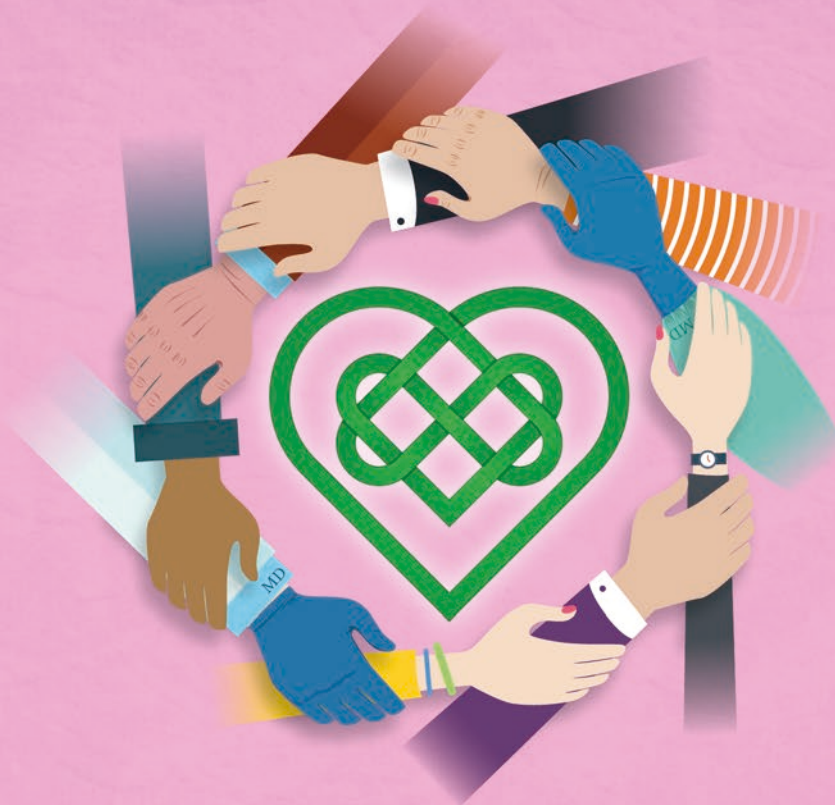




Hong Kong
Primary Care
Conference

The Hong Kong College
of Family Physicians

HONG KONG PRIMARY CARE CONFERENCE 2024



Family Medicine in the Community: **STRENGTHENING CONNECTIONS**

5-7 July 2024 (Friday - Sunday)

PROGRAMME BOOK

(Supported by HKCFP Foundation Fund)



5th – 7th July 2024 (Friday – Sunday)

Table of Contents

Welcome Messages	2
Organizing Committee	4
Conference Information	5
CME/ CPD / CNE Accreditation	6
Acknowledgement	7
Scientific Programme	14
Abstract	
- Plenary Lectures	16
- Seminars	20
- Workshops	30
- Sponsored Dinner Symposium	34
- Sponsored Lunch Symposium	36
- Sponsored Online Seminars	38
- Full Research Paper Competition	41
- Clinical Case Presentation Competition	54
- Free Paper Competition : Oral Presentation	55
- Free Paper Competition : Poster Presentation	65



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Hong Kong Primary Care Conference 2024 “Family Medicine in the Community: STRENGTHENING CONNECTIONS”

5th – 7th July 2024 (Friday – Sunday)

Welcome Message

On behalf of the Organizing Committee, I welcome you all to our 2024 Hong Kong Primary Care Conference to be held face to face from July 5 to July 7, 2024 at the Hong Kong Academy of Medicine Jockey Club Building, Aberdeen, Hong Kong.

The theme of this year’s conference is **“Family Medicine in the Community: Strengthening Connections”**. The evolving landscape of primary care is moving forward positively through the dedicated contributions of family doctors who take on leadership roles, exert flexibility in engaging in new working relationships and partnering with various sectors of our social system. In the face of a growing burden brought about by an ageing population and the increasing prevalence of chronic diseases, the HKSAR Government has shown strong commitment to strengthen primary care healthcare services with a series of reform initiatives since the release of the Primary Care Blueprint in December 2022. Strategies are prevention-oriented, community-based, family-centric and focus on early detection and intervention, with the vision of improving the overall health status of Hong Kong citizens, and establishing a coherent and sustainable healthcare system. One of the Government’s major initiatives was the launching of the three-year Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) in November 2023, to establish Family Doctor regime and position the District Health Centers DHC and DHC Express as a hub in fostering the expansion of healthcare network at the community level. As leaders in primary healthcare, Family Doctors should continue their exemplary work in the community and strengthen medical-social collaboration in support of the Primary Care Blueprint and realize the concept of “Family Doctor for All”.

Our conference is graced with the presence of four eminent plenary speakers, namely, Dr. Lam Ching Choi, Professor Cindy Lam, Professor Samuel Wong and Professor Rodger Charlton.

Dr. Lam Ching Choi will enlighten us on the significance of social medical collaboration and the crucial role of family physicians in providing primary healthcare. Professor Cindy Lam will share with us a new model of medical-social integrated community-based care led by the family doctor with the aim of connecting the right services at the right time to the right person. Professor Samuel Wong will elaborate on community mental health in Family Medicine. Professor Rodger Charlton will inspire us with his experience on how UK primary care coordinates end of life care. Over the years, this annual hallmark conference continues to unite experts, healthcare practitioners, and researchers in addressing current and future challenges in primary care. Our well-curated scientific program consisting of diverse yet interesting seminars, workshops, symposiums, plenary sessions and various competitions, has always engaged our participants.

I look forward to seeing you all in person at this memorable event!

Dr. Lorna NG

Chairlady, Organizing Committee
Hong Kong Primary Care Conference 2024





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Welcome Message from President

Welcome to the Hong Kong Primary Care Conference (HKPCC) 2024 entitled, “Family Medicine in the Community: Strengthening Connections”! The HKPCC has been an important annual scientific event for family physicians, nurses and allied health professionals over the years. Riding on this annual scientific event of the Hong Kong College of Family Physicians, we have invited many international and local experts, family doctors, nurses, allied health professionals, and other primary care providers to share their expertise and experience. The Conference is a great platform for fostering potential collaborations and networking opportunities amongst academics, practising clinicians and management colleagues alike.

The rich scientific programme of the Conference is packed with attractive plenaries and seminar sessions, including hot topics on social medical collaboration, right service at the right time to the right person, community mental health and end of life care, just to name a few. As in the previous years, there are full research paper competition, clinical case competition, and posters on display. We have also brought back several popular workshops on dermatology, family therapy, wound care, and primary care musculoskeletal ultrasound. Therefore, there is bound to be more than something for everyone.

I look forward to seeing you at the HKPCC 2024 and wish you all a very productive Conference ahead!

Dr. David V.K. CHAO
President

The Hong Kong College of Family Physicians





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Organizing Committee

Chairlady :

Dr. Lorna V. NG

Advisors :

Dr. David V.K. CHAO

Dr. LAU Ho Lim

Scientific Subcommittee :

Dr. CHIANG Lap Kin (Coordinator)

Dr. Eric K.P. LEE (Coordinator)

Dr. Linda CHAN

Dr. Cecilia S.M. CHEUNG

Dr. Dereck M.H. WONG

Nurse Planners :

Ms. Kathy Y.H. CHEUNG

Ms. Samantha Y.C. CHONG

Dr. Cecilia T.Y. SIT

Allied Health Planner :

Ms. Brigitte K.Y. FUNG

Clinical Case Presentation Competition :

Dr. YAU Lai Mo (Coordinator)

Dr. Kathy K.L. TSIM

Poster Presentation Competition :

Dr. Cecilia T.Y. SIT (Coordinator)

Publication Subcommittee :

Dr. Judy G.Y. CHENG (Coordinator)

Dr. HO Shu Wan

Dr. Kathy K.L. TSIM

Business Management Subcommittee:

Dr. HO Shu Wan (Coordinator)

Dr. Judy G.Y. CHENG

Dr. Cecilia S.M. CHEUNG

Ms. Kathy Y.H. CHEUNG

Dr. YAU Lai Mo

Information Technology :

Dr. Matthew M.H. LUK (Coordinator)

Venue :

Dr. Catherine P.K. SZE (Coordinator)



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Conference Information

- Date** : 5 – 7 July 2024 (Friday – Sunday)
- Format** : face-to-face
- Venue** : Hong Kong Academy of Medicine Jockey Club Building,
99 Wong Chuk Hang Road, Ayrdeen, Hong Kong
- Official Language** : English
- Academic Accreditation** : Applications are in progress and please refer to p.6 for details.
- Organizer** : The Hong Kong College of Family Physicians
- Conference Secretariat** : **Scientific:**
Ms. Carol F.K. PANG
Advertisement & Exhibition:
Ms. Teresa D.F LIU and Ms. Carol F.K. PANG
Registration:
Ms. Ally L.Y. CHAN and Ms. Nana H.T. CHOY
Publication:
Ms. Nana H.T. CHOY
QA Accreditation:
Mr. John M.C. MA
General:
Ms. Erica M. SO and Ms. Carol F.K. PANG
- Contact Details** : Tel No. : (852) 2871 8899
Fax No. : (852) 2866 0616
Email : hkpcc@hkcfp.org.hk
- Supported by** : HKCFP Foundation Fund



5th – 7th July 2024 (Friday – Sunday)

CME/ CPD / CNE Accreditation

Accreditation for HKPCC 2024

College/Programme	For the whole function	5/7/2024 Whole Day	6/7/2024 Whole Day	7/7/2024 Whole Day	CME/CPD Category
Anaesthesiologists	11.5	1.5	5	5	PP-NA
CNE (For Nurse)*		1	4.5	4.5	-
Community Medicine	10	1.5	5	5	PP-PP
Dental Surgeons	Pending	Pending	Pending	Pending	Pending
Emergency Medicine	11	1.5	4.5	5	CME-PP
Family Physicians	10	2	5	5	OEA-5.02
Hong Kong Dietitians Association		1 (non-core)	5 (non-core)	5 (non-core)	Non-core CDE
Hong Kong Institute of Clinical Psychologists	1 CPD-CP point per hour	-	-	-	CPD-CP
MCHK CME Programme	10	2	3	5	CME-PASSIVECME
Obstetricians & Gynaecologists	5	1.5	5	5	PP-PN
Ophthalmologists	Pending	Pending	Pending	Pending	Pending
Orthopedic Surgeons	7	1	3	3	PP-B
Otorhinolaryngologists	6	1	2.5	2.5	PP-2.2
Paediatricians	7	1	3	3	A-PP
Pathologists	11.5	1.5	5	5	CME-PP
Physicians	5	1	2	2	PP-PP
Prosthetist-Orthotists	10	-	-	-	A1 CPD points
Psychiatrists	11	1.5	4.5	5	PP-OP
Radiologists	11	1.5	4.5	5	B-PP
Surgeons	11.5	1.5	5	5	CME-PP



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Acknowledgement

The organizing committee wishes to express our most sincere thanks to all parties who have helped to make the HKPCC 2024 a successful one.

Officiating Guests

Dr. Libby H.Y. LEE, JP

Under Secretary for Health
Health Bureau, Government of the HKSAR

Dr. David V.K. CHAO

President, The Hong Kong College of Family Physicians

Dr. LAM Ching Choi, SBS, JP

Non-official Member, Executive Council, HKSAR;
Chief Executive Officer, Haven of Hope Christian Service

Professor Cindy L.K. LAM, MH, JP

Emeritus Professor, Department of Family Medicine & Primary Care,
School of Clinical Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong;
Specialist in Family Medicine

Professor Samuel Y.S. WONG

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

Professor Rodger CHARLTON

Professor of Undergraduate Primary Care Education, Leicester Medical School,
College of Life Sciences, University of Leicester

Plenary Speakers

Dr. LAM Ching Choi, SBS, JP

Non-official Member, Executive Council, HKSAR;
Chief Executive Officer, Haven of Hope Christian Service

Professor Cindy L.K. LAM, MH, JP

Emeritus Professor, Department of Family Medicine & Primary Care,
School of Clinical Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong;
Specialist in Family Medicine

Professor Samuel Y.S. WONG

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

Professor Rodger CHARLTON

Professor of Undergraduate Primary Care Education, Leicester Medical School,
College of Life Sciences, University of Leicester



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Seminar Speakers

Ms. Josephine Y.C. LEE, MH

Chief Executive Officer, St. James' Settlement

Dr. Pamela P.Y. LEUNG

Chief Executive Officer, The Hong Kong Society for Rehabilitation

Dr. SHUM Chun Keung

Associate Consultant, Department of Medicine and Geriatrics, Tuen Mun Hospital,
New Territories West Cluster, Hospital Authority, Hong Kong;

Convenor, Brain Health Special Interest Group, The Hong Kong Geriatrics Society;
Honorary Treasurer, The Hong Kong Geriatrics Society;

Honorary Clinical Associate Professor, Department of Medicine and Therapeutics, Faculty of Medicine,
The Chinese University of Hong Kong;

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

Professor Helen F.K. CHIU

Specialist in Psychiatry;

Emeritus Professor, Department of Psychiatry, The Chinese University of Hong Kong

Dr. Johnny K.S. LAU

Consultant Clinical Oncologist (Private Practice);

Honorary Clinical Assistant Professor, Department of Clinical Oncology, The University of Hong Kong;
Committee Member, Precision Oncology Working Group;

Immediate Past Chairman, Young Fellows Chapter, Hong Kong Academy of Medicine;

Council Member, Hong Kong Stereotactic Body Radiation Therapy Study Group;

Council Member, Hong Kong Society of Palliative Medicine;

Lecturer of Certificate Course on Palliative Care for Primary Care Doctors

Professor Martin C.S. WONG

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

Director, Centre for Health Education and Health Promotion, The Chinese University of Hong Kong;

Professor (by courtesy), Department of Sports Science and Physical Education,
The Chinese University of Hong Kong;

Professor of Global Health, School of Public Health, Peking University (Adjunct);

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

Professor, School of Public Health, Fudan University (Adjunct);

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

Dr. Patrick S.K. CHONG

Principal Medical and Health Officer (Family Health Service), Department of Health, HKSAR



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Professor Joshua W.K. HO

Associate Professor and Co-Director of BSc (Bioinformatics) Programme,
Li Ka Shing Faculty of Medicine, The University of Hong Kong

Dr. YANG Jian

Senior Lecturer, School of Biomedical Sciences, LKS Faculty of Medicine,
The University of Hong Kong;
Deputy Director of Education Technology, HKUMed;
Coordinator of HKU Body Donation Programme

Dr. LOK Chi Wing

Associate Consultant (Psychiatry) (Part-time), Hospital Authority;
Honorary Clinical Assistant Professor, Faculty of Medicine, The Chinese University of Hong Kong;
Specialist in Psychiatry

Ms. YAN Ka Wai

Registered Social Worker in Nite Cat Online Cyber Youth Support Team,
The Boys' & Girls' Clubs Association of Hong Kong

Dr. Tellus M.Y. NG

Associate Consultant, Department of Medicine and Geriatrics, Tuen Mun Hospital;
Honorary Clinical Associate Professor, Department of Medicine and Therapeutics,
The Chinese University of Hong Kong

Dr. Bosco H.M. MA

Clinical Associate Professor (Honorary), The Chinese University of Hong Kong

Ms. CHIANG Sau Chu

Chairman, Hong Kong Pharmaceutical Care Foundation (HKPCF)

Dr. Eric K.P. LEE

Clinical Associate Professor, The Chinese University of Hong Kong;
Member, European Society of Hypertension Working Group
on Blood Pressure Monitoring and Cardiovascular Variability

Dr. Anastasia S. MIHAILIDOU

Senior Hospital Scientist, Department of Cardiology, Royal North Shore Hospital;
Head, Cardiovascular & Hormonal Research Laboratory, Kolling Institute;
Honorary Associate Professor, Macquarie University

Professor DONG Dong

Assistant Professor, JC School of Public Health and Primary Care, Faculty of Medicine,
The Chinese University of Hong Kong;
Research Fellow (by courtesy), CUHK Centre for Bioethics, The Chinese University of Hong Kong



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Workshop Speakers

Dr. David C.K. LUK

Consultant Paediatrician, United Christian Hospital, Hong Kong Children’s Hospital;
Specialist in Paediatrics

Dr. Irene W.K. KAM

Faculty Member, Asian Academy of Family Therapy

Ms. Annette K.K. LAM

Associate Nurse Consultant (Stoma & Wound Care), Department of Surgery,
Pamela Youde Nethersole Eastern Hospital

Dr. LAI Wai Wah

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

Dr. CHAN Kwok Wai

Adjunct Associate Professor, Faculty of Medicine,
The Jockey Club School of Public Health and Primary Care,
The Chinese University of Hong Kong;
Honorary Clinical Associate Professor, Department of Family Medicine and Primary Care,
The University of Hong Kong

Sponsored Symposia Speakers

Prof. Desmond Y.H. YAP

Medical Director, HKU-CTC Phase 1 Centre;
Deputy Chairperson, Department of Medicine, Queen Mary Hospital,
The University of Hong Kong

Dr. Peggy S.K. CHU

Consultant Urologist, Department of Surgery, Tuen Mun Hospital

Dr. CHENG Shan

Honorary Clinical Tutor, Department of Psychiatry, The University of Hong Kong;
Specialist in Psychiatry (private practice)

Dr. LEE Ying Cheung

Clinical Assistant Professor (Honorary), JC School of Public Health and Primary Care,
Faculty of Medicine, The Chinese University of Hong Kong;
Honorary Clinical Assistant Professor in Family Medicine, The University of Hong Kong



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Sponsored Seminar Speakers

Dr. LO Ka Lun

Urology Consultant, Prince of Wales Hospital
Honorary Clinical Associate Professor, The Chinese University of Hong Kong

Dr. CHAN Lip Kiong

Clinical Assistant Professor (Honorary), Department of Medicine and Therapeutics (CUHK);
Specialist in Cardiology

Professor Roland BUHL

Senior Professor of Medicine, Pulmonary Department,
Mainz University Hospital Johannes Gutenberg University Mainz, Germany

Judges of Full, New Investigator Research Paper Competition

Professor LAM Tai Pong

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

Professor Albert LEE

Emeritus Professor of Public Health and Primary Care. The Chinese University of Hong Kong;
Honorary Professor, Department of Paediatric and Adolescent Medicine;
Senior Research Fellow, Centre for Medical Ethics and Law, The University of Hong Kong;
Adjunct Professor, Department of Rehabilitation Science, Hong Kong Polytechnic University

Judges of Free Paper Competition – Oral Presentation

Dr. Ruby S.Y. LEE, JP

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

Professor Martin C.S. WONG

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

Professor William C.W. WONG

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



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Judges of Free Paper Competition – Poster Presentation

Dr. Esther Y.T. YU

Chief Manager (Primary Healthcare Office), Health Bureau, HKSAR

Ms. Brigitte K.Y. FUNG

Allied Health Coordinator/ Department Manager(Physiotherapy),
Kwong Wah Hospital, Hospital Authority

Judges of Clinical Case Presentation Competition

Dr. Gene W.W. TSOI

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

Ms. Kathy Y.H. CHEUNG

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

Panel of Advisors

Dr. David V.K. CHAO

President, The Hong Kong College of Family Physicians

Dr. LAU Ho Lim

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

Special thanks to

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

Children’s Skin Centre,
Kowloon East Cluster, Hospital Authority



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5th – 7th July 2024 (Friday – Sunday)

Scientific Programme at-a-glance

Date	5 July 2024 (Friday) Pre-conference			
Time	Zoom Webinars			Face-to-face Workshop
	ROOM-1	ROOM-2	ROOM-3	Function Room 1 (2/F)
19:00-19:30				Workshop 1 Dermatology: dermatoscopy Speaker: Dr. David C.K. LUK Chairperson: Dr. Matthew M.H. LUK, Dr. Lorna NG & Dr. Kathy K.L. TSIM
19:30-20:30	Sponsored online seminar 1 [GSK] Tips & Tricks for Evaluating and Managing Lower Urinary Tract Symptoms (LUTS) in Primary Care Speaker: Dr. LO Ka Lun Chairperson: Dr. HO Shu Wan	Sponsored online seminar 2 [Novartis] Lipid Management to Reduce Cardiovascular Risk Speaker: Dr. CHAN Lip Kiong Chairperson: Dr. Catherine P.K. SZE	Sponsored online seminar 3 [AstraZeneca] Asthma Update: Key Highlights from GINA 2024 Speaker: Prof. Roland BUHL Chairperson: Dr. CHIANG Lap Kin	

Date	6 July 2024 (Saturday) Day 1					
13:30-14:30	Registration and Welcome Drinks - Exhibition Hall (G/F)					
	Pao Yue Kong (G/F)					
14:30-15:00	Opening Ceremony					
15:00-15:40	Plenary I Social Medical Collaboration Speaker: Dr. LAM Ching Choi Chairperson: Dr. LAU Ho Lim					
15:40-16:20	Plenary II Family Medicine: Connecting the Right Services at the Right Time to the Right Person Speaker: Prof. Cindy L.K. LAM Chairperson: Dr. LAU Ho Lim					
16:20-16:50	Coffee Break & Poster Presentation (Part 1) - Exhibition Hall & Foyer (G/F & 1/F)					
	Pao Yue Kong (G/F)	Lim Por Yen (G/F)	James Kung (2/F)	Banquet Room 1-2 (3/F)	Room 903-4 (9/F)	
16:50-17:50	Seminar A Progress of DHC and DHCE on Chronic Disease Co-care Programme Speakers: Ms. Josephine Y.C. LEE & Dr. Pamela P.Y. LEUNG Chairperson: Dr. Lorna NG	Seminar B Breakthrough and Recent Update on Dementia Speakers: Prof. Helen F.K. CHIU & Dr. SHUM Chun Keung Chairperson: Ms. Brigitte K.Y. FUNG		Workshop 2 Introduction to Family Therapy - Understanding Mental Health Problems in the Context of Family* Speaker: Dr. Irene W.K. KAM Chairperson: Dr. Kathy K.L. TSIM	Workshop 3 Advancing Wound Care in Primary Health Care: Exploring Innovations and Hands on Workshop on Negative Pressure Wound Therapy Speaker: Ms. Annette K.K. LAM Chairperson: Dr. Catherine P.K. SZE	
17:50-18:10	Seminar C Oncology Updates on Different Cancer Screening and Treatment for Family Doctors Speaker: Dr. Johnny K.S. LAU Chairperson: Dr. Eric K.P. LEE	Seminar D Colorectal Screening/ Cervical Screening Programme Speakers: Dr. Patrick S.K. CHONG & Prof. Martin C.S. WONG Chairperson: Dr. Judy G.Y. CHENG	Seminar E The Impact of Artificial Intelligence and Digital Health Technology on Medical Education Speakers: Prof. Joshua W.K. HO & Dr. YANG Jian Chairperson: Dr. Matthew M.H. LUK			
18:10-18:50						
	Function Room 1-2 (2/F)					
19:00-20:30	Sponsored Dinner Symposium [AstraZeneca] Improving CKD Patient Outcomes with SGLT2i - An Update from KDIGO 2024 Guideline Speaker: Prof. Desmond Y.H. YAP [Astellas] Current Concept in the Management of Overactive Bladder Speaker: Dr. Peggy S.K. CHU Chairpersons: Dr. HO Shu Wan & Dr. Aldo C.L. WONG					

*Workshop 2 is conducted in English and supplemented with videos in Cantonese with English subtitles.



5th - 7th July 2024 (Friday - Sunday)

Scientific Programme at-a-glance

Date	7 July 2024 (Sunday) Day 2				
08:30 - 09:00	Registration - Exhibition Hall (G/F)				
	Pao Yue Kong (G/F)	Lim Por Yen (G/F)	James Kung (2/F)	Room 903-4 (9/F)	Banquet Room 1-2 (3/F)
09:00 - 10:00	Seminar F Common Mental Illness in Adolescents, with a Focus on Eating Disorders and Cyberbullying** Speakers: Dr. LOK Chi Wing & Ms. YAN Ka Wai <i>Chairperson:</i> <i>Dr. Dereck M.H. WONG</i>	Seminar G Drug Treatments in Obesity Speaker: Dr. Tellus M.Y. NG <i>Chairperson:</i> <i>Dr. Catherine P.K. SZE</i>	Seminar H Inappropriate Drug Use and Need for De-prescribing in Elderly Patients Speakers: Dr. Bosco H.M. MA & Ms. CHIANG Sau Chu <i>Chairperson:</i> <i>Dr. Cecilia T.Y. SIT</i>	Free Paper - Oral Presentation (Part 1) <i>Chairperson:</i> <i>Dr. Cecilia S.M. CHEUNG</i>	Workshop 4 MSK POCUS for Primary Care: Diagnostic and Therapeutic Part A: POCUS for Primary Care: Upper Limb Speaker: Dr. CHAN Kwok Wai <i>Chairperson:</i> <i>Dr. Linda CHAN</i>
10:00 - 10:20	Coffee Break & Poster Presentation (Part 2) - Exhibition Hall & Foyer (G/F & 1/F)				
10:20 - 10:30	Seminar I Loopholes in Hypertension and Sex-specific Differences Speakers: Dr. Eric K.P. LEE & Dr. Anastasia S. MIHAILIDOU <i>Chairperson:</i> <i>Dr. Anthony K.Y. HO</i>	Seminar J Beyond Ethnicity: Navigating Health Challenges and Co-creating Solutions in Hong Kong's Culturally Diverse Communities Speaker: Prof. DONG Dong <i>Chairperson:</i> <i>Dr. CHIANG Lap Kin</i>	Clinical Case Presentation Competition and Awards Presentation of Outstanding Poster Presentation Award <i>Chairpersons:</i> <i>Dr. YAU Lai Mo & Dr. Kathy K.L. TSIM</i>	Free Paper - Oral Presentation (Part 2) <i>Chairperson:</i> <i>Dr. Cecilia S.M. CHEUNG</i>	
10:30 - 11:20					
11:20 - 11:35		Full Research Paper Awards Presentation* <i>Chairperson:</i> <i>Dr. CHIANG Lap Kin</i>			
	Pao Yue Kong (G/F)				
11:35 - 12:15	Plenary III Community Mental Health in Family Medicine Speaker: Prof. Samuel Y.S. WONG <i>Chairperson:</i> <i>Dr. Angus M.W. CHAN</i>				
12:15 - 12:55	Plenary IV UK Experience of How Primary Care Coordinates End of Life Care Speaker: Prof. Rodger CHARLTON <i>Chairperson:</i> <i>Dr. Angus M.W. CHAN</i>				
	Function Room 1-2 (2/F)				Banquet Room 1-2 (3/F)
13:00 - 14:30	Sponsored Lunch Symposium [Viatrix] Redefining Holistic Management Approach for Youth Mental Health Speaker: Dr. CHENG Shan [P&G] The Role of Fiber in Early Intervention of Hypercholesterolemia Speaker: Dr. LEE Ying Cheung <i>Chairpersons:</i> <i>Dr. Mary B.L. KWONG & Dr. Cheryl Y.C. CHAN</i>				Workshop 4 MSK POCUS for Primary Care: Diagnostic and Therapeutic Part B: POCUS for Primary Care: Lower Limb Speaker: Dr. LAI Wai Wah <i>Chairperson:</i> <i>Dr. Linda CHAN</i>

*The winner of the Best Research Paper Award will present his/ her work during this session (11:20 - 11:35).

** Seminar F will be conducted in Cantonese, with presentation materials in English and/ or Chinese.

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.



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

Hong Kong Primary Care Conference 2024

“Family Medicine in the Community: STRENGTHENING CONNECTIONS”

5th – 7th July 2024 (Friday – Sunday)

Saturday, 6 July 2024 • 15:00 – 15:40

Plenary I

Social Medical Collaboration



Dr. LAM Ching Choi, SBS, JP

MBBS(HK), FHKAM(Paed), FHKCPaed, FHKCCM, MRCP(UK), DCH(Ireland)

Non-official Member, Executive Council, HKSAR

Chief Executive Officer, Haven of Hope Christian Service

Dr. Lam is a specialist in paediatric and community medicine and is currently the Chief Executive Officer of Haven of Hope Christian Service.

With his extensive knowledge of local public health policies and services, Dr. Lam has sat on multiple statutory and advisory bodies. He is a non-official member of the Executive Council of the HKSAR Government. He is also the Chairman of the Advisory Committee on Mental Health.

Dr. Lam was honoured by the HKSAR Government with the Justice of Peace in 2003 and Silver Bauhinia Star in 2019. In 2018, apart from receiving the Honorary Fellowship from Lingnan University, he also received the Ageing Asia Global Ageing Influencer Award (Special Recognitions) in recognition for his devotion to public services and his influence on policy-making for the global ageing trend.

This presentation explores the significance of social medical collaboration and the crucial role of family physicians in providing primary healthcare. It emphasizes the contributions of doctors in improving healthcare outcomes through effective collaboration with stakeholders. Family physicians serve as the first point of contact for patients, bridging the gap between medical services and social support systems.

Social medical collaboration has shown promising results in improving healthcare outcomes and reducing costs. Family physicians, working with social workers, psychologists, community organizations, and other healthcare professionals, offer holistic care that addresses physical and psychosocial aspects of patients' well-being. Successful collaborative models and practical strategies for effective teamwork will be explored.

This presentation highlights the significance of social medical collaboration and the potential contributions of family physicians in developing primary healthcare and supporting mental health. Recognizing the critical role of family physicians, this presentation aims to inspire healthcare professionals to lead and advocate for comprehensive, patient-centered holistic care.



5th – 7th July 2024 (Friday – Sunday)

Saturday, 6 July 2024 • 15:40 – 16:20

Plenary II

Family Medicine: Connecting the Right Services at the Right Time to the Right Person



Professor Cindy L.K. LAM, MH, JP

MBBS (HK), MD(HK), FRCGP, MRCGP, MCGP (Irel), FHKAM (Family Medicine)

*Emeritus Professor, Department of Family Medicine & Primary Care, School of Clinical Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong
Specialist in Family Medicine*

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

Family medicine specializes in person-centred, continuing and comprehensive care in the community. To serve their roles effectively, family doctors need to connect the right services at the right time to the right person according to health needs rather than demands. The health needs of a person are diverse and complex, which require different healthcare and social services during different stages of an illness and life. The old model of episodic inter-professional referrals has become insufficient, inefficient and burdensome with the rising prevalence of multimorbidity and psychosocial problems. A new model of medical-social integrated community-based care led by the family doctor who brings the right services at the right time to the right person is required to serve this purpose. Another potential of medical-social integrated care is to reverse the social health inequity. This presentation will highlight the elements of integrated community care and illustrate it with the family medicine led KGKF-HKU Health Empowerment Programme (HEP) that had aimed to reverse health inequity among adults and children from low income families in Hong Kong. The HEP provided regular health assessments, health education and self-care enablement activities through local NGOs and schools over the 10 years. The HEP adult participants showed significantly long-term improvement in cardiovascular health, mental health and self-care enablement, and the participating children showed improvement in health-related quality of life and a reduction in behavioral problems.



5th – 7th July 2024 (Friday – Sunday)

Sunday, 7 July 2024 • 11:35 – 12:15

Plenary III

Community Mental Health in Family Medicine



Professor Samuel Y.S. WONG

LMCHK, MD (U. of Toronto), MD (CUHK), MPH (Johns Hopkins)
CCFP, FRACGP, FHKCCM, FFPH (UK), FCFP, FHKAM (Community Medicine), FHKAM (Family Medicine)
Director, The JC School of Public Health and Primary Care
Associate Dean (Education), Faculty of Medicine, The Chinese University of Hong Kong

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

Professor WONG’s research interests include evaluating primary care services and developing primary care service models for people with multimorbidity, evaluating and developing mindfulness-based and mental health interventions in primary care. He has published more than 400 original papers in peer-reviewed scientific journals and has contributed to 5 book chapters. In terms of public service, Professor Wong has served the Hong Kong SAR Government in various capacities, including as a member of the Steering Committee of the Primary Care Development and other advisory councils and committees related to health and environmental hygiene. He has also been involved in education and accreditation committees for medical and dental councils in Hong Kong. In addition to his academic and research responsibilities, Professor Wong provides clinical services in Family Medicine for the Hospital Authority as an Honorary Consultant in Family Medicine.

Mental health issues often manifest differently in community settings compared to hospital psychiatric services. In the community, individuals may experience milder mental health issues, frequently alongside other chronic medical conditions or common mental health disorders like anxiety and depression. Family Medicine is crucial in identifying and treating mild to moderate mental health problems within the community. This is particularly true when working alongside community non-governmental organizations (NGOs) that offer psychological interventions in conjunction with family doctors. This presentation will explore evidence-based psychological interventions available in community settings. It will also discuss potential collaborative approaches for the assessment and management of common mental health issues between family doctors and community psychological services.



5th – 7th July 2024 (Friday – Sunday)

Sunday, 7 July 2024 • 12:15 – 12:55

Plenary IV

UK Experience of How Primary Care Coordinates End of Life Care



Professor Rodger CHARLTON

BA, MPhil, MD, FRCGP, FRNZCGP

Professor of Undergraduate Primary Care Education, Leicester Medical School, College of Life Sciences, University of Leicester

Professor Rodger Charlton, Professor of Undergraduate Primary Care Education, Leicester Medical School, UK. Also a Training Programme Director for GP Training. Qualified Birmingham 1983. Completed an MPhil in Medical Ethics 1987. Then Lecturer in GP at Nottingham. In 1991-2; visiting fellow University of Otago, New Zealand, researching perceived needs of undergraduates in palliative care towards MD thesis. In 1994; appointed Senior Lecturer at Keele University, then Warwick University in 2000. 2011 appointed professor of medical education at Swansea. Moved to Nottingham Medical School in 2012 and Leicester in 2016. An active GP with research interests in end-of-life care and compassion.

The key doctor in End-of-Life (EOL) Care is the Family Physician. They are involved from the time of diagnosis of a life-threatening disease, through to the person’s death and beyond into bereavement.

The Family Physician very much strengthens connections with the patient by developing a therapeutic doctor-patient relationship through provision of continuity of care, planned follow up and anticipatory care as symptoms develop and palliation is required. Similarly, strengthening connections with the patient’s family including their carer and friends and coordinating specialist care through hospital doctors and other members of the multi-disciplinary team and a hospice if indicated.

In the community, coordination of care will also involve ongoing conversations as to the patient’s wishes and preferences for EOL care. This planning of advanced directives in case of an expected death should be carefully agreed, documented and updated with the patient and their family. There should be a designated key Family Physician for a patient with clear handover information when they are not available as crises may happen outside of planned appointments. Where feasible, contact should be maintained during hospital/ hospice care and organised contact with the family after death as part of bereavement care for at least 12 months.

Training of undergraduates as future doctors for care of EOL patients in hospital and for Family Physicians in the community should be provided in palliative care with its key components of communication and the science of symptom control.

A UK perspective is provided of General Practitioners (GPs) (Family Physicians).



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Seminar A

Progress of DHC and DHCE on Chronic Disease Co-care Programme



Ms. Josephine Y.C. LEE, MH

Chief Executive Officer, St. James' Settlement

Ms Josephine Lee Yuk-chi received her Bachelor of Social Sciences (Social Work) and Master of Social Sciences in Social Work from The Chinese University of Hong Kong and The University of Hong Kong respectively. Besides, she also holds an EMBA degree from The Hong Kong University of Science and Technology. Ms Lee is currently the Chief Executive Officer of St. James' Settlement.

Ms Lee is a passionate social innovator and promotes social innovation in action. She is actively involved in developing social services and social enterprises. She is currently a Member of the Commission on Poverty and its Social Innovation and Entrepreneurship Development Fund Task Force, a Member of the Assessment Panel of the Innovation and Technology Fund for Better Living of Innovation and Technology Commission, a Council Member of the Hong Kong General Chamber of Social Enterprises and an External Advisor of the social work training of tertiary institutions.

The CDCC (Chronic Disease Co-care) Pilot Scheme is a brand-new government subsidy scheme. People aged 45 and above without a history of diabetes or hypertension can receive screening and follow-up services from family doctors with an affordable co-payment.

To implement the Scheme successfully, two approaches are adopted. The first is to recruit the right target population. Sham Shui Po DHC has strategically recruited health-conscious people who are increasingly aware of their medical needs and health protection, and are supportive to health schemes promulgated by the government. The DHC approaches these target groups via outreach activities held at shopping malls, private housing estates and industrial centres.

The second is to create a good client journey through collaboration with family doctors. An excellent user experience can demonstrate the value of the Scheme. The family doctors are supported by a multidisciplinary team, including nurses and allied health professionals. The DHC will coordinate these professional services to the needs of the client. In addition to professional support, service accessibility and seamless medical/professional follow-up with clients are also vital to ensure the provision of quality health information and comprehensive health management plans. Our nurses closely monitor the client's screening progress and communicate effectively with family doctors during their medical follow-ups.

To encourage more people to participate in this Scheme. The DHC will modify its strategy and services from time to time, and attract more family doctors to join the Scheme by providing briefing sessions and on-site system support, whenever needed.



Dr. Pamela P.Y. LEUNG

Ph.D., R.S.W. F.H.K.A.S.W.

Chief Executive Officer, The Hong Kong Society for Rehabilitation

Dr. Leung is the CEO of The Hong Kong Society for Rehabilitation (HKSR), a non-profit organization advocating holistic health, social participation, and equal opportunities for people with disabilities and health challenges. The HKSR is one of the designated Rehabilitation Collaborating Centres of the World Health Organization in the West Pacific. Dr Leung specializes in integrative care for chronic patients with extensive publications on psycho-social-spiritual intervention in peer-reviewed books and journals. She is a Fellow of the Hong Kong Academy of Social Work, a Fellow of the Centre on Ageing and a Fellow of the Centre on Behavioral Health of The University of Hong Kong, as well as an Honorary Advisor of different patients' self-help organizations.

Building Stronger Connections and Healthier Communities – The Role of District Health Centre Express

With an increasing prevalence of chronic diseases, it is imperative to foster healthcare network at the community level and promote a life course preventive approach in primary care. In November 2023 the Government rolled out the Chronic Disease Co-Care (CDCC) Pilot Scheme as a move to encourage early prevention and management of chronic diseases. Eligible persons are subsidised for screening of prediabetes, diabetes mellitus and hypertension by a family doctor of their own choice. Those who are diagnosed will be placed under long-term care management by their chosen family doctors. The District Health Centres (DHCs) and DHC Expresses (DHCEs) play an important role in this scheme.

The HKSR currently operates DHCEs in Central and Western District, Eastern District, and Sha Tin, serving as community healthcare resource hubs, connecting stakeholders, adopting different strategies to uplift participants' self-management capabilities and motivate people to take ownership of their own health.

This presentation will share the strategies of HKSR's DHCEs on empowering individuals, connecting stakeholders, fostering partnerships, and mobilizing local networks in co-creating health in the community. Experiences in collaboration with family doctors and care providers in promoting seamless care will also be shared.



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Seminar B

Breakthrough and Recent Update in Dementia



Dr. SHUM Chun Keung

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

Associate Consultant, Department of Medicine and Geriatrics, Tuen Mun Hospital, New Territories West Cluster, Hospital Authority, Hong Kong
Convenor, Brain Health Special Interest Group, The Hong Kong Geriatrics Society
Honorary Treasurer, The Hong Kong Geriatrics Society
Honorary Clinical Associate Professor, Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong
Honorary Clinical Assistant Professor, Department of Family Medicine and Primary Care, The University of Hong Kong

Dr. Shum is a geriatrician at Tuen Mun Hospital (TMH) with a special interest in dementia. He is the clinical lead of the Geriatric Day Hospital Memory Clinic at TMH and a team member of the Cognitive Assessment and Empowerment Program, a co-care model for older patients with memory complaints, in the Hospital Authority New Territories West Cluster. He actively participates in the council of the Hong Kong Geriatrics Society (HKGS) and currently serves as the Convenor of the Brain Health Special Interest Group of the HKGS. He is the principal investigator of the LPAD Brain Study in TMH, collaborating with the Hong Kong University of Science and Technology and the Hong Kong Center for Neurodegenerative Diseases to develop a Longitudinal Profile of biomarkers of Alzheimer's Disease in the Hong Kong Chinese population. He has authored several publications in the field of dementia and is the chief editor of the “Practical Manual of Dementia in Older Adults” (third edition).

Recent Breakthrough and Update on Alzheimer's Disease and Related Dementias: From Precision Medicine to Co-Management

Dementia results from a variety of brain diseases and injuries. Alzheimer's disease is the most common form. It is characterized pathologically by extracellular amyloid plaques and intraneuronal neurofibrillary tangles. The National Institute on Aging-Alzheimer's Association research framework in 2018 proposed a paradigm shift towards a biological definition of Alzheimer's disease. The disease should be defined biologically, diagnosed in vivo by validated cerebrospinal fluid or imaging biomarkers in the AT(N) classification system and not based on a clinical syndrome(s). It is a continuum that pathologic changes begin decades before clinical symptoms and it progresses through stages of increasing pathologic burden. The first detectable change is brain amyloid beta (A) accumulation, followed by tau hyperphosphorylation (T) and then neurodegeneration (N). In recent years, plasma biomarkers with excellent diagnostic performances have been developed and clinically validated. For example, plasmarkAD® is a plasma protein biomarker panel for Alzheimer's disease developed in a Hong Kong Chinese cohort and accurately differentiates between normal, mild and severe Alzheimer's disease. The Alzheimer's Association Workgroup has recently drafted revised criteria for diagnosis and staging of Alzheimer's disease and this will be available in clinical practice soon.

Anti-amyloid immunotherapies (e.g. Aducanumab, Lecanemab and Donanemab) are emerging disease-modifying treatments. They were shown to slow cognitive decline and clear amyloid plaques. However, amyloid-related imaging abnormalities, frequent intravenous dosing, MRI monitoring and treatment costs are concerns in clinical practice.

Primary care physicians play an increasingly important role in the early detection, diagnosis and ongoing care of people living with dementia. Multi-domain lifestyle-based interventions were found to reduce the risk of cognitive and functional impairment among at risk individuals. Co-management between primary and specialist care is also vital, exemplified by a local example of the Cognitive Assessment and Empowerment Program in the Hospital Authority New Territories West Cluster. This structured program provides timely assessment and interventions, reduces the referral to secondary care and empowers family physicians in managing older patients with memory complaints in the primary care setting.



Professor Helen F.K. CHIU

MBBS, FRCPsych, FHKAM (Psychiatry), FHKCPsych

Specialist in Psychiatry
Emeritus Professor, Department of Psychiatry, The Chinese University of Hong Kong

Professor Helen FK Chiu is the Emeritus Professor of the Chinese University of Hong Kong and the Past President of the Hong Kong Psychogeriatric Association, the Past President of the Pacific Rim College of Psychiatrists, the Past President of the Hong Kong College of Psychiatrists, as well as the Past President of the International Psychogeriatric Association. She was the Head of the Department of Psychiatry at the Chinese University of Hong Kong from late 1996 to mid 2011. Prof Chiu is a Specialist in Psychiatry.

Clinical Use and Update on the Hong Kong Brief Cognitive Test (HKBC)

There are many existing brief cognitive tests for the assessment of cognitive function, but these tests have some limitations when used in the elderly populations who have a low educational level. In view of this, our team in Hong Kong has developed a new brief cognitive test, the Hong Kong Brief Cognitive Test (HKBC).

This presentation will introduce the HKBC and its clinical uses, as well as some recent research studies involving the HKBC. The advantages of the HKBC includes its short time of administration as it takes around 7 minutes only. Educational effect on the score is much less than the Mini Mental State Examination (MMSE) and the Montreal Cognitive Assessment (MoCA) and the scoring of the HKBC does not need to be adjusted for education. The HKBC assesses several domains of cognitive function and hence it can give a profile of the domains of cognitive impairment of the test subject. Further, the HKBC can be used to differentiate between people with Major Neurocognitive Disorder, Mild Neurocognitive Disorder and Normal cognition.



5th – 7th July 2024 (Friday – Sunday)

Saturday, 6 July 2024 • 17:50 – 18:50

Seminar C

Oncology Updates on Different Cancer Screening and Treatment for Family Doctors



Dr. Johnny K.S. LAU

MBBS (HKU), M Res (Med) (HK), FHKAM, FHKCR, FRCR

Consultant Clinical Oncologist (Private Practice)

Honorary Clinical Assistant Professor, Department of Clinical Oncology, The University of Hong Kong

Committee Member, Precision Oncology Working Group

Immediate Past Chairman, Young Fellows Chapter, Hong Kong Academy of Medicine

Council Member, Hong Kong Stereotactic Body Radiation Therapy Study Group

Council Member, Hong Kong Society of Palliative Medicine

Lecturer of Certificate Course on Palliative Care for Primary Care Doctors

Dr. Johnny Lau is a clinical oncologist specializing in lung cancer, colon cancer, precision oncology and palliative care. His research focuses on cancer-associated risk factors, precision oncology and cancer treatment in the community. Dr. Lau is committed to advancing cancer care and improving patient outcomes through research and clinical practice. Dr. Lau obtained his subspecialty degree in palliative medicine in 2019 and has been delivering lectures on common cancer treatment and toxicity management during the pandemic to primary care doctors since 2020. Dr. Lau was awarded the Young Achievers Award in Queen Mary Hospital in 2021. Dr. Lau has been working as a consultant oncologist in the private sector since 2022, and has been a proponent of Low-dose CT Thorax (LDCT) for lung cancer screening.

Cancer management is a dynamic field, with evolving screening methods and treatment modalities. In this comprehensive update, we explore the latest advancements in cancer screening, emphasizing on evidence-based approaches for early detection. From low-dose CT thorax for lung cancer to innovative screening strategy for colorectal cancer. Understanding individual risk factors is crucial. We highlight genetic predispositions, lifestyle choices, and environmental influences, with an emphasis on practical guidance on counseling patients to reduce their cancer risks.

Precision medicine is reshaping cancer therapy, typical examples include targeted therapies and other emerging options. Case studies emphasizing multidisciplinary collaborations will be showcased. Effective communication and shared decision-making are essential. Key aspects including patient concerns, survivorship, and palliative care will be addressed.

Primary care doctors play a pivotal role in holistic cancer care. Please join us for this inter-disciplinary seminar, equipping you with the latest insights to enhance patient outcomes and contribute to the fight against cancer in the community.



5th – 7th July 2024 (Friday – Sunday)

Saturday, 6 July 2024 • 17:50 – 18:50

Seminar D

Colorectal Screening/ Cervical Screening Programme



Professor Martin C.S. WONG

BMedSc (Hons), MSc (Hons), MBChB, MD (CUHK), MPH, MBA, FRACGP, FRSPH, FHKCFP, FHKCCHP, FHKAM (Family Medicine), DCH (Ire), FESC, FACC, FAcadTM, FFPH, FHKAN (Hons), FRCP (Glasgow), FRCP (Edinburgh)

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

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

Professor (by courtesy), Department of Sports Science and Physical Education, The Chinese University of Hong Kong

Professor of Global Health, School of Public Health, Peking University (Adjunct)

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

Professor, School of Public Health, Fudan University (Adjunct)

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

Professor Martin C.S. Wong is a researcher in the field of cancer screening and prevention of chronic diseases. Professor Wong has composed over 600 publications in international peer-reviewed journals, and received over 15 research awards for studies in his research area. He is the Co-Chair of the NCD stream of Association of Pacific Rim Universities (APRU) Global Health Programme; the Convener of the Advisory Group on the Hong Kong Reference Framework for Preventive Care of Diabetes, Hypertension, Older Adults, and Children in Primary Care Settings; and a former member of the Expert Advisory Panel in Implementation Science of the HKSAR government.

Recommendations for Cancer Screening by the Cancer Expert Working Group of the Hong Kong Government – An Update

Cancer is one of the leading causes of morbidity and mortality in developed nations. It is the most significant contributor to the global burden of disease, including the healthcare systems and the induced expenses. Primary Care Physicians (PCPs) provide first-contact, continuous, comprehensive, community-based, and patient-centred care on prevention of cancer. Whilst **colorectal cancer, cervical cancer, and breast cancer** have recognized as suitable candidates for screening, there are other types of cancers that might be considered as controversial, such as **lung cancer, liver cancer, and prostate cancer**. Nevertheless, the decision to offer cancer screening often requires authoritative sources to inform best practice. The Cancer Expert Working Group (CEWG) on Cancer Prevention and Screening of the Centre for Health Protection, the Department of Health has issued guidelines on the recommendations for cancer screening practices. Formulation of these guidelines are based on the most updated scientific evidence from international literature and consensus statements in the Asia Pacific regions and beyond. There are more than 15 experts participating in regular meetings to review the guidelines on more than 10 types of common cancers in Hong Kong, contextualized to our local healthcare setting. The recommendations are for both healthcare professionals and the general public. In this lecture, the speaker will provide an update on the most recent screening recommendations, and review the evidence behind them. He will also offer future research perspectives so that additional evidence with local relevance can be addressed. The pros and cons of screening for each cancer will also be critically appraised.



Dr. Patrick S.K. CHONG

Principal Medical and Health Officer (Family Health Service), Department of Health, HKSAR

Dr. Patrick Chong is a specialist in Public Health Medicine. He is currently the Principal Medical and Health Officer (Family Health Service) of the Department of Health (DH). His portfolio includes overseeing the clinical services provided to children from birth to 5 years and women at or below 64 years of age attending the Maternal and Child Health Centres as well as the Woman Health Centres. Dr. Chong has also been working in various DH service related non-communicable disease prevention and control, health promotion, and health care vouchers.

Department of Health's Woman Health Service

Family Health Service under the Department of Health (DH) provides Woman Health Service (WHS) to women aged at or below 64 years mainly at its three Woman Health Centres for disease prevention and health promotion.

Under the DH's WHS, women are provided with general health education and individualised counselling on various aspects, including healthy lifestyle, psychosocial health, menstrual concerns, and sexual health. In addition, detailed nursing interviews and medical consultations are provided to assess women's health risks for various common chronic diseases and to provide appropriate primary and secondary preventive services. Health assessment on common non-communicable diseases covers hypertension, diabetes mellitus, hypercholesterolaemia, as well as colorectal, cervical and breast cancers. The preventive service/advice is provided according to the Primary Healthcare Office's Reference Framework and the Cancer Expert Working Group's recommendation. Targeted health advice and counselling, physical examination and investigations, including blood pressure measurements and blood tests (e.g. fasting blood sugar, lipid profile etc.) as well as colorectal, cervical and breast cancer screenings, are offered depending on individual needs and risk assessments. Clients are referred to the specialists for further management if clinically indicated. In addition to the above, risk-based Hepatitis B screening service is also provided. Hepatitis B serology tests and vaccination are provided to at-risk women.



5th – 7th July 2024 (Friday – Sunday)

Saturday, 6 July 2024 • 17:50 – 18:50

Seminar E

The Impact of Artificial Intelligence and Digital Health Technology on Medical Education



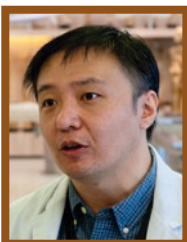
Professor Joshua W.K. HO

BSc, PhD

*Associate Professor and Co-Director of BSc (Bioinformatics) Programme,
Li Ka Shing Faculty of Medicine, The University of Hong Kong*

Professor Joshua Ho is an Associate Professor at the School of Biomedical Sciences of the University of Hong Kong (HKU). He completed his BSc and PhD at the University of Sydney and postdoctoral training at Harvard Medical School. He is an expert in bioinformatics, single cell data analysis, metagenomics, and digital health. Professor Ho co-directs the BSc (Bioinformatics) Programme at HKU, and is the deputy director of educational technology (AI). In these roles, he actively formulates innovative uses of AI to support teaching and learning activities in the medical curriculum. He was awarded the HKU Faculty Teaching Medal in 2023.

As the use of artificial intelligence (AI), big data, augmented reality, virtual reality, and digital health technology is becoming increasingly pervasive in the healthcare sector, there is an emerging need to introduce these topics into the medical curriculum to better prepare our future medical professionals. Nonetheless, there is relatively little international consensus on what and how these topics should be taught in an undergraduate medical programme. In this talk, we will share our experience on introducing AI, medical big data and digital health into the medical curriculum at the University of Hong Kong. We will also share our experience with the use of generative AI to support a variety of teaching and learning activities in our Faculty. I will give my thoughts on its practical implementation and discuss possible future directions.



Dr. YANG Jian

BMed (Peking U), PhD (U of Bristol), SFHEA

*Senior Lecturer, School of Biomedical Sciences, LKS Faculty of Medicine, The University of Hong Kong
Deputy Director of Education Technology, HKUMed
Coordinator of HKU Body Donation Programme*

Dr. Jian Yang graduated from the Peking University Health Science Center and went on to pursue a PhD in neuroscience at the University of Bristol. He joined the Department of Anatomy of the University of Hong Kong after graduation in 2007, and devoted his passion to anatomy and histology education since 2012. He is now a senior lecturer in the School of Biomedical Sciences, LKS Faculty of Medicine HKU, leader in anatomy education, Deputy Director of EdTech HKUMed and Coordinator of HKU Body Donation Programme.

Infusing Education Technology in Pre-Clinical Education, The HKUMed Experience

With the rapid growth of technological innovations, mobile technology, virtual reality, generative AI, and other digital technologies have been gradually incorporated into pre-clinical education, including anatomy and histology, and have provided a brand-new area of research interest for medical education. In the School of Biomedical Sciences, LKS faculty of medicine, we recognise that it is paramount to make anatomy classes more active and student-centred to create a deeper understanding of the subject matter. In recent years, our team has strived to integrate newly emerged technologies into the medical curriculum to enhance active learning.

In the past few years, we have created interactive histology E-platforms to enhance the histology learning experience, and introduced technology-supported task oriented practicals (TOP) to reform the anatomy and histology practical sessions. We have also developed the dissection peer support system (DPSS) utilising mobile learning platform iClass. The VR anatomy lab has been established for the students to apply their anatomy and clinical knowledge to complete tasks in the virtual reality environment.

The digital resources and the mobile platform were extremely helpful in maintaining high quality interactive-learning experience for the students both in-class and off-class, and provided the students with timely feedback. The education technologies and the innovative pedagogies enable students to participate actively and apply knowledge both inside the classroom and online, and are proven to be especially valuable for medical education during the pandemic and in the post COVID era.



5th – 7th July 2024 (Friday – Sunday)

Sunday, 7 July 2024 • 09:00 – 10:00

Seminar F

Common Mental Illness in Adolescents, with a Focus on Eating Disorders and Cyberbullying



Dr. LOK Chi Wing

MBCChB (CUHK), MRCPsych, FHKCPsych, FHKAM(Psychiatry)
Associate Consultant (Psychiatry) (Part-time), Hospital Authority
Honorary Clinical Assistant Professor, Faculty of Medicine, The Chinese University of Hong Kong
Specialist in Psychiatry

Dr. Lok Chi Wing graduated from the Chinese University of Hong Kong (CUHK) Faculty of Medicine. She is currently a specialist in psychiatry and a Fellow of the Hong Kong Academy of Medicine (Psychiatry), the Hong Kong College of Psychiatrists, a member of the Royal College of Psychiatrists (UK), and she serves as an Associate Consultant Psychiatrist (Part-time) in a public hospital, as well as being a Honorary Clinical Assistant Professor at the Chinese University of Hong Kong (Faculty of Medicine), a Honorary Clinical Tutor at the University of Hong Kong (LKS Faculty of Medicine), and as a Visiting Lecturer at the Department of Rehabilitation Sciences, The Hong Kong Polytechnic University.

Dr. Lok covers mental health consultation services for different age groups, including children, adolescents, adults, and the elderly. She manages clients suffering from attention deficit/hyperactivity disorder (ADHD), autism spectrum disorders, emotional and behavioral problems in children and adolescents, eating disorders, depression, anxiety disorders, panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), psychosis, bipolar affective disorder, sleep disorders, marital and family counseling, and sexual dysfunctions in couples. She is also experienced in assessing and managing cognitive impairment, elderly depression and anxiety disorders, sleep disorders in the elderly population, etc.

Mental health has emerged as a significant concern in today's society, with an alarming increase in mental illness among adolescents. This seminar aims to raise awareness of the critical role of mental health in adolescent development, some of the common mental illnesses among the child and adolescent populations, and explore effective strategies to support and promote positive mental well-being. Hopefully it will bring together mental health professionals, educators, and parents, etc. to facilitate a comprehensive discussion on this pressing issue.

In this seminar, I will share insights into identifying early signs of mental illness and implementing preventive measures, and introduce common treatment plans. This seminar will also focus more on a special entity of child and adolescent mental health issues, i.e. Eating Disorders. By highlighting the significance of addressing adolescent mental health, this seminar aims to inspire a collective effort to prioritize mental well-being, empower adolescents and their care-givers, and ensure a healthier future for our youths.



Ms. YAN Ka Wai

BSW(Hons)
Registered Social Worker in Nite Cat Online Cyber Youth Support Team,
The Boys' & Girls' Clubs Association of Hong Kong

Vivian Yan is a passionate and dedicated registered social worker with extensive experience providing comprehensive casework and counseling support for young people. Her mission is to create a safe and nurturing environment for adolescents, both online and offline. Vivian has a strong focus on addressing cyberbullying, promoting digital safety, and fostering healthy online behaviors. She is proficient in engaging high-risk individuals and uses a variety of counseling techniques to empower young people. Vivian's expertise lies in implementing evidence-based strategies to mitigate the risks associated with digital media and ensure the well-being of adolescents in the digital age.

The issue of cyberbullying has emerged as a major challenge to the well-being of adolescents, necessitating the attention of experts in the field. This seminar aims to provide valuable insights into the pivotal role that social workers play in preventing, intervening, and supporting victims of cyberbullying. This seminar will focus on developing a deeper understanding of this phenomenon, including its definition, prevalence, and various forms. It will also examine the psychological impact of cyberbullying on victims and the long-term consequences of leaving it unaddressed.

Practical strategies for identifying signs of cyberbullying, effective communication channels, and fostering resilience among victims will be discussed. Furthermore, practical examples and case studies of successful interventions from best practices and evidence-based approaches will be showcased.

In addition, emerging trends and challenges in the digital landscape will be explored, equipping participants with up-to-date knowledge to adapt their strategies accordingly. By attending this seminar, participants will acquire practical skills and knowledge to effectively prevent, intervene, and support those affected by cyberbullying.

The critical role of social workers in combating cyberbullying, including prevention, early intervention, and ongoing support, will also be discussed. With empathy, collaboration, and education, a positive difference can be made in the lives of young people, creating a safer and more inclusive online environment for adolescents.

(This seminar will be conducted in Cantonese, with presentation materials in English and/ or Chinese.)



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Hong Kong Primary Care Conference 2024 “Family Medicine in the Community: STRENGTHENING CONNECTIONS”

5th – 7th July 2024 (Friday – Sunday)

Sunday, 7 July 2024 • 09:00 – 10:00

Seminar G

Drug Treatments in Obesity



Dr. Tellus M.Y. NG

M.B.Ch.B.(C.U.H.K.), M.R.C.P.(U.K.), F.H.K.C.P., F.H.K.A.M.(Medicine),
Dip. in Clinical Dermatology(Q.M.U.L.)

*Associate Consultant, Department of Medicine and Geriatrics, Tuen Mun Hospital
Honorary Clinical Associate Professor, Department of Medicine and Therapeutics,
The Chinese University of Hong Kong*

Dr. Ng graduated from The Chinese University of Hong Kong, she is an Associate consultant of the Department of Medicine and Geriatrics, Tuen Mun Hospital, Hong Kong. She is also the honorary Clinical Associate Professor of the Department of Medicine and Therapeutics, The Chinese University of Hong Kong. She is the President of the Hong Kong Obesity Society and the vice president of Diabetes Hong Kong. Moreover, she is a council member of the diabetic division of the Hong Kong Society of Endocrinology, Metabolism and Reproduction (HKSEMR). Dr. Ng is actively engaged in the promotion of public awareness of Diabetes and Obesity in Hong Kong. She is a keen participant in various patient empowerment programs in Hong Kong.

Obesity is recognized as a significant public health hazard, as it increases the risks of multiple diseases, such as type 2 diabetes, cardiovascular disease, hyperlipidemia, hypertension, stroke, breast and colon cancer, and degenerative arthritis. Medical weight management are revolving on how we will be treating obesity in the near future. There are 6 medications which are approved for non-syndromic obesity (orlistat, phentermine/topiramate, naltrexone/bupropion, liraglutide, semaglutide, tirzepatide). Metreleptin and Setmelanotide are currently indicated for rare obesity syndrome. The majority of these compounds act centrally, to reduce appetite and increase satiety, and secondarily, in the gastrointestinal tract to slow gastric emptying. All anti-obesity medications improve weight and metabolic parameters, with variable potency and effects depending on the specific drug. The choice of the anti-obesity medication depends on the patient’s clinical and biochemical profile, comorbidities, and drug contraindications, as well as their expected degree of weight loss and improvements in cardio-renal and metabolic risks.



5th – 7th July 2024 (Friday – Sunday)

Sunday, 7 July 2024 • 09:00 – 10:00

Seminar H

Inappropriate Drug Use and Need for De-prescribing in Elderly Patients



Dr. Bosco H.M. MA

MBChB(CUHK), MD(CUHK), FHKCP, FHKAM, FRCP(Lond, Edin & Glasg)
Clinical Associate Professor (Honorary), The Chinese University of Hong Kong

Dr Ma is a specialist in Geriatric Medicine working in the private sector. He is the Clinical Associate Professor (Honorary) of the Chinese University of Hong Kong. He has published 30 articles in international peer-reviewed journal. His clinical interest is to manage common geriatric problems, including polypharmacy, dementia with psychological and behavioural problems, delirium and parkinsonism, which often interplay with each other.

Multiple comorbidities, polypharmacy, potentially inappropriate medication use and prescribing cascade are very common in elderly patients. Deprescribing and rationalized polypharmacy have become a very hot topic in Geriatric Medicine in the recent decade. Several international guidelines, such as Beers criteria and STOPP/START criteria, have provided insights for clinicians on the judicious use of medications for geriatric patients with numerous comorbidities and varied life expectancy. Dr Ma is going to share with you his experience on prescribing and deprescribing in geriatric patients after taking account of recommendations of various criteria.



Ms. CHIANG Sau Chu

BPharm (Hons) University of Bradford, United Kingdom
Master of Health Administration, University of New South Wales, Australia
Fellow, Australian College of Health Services Management
Fellow, Hong Kong College of Health Services Executives
Fellow, Hong Kong College of Pharmacy Practice
Fellow, Social Enterprise Research Academy
Chairman, Hong Kong Pharmaceutical Care Foundation (HKPCF)

Ms Chiang worked in the Hospital Authority Hong Kong as a pharmacist informatician expert leading major IT pharmacy system development and implementation as well as designing the Medication Order Entry system for clinicians to perform electronic prescribing for both out-patients and in-patients; introduced the clinical intelligence database to incorporate clinical decision support checking in the prescribing and dispensing systems to improve overall patient safety as well as enhance operational support in the delivery of quality public health care service. She is now the Chairman at the Hong Kong Pharmaceutical Care Foundation, a charitable non-profit NGO focusing to improve the medication management process at the Residential Care Homes for Elderly as well as providing medication management service and drug knowledge and education programs to the community elderlies.

Potentially inappropriate medication (PIM) use occurs when patients are prescribed drugs where the associated risks outweigh potential benefits. Most elderly adults residing in the Residential Care Homes for the Elderly (RCHE) in Hong Kong would have their chronic illnesses treated with medications prescribed by public hospital doctors who due to their huge patient load do not have time to review the elderlies' medications and would repeat past prescriptions at each of the attendances with addition of new medications for episodic illness. These prescriptions are largely dispensed accordingly without going through clinical review process by pharmacists and deprescribing is not practiced with polypharmacy being a common phenomenon amongst the elderlies.

In the past five years, HKPCF has implemented an IT system to support the medication management process at various types of RCHEs. The system has recorded information such as the names of medications, durations of treatment, sources of supply and quantities supplied in addition to gender, age, diagnosis. These data over a period of 36 months from a few RCHEs are extracted, anonymized for retrospective analysis to see the extent and severity of polypharmacy, the therapeutic classifications of the prescribed drugs for the polypharmacy, the prevalence, characteristics, and types of PIM, with reference to the American Geriatrics Society Beers Criteria 2019.

The results on the data analysis would be presented in addition to describing the various operational issues associated with the complex medication management process that the RCHEs need to deal with daily to ensure the medications can be handled with safety and accuracy.



5th – 7th July 2024 (Friday – Sunday)

Sunday, 7 July 2024 • 10:20 – 11:20

Seminar I

Loopholes in Hypertension and Sex-specific Differences



Dr. Eric K.P. LEE

MBBS(HKU), FHKCFP, FRACGP, FHKAM (Family Medicine), MSc EBHC (Oxon), MSc Mental Health (CUHK), DPD (Cardiff), Dip Med (CUHK)

Clinical Associate Professor, The Chinese University of Hong Kong

Member, European Society of Hypertension Working Group on Blood Pressure Monitoring and Cardiovascular Variability

Dr. Lee graduated from the University of Hong Kong's medical school in 2007. He specializes in family medicine and currently holds the position of Clinical Associate Professor at the Chinese University of Hong Kong. Additionally, he is an active member of the European Society of Hypertension Working Group on Blood Pressure Monitoring and Cardiovascular Variability. Dr. Lee has dedicated his research efforts to the study of blood pressure measurements, lifestyle interventions, and drug treatments for hypertension. He has a research interest in the treatment of nocturnal hypertension.

Despite significant advances in the field of measurements and treatments, hypertension continues to be the most prevalent health condition and the primary cause of cardiovascular diseases and fatalities. Within the hypertensive patient population, certain phenotypes necessitate tailored treatment approaches, which can present challenges in clinical management. In this seminar, we will examine the detection and management of various hypertensive conditions, including nocturnal hypertension, large inter-arm blood pressure differences in hypertensive patients, isolated systolic hypertension in youth, and isolated systolic hypertension in older adults.



Dr. Anastasia S. MIHAILIDOU

PhD (University of Sydney), FAHA, FCSANZ, FESC

Senior Hospital Scientist, Department of Cardiology, Royal North Shore Hospital

Head, Cardiovascular & Hormonal Research Laboratory, Kolling Institute

Honorary Associate Professor, Macquarie University

Dr. Mihailidou runs the Diagnostic Ambulatory Blood Pressure Monitoring Clinical Service at Royal North Shore Hospital and engages in both biomedical and clinical research as Head of the Cardiovascular & Hormonal Research Laboratory, Kolling Institute. Her passion is accuracy of blood pressure measurement for self-management and prevention of hypertension and sex differences in hypertension. Dr. Mihailidou was one of the appointed Commissioners by the Lancet for their Commission on Cardiovascular Disease in Women. She is currently a Nucleus member of the Working Group “Hypertension in Women” of the European Society of Hypertension, Member of the Council On Hypertension of the European Society of Cardiