Home safety and gap in related community service for Hong Kong elderly	<u>Dr. Ben Y.F. FONG</u> , YEE H. H.L., NG T. K.C., LAW V. T.S.
36	Knowledge, attitude, utilisation and satisfaction of Traditional Chinese Medicine in Hong Kong	<u><b>Dr. Ben Y.F. FONG</b></u> , NG T. K.C., LO M.F.
37	Health for All in Wound Care - the More You Know, the More You Care	Ms. WAN Yan Ting, LAM K. K.A., CHAN C.S., CHOW T. W.C., CHOY W.K., AU P.S., CHAN H.Y., LAU M.S., CHOW W. P.A., CHEUNG P.H., CHEUNG Y. H.K. WONG M. Y.M.
38	Application of clinical photography on wound documentation in General Out-patient Clinic	Ms. Vivian P.H. WONG, LAU W.H., CHIU S.L., LAI M.L., CHIU C. W.H., LEUNG S.Y., LOUIE Y.M. A., TAM S. O.F., HUI E. M.T., HUI E., CHOI C. S.W.



## Free Paper Competition -

### **Poster Presentation**

#### **POSTER 01**

### Carpal tunnel syndrome without numbness

#### **Emily T.Y. Tse**

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

#### Introduction:

Numbness/paresthesia in the median nerve distribution are hallmark symptoms of carpal tunnel syndrome. An atypical case with just thenar muscles atrophy and thumb pain is reported.

#### Method:

Case report

A 66-year old woman with diabetes, hyperlipidaemia and obesity attended a GOPC in October 2019 complained of an insidious onset of right thumb pain since 6 months ago. The pain had been worsening. Atrophy of her right thenar eminence noticed. She reported no numbness over her fingers nor wrist. Examination showed right thumb metacarpophalangeal joint tenderness without abnormal mass. There was marked wasting of her right thenar muscles with weakness of the thumb. X-ray right thumb: satisfactory alignment; Degenerative changes at interphalangeal joint. CXR was unremarkable.

She was referred to the orthopaedic specialist. Her right thumb's abduction power was graded as 2/5; Tinel's, Durkan's and Phalen's tests were all positive upon being seen by O&T a few months later. No abnormality was detected over her right elbow, other myotomes nor dermatomes. The impression was carpal tunnel syndrome. Early NCV/EMG were arranged and she was put on list for surgical release. Meanwhile, she was referred to occupational therapist for wrist splint.

#### **Results:**

The patient was diagnosed to have carpal tunnel syndrome eventually.

Discussion:

Carpal tunnel syndrome is a common disorder with an estimated prevalence of 1-5% in the general population. The patient described in this case presented atypically with right thumb joint pain and atrophy of thenar muscles only. She did not volunteer any numbness. Nonetheless, early referral to orthopaedics is mandatory. Apart from carpal tunnel syndrome, family physicians should also beware of Pancoast tumor as an important differential diagnosis when patients present with small muscles of hand atrophy.

#### **Conclusions:**

Family physicians should be alerted to the finding of thenar muscles atrophy and proceed with referrals and further investigations to find out the cause.



## Free Paper Competition -

### **Poster Presentation**

#### **POSTER 02**

### Occupational Therapy (OT) program on White coat Hypertension (WCHT) and White coat effect (WCE) in Family Medicine Clinic in KWC

#### So MK, Tong YC

Occupational Therapist, Family Medicine and Primary Health Care Department, KWC

#### Introduction:

WCHT and WCE are a common phenomenon that patients show higher blood pressure (BP) in clinic measurement than that in home monitoring. A new OT program using relaxation techniques with occupational lifestyle redesign was implemented and aimed to reduce patient's clinic anxiety, reflect actual BP in clinic setting and enhance patient with chronic disease management.

#### Method:

OT program was conducted since Jan 2019. Patients will enroll to an education group and followed up by two individual sessions. A tailored 10-point Likert scale questionnaire was completed for the pre-post comparison on knowledge and self-efficacy on chronic disease management. BP was compared upon first individual follow up after practicing the relaxation technique. In the second follow up, BP was measured to assess the generalization of skills into routine clinic follow up.

#### **Results:**

Total 100 patients (77% female) attended the education group with mean age 66 years old. 81% of patients reported anxious during clinic follow up. For the pre-post questionnaire comparison, all 4 areas: 1) knowledge on proper BP measure; 2) knowledge on self-management of BP control; 3) knowledge on relaxation technique; 4) knowledge on stress management showed significant improvement (p<0.01).

Besides, the efficacy in applying the knowledge into skills was rated from 7 to 9. For individual follow up, total 53 patients completed two follow-up sessions. The Pre-post mean systolic BP BP comparison were found significantly reduced by 16 mmHg (p<0.01) during first follow-up session while significantly reduced by 11 mmHg (p<0.01) in the second follow-up session.

#### **Conclusions:**

Those positive results showed the new occupational therapy program on WCHT and WCE was effective in reducing patient's clinic anxiety and increasing patients' self-efficacy in chronic disease management.



## Free Paper Competition -

### **Poster Presentation**

#### **POSTER 03**

# Flexible Sigmoidoscopy performed by Family Physicians - Its role and diagnostic value for patients presenting with fresh rectal bleeding at primary care clinic

#### **Cheung Wing Wo**

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

#### Chan Kin Wai

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

#### Introduction:

Fresh rectal bleeding is a common and yet important presenting symptom in the consultation of general practice. Anal fissure and haemorrhoids remain to be the most commonly encountered causes, but it can be the result of colorectal cancer bleeding.

Family Medicine Specialists from our unit can book direct access Flexible Sigmoidoscopy (FS) performed by Family Physicians, in collaboration with the hospital endoscopy unit. Patients who presented with bright red rectal bleeding, without other bowel symptoms, systemic upset or features of anaemia, referred for FS were studied.

#### Method:

Patients referred from primary care clinic for FS during the period of 1/2016-3/2018 were studied. The procedure was conducted at the hospital endoscopy unit. The waiting time for the procedure, endoscopic findings, complications, subsequent needs of colonoscopy and specialist referral were studied.

#### Results:

456 patients with 224 men and 232 women were studied. Their age ranges from 23 to 84 (Mean age 54.5). Two patients were found to have adenocarcinoma at the sigmoid colon and the recto-sigmoid junction. Seventy-four (16.4%) patients were found to have adenomatous polyp. Thirty-one patients were found to have other colorectal pathologies which included diverticulum, proctitis, melanosis coli, colitis, rectal ulcer and lipoma. The overall diagnostic yield for FS was 36.2%. Eighty-one (17.8%) patients required booking for colonoscopy at their subsequent follow up. Twenty-six (5.7%) patients needed specialist referral whereas 94.3% of them remained to receive their medical care at the primary care setting after FS. The average waiting time for FS was 7.2 months. There was no bleeding, perforation or cardiopulmonary complication recorded.

#### Conclusions:

Flexible Sigmoidoscopy can be performed safely by trained Family Physicians. If the waiting time can be further reduced, say with the procedure offered earlier as an office procedure in the community. By then, we can make a different clinical outcome for this group of patients.



## Free Paper Competition -

### **Poster Presentation**

#### **POSTER 04**

Sex difference in the association between antipsychotic use and acute ischemic heart disease: a retrospective cohort study of one million primary care patients

Francisco T.T. Lai, Bruce Guthrie, Stewart W. Mercer, Daniel J. Smith, Benjamin H.K. Yip, Gary K.K. Chung, Kam-Pui Lee, Roger Y. Chung, Patsy Y.K. Chau, Eliza L.Y. Wong, Eng-Kiong Yeoh, Samuel Y.S. Wong

#### Introduction:

Research comparing sex differences in the effects of antipsychotic medications on acute ischemic heart disease (IHD) is limited and the findings ambiguous. This study aimed to investigate these associations within a primary care setting.

#### Method:

Hong Kong public general outpatient electronic records of patients aged 45+ during 2007 – 2010 were extracted, with the last consultation date as the baseline for a four-year follow-up period to observe acute IHD hospitalizations (2011 – 2014). Antipsychotic use was defined as any prescription over the previous 12 months from a list of 16 antipsychotics, while acute IHD was defined by ICD-9: 410.00–411.89. Both sex-specific and sex-combined (both sexes) mixed-effects Cox models (random intercept across 74 clinics) were implemented to examine the association and test the interaction between antipsychotics and sex.

#### **Results:**

Among 1,043,236 included patients, 17,780 (1.7%) were prescribed antipsychotics, and 8,342 (0.8%) developed IHD. In sex-specific analyses, antipsychotic prescription was associated with a 32% increased hazard rate of acute IHD among women (95% CI: 1.05 - 1.67) but not among men. In the sex-combined model, the adjusted hazard ratio for the interaction between antipsychotics and being women was 1.46 (95% CI: 1.04 - 2.05). This moderation effect attenuated and became nonsignificant when either haloperidol or quetiapine was omitted from the operationalization of antipsychotic use.

#### Conclusions:

Antipsychotic prescription is associated with an increased risk of acute IHD among women in primary care and this relationship may be explained by specific antipsychotics. More research is warranted to understand the underlying mechanisms.



## Free Paper Competition -

### **Poster Presentation**

#### **POSTER 05**

## "Less is More" – Lean Improvement in Handling Laboratory Investigation Reports in NTEC GOPCs

Fung WM, Lam PH, Leung WK, Chiu CWH, Leung MKW, Kwok FL, Hui EMT, Hui Elsie

#### Introduction:

With growing services and attendance, GOPC has to handle a lot of laboratory investigation reports. A typical clinic handles more than 1,000 pages of laboratory investigation reports per day. A long handling time of average 417 minutes for each laboratory investigation report was observed. Such long redundant process, involving many personnel of clerical, supporting staffs and doctors, may increases the risk of error. With the aim to reduce the risk of missing or unseen abnormal laboratory investigation reports, the workflow of handling laboratory investigation reports was streamlined and the quality was monitored continuously.

#### Method:

Doctors and nurse in-charges of GOPC were engaged to review the current workflow of handling laboratory investigation reports for system vulnerability and identify possible improvement area. The workflow was streamlined with emphasis on 1S4D.

1S: Standardized management of laboratory investigation reports, including collection, distribution and abnormal result management.

4D: Designated printer for printing of laboratory investigation reports - the printer was labelled clearly "Do Not Switch Off" to prevent interruption to the printing of the reports.

Designated folders for filing the laboratory investigation reports to individual doctor for screening – screened normal and abnormal laboratory investigation reports were collected in separated files to enhance alertness of abnormal laboratory reports.

Designated staff to handle the laboratory investigation reports – designated clerk distributed and collected laboratory investigation reports. All pages of the reports were rechecked and ensured to be screened before taking relevant follow-up action.

Designated area and duration for storage of screened normal and abnormal laboratory investigation reports respectively;

In addition with the documentation of abnormal laboratory result in CMS to enhance follow up action, the revised workflow was implemented in Lek Yuen GOPC (LYGOPC) as pilot project in May 2017.

#### **Results:**

Evaluation after 3 months post pilot implementation revealed positive outcome with no incident related to missing or mishandling of laboratory investigation reports in LYGOPC. The processing time was significantly decreased by 34%, which in turn greater efficiency in handling the laboratory investigation reports was achieved after the lean improvement. With this encouraging result, all GOPCs in NTEC adopted the revised workflow of handling laboratory investigation reports in 2018. A department based audit in 2019 shown an overall good compliance, particularly in improvement area 1S4D.

#### Conclusions:

It is worth to continuously monitor the workflow, quality and compliance as we strive to sustain zero tolerance of any missing laboratory investigation reports. Patient safety and timely treatment is always our utmost concern.



## Free Paper Competition -

### **Poster Presentation**

#### **POSTER 06**

## Wound documentation: concise and precise for patient safety and continuity of care

Y.F. Leung, M.L.Lai, Y.Y. Lau, P.H. Wong, K.Y. Tse, F.L. Kwok, P.H. Lam, Caroline C.W.Chiu, S.Y. Leung, Eric M.T. Hui, E. Hui

Department of Family Medicine, New Territories East Cluster, Hong Kong

#### Introduction:

Demand for wound care service is tremendous in General Outpatient Clinic (GOPC). Nurses only had 10 minutes to complete one dressing. Electronic wound documentation in Clinical Management System (CMS) was enhanced. Wound care templates were set up to facilitate record entry. However, the past templates were too comprehensive and too detail that nurses could not complete in short time. Incomplete and inaccurate documentation leaded to break the continuity of wound care. Different interpretation of wound notes further worsened the inconsistency. Simplification and standardization of wound care templates to enhance safety and continuity of wound care were conducted to facilitate better communication.

#### Method:

Plan-Do-Check-Act cycle was employed to guide the planning and implementation of the revision. A task group involved 9 GOPCs in New Territories East Cluster (NTEC) was set up to review the current practice of wound documentation and identified the mandatory items to be included in the templates e.g. number of packing material removed and applied. After the new wound templates were developed, all stakeholders were informed. Training was provided for all GOPC nurses. From Aug till Dec. 2019, the on-site coaching and supervision of using the new wound templates were implemented. Daily audit of 5 cases in each clinic was conducted to monitor the compliance, accuracy and completeness.

#### Results:

The audit result was satisfactory and encouraging. The compliance rate of the new wound template was good. Nurses reflected that they have adequate time to complete the document, they showed competency and consistency in using the new wound templates. The continuity and good communication of wound care was maintained.

#### **Conclusions:**

A concise and precise wound documentation is better than comprehensive but low compliance and inaccurate documentation.



## Free Paper Competition -

### **Poster Presentation**

#### **POSTER 07**

### Reuse of face mask during the COVID-19 pandemic

Linda Y. K. Lee<sup>1</sup>, Issac C. W. Chan<sup>2</sup>, Owen P. M. Wong<sup>2</sup>, Yaki H. Y. Ng<sup>2</sup>, Crystal K. Y. Ng<sup>2</sup>, Max H. W. Chan<sup>2</sup>, Joe K. C. Ng<sup>2</sup>, Hailey H. T. Koo<sup>2</sup>, S. T. Lam<sup>2</sup>, Ada C. W. Chu<sup>2</sup>, Rachel Y. S. Wong<sup>2</sup>, Heidi P. Y. Leung<sup>2</sup>, Angel L. C. Pun<sup>2</sup>

#### Introduction:

Since 12 March 2020, COVID-19 has become an international pandemic. To prevent the spread of disease, people are strongly suggested to wear a face mask (surgical mask). Although a face mask is designed for single use, reuse of face mask is common in Hong Kong. This study examined the practice of reusing a face mask amongst adults during the COVID-19 pandemic and the association with their health beliefs towards COVID-19.

#### Method:

This cross-sectional descriptive study was conducted in April 2020. A quota sample of 1,000 adults was recruited to answer a telephone interview on their practice of reusing a face mask and health beliefs towards COVID-19. Independent t test was used to compare the difference in health beliefs between participants who reused and did not reuse a face mask.

#### **Results:**

Despite having 90 face masks in stock, 345 participants (35.4%) reused a face mask. They used a face mask for 2.5 days. The older adults (> 60 years) reported a higher proportion (53.5%) and a longer duration (2.7 days) in reusing a face mask than the young adults (proportion = 27.5%; duration = 2.4 days). Participants kept their used face mask in tissue paper (n = 198) or plastic bag (n = 110). They disinfected their used face mask by air (n = 82) or sunlight (n = 42). Participants who reused a face mask significantly perceived having lesser face masks in stock (t = 3.905; p < 0.001).

#### Conclusions:

Effort is required to increase adults' health awareness. Concrete measures should target at the older adults who have less resources and reduced capability to receive health information and to buy face masks. Additionally, ensuring a steady supply of face masks is necessary to reduce adults' worry of having inadequate face masks which leads them to reuse a face mask.

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## Free Paper Competition -

### **Poster Presentation**

#### POSTER 08

## Patient Empowerment on Perianal and Fistula-In-Ano Wound Care in General Out-Patient Clinic

#### Y. W. Wong, Kennis S. M. Kong, T. K. Chu, B. C. Wong, J. Liang

Advanced Practice Nurse, Department of Family Medicine and Primary Health Care, NTWC Advanced Practice Nurse, Department of Family Medicine and Primary Health Care, NTWC Associate Consultant, Department of Family Medicine and Primary Health Care, NTWC Departmental Operations Manager, Department of Family Medicine and Primary Health Care, NTWC Chief of Service, Department of Family Medicine and Primary Health Care, NTWC

#### Introduction:

Conventional nursing care for perianal or fistula-in-ano (FIA) surgical wound is daily dressing in General Out-Patient Clinics. Sitz bath with 4% potassium permanganate solution (KMnO4) provides an alternative method to serve the same purpose, in which ambulatory patients in primary care self-care perianal surgical wounds in home.

#### **Objectives:**

To empower patients on the use of sitz bath with KMnO4 for perianal and FIA self-wound care.

#### Method:

The 2 stages of this project are: (1) Standardization of patient education materials including design of educational pamphlet and staff training (2) Patient empowerment of perianal wound care which consists of patient recruitment by nurses after wound assessment, prescription of KMnO4 by doctors, patient education by nurses, and one-week interval nursing re-assessment. Evaluation was done by questionnaires to staff and patients.

#### **Results:**

In the period from Jul to Aug 2019, 56 nurses were trained and 25 patients were recruited. Before empowerment, three patients (12%) knew about KMnO4 sitz bath. After education, 92% (n=23) of them felt confident using it. Majority of them (88%) had wound improved. Only one patient had vulva dermatitis and stopped sitz bath.

#### **Conclusions:**

Empower patients using KMnO4 sitz bath for perianal and FIA self-wound care is feasible and may reduce dressing frequency in clinic.



### Free Paper Competition -

### **Poster Presentation**

#### **POSTER 09**

## The Cost-Effectiveness of Prostate Health Index for Prostate Cancer Detection in Chinese men

Jeremy Yuen-Chun TEOH<sup>1</sup>, Chi-Ho LEUNG<sup>1</sup>, Maggie Haitian WANG<sup>2</sup>, Peter Ka-Fung CHIU<sup>1</sup>, Chi-Hang YEE<sup>1</sup>, Chi-Fai NG<sup>1</sup>, Martin Chi-Sang WONG<sup>2</sup>

#### Introduction:

Prostate-specific antigen (PSA) and prostate health index (PHI) have been used as biomarkers for prostate cancer detection. We evaluated the cost-effectiveness of PHI for prostate cancer detection in Chinese men.

#### Method:

We developed a Markov model for Chinese male patient aged 50-75 years with elevated PSA of 4-10ng/mL and normal Digital Rectal Examination (DRE). The PSA strategy was to offer TRUS-PB for all patients with elevated PSA of 4-10ng/mL. The PHI strategy was to offer PHI for patients with elevated PSA of 4-10ng/mL. TRUS-PB would only be offered for patients with PHI >35.0. Model inputs were extracted from local data. The cost per quality-adjusted life years (QALYs) gained for both strategies were calculated. The incremental cost-effectiveness ratio (ICER) in relation to the willingness-to-pay (WTP) threshold of the PSA and PHI strategies were compared. One-way sensitivity analysis and probabilistic sensitivity analysis were performed. Cost-effectiveness acceptability curves were constructed.

#### **Results:**

With a Markov model of 25 screening cycles from age 50-75 years, the mean total costs per man were estimated to be US\$27439 in the PSA strategy and US\$22877 in the PHI strategy. The estimated effects were estimated to be 15.70 in the PSA strategy and 16.05 in the PHI strategy. The PHI strategy was associated with an expected decrease in cost of US\$4562 and an expected gain of 0.35 QALY, resulting in an ICER of US\$-13056.56. The results of our Markov model were shown to be robust upon one-way sensitivity analysis. Upon Monte Carlo simulation, the PHI strategy was more cost-effective for 100% of the iterations. The PHI strategy demonstrated dominance over the PSA strategy regardless of what WTP threshold we use.

#### **Conclusions:**

The PHI strategy is more cost-effective than the PSA strategy for prostate cancer detection in Chinese men, highlighting its potential to be adopted in clinical practice.

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## Free Paper Competition -

### **Poster Presentation**

#### **POSTER 10**

Tackling the challenge of patient identification in primary health care settings: Initiation of effective "3 Check's approach" in NTEC FM

Cheung Ka Wai Dobi, Yeung Ting Ying, Kwok Fei Ling, Lam Pui Ha, Chiu Wai Hing Caroline, Leung Wing Kit, Hui Ming Tung Eric, Hui Elsie

Department of Family Medicine, New Territories East Cluster, Hong Kong

#### Introduction:

Correct identification (CID) is one of the top three clinical risk registry in Family Medicine, New territories East cluster (FM, NTEC). Patient misidentification may lead to medical error, medication error and wrong clinical intervention (e.g. X-rays, referral, specimens collection) etc. From 2016 to 2018, 19 misidentification incidents were reported to Advance Incident Reporting System (AIRS). To assess front-line staff's compliance on CID, the Continuous Quality Improvement (CQI) program was initiated by NTEC Quality and Safety (Q&S) workgroup in, August 2018.

#### Method:

- 1. Conducted CID incident stock take by Q&S workgroup and identified areas of mal-practices.
- 2. Developed "3 Steps Approach" as a guide for staff to comply CID in daily routines.
- 3. Produced a video to demonstrate the proper CID checking process by applying "3 Steps Approach".
- 4. Tailor-made an observation form to facilitate CID Onsite Surprise Check Exercise.
- 5. All items in "3 Steps Approach" were mandatory procedures and staff should comply 100% in the exercise.
- 6. The exercise was conducted among 9 clinics in NTEC FM in January 2019.

#### Results:

- 1. A total of 300 (97.1 %) staff in the department had received the CID Surprise Check Exercise (81 doctors, 100 nurses, 62 PCAs and 57 clerical).
- 2. The overall compliance rate was 96.7%. 10 opportunities were found fail (1 in consultation, 7 in Shroff registration and 2 in vital sign records).
- 3. Further improvement measures were developed according to the results in the exercise.
- 4. Staff reflected that the critical areas regarding the proper CID checking process were clearly demonstrated in the CID training video.

#### **Conclusions:**

- 1. The tailor-made observation form was tested an useful tool to monitor the compliance of CID. Incident rate on patient misidentification had improved in end of 2019 after the Onsite Surprise Check Exercise.
- Audit could be constantly conducted by using the newly developed observation form to monitor the CID compliance in the department.



## Free Paper Competition -

### **Poster Presentation**

#### **POSTER 11**

## A Winter Surge Wellness Program to keep COPD patients in the community

Y.M. Cheung<sup>1</sup>, Y.S. Kan<sup>1</sup>, C.H. Siu<sup>3</sup>, C.P. Lee<sup>2</sup>, K.W. Leung<sup>2</sup>, W.K. Leung<sup>2</sup>, S.Y. Leung<sup>2</sup>, P.K. Wong<sup>2</sup>, W.H. Chiu<sup>2</sup>, M.T. Hui<sup>2</sup>, Y.L. To<sup>1</sup>, W.F. Poon<sup>3</sup>, E. Hui<sup>2</sup>

#### Introduction:

Chronic obstructive pulmonary disease (COPD) patients are high-risk disease group with acute exacerbation of COPD (AECOPD) during winter surge leading to increased utilization of AED. Effective preventive measures can help to reduce AED attendance.

#### Method:

All COPD patients ever attended medical consultation in New Territory East Cluster) General Out-patient Clinics (GOPC) were invited to join this "Winter Surge Wellness Program (WSWP)". WSWP is run by physiotherapist, nurse, and occupational therapist with preventive measures including promotion on seasonal influenza vaccination, self-management education and a hotline providing advice to COPD patients with worsened symptoms.

#### **Results:**

2,262 COPD patients under the catchment of NTEC GOPCs were contacted, with 2199 patients being encouraged to have influenza vaccination and 614 patients participated the self-management education class. After completion of WSWP, the seasonal influenza vaccination rate increased by 10.96 % in 2019/2020 (till 13/2/2020) compared to that in 2018/2019 while the vaccination rate with age <65 increased by 27.82%. We received 32 hotline calls in total, 30 early medical consultations were arranged and timely management was given in GOPCs. The number of admissions per COPD patient was lower among flu vaccination group compared to that of non-vaccinated group (1.42 vs 1.69 episodes per patient, respectively). There was significant reduction in number of admissions per patient when the patients have received vaccinations in 3 consecutive years (1.33 vs 1.67 episodes per patient).

#### **Conclusions:**

To conclude, this winter surge wellness program could effectively promote seasonal influenza vaccination and enhance preventive measures on self-managing of AECOPD, which could further reduce AED admission.

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<sup>&</sup>lt;sup>3</sup> Department of Occupational Therapy, Prince of Wales Hospital



## Free Paper Competition -

### **Poster Presentation**

#### **POSTER 12**

# Reasons to Enrol and Adhere to Free Community-based Structured Physical Activity Programme – a qualitative exploration

Esther Y. T. Yu<sup>1</sup>, Tony K. S. Sun<sup>2</sup>, Kiki S. N. Liu<sup>2</sup>, Cindy W. Y. Yim<sup>2</sup>, Sikky S. Chen<sup>2</sup>, Soki S. Y. Ho<sup>3</sup>, Christopher Y. H. See<sup>4</sup>, Angela Y. M. Leung<sup>5</sup>

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- <sup>5</sup> School of Nursing, The Hong Kong Polytechnic University

#### Introduction:

In 2015, our research team offered free 10-week structured physical-activity (PA) programmes to 56 community dwellers aged ≥50 years at high risk of DM. Each programme comprised twenty 90-minutes classes of combined muscle-strengthening and aerobic exercises instructed by a certified fitness trainer at a conveniently located community gym. Unexpectedly, significant dropout (77%) was observed towards the end of each programme. This study investigated the facilitators and barriers of the attendees to enrol and adhere to the PA programme.

#### Method:

A qualitative study using focus group interviews to explore the attendees' expectations, experiences, facilitators and barriers encountered in the PA programmes was conducted in 2018. Suggestions to improve the programme were also invited. All 56 PA programme attendees were recruited to participate in one of the 8 focus group interviews, which lasted for 30-60 minutes with 3-5 subjects per group.

#### **Results:**

Thirty-four attendees (60.7%) participated in the focus group interviews. Four main themes emerged, including perceived benefits of the PA programme, interpersonal relationship, convenience, and programme design. Free course, motivation to develop exercise habit and improve health facilitated enrolment in the PA programmes. Positive attributes (active and enthusiastic) of instructors, social connectedness and support were regarded as the most important enablers for participants to be continually involved. Yet, lack of improvement in health, long travel distance, and issues with programme design including unclear objectives, and content being too simple and repetitive were reported as barriers for some participants to continue. Some participants suggested more personalised training with additional supports like online videos and free health assessment to improve adherence.

#### Conclusions:

Our results demonstrated that perceived health benefits, engaging instructors and peer support facilitated enrolment and adherence to PA programme, while programme inefficiency and inconvenience contributed to non-adherence. Future PA programme should pay particular attention to its design, and selections of instructor, venue and schedule.



## Free Paper Competition -

### **Poster Presentation**

#### **POSTER 13**

## **Dual-tasking performance in community-dwelling stroke** survivors

#### Chan Wing Nga<sup>1</sup>, William Tsang Wai Nam<sup>2</sup>

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- <sup>2</sup> Department Head cum Professor, Department of Physiotherapy, School of Nursing and Health Studies, The Open University of Hong Kong

#### Introduction:

Turning and stepping down often occur in daily life which require attentional resources. An additional cognitive task to either movement (dual-tasking) could be more challenging, especially in people with stroke. This study investigated how community-dwelling stroke survivors respond to two dual-tasking conditions and whether they perform differently from the controls.

#### Method:

Auditory Stroop test was combined with either turning-while-walking (Condition A) or stepping down (Condition B). Auditory Stroop test performance was measured by composite score (dividing accuracy by averaged reaction time). Turning-while-walking performance was determined by turning duration, number of turning steps, and completion time. Stepping down performance was determined by center of pressure sway amplitude and velocity. Two-way mixed ANOVAs were used to compare the differences between stroke survivors and controls, and between single-tasking and dual-tasking conditions.

#### **Results:**

Fifty-nine stroke survivors and 45 controls were tested in Condition A, while 26 stroke survivors and 34 controls were assessed in Condition B. In both conditions, stroke survivors performed significantly worse than the controls both cognitively and physically (p < 0.05). Among stroke survivors, composite scores of the auditory Stroop test significantly decreased when dual-tasking (Condition A: single-tasking: 90.0  $\pm$  25.6, dual-tasking: 76.4  $\pm$  31.2, p = 0.01; Condition B: single-tasking: 83.3  $\pm$  22.6, dual-tasking: 71.5  $\pm$  24.2, p = 0.002). However, no significant changes were observed in physical performance when a cognitive task was added.

#### Conclusions:

The results of poorer performance in stroke survivors compared to controls was anticipated. However, stroke survivors compromised the cognitive task performance while preserving physical task performance when dual-tasking. This may indicate that subjects employed a 'posture-first strategy' to maintain balance when there were insufficient attentional resources to conduct two tasks simultaneously. The results of this study raised awareness on dual-tasking ability deterioration in community-dwelling stroke survivors. Interventions to enhance dual-tasking performance in this population is also worth pursuing.



## Free Paper Competition -

### **Poster Presentation**

#### **POSTER 14**

## Safe driving and health campaign: health promotion for commercial vehicle drivers

#### Dr. Joyce S. F. Tang

Medical Director, Preventive Medicine & Clinical Service Division, United Christian Nethersole Community Health Service, Hong Kong

#### Mr. Peter K. F. Ho

Health Service Coordinator, Preventive Medicine & Clinical Service Division, United Christian Nethersole Community Health Service, Hong Kong"

#### Introduction:

From the 1st December, 2019 to 30th April 2020, United Christian Nethersole Community Health Service in cooperation with the Transport Department provided 2,020 free health checks for commercial drivers under the Safe Driving and Health Campaign. The aim was to improve health of commercial vehicle drivers by screening for cardiovascular risk.

#### Method:

2,020 self-employed drivers were offered free health checks consisted of short health questionnaire, including simple screening for sleep apnoea, measurement of blood pressure, body weight, BMI, blood glucose, cholesterol.

#### **Results:**

The majority (92.1%) of the participants were male and more than 70% aged 50 or above. Nearly 70% of clients were overweight/obese. A quarter of clients had elevated blood pressure that outnumbered the self-reported hypertension cases. The smoking rate was also higher than the general public with nearly one-fifth of drivers smoking. Only 7.6% of clients reported that they felt sleepy while their vehicles stopped. Of those who went on to undertake the Epworth sleepiness scale ("ESS") Screening questionnaire, only about 1.5% of the total population screened with high risk (score >= 8). Analysing further the various risk factors to the ESS score, it was found that a report of falling asleep while stopping at traffic lights, with BMI>35, pre-existing cardiovascular disease, and being a current drinker have a statistically significant higher mean score in ESS.

#### Conclusions:

The presence of chronic diseases, alcohol drinking, obesity, and falling asleep while stopping were key predictors of high ESS score. Hence, the ESS should be provided to all those drivers with these characteristics instead of limiting to those who self-report falling asleep at traffic lights. Driver is a sedentary occupation of mostly middle aged to older males. The control of cardiovascular risk factors and obesity is essential for road safety. More health education and promotion resources and support are needed for this occupation group.



## Free Paper Competition -

### **Poster Presentation**

#### **POSTER 15**

## Survey on the use of teleconference (Zoom) for CBT seminar/ education

Szeto, Chui Ying Natalie<sup>1</sup>; Tam, Chun Ho Wesley<sup>1</sup>; Fok, Peter Anthony<sup>2</sup>; Ng, Ching Luen<sup>2</sup>

#### Introduction:

Community-based training (CBT) seminars are held every Wednesday in a meeting room in Caritas Medical Centre for staff training and education.

During the pandemic of COVID19, CBT seminars were changed to teleconference meetings whilst trainees stay in their original clinic.

In this survey, we collected different opinions from our CBT trainees on the benefits and limitation of using teleconferencing.

We aim to gather feedback on the quality of teleconferencing, and to find out how we can enhance training effectiveness from the perspectives of both participants and speakers.

#### Method:

A questionnaire with a total of 10 questions was tested amongst Kowloon West Cluster's community-based FM trainees. The questionnaire contains 6 questions directed towards participants, 3 towards speakers, and an extra question for general opinion.

#### **Results:**

There were 19 respondents in total, with a response rate of 100% (19/19). 100% (19/19) of participants agree that teleconferencing is more convenient compared to conventional seminar through saving travelling time. 94.7% (18/19) are satisfied with the audio quality of teleconferencing. 58% (11/19) find conventional seminars more interactive than teleconferencing. 68.4% (13/19) find that they are more attentive during conventional seminar. Overall, 100% are satisfied with using teleconferencing for CBT seminars. As speakers, 50% (6/12) feel that presenting with teleconference is less interactive. 91.7% (11/12) of speakers are satisfied with the technical issues with teleconferencing.

Overall, 94.4% (17/18\*) of participants prefers teleconferencing over conventional seminar, mainly because of its convenience. 90.9% (10/11\*) of speakers prefer teleconferencing over conventional seminar also due to convenience.

#### Conclusions:

Majority of both participants and speakers are satisfied with teleconferencing. They prefer teleconferencing instead of conventional seminar because of convenience. The main drawback is the relative lack of interactivity, which may be improved by the use of live voting system and chat box for Q&A and instant feedback.

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## Free Paper Competition -

### **Poster Presentation**

#### **POSTER 16**

## Pre-doctor Consultation Nurse Education for Sub-optimal DM Control Patients in Chai Wan General Out-patient Clinic

HUNG SY, CHENG YH, MAK KY, Winky LEUNG YN, Wangie LEUNG WC, Vienna LEUNG CW, CHEUNG PH, Annow CHOW WP, Kathy CHEUNG YH, Marcus WONG MS, Michelle WONG MY Department of Family Medicine and Primary Healthcare, Hong Kong East Cluster, Hospital Authority (HA)

#### Introduction:

Hemoglobin A1c (HbA1c) is the average amount of glucose attached to hemoglobin over the past three months. The American Diabetes Association recommends maintaining A1C levels below 7 % for most people, it can delay or prevent complications.

In Chai Wan General Out-patient clinic (CW GOPC), there are around 3800 Diabetes (DM) patients, about 930 of them had sub-optimal HbA1c ranging from 7-7.5%. With an increasing DM population, complication screening would be arranged every 2 to 3 years; although nurse education and referral to allied health teams (e.g. Dietitian) were provided; regimen adherence problems are common, making glycemic control difficult to attain and sustain.

#### Method:

Nurses screened out DM patients who followed up in CW GOPC with age  $\leq$  75 and HbA1c 7%-7.5%. Before doctor consultation, brief intervention of about 5-10 minutes was given: informed the recent HbA1c result, explained relationship of HbA1c with DM complications and target HbA1c; checked drug compliance and lifestyle adherence. After that, brief education would be provided. For patients who refused DM drug titration before, nurse would ask for their willingness to titrate.

A reminder would be given to case doctor about patients' problem and education provided. Case doctor would prescribe Hba1c test before next follow up.

#### Results:

From 18 Nov 2019 to 23 Feb 2020, 70 patients were recruited by convenient sampling. 87.1 % had fair diet control, 81.43% did not have enough physical activities and 17.12% had fair drug compliance.

Among 70 subjects, 43 patients (61.43%) showed the decreased levels of HbA1c after 3 months. 31(44.29%) patients had HbA1c values less than 7%.

Among the 43 patients above, 21 (48.84%) of them improved HbA1c without DM medication titration.

#### **Conclusions:**

DM patients keeping HbA1c <7 % is important. Nurses providing intervention for sub-optimal control DM patients before doctor consultation can help finding out patients' problem/s, facilitating doctor consultation process and improving disease control.



## Free Paper Competition -

### **Poster Presentation**

#### **POSTER 17**

## Exploring patients with COPD and functional impairment in daily living: Result from a validity study in NTEC GOPCs

Siu, Damian CH, Leung, Maria KW, Chung, WH, Lee, CP, Yue, Alex SY, Chan, Katherine PY, Fong, Kenneth

#### Introduction:

Measurement of functional status of patients with COPD is essential in a multidimensional evaluation for healthcare professionals to have a comprehensive picture about the impacts of the disease and facilitate continuity of care. The Manchester Respiratory Activities of Daily Living Questionnaire (MRADLQ) is a multidimensional patient-reported questionnaire which is a self-administered scale originally launched in English and takes about 10 minutes to complete. It measures functional ability in four domains: (1) mobility (seven items); (2) kitchen (four items); (3) domestic tasks (six items); and (4) leisure activities (four items).

A validation study was conducted in NTEC GOPCs to develop a Chinese version of MRADLQ (C-MRADLQ) with pictorial enhancement and to explore patients with COPD and functional impairment in daily living.

#### Method:

This was an observational cross-sectional study. A convenience sample of 228 patients (166 patients with COPD and 62 patients with normal spirometry) were recruited from nurse and allied health respiratory clinics under the catchment of NTEC GOPCs. They were invited to complete a pictorial enhancement e-form version of C-MRADLQ. The result was further compared with lung function, GOLD classification, mMRC, COPD Assessment Test (CAT), Chinese Version of the Shortness of Breath Questionnaire (C-SOBQ), COPD group and ADO index.

#### **Results:**

Results showed that MRADLQ is significantly correlated with COPD stage, COPD group, SOBQ score, CAT score, mMRC, ADO index, Spirometry lung function test results and number of admission. The SOBQ score, number of admission, FEV1/FVC and COPD group could significantly predict the total MRADLQ score (p<0.001). Comparing patient with normal spirometry result, one-way ANOVA suggested that patient with severe COPD (Stage III or IV) scored significantly lower in the four domain mean scores of C-MRADLQ (F=5.93-20.26, p<0.001).

#### **Conclusions:**

The Chinese version of the MRADLQ with pictorial enhancement was a valid and useful tool to understand patients with COPD and functional impairment in daily living.



## Free Paper Competition -

### **Poster Presentation**

#### **POSTER 18**

### Who reports insufficient sleep and sleep disturbances in Hong Kong? Results from a representative populationbased health survey

Laura E. Bedford, Eric H.M. Tang, Weinan Dong, Carlos K.H. Wong, Emily T.Y. Tse, Esther Y.T. Yu, Cindy L.K. Lam

#### Introduction:

Sleep disturbances are common in Hong Kong (HK) with a number of local studies reporting high prevalence rates (range: 11.9% to 62.4%). However, large-scale population-based studies exploring this problem are scarce. This study aimed to 1) highlight the prevalence of insufficient and disturbed sleep among a representative sample from the HK general population, and 2) to identify risk factors associated with poor sleep outcomes.

#### Method:

Data for 12,022 individuals (aged ≥ 15 years) were derived from the Population Health Survey 14/15. The outcomes of interest were: 1) insufficient sleep (< 6 hours sleep per day) in the preceding 30 days, and 2) any sleep disturbance (difficulty initiating sleep, intermittent awakenings, early morning awakening) ≥3 times per week in the past 30 days. Multivariable logistic regression was used to identify associations between sleep outcomes and sociodemographic factors (gender, age, employment status, marital status, immigrant background, education level, income), clinical factors (doctor-diagnosed chronic condition, mental health condition) and lifestyle factors (physical activity level, smoking status, alcohol consumption).

#### **Results:**

Just over half of the respondents were female (52.9%) with a mean age of 47.2 years. Overall, 9.9% reported <6 hours of sleep each day and 10.7% reported sleep disturbances ≥3 times a week. Regression analyses identified female, lower education level, monthly household income < \$12,250, chronic conditions and mental health conditions to be significantly associated with both insufficient sleep and sleep disturbances (all p<0.05). Furthermore, unemployment, being a homemaker, insufficient physical activity level, current or former smoking status, and harmful alcohol consumption were associated with sleep disturbances only (all p<0.01).

#### Conclusions:

Insufficient and disturbed sleep are highly prevalent in HK. In order to develop appropriate interventions, these findings should be explored in more depth (e.g., understanding of sleep problems, help-seeking behaviours) and future longitudinal studies must be conducted to examine the interactions among risk factors.



## Free Paper Competition -

### **Poster Presentation**

#### **POSTER 19**

The validity, reliability, sensitivity and responsiveness of a modified patient enablement instrument (PEI-2) as a tool for serial measurements of health enablement

Maegan H.Y. YEUNG, Laura E. BEDFORD, Chi Ho AU, Emily T.Y. TSE, Wing Yee YIM, Esther Y.T. YU, Carlos K.H. WONG, Cindy L.K. LAM

#### Introduction:

Patient enablement, a patient's self-perceived ability to understand and cope with health issues following a GP consultation, is a core tenet of patient-centered and holistic primary care. The current gold-standard for measuring enablement, the original Patient Enablement Instrument (PEI), is a transitional measure limited in its ability to measure changes over time. A modified version, the PEI-2 has been developed to measure enablement at a given time-point without comparison to a recalled baseline, which can be used to monitor PEI. This study aimed to assess the validity, reliability, sensitivity and responsiveness of PEI-2.

#### Method:

PEI-2 was modified from the Chinese PEI to assess enablement over four weeks in a prospective cohort study nested within a community support programme (TFES) in Hong Kong. Construct validity was assessed by factor-analysis and convergent validity by Spearman's correlations with health-related quality of life (SF-12v2) and depressive symptoms (PHQ-9). Internal reliability was assessed using Cronbach's alpha. Test-retest reliability was assessed by intraclass correlation (ICC), responsiveness by 12-24 month change in PEI-2 score, and sensitivity by differences in change of PEI-2 score between TFES participants and a control group.

#### **Results:**

PEI-2 demonstrated construct validity with all items loading on one factor (factor-loadings >0.7). Convergent validity was confirmed by significant correlations with SF-12v2 (r=0.1089-0.1919) and PHQ-9 (r=-0.2030). Internal reliability was high (Cronbach's alpha=0.9095) and test-retest reliability moderate (ICC=0.520, p=0.506). Significant improvements in PEI-2 scores among the TFES group suggested good responsiveness (p<0.001). The difference in change of PEI-2 scores between TFES and control was significant (p=0.008), indicating good sensitivity.

#### **Conclusions:**

These results support the validity, reliability, sensitivity and responsiveness of PEI-2 in measuring changes in enablement, making it a promising tool for evaluating enablement in cohort and intervention studies. It is important that psychometric properties of the PEI-2 in differentiating outcomes in different settings or morbidity groups are now established.



## Free Paper Competition -

### **Poster Presentation**

#### POSTER 20

## More needs to be done to regulate E- cigarette and Heated Tobacco Products

**GURUNG Sharmila, TANG, Joyce S.F. LEUNG Bibi** 

#### Introduction:

In 2013, UCNCHS initiated one-stop smoking cessation service as an intervention to raise awareness of the harmful effects of smoking, promote cessation, provide treatment for nicotine addiction and reduce smoking prevalence amongst Ethnic Minorities and New Immigrants.

The smoking prevalence in Hong Kong is 10.2%. However alternative smoking products (ASPs), such as heated tobacco products (HTPs) and e-cigarettes, gaining popularity swiftly around the world, particularly amongst youngsters who had never smoked.

Aims and objectives:

To raise awareness of alternative smoking products (ASPs)

To raise awareness of harmful effects of E- cigarettes and HTPs

#### Method:

A baseline assessment with structured questionnaire

Information regarding their smoking history, habits, including smoking other form of tobacco was gathered.

#### **Results:**

From 1st April 2018 to 31st March 2019, of 314 smokers who attended UCN smoking cessation clinic 8.3% (28/336) were also smoking e-cigarettes. From 1st April 2019 to 31st March 2020, of the 349 smokers who attended the clinic 8% (29/349) were smoking e- cigarettes and 2% (6/349) HTPs. Thus there was increase in uptake of alternative smoking products.

#### **Conclusions:**

Generally promotion of smoking cessation is done in the form of motivating smoker to quit traditional cigarettes and stringent measures are being taken to ban smoking. According to the Thematic Household Survey (report No. 70) by Census and Statistics Department in 2020, there were about 652000 daily smokers in Hong Kong, 2% daily smokers consumed heated tobacco produces and 1.1% daily smokers consumed e- cigarettes. However our finding indicates that uptake of alternative form of smoking products might be much higher .Thus more measures needs to be taken, to deter people from taking up alternative smoking products including e- cigarettes, HTPs.

#### **Acknowledgement:**

This programme is funded by the Tobacco and Alcohol Control Office, Department of Health, Hong Kong



# Free Paper Competition -

### **Poster Presentation**

#### **POSTER 21**

# Tele-Web Dietitian Consultation (TWDC) Service Continued the Support to Community during COVID-19 Pandemic

#### Doris P. S. Lau, Tony S.F. Chan

Accredited Practising Dietitian, Dietitians Australia Service Manager, Community Nutrition Service, Allied Health Service, UCN Registered Dietitian, Health & Care Professions Council, UK Community Dietitian, Community Nutrition Service, Allied Health Service, UCN

#### Introduction:

COVID-19 pandemic has affected the ways of people receiving healthcare services due to social distancing measures; numerous non-emergency healthcare services including dietary consultations in the community were suspended or postponed. However, the increasing need for nutrition counselling service could be foreseen due to the pandemic and was likely to pose difficulties in maintaining a healthy diet. Our team pioneered TWDC service to support patients in need of dietary advice while minimising the risks of infections.

#### Method:

Since TWDC was limited in HK and we established the operation procedures by carefully considering relevant overseas guidelines from Dietitians Australia, Academy of Nutrition and Dietetics (US) and Health & Care Professions Council (UK). They shared the commonality emphasizing on patients' confidentiality (i.e. security of environment and tools like telephone-call or appropriate online software in a private room). Selection of suitable patients, consent on informed choices, limitations of TWDC and professional indemnity coverage were also being emphasized.

#### **Results:**

From 22<sup>nd</sup> Feb until 30th Jun 2020, total of 33 cases received TWDC service, of which 3 news and 30 follow-ups. Major dietary problems presented in descending orders were overweight/obesity (54.8%); hyperlipidaemia (54.8%); pre-diabetes/diabetes (41.9%) and hypertension (19.4%). The three new cases in need required to consult dietitians for diabetic diet, cholesterol-lowering diet and nutritional health assessment respectively.

#### **Conclusions:**

Patients in need to seek medical nutrition therapy for obesity, diabetes and/or hyperlipidaemia management, TWDC service continued support at community clinic despite during COVID-19 pandemic and opened up opportunities in future for patients who were unable to attend clinics in person for other reasons. Future challenges including limited rapport building, inability of visual assessment, weaker sense of the non-verbal cues from patients and inaccessibility of the anthropometry measuring devices etc. will require further study in order to compare outcome differences with conventional dietitian clinic service.



# Free Paper Competition -

### **Poster Presentation**

#### **POSTER 22**

## A School-Based Intervention for Salt and Sugar Reduction to Promoting Dietary Change as Prevention for Non-Communicable Diseases (NCD) in Hong Kong

#### Doris P. S. Lau, Heidi T.M. Chan

APD, Dietitians Australia
Service Manager, Community Nutrition Service, Allied Health Service Division, UCN
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Assistant Service Manager, Community Nutrition Service, Allied Health Service Division, UCN

#### Introduction:

High salt and sugar intake have been shown to increase the risk of NCD development. In 2018, the Strategy and Action Plan was launched by the Government. A dietitian-led 6-months community program in 2019, focusing on healthy eating, was implemented in three districts (Kowloon City (KC), Kwun Tong (KT) and Tai Po(TP)). It aimed to reduce salt and sugar intake among school-aged children and their families by enhancing knowledge (K), awareness(A) and behaviour (B) through interventions with school talks, cooking workshops, teachers' trainings, game tools, video blogs (vlog) and recipes books production.

#### Method:

All primary schools and kindergartens in KC, KT and TP were invited and pre/post surveys were done to evaluate the changes in KAB for those participating schools.

#### **Results:**

A total of 8 schools talks were conducted with 2,290 students attended. Fifteen cooking workshops were done with 262 parents/teachers attended. Twenty-four training sessions were given to teachers. Twenty vlogs were produced and 22 healthy recipes were collected from parent/teacher groups.

Upon talks, students' knowledge score reached 83%, 75.6% and 56.8%; awareness score reached 87%, 78% and 77.9%; behaviour score reached 59%, 54% and 57.9% respectively for KC, KT and TP.

After cooking workshops, parent/teachers' knowledge score reached 74%, 73.9% and 61.1%; awareness score reached 100%, 98.5% and 98.6%; behavioural score reached 74%, 73.9% and 92.6% respectively for KC, KT and TP.

#### **Conclusions:**

School based advocacy continued to be one of the effective approach to promote reduction of salt and sugar intake amongst children and teachers/parent as key change agents for future nutrition program development for prevention and control of NCD.



# Free Paper Competition -

## **Poster Presentation**

#### **POSTER 23**

A Novel Approach of using combined Food Labelling workshop and 'Diabetes Conversation Map to enhance Participants' Awareness and Glucose Management by Community Dietitians

Doris P. S. Lau, Mancy M. S. Lo

Service Manager, Allied Health Service Division, Community Nutrition Service, UCN Senior Community Dietitian, Allied Health Service Division, Community Nutrition Service, UCN

#### Introduction:

Food label reading and carbohydrate exchange are both inevitable tools for people with pre-diabetes/diabetes in their meal planning in daily life. Besides, Diabetes Conversation Map<sup>TM</sup> (DC Map<sup>TM</sup>) education tools, developed by Healthy Interactions in collaboration with the International Diabetes Federation, Eli Lilly and other diabetes experts in 2008, is an education tool with table-top visuals and make use of the power of small group dialogue and discussion that promotes collaborative diabetes learning.

In order to enhance interactions between participants and healthcare professional & increase personal awareness on glucose management, a combined tool (Food label reading workshop and application of DC Map™ using "Walk with Diabetes" module) were conducted in participants with Impaired Glucose Fasting and Type 2 Diabetes, to evaluate the effectiveness of participants' Knowledge, Attitude and Behaviour change before and after the combined tool.

#### Method:

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

#### Results:

The results of pre/post-test demonstrated improvement on participants' knowledge (Overall average score: 42.4% vs 97.0%) and there is a positive attitude for participants to attend food labelling workshop and DC Map™ on calculating carbohydrate exchange to improve their glucose control, respectively. Participants showed their increased willingness to undergo self- glucose monitoring, consult dietitians and join other nutrition workshops. Participants were very satisfied with attending the combined tool. (Score: 9.3/10).

#### Conclusions:

The interactive DC Map<sup>™</sup> demonstrated group education provided positive impacts on participants' KAB. By using the DC Map<sup>™</sup>, participants can develop strategies that transform into meaningful life skills to sustain long lasting positive behavioural changes. Besides, community dietitians (facilitators) can reveal participants' needs in order improve their diabetes management. The DC Map<sup>™</sup> may be more cost effective than the conventional approach in terms of time spent on each participant, peer supports and observational learning to improve their overall health outcomes.



## Free Paper Competition -

### **Poster Presentation**

#### **POSTER 24**

#### Who is at high risk of DM and pre-DM?

Weinan Dong<sup>1</sup>, Emily T.Y. Tse<sup>2</sup>, Carlos K.H. Wong<sup>3</sup>, Esther Y.T. Yu<sup>4</sup>, Laura Bedford<sup>5</sup>, Eric H.M. Tang<sup>6</sup>, Cindy L.K. Lam<sup>7</sup>

- <sup>1</sup> PhD Candidate, Department of Family Medicine and Primary Care, HKU
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- <sup>5</sup> Postdoctoral Fellow, Department of Family Medicine and Primary Care, HKU
- <sup>6</sup> MPhil Candidate, Department of Family Medicine and Primary Care, HKU
- <sup>7</sup> Head and Professor, Department of Family Medicine and Primary Care, HKU

#### Introduction:

Diabetes mellitus (DM) is a serious public health issue but 50.1% of DM cases remain undiagnosed. Local guidelines recommend DM screening for those aged≥45 years or individuals with traditional risk factors, such as obesity, but lifestyle factors are not considered. This study aimed to explore the association between lifestyle factors and pre-DM and DM in order to identify those at high risk more accurately.

#### Method:

Secondary analysis of Hong Kong Population Health Survey 2014/15 was conducted. 1,857 people aged 18-84, without self-reported pre-DM/DM, hypertension, cardiovascular disease, cancer, renal disease or anaemia, and completed the lifestyle survey, health examination and blood test were included. Univariable and multivariable logistic regressions examined the association between sociodemographic and lifestyle factors (smoking, physical activity, diet, alcohol consumption and sleep) and pre-DM/DM. Clustering analysis was performed to identify the people at high pre-DM/DM risk.

#### **Results:**

The prevalence of pre-DM/DM was 15.08% (mean age: 40.7 years). After adjustment for other demographic and lifestyle variables, the following factors were associated with a higher risk of pre-DM/DM: older age (OR=1.067 [1.055-1.080]), current smoker (OR=1.693 [1.117-2.566]), sleeping duration of <6 hours/day (OR=1.579 [1.030-2.419], ref: 6-8 hours) and less time spent in vigorous exercise (OR=0.998 [0.995-1.000]). The population was clustered into 8 groups according to the homogeneity of demographics and lifestyles. The oldest age group (mean age=56.73) had the highest risk of pre-DM/DM at 31.52%. The middle-aged group (mean age=40.5), who were mostly male, less-educated, engaged in manual labour and lacking in vigorous recreational exercise, had the second highest incidence of pre-DM/DM (29.17%), despite normal blood pressure, waist and body mass index.

#### **Conclusions:**

Lack of sleep and lack of vigorous exercise were associated with increased risk of pre-DM/DM and should be added to current screening guidelines. Screening should also be targeted at middle-aged males with low education levels and limited vigorous exercise, even if they are not obese.



# Free Paper Competition -

## **Poster Presentation**

#### **POSTER 25**

### Adolescents follow the healthy dietary habit of parents

Kiki S.N. Liu<sup>1</sup>, Ivan C.H. Au<sup>2</sup>, Laura Bedford<sup>2</sup>, Emily T.Y. Tse<sup>2</sup>, Esther Y.T. Yu<sup>2</sup>, Cindy L.K. Lam<sup>2</sup>

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

#### Introduction:

An unhealthy diet in adolescence predisposes to non-communicable diseases. Adolescents from underprivileged families are more vulnerable due to difficulties in securing a healthy food environment. This study aimed to explore family factors associated with unhealthy diets of adolescents.

#### Method:

A cross-sectional study included 248 adolescents aged 10 to 19 years and their parents. Participants completed three questions on dietary habits embedded in a health survey from 2016 February to 2017 April. The self-reported daily consumption of the number of servings of 1) fruits and vegetable (FV) and 2) sugar sweetened beverages (SSB) were measured. Family factors included household income, household size, as well as parental factors (daily consumption of FV and SSB, marital status, education, employment and health status of the primary carer). The effects of these family factors on the daily consumption of FV and SSB of adolescents were assessed by multivariate linear regression.

#### **Results:**

Parents with older age and consumed less FV tended to be associated with lower consumption of FV in the adolescents (-0.136, p=0.032 and 0.336, p<0.01, respectively). Compared to families with monthly household income between HK\$10,000 to HK\$19,999 (reference), those with higher income had significantly less intake of SSB among the adolescents (0.281, p=0.040). After adjusting for covariates, there was a significant correlation in dietary consumptions between parents and adolescents for FV but not SSB (0.307, p<0.01 and 0.097, p=0.247, respectively). Compared to the reference household income, adolescents with household income below HK\$10,000 had a healthier consumption pattern with higher FV and lower SSB intake (0.619, p=0.025 and -0.410, p=0.046, respectively).

#### **Conclusions:**

There is a strong association between parent and adolescent daily consumption of FV but not SSB regardless of parental education and working status. Parents should therefore be the target of interventions to promote healthy eating for adolescents.

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



# Free Paper Competition -

### **Poster Presentation**

#### **POSTER 26**

# Cervical smear (Pap smear) uptake by South Asian Ethnic Minority women in Hong Kong

GURUNG Sharmila, TANG Joyce Shao Fen, CHAN Lai Hung

#### Introduction:

Cervical smear is a screening test for detecting early abnormal changes in the cervix before cancer development. South Asian Health Support programme was initiated in 2007 to promote healthy lifestyle amongst South Asian community in Hong Kong. Overseas studies have identified lower uptake of cervical smear screening by the ethnic minority women. One of core element of the South Asian Health Support programme is promotion of women's health and cervical smear screening.

#### **Objectives:**

- 1) To overcome barriers to access for cervical screening service amongst South Asian ethnic minority women.
- 2) To educate South Asian women on cervical cancer and uptake of cervical smear screening

#### Method:

- 1) Multilingual mode Promotion on importance of Cervical/Pap smears screening
- 2) Weekly Pap smear session particularly for the South Asian women.
- 3) Follow up management, referrals of abnormal cases and reminder recall (by post and telephone)

#### **Results:**

From 1st April 2018 to 31st March 2019, total of 355 women attended for cervical smear screening at UCN clinic. It was identified 36% of them were doing cervical smear test for the first time. Amongst all cases 35% abnormalities were detected, of which 7% were cellular abnormality and 28% were infection. Of the cellular abnormality 7% were Low-grade cytology abnormalities (ASCUS and LSIL), while there were no case of HSIL.

#### Conclusions:

In comparison to local Chinese women, cellular abnormality rate is higher amongst the South Asian Ethnic Minority women in Hong Kong (5.2% Vs 7%) and there is high infection rate. The community based culturally sensitive health intervention can enhance uptake of cervical smear screening. However pure screening is insufficient, it must be combined with health education on women's health. It should also be followed up by proper medical case management and have a reminder and recall system to be functional as an ongoing sustainable programme

Furthermore the high infection rate indicates that there is a need for awareness on common vaginal infections amongst women, timely consultation with health professionals and hygiene practice. Further in-depth research and continuity of community based cervical cancer screening is necessary.

#### **Acknowledgement:**

This Project funded by The Community Chest Hong Kong.



# Free Paper Competition -

### **Poster Presentation**

#### **POSTER 27**

# **Knowledge of Quit Methods amongst the Ethnic Minorities** in Hong Kong

GURUNG Sharmila; TANG Joyce S.F.; KHAN Nosherwan Haider

#### Introduction:

Hong Kong is a home to multi-ethnic population, with about 8% being non-Chinese and in past 10 yrs this group of population is growing, thus there is a need for health promotion and interventions which is inclusive for them, as often people from such ethnic minority community fall off the healthcare safety net. The United Christian Nethersole Community Health Service started the Smoking Cessation Programme for Ethnic Minorities and New Immigrants in 2013, to fill the smoking cessation service gap amongst this community.

#### **Objectives:**

To promote a one-stop service of smoking cessation among the Ethnic minorities groups and New Immigrants.

To provide smoking cessation service, which addresses the specific needs, in particular the language and cultural differences of Ethnic Minority groups.

#### Method:

- · Community based outreach with multilingual educational leaflets
- Structured baseline questionnaire assessment.
- Clinic based counselling and pharmacological treatment (NRT and Champix)

#### **Results:**

From 1st April 2019 31st March 2020, during outreach sessions 308 active Ethnic Minorities smokers were identified, further to which 118 attended UCN smoking cessation clinic. During assessment, it was identified that 69 (58%) of them did not know about quit methods, though 57 (48%) of them had attempted to quit through various methods (53% used cold turkey, 21% gradually decreased, 4% through peer counselling, 12% over the counter NRT), only 4 (7%) of them had used NRT from smoking cessation service clinic.

#### Conclusions:

Amongst non-Chinese speaking Ethnic Minorities there is lack of awareness about smoking cessation service and also lack of knowledge about quit methods including the pharmacological therapy (NRT/Champix) which reflects situation identified in our findings. There is paucity of research on smoking prevalence amongst this group of population. Thus there is a need for more tailor made health promotional intervention in a culturally sensitive manner to motive them to quit smoking and raise awareness on available quit methods in Hong Kong.

#### **Acknowledgement:**

This programme is funded by the Tobacco and Alcohol Control Office, Department of Health, Hong Kong.



# Free Paper Competition -

### **Poster Presentation**

#### **POSTER 28**

# **Cervical Cancer Screening for Hong Kong's Foreign Domestic Helpers**

**GURUNG Sharmila; TANG Joyce S.F.; BATOOI Asma** 

#### Introduction:

Domestic Helpers are core supporters for many families in Hong Kong. They contribute significantly to Hong Kong's society and economic development. Majority of the domestic helpers are women of child bearing age, they are vulnerable to development of cervical cancer. Their health is important but there is no dedicated preventive health service for them. Cervical cancer is preventable disease. However domestic helpers come form less developed countries and may not have had the benefit of regular screening and many are less educated thus may not know about their risk and preventative methods.

The United Christian Nethersole Community Health Service started a Women's health Project for our domestic helpers in 2017, to provide community based accessible cervical cancer screening service for domestic helpers.

#### **Objectives:**

- 1. To enable early diagnosis of cervical cancer and pre-cancerous changes by screening
- 2. Timely and effective medical intervention for early cervical cancer
- 3. Health education for cancer prevention

#### Method:

- 1. Health promotion in collaboration with organization serving domestic helpers
- 2. Multilingual health promotional materials
- 3. Pap smear screening for Domestic helper on Sundays.

#### **Results:**

From 1st April 2017-31st March 2019, cervical cancer screening was provided for 594 foreign domestic helpers, aged between 18 to 59 yrs. old. Amongst them 494 (85%), did pap smear for the first time, of which 21% had infection and 9% had cellular abnormality.

#### **Conclusions:**

The foreign domestic helpers are vulnerable group of women. With such high infection rate and cellular abnormality, there is an utmost need to streamline health promotion on women's health and provide much needed cervical cancer screening service to this group of women. Without such interventions in long run it will increase burden to the public healthcare system in Hong Kong.



# Free Paper Competition -

### **Poster Presentation**

#### **POSTER 29**

# Prevalence of household passive smoking exposure in Hong Kong

#### Sharma Bulbul, Gurung Sharmila

United Christian Nethersole Community Health Service; Preventive Medicine and Clinical Services Department

#### Introduction:

In 2013, UCNCHS initiated one-stop smoking cessation service as an intervention to raise awareness of the harmful effects of smoking, promote cessation, provide treatment for nicotine addiction and reduce smoking prevalence amongst Ethnic Minorities and New Immigrants.

#### **Objectives:**

- To raise awareness on second hand smoking in Hong Kong.
- · Designing strategies to reduce the exposure of second hand smoke in small housing flats in Hong Kong
- To propose tailor-made interventions for the creating a smoke free-living environment at home.

#### Method:

- A comprehensive intake assessment with structured questionnaire was conducted.
- Information regarding their smoking history, habits, including smoking at home were gathered

#### **Results:**

From 1<sup>st</sup> April 2017 to 31st March 2019, 617 smokers including locals, NI (457) and EM (110) attended UCN smoking cessaiton clinic. Amongst them 493(80%) responded "yes" to smoking in confines of their home. It was identified that 383(83.8%) of Chinese, 9(50%) of Indian, 40(58.8%) of Nepalese and 42(79.2%) Pakistani and 19(90.4%) others (Bangladeshi, Sri Lankan and some Europeans) smoke indoors.

#### **Conclusions:**

The ubiquitousness of tobacco smoke makes exposure unavoidable. Reducing exposure to tobacco smoke in domestic environment, bearing in mind the multi-unit residential buildings or the small shoebox homes in Hong Kong, should be a paramount public health priority.

There is a lack of awareness regarding second hand smoking and many of those we assess assume that smoking in toilet is not considered as smoking at home. Formulating smoking cessation programmes targeting smoking at home should be introduced. Family counselling sessions through the smoking cessation programmes, health talks and self-help materials are needed in various languages in order to improve knowledge, skill, attitude and behaviors concerning involuntary passive smoking in domestic environment.

#### **Acknowledgement:**

This programme is funded by the Tobacco and Alcohol Control Office, Department of Health, Hong Kong.



# Free Paper Competition -

### **Poster Presentation**

#### **POSTER 30**

# Optimisation of Drug Dosage by CDARS-assisted Renal Function Screening

Tam SKY and Yick PK

#### Introduction:

Appropriate drug dosed medications are imperative to improve patient outcomes and minimize adverse drug reactions. Pharmacists play important roles in improving patient safety by advising appropriate drug dosage in patients with renal impairment. This study aims to evaluate the effectiveness of pharmacist-led Clinical Data Analysis and Reporting System, CDARS-Assisted renal function Screening (CAS) on a large volume of prescriptions and to assess the efficiency of innovative CAS compared with that of traditional on-the-spot renal dosage checking which requires switching between multiple systems.

#### Method:

A prospective, controlled before-and-after study was carried out. Antimicrobials, anticoagulants and oral hypoglycaemics (32 drugs) requiring renal dosage adjustment were screened. Raw data captured from CDARS were exported and filtered efficiently to produce valid cases for renal screening. Time needed for CAS and on-the-spot checking was recorded for comparison. Proportions of corrected renal dosage at 48 hours for intervention group and control group were also recorded. Chi-square test of independence and independent-sample t-test were used.

#### **Results:**

Medication orders of 686 and 14,051 hospitalised patients were screened in controlled and intervened arms respectively. 81.3% (n=369) pharmacist interventions were accepted. The relation between intervention and corrected renal dosage at t  $\le$  48 hours was significant,  $\chi$ 2 (2, N = 300) = 26.3, p < 0.05. Corrected renal dosage was more likely to be prescribed in intervention group than in controlled group at t  $\le$  48 hours. Significantly less time per day was required in CAS (M = 49.2 minutes, SD = 11.0 minutes) than on-the-spot verifying (M = 474.2 minutes, SD = 193.6 minutes), t(48) = 10.43, p < 0.05.

#### Conclusions:

Pharmacist-initiated interventions effectively ensured appropriate renal dosage prescribing. Utilising CDARS, pharmacist-led CAS was significantly more efficient than on-the-spot checking. CAS heralds a new era of medication safety.



# Free Paper Competition -

### **Poster Presentation**

#### **POSTER 31**

### Survey on the use of HAFM Note Template for Special Drugs

Yip Wing Ki, Fok Peter Anthony

#### Introduction:

Special drugs such as SGLT2 inhibitors /NOAC have various special precautions which are difficult to be remembered. Some of the special precautions could be potentially dangerous to patients if missed. As such, standard note templates are setup by Sham Shui Po (SSP) microcluster doctors. This survey was done to assess the usefulness of the standard note templates to see if it increased the confidence of prescribing these drugs among colleagues; which in turn may improve patient care.

#### Method:

A questionnaire composed of nine questions was pilot tested in authors' local clinic and then distributed to SSP doctors via online platform.

#### Results:

There were a total of 18 respondents with response rate of 64.3% (18/28). 83.3% (15/18) had prescribed SGLT2 inhibitors or NOAC to patients before. For those who had prescribed, 73.3% (11/15) had referred to the standard note template. There was an increase in confidence in prescribing the special drugs from 16.7% (3/18) to 83.3% (15/18) if standard note template is available. Most of them agreed that standard note template could facilitate their prescription of special drugs by "Time saving" (72.2%; 13/18); "Reduce risk of missing important precautions" (83.3%; 15/18) and "Better documentation" (88.9%; 16/18). Overall, 77.8% (14/18) thought that standard note template would increase their prescription of special drugs if clinically indicated.

#### **Conclusions:**

Standard note template is a useful tool to facilitate the prescription of special drugs as it is time saving, reduce risk of missing important precautions and enhance better documentation.



# Free Paper Competition -

### **Poster Presentation**

#### **POSTER 32**

# Preference of blood pressure measurement methods by primary care doctors in Hong Kong: A cross-sectional survey

Eric Kam Pui Lee, Ryan Chun Ming Choi, Licheng Liu, Tiffany Gao, Benjamin Hon Kei Yip, Samuel Yeung Shan Wong

#### Introduction:

Hypertension is the most common chronic disease and it is recommended that the diagnosis of hypertension should be confirmed by out-of-office BP values, measured using ambulatory BP monitoring (ABPM) and home BP monitoring (HBPM). When office BP is used, automated office BP (AOBP) measurement method, which automatically provides an average of 3–5 BP readings, should be preferred. This study aimed to describe the BP measurement methods commonly used by doctors in primary care in Hong Kong, to screen, diagnose, and manage hypertensive patients.

#### Method:

In this cross-sectional survey, all doctors registered in the Hong Kong "Primary Care Directory" were mailed a questionnaire, asking their preferred BP-measuring methods to screen, diagnose, and manage hypertensive patients. Furthermore, we also elicited information on the usual number of office BP or HBPM readings obtained, to diagnose or manage hypertension.

#### **Results:**

Of the 1738 doctors included from the directory, 445 responded. Manual measurement using a mercury or aneroid device was found to be the commonest method to screen (63.1%), diagnose (56.4%), and manage (72.4%) hypertension. There was a significant underutilisation of ABPM, with only 1.6% doctors using this method to diagnose hypertension. HBPM was used by 22.2% and 56.8% of the respondents to diagnose and manage hypertension, respectively. A quarter (26.7%) of the respondents reported using only one in-office BP reading, while around 40% participants reported using ≥12 HBPM readings. Doctors with specialist qualification in family medicine were more likely to use AOBP in clinics and to obtain the recommended number of office BP readings for diagnosis and management of hypertension.

#### Conclusions:

There is a marked underutilisation of AOBP and out-of-office BP measuring techniques, especially that of ABPM. Further studies are indicated to understand the underlying reasons and to minimise the gap between real-life clinical practice and those recommended, based on scientific advances.



# Free Paper Competition -

### **Poster Presentation**

#### **POSTER 33**

# Short-term reproducibility of ambulatory blood pressure measurements: A systematic review and meta-analysis of 35 observational studies

Eric Kam-Pui LEE, Yacong BO, Kin-On KWOK, Vincent Chi-Ho CHUNG, Chun-Pong YU, Kelvin TSOI, Samuel Yeung-Shan WONG, Eric Kam-Pui LEE

#### Introduction:

A systematic review on the reproducibility of ambulatory blood pressure measurements (ABPM), which is considered the reference standard of blood pressure (BP) measurements, has not yet been conducted. This meta-analysis compared (i) 24-hour/daytime/night-time systolic blood pressure (SBP) and diastolic blood pressure (DBP) mean values and (ii) SBP/DBP nocturnal dipping status from ABPMs in participants with or without hypertension.

#### Method:

Ovid MEDLINE, EMBASE, and CINAHL Complete databases were searched for articles published before May 3, 2019. Eligible studies reporting a 24-hour ABPM repeated at least once within 1 month were included. The mean daytime/night-time/24-hour BP values, percentage of nocturnal dipping, and proportion of non-dippers were compared between the first and second day of measurements, and the proportion of participants with inconsistent dipping status were estimated using a random effect model.

#### **Results:**

Population-based analysis found a 0–1.1 mmHg difference between the first and second ABPM for 24-hour/daytime/night-time SBP and DBP and 0–0.5% for percentage of SBP/DBP nocturnal dipping. The proportion of non-dippers was not different between the first and second ABPM. Intra-individual analysis found that the 95% limit of agreements (LOA) for SBP/DBP were wide and the 95% LOA for daytime SBP, common reference to diagnose hypertension, ranged –16.7–to 18.4 mmHg. Similarly, 32% of participants had inconsistent nocturnal dipping status.

#### Conclusions:

ABPM had excellent reproducibility at the population level, favouring its application for research purposes; but reproducibility of intra-individual BP values and dipping status from a 24-hour ABPM was limited. The available evidence was limited by the lack of high-quality studies and lack of studies in non-Western populations.



# Free Paper Competition -

### **Poster Presentation**

#### **POSTER 34**

### **Community drug support during Covid-19**

Shao Haei Liu, Sau Chu Chiang

#### Introduction:

During Covid-19 outbreaks in early 2020, government has implemented social distancing, advising public at large to stay at home and public hospitals had to postpone non-urgent clinical service amidst the increasing workload of confirmed cases requiring isolation. Thus, chronic patients faced the dilemma of exposure risk of coronavirus or uncertain supplies of their medication.

#### Method:

This project explored the feasibility of engaging community pharmacy, general practitioner's clinic, electronic medical record system (eHR) and dedicated delivery service with IOT to ensure one stop drug collection and delivery service with quality assurance.

#### Results:

The pilot program consist of phase 1 (8 weeks) experience of drug refill via eHR prescription verification and phase 2 (10 weeks) of either drug collection (from Hospital Authority pharmacies) or drug dispensing (from community pharmacies) and their delivery to patients' home.

The full results will be presented at the conference. Interim result of around 250 patients served to date shows 100% accuracy in drug dispensing and delivery. There was no complaint received from patient by the project hotline.

#### Conclusions:

It is feasible and more efficiency to operate a medication collection and delivery system to vulnerable groups in the community either during disastrous situations where access to clinics is blocked or patients themselves have intrinsic barriers and physical constraints to travel for medical attention. Enhancing chain of action of prescription-dispensing- compliance through a collaborative approach is the success factor for the value-added service.



# Free Paper Competition -

### **Poster Presentation**

#### **POSTER 35**

# Home safety and gap in related community service for Hong Kong elderly

Ben Y. F. FONG, Hilary H. L. YEE, Tommy K. C. NG, Ben Y. F. FONG, Vincent T. S. LAW

#### Introduction:

Elders tend to stay at home most of the time. They may not have high awareness of risk factors and knowledge of suitable precautions, and home safety problems could cause serious injuries. Falls are reported as the most common cause of severe injuries. Different degrees of injuries could cause degradation in mobility and threaten elderly ability to self-care. Therefore, it is essential to acknowledge the importance of home safety issues among elderly and to promote adequate related community care.

#### Method:

150 Hong Kong residents participated in the study. The respondents completed a questionnaire which consisted of three parts. It mainly asked about the respondent's living environment to identify potential home safety issues. Respondents were asked about their views on home safety information and services available in the community.

#### **Results:**

Subjects in the age group of below 59 and those who were not living alone were less likely to have injuries or falls at home. Top safety issues were identified, including the lack of grab bars at the home entrance and in the washroom, presence of clutters in the hallway or foyer, limited moving space in the living room, high reachable cabinet in the kitchen, and a lack of device to get in and out of bed. 68% and 61% of participants thought they did not receive any home safety information, and the existing community health services related to home safety was not enough respectively.

#### **Conclusions:**

More adequate information and services related to home safety should be delivered to the elders and the public so that people in the community could gain the knowledge of precautions. In-home assessment is suggested to identify potential risks at elderly's home so as to understand their needs. Although technology can play a very helpful and important role in ensuring home safety of the elders, there are still a number of difficulties such as the costs and living space to be overcome.



# Free Paper Competition -

### **Poster Presentation**

#### **POSTER 36**

# Knowledge, attitude, utilisation and satisfaction of Traditional Chinese Medicine in Hong Kong

Ben Y. F. FONG, Tommy K. C. NG, M. F. LO, Ben Y. F. FONG

#### Introduction:

Traditional Chinese Medicine (TCM) is more likely to be accepted by the Hong Kong citizens because of curing the disease and preservation of their health. This study aims to analyse the relationship between knowledge, attitude, utilisation and satisfaction of TCM in Hong Kong by using partial least square structural equation model.

#### Method:

An online based questionnaire was distributed by using convenience sampling. The questionnaire consists of five parts to collect the data regarding the knowledge, attitude, utilisation and satisfaction of TCM of respondents. The reflective measurement model and structural model were examined with SmartPLS 3.0 statistical software.

#### **Results:**

134 respondents completed the survey and all data were valid after data screening and cleaning. 60% and 41% of the participants received TCM information from their friends and family members as well as internet. Likewise, there are positive relationship from the knowledge of TCM to the utilisation, from the attitude to the utilisation, and from the utilisation of TCM to the satisfaction. However, the positive relationship of knowledge regarding TCM and attitude is not proven.

#### **Conclusions:**

The attitude towards the use of TCM is crucial because the perception of the benefits on TCM treatments can be a determining factor to the use of TCM. The positive experience of TCM from others is essential for the preference of the patients.



# Free Paper Competition -

### **Poster Presentation**

#### **POSTER 37**

# Health for All in Wound Care – the More You Know, the More You Care

WAN YT, LAM KKA, CHAN CS, CHOW TWC, CHOY WK, AU PS, CHAN HY, LAU MS, CHOW WPA, CHEUNG PH, CHEUNG YHK, WONG MYM

United Christian Nethersole Community Health Service; Preventive Medicine and Clinical Services Department

#### Introduction:

To provide ideal and complete healthcare in wound, not only delivery wound management while patient come with wound. Wound prevention is the ultimate goal in wound care.

Poster being posted up in General Out Patient Clinic (GOPC) near treatment room is an opportunity to promote wound knowledge to patient or public. Aims to increase self-awareness in wound care and to reduce the occurrence or recurrence of wound. Shortening the healing time, decreasing complication rate and prevention wound formation are the foreseeable achievement.

#### Method:

Posters were designed in each year since 2018. Information on ingrown toe nails care or fallacies in wound have being shared to episodic or chronic follow up patient who have no wound. For wound care patients, the particular wound care like venous ulcer, burn and scald wound also being shared via posters.

QR code was attached on each poster, in cooperated for the education convenience when they back home or share with family members or friends.

#### **Results:**

A patient survey was conducted to collect patients' comment and expectation in posters education. Totally, there were 58 samples have been collected. Half of them with wound and the other half were without wound.

Around 90% of them believed the posters were useful and easily to be understood. And 67% of the respondents agreed the poster was attractive.

Elderly skin care and emergence wound care are the most popular suggested topic in future poster.

#### **Conclusions:**

The perception of wound poster presentation are benefits to patient in out-patient clinic. Aim as promote health to all in public, the QR code are convenience for clients sharing. Continuous measurement and survey also serves as an important platform to enhance patient engagement and empowerment throughout the care process.



# Free Paper Competition -

### **Poster Presentation**

#### **POSTER 38**

# Application of clinical photography on wound documentation in General Out-patient Clinic (GOPC)

Ms Wong Po Ha Vivian, Ms Lau Wai Ha, Ms Chiu Sau Lai, Ms Lai Mei Ling, Ms Chiu Wai Hing Caroline, Dr Leung Shuk Yun, Ms Louie Yuen Man Anita, Ms Tam Oi Foon Sammei, Dr Hui Ming Tung Eric, Dr Hui Elsie, Ms Choi Siu Wai Christine

#### Introduction:

Clinical photography has been widely applied in hospitals for better communication in patients' care. However, this technology has not been applied in GOPCs due to the absence of HA Wi-Fi. Accurate wound documentation is essential for communication among healthcare professionals for continuity of wound care. In fact, it is difficult to describe wound condition especially complicated or multiple wound sites in words. Wound photography can capture and present the details about actual condition of wound that offers a solution to the limitation of written documentation for wound description. In view of the necessity to improve the wound documentation, the clinical photo album that connects to Clinical Management System was piloted in Fanling Family Medicine Centre in November 2019.

#### Method:

Plan-Do-Check-Act method was adopted as the management tool for implementation of clinical photo album system. A working group that consisted of nursing managements, wound nurses and frontline staff was set up to study the feasibility on the application of clinical photo album in GOPCs. The first act was to get the support from the Information Technology Team and Central Nursing Division for installation of wireless networking, software and iPad devices. Briefing of guidelines and demonstration on use of the clinical photo album apps with reference guide cue card were conducted to ensure that all nurses know how to use iPad Cam for wound photography. A survey was conducted to evaluate the application of photo album among frontline nursing staff.

#### Results:

All the nurses were competent to operate iPad Cam and they were positive that clinical photography could enhance communication and continuity of wound care.

#### **Conclusions:**

It is planned that the project will be rolled out to other GOPCs in New Territories East Cluster.



N Engl J Med. 2017;377(22):2123-2132. 3. Tepper S, Ashina M, Reuter U, et al.



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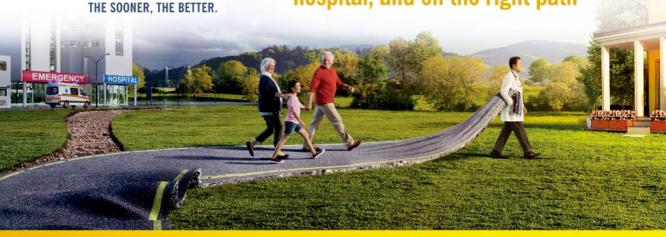
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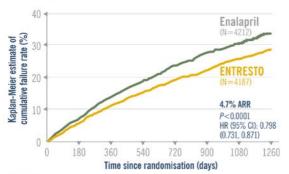
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70% of patients were NYHA Class  $II^2$ 

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ENTRESTO reduced the risk of a primary end point event in both the most and least stable HF patients 3‡

**ENTRESTO** helped slow the clinical progression of HF vs enalapril 45

- **◆ 16%** fewer CV hospitalisations (P<0.001)
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- ◆ 16% less likely to require intensification of outpatient HF therapy

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ents, respectively!). The majority of deaths were cardiovascular (80.9%; n = 1251), and the majority of these CV deaths were categorised as sudden (44.8%) or HF related (26.5%). This post hoc analysis of PARADIGM-HF exa If hospitalisation as a measure of clinical stability. Patients having their most recent lif hospitalisation within 3 months of screening (n = 1611) were defined as least stable, while patients who had no prior if F hospitalisation (n = 3175) were defined as their cfication of medical treatment for HF (520 for ENTRESTO vs 604 for enal pril: HR, 0.84: 95% Ct. 0.74-0.94; P=0.003) or an ED visit for wors ing HF OHR. 0.66: 95% Ct. 0.52-0.85: P=0.001).1

**b** NOVARTIS

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HbArc=glycated haemoglobin. NPH=neutral protamine Hagedorn insulin.

References: 1. Drug Office, Department of Health, Available at: https://www.drugoffice.gov.hk/eps/drug/productDetail/en/consumer/122821. Accessed: 8 Jun 2020. 2. Davies M, Storms F, Shutler S, et al. Diabetes Care. 2005;28:1282-8. 3. Mullins P, Sharplin P, Yki-Jarvinen H, et al. Clin Ther. 2007;29:1607-19. 4. Lantus\* Hong Kong prescribing information. 5. Sanofi-aventis. Sanofi-aventis SoloSTAP\* insulin pen for Lantus and Apidra receives the prestigious GOOD DESIGN Award. [Press release], 2008 Feb 14.

Presentation: 100 IU/m Insulin giargine solution for injection. Indications For the treatment of adults, adolescents and children aged 2 years and above with diabetes mellitus. Dosage Once daily (at the same time every day), with adjusted individual dosage, Administration Subcutaneous injection. Lantus is NOT INTENDED FOR INTEND







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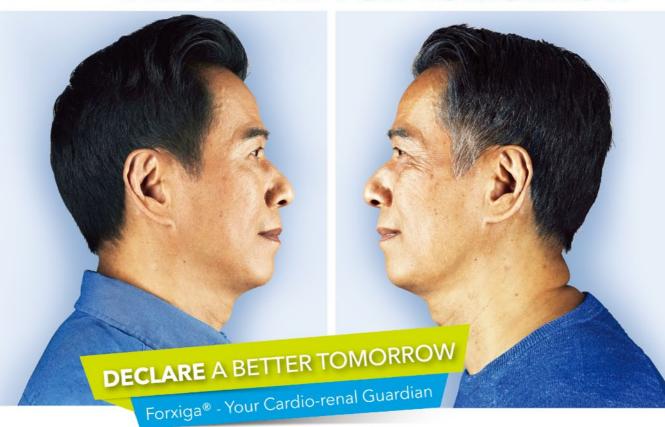
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Reference: 1. Henry G Bone, Rachel B Wagman, Maria L Brandi, et al. The Lancet Diabetes & Endocrinology 2017;7/Vol 5):513-523.

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ASCVD-atherosclerotic cardiovascular disease. CV=cardiovascular. CVOT=cardiovascular outcome trial. hHF=hospitalisation for heart failure. HF=heart failure. SGLT2i=sodium-glucose cotransporter 2 inhibitor. TZDM=type 2 diabetes mellifus.

Reference: 1. Wiviott SD, et al. N Engl J Med 2019;380:347-57.

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# RELVAR ELLIPTA

References: 1. Woodcock A, Vestbo J, Bakerly ND, New J, Gibson JM, McCorkindale S, et al. Effectiveness of fluticasone furoate plus vilanterol on asthma control in clinical practice: an open label, parallel-group, randomised controlled trial. Lancet 2017; 390:2247–2255. 2. Svedsater H, Jones R, Bosanquet N, Jacques L, Lay-Flurrie J, Leather DA, et al. Patient-reported outcomes with initiation of fluticasone furoate/vilanterol versus continuing usual care in the asthma Salford Lung Study. Respiratory Medicine 2018; 141:198–206. 3. Relvar (fluticasone furoate/vilanterol) Hong Kong prescribing information (Hk03201860S09v2/EMA201803). 4. Bardsley G, Daley-Yates P, Baines A, Kempsford R, William N, Mallon T, et al. Anti-inflammatory duration of action of fluticasone furoate/vilanterol flutinates one stream a cross-over randomised controlled trial. Respir Med 2016; 119:115–121. 6. Svedsater H, Jacques L, Goldfrad C, Bleecker ER. Ease of use of the ELLIPTA dry powder inhaler: data from three randomised controlled trials in patients with asthma. Prim Care Respir Med 2014; 24:14019

NAME OF THE PRODUCT RELYAR ELLIPTA QUALITATIVE AND QUANTITIVATIVE POSITION Pre-dispensed dose of 100 mcg or 200mcg of fluticasone furoate and 25 vilanterol (as trifenatate). Inhalation powder, INDICATIONS Asthma Relvar Ellipta 100/25mcg & 200/25mcg is indicated for the regular freatment of asthma in adults and adolescents aged 12 years and older where use of a combination medicinal product (long-acting beta, agonist and inhaled corticosteroid) is appropriate: • patients not adequately controlled with inhaled corticosteroids and 'as needed' inhaled short acting beta-agonists uately controlled on both inhaled corticosteroid and long beta, agonist. DOSAGE AND ADMINISTRATION Asthma Adults and adolescents 12 years and over. One inhalation of Relvar Ellipta 100/25mcg or 200/25mcg once daily. Patients usually experience an improvement in lung function within 15 minutes of inhaling Relvar Ellipta. A starting dose of **Relvar Ellipta 100/25mcg** should be considered for adults and adolescents 12 years and over who require a low to mid dose of inhaled conficisteroid in combination with a long-acting beta<sub>2</sub>-agonist. If patients are inadequately controlled on Relvar Ellipta 100/25mog, the dose can be increased to Relvar Ellipta 200/25mog, which de additional improvement in asthma control. The maximum recommended dose ing Relvar Ellipta 2007/25mcg once daily. Children aged under 12 years. The safety and efficacy of Relvar Ellipta in children under 12 years of age has not yet been established in the indication for asthma. Elderly patients (>65 years) & renal impairment No dose adjustment. Relvar Ellipta is for inhalation use only. After inhalation, the patient should rinse their mouth with water without swallowing. Patients should be made aware that Relvar Ellipta must be used regularly, even when asymptomatic. Patients should be regularly reassessed by a bealthcare professional so that the strength of Relvar Ellipta they are receiving remains optimal and is only changed on medical advice. CONTRAINDICATIONS Hypersensitivity to the active substances or to any of the excipients WARNINGS AND PRECAUTIONS Deterioration of disease Phitricasone furoaterivilanterol should not be used to treat acute asthmator symptoms or an acute exacerbation in COPO, for which a short-acting bronchodilator is required. Increasing use of short-acting bronchodilators to relieve symptoms indicates deterioration of control and patients should be reviewed by a physician. Patients should not stop therapy with fluticasone furoate/wianterol in astima or COPD, without physician supervision since symptoms may reour after discontinuation. Asthma-related adverse events and exacerbations may occur during treatment with flutcasone fundate/vilanterol. Patients should be asked to continue treatment but to seek medical advice if asthma symptoms remain uncontrolled or worsen after initiation of treatment with Relivar Ellipta. <u>Paradoxical bronchospasm</u> Paradoxical

bronchospasm may occur with an immediate increase in wheezing after dosing. This should

be treated immediately with a short-acting inhaled bronchodilator. Relvar Ellipta should be discontinued immediately, the patient assessed and alternative therapy instituted if necessary. <u>Cardiovascular effects</u> Cardiovascular effects, such as cardiac arrhythmias e.g. supraventricular tachycardia and extrasystoles may be seen with sympathomizent medicinal products including Relvar Ellipta. Therefore fluticasone furoate/vilanteral should be used with caution in patients with severe cardiovascular disease, or heart rhythm abnormalities, thyrotoxicosis, uncorrected hypokalaemia or patients predisposed to low levels of serun potassium. Systemic corticosteroid effects Systemic effects may occur with any inhaled corticosteroid, particularly at high doses prescribed for long periods. These effects are much less likely to occur than with oral corticosteroids. Possible systemic effects include Cushing's syndrome, Cushingoid features, adrenal suppression, decrease in bone mineral density, growth retardation in children and adolescents, cataract and glaucoma and more rarely, a range of psychological or behavioural effects including psychomotor hyperactivity, sleep disorders, armiety, depression or aggression (particularly in children, Fluticascre furnatis/ vilanterol should be administered with caution in patients with pulmonary tuberculosis or in patients with chronic or untreated infections. The incidence of pneumonia in patients with sthma was common at the higher dose. The incidence of pneumonia in patien aking Relvar Ellipta 200/25mcg was numerically higher compared with the onia in patients with asthma Relvar Ellipta 100/25mcg or placebo. No risk factors were identified. INTERACTIONS Interaction with beta-blockers Beta-adrenergic blockers may weaken or antagonise the effect of beta-adrenergic agonists. Concurrent use of both non-selective and selective beta-adrenergic blockers should be avoided unless there are compelling reasons for their use, Interaction with CYP3A4 inhibitors Caution is advised when co-administering with strong CYP 3A4 inhibitors as there is potential for increased systemic exposure to both fluticasone furoate and vilanterol. Co-administration should be avoided unless the benefit outwelghs the increased risk of systemic conticosteroid side effects, in which case nationts should be are unclosed for systemic corticosteroid side effects. PREGNANCY AND LACTATION Pregnange.

Administration of fluticasone furoate/vilanterol to pregnant women should only be considered if the expected benefit to the mother is greater than any possible risk to the foetus. Breast-feeding A decision must be made whether to discontinue breast-feeding or to disconti furoate/vilanterol therapy taking into account to and the benefit of therapy for the woman. ADVERSE REACTIONS Pneumonia, upper respiratory tract infection, bronchitis, influenza, candidiasis of mouth and throat, headache, extrasystoles, nasopharyngitis, oropharyngeal pain, sinusitis, pharyngitis, rhinitis, cough, dysphonia, abdominal pain, arthralgia, back pain, fractures, muscle spasms, pyrexia

OVERDOSE There is no specific treatment for an overdose with fluticasone furgate/vilanterol. If overdose occurs, the patient should be treated supportively with appropriate monitoring as necessary. Further management should be as clinically indicated or as recommended by the national poisons centre, where available. Abbreviated Prescribing Information based on Relvan Ellipta Hong Kong Prescribing Information HK032018GDS09v2/EMA201803.

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Full prescribing information is available on request from GlaxoSmithKline Ltd, 23/F. Tower 6, The Gateway, 9 Canton Road, Tsimshatsui, Kowloon, Hong Kong or Avenida Infante D. Henrique, no.43-534, Edf. Macau Square 21 andar C, Macau. For adverse events report, please call GlaxoSmithKline Limited at (852) 9046 2498 or (853) 6366 7071

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- tuberculosis or in patients with chronic or untreated infections
- Systemic effects may occur with any inhaled corticosteroids, particularly at high doses prescribed for long periods. Possible systemic effects include Cushing's syndrome, Cushingoid features, adrenal suppression, growth retardation in children and adolescents and decrease in hone mineral density
- . Patients should not stop therapy with Relvar in asthma without physical

Adverse effects observed with Relvar in clinical studies and post-marketing		
Frequency Category	Number of Subjects	Adverse reaction(s)
Very common	≥1/10	Headache, nasopharyngitis
Common	≥1/100 to <1/10	Pharyngitis, rhinitis, candidiasis of mouth and throat, pneumonia, arthralgia, pyrexia
Uncommon	≥1/1,000 to <1/100	Extrasystoles
Rare	≥1/10,000 to <1/1,000	Hypersensitivity reactions including anaphylaxis, angioedema, rash, and urticarial, Palpitations





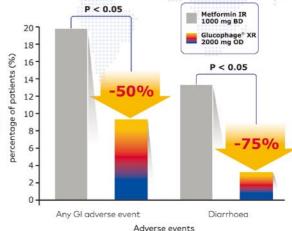
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Minimal effect on peripheral circulation8-11



Minimal effect or Sexual function<sup>2</sup>



References 1. Timmine P. Donahus S., Neaker 3 State-y-state pharmacolinetics of a rowin stended-release metermin formulation. Pharmacolinet 2005; 44(7):731-92. 8, Elinote II., Dalley G.E., Jubbour S.A., Reasoner C.A., Mills D.D. Gastrointestrial toleracionet 2005; Current Medical Research on Opinion 2004 (1655-522), 8 Footow 9, Bethyle H. & Thomssmann, (1994), U. U. U. 7 Diff Pharmacolinetis 100; A transcriptor of the State Stat

SULCOPHAGEE XR / Contents Methornia NCI. Indications: Backston in risk or delay onest of type 2. DM in adult, overweight patients with IGT and/or FG, and/or increased thALC who are at high risk for developing over type 2. DM and still progressing towards type 2. DM despite enginement increase infestive change for 3-6 months. Teachment of type 2. DM and still progressing towards type 2. DM and still progressing towards type 2. DM and content on the risk or delay of the enset of type 2. DM and content on the risk or delay of the enset of type 2. DM and content on the risk or delay of the enset of type 2. DM and content on the risk or delay of the enset of type 2. DM and content on the risk or delay of the enset of type 2. DM and content on the risk or delay of the enset of type 2. DM and content on the risk or delay of the enset of type 2. DM and content on the risk or delay of the enset of type 2. DM and content on the risk or delay of the enset of type 2. DM and content on the risk or delay of the enset of type 2. DM and content on the risk or delay of the enset of type 2. DM and content on the risk or delay of the enset of type 2. DM and content on the risk or delay of the enset of type 2. DM and content on the risk or delay of the enset of type 2. DM and content on the risk or delay of the enset of type 2. DM and content on the risk of th

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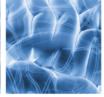
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(A) Patients who have had organ transplant, cu (B) Please consult healthcare professi













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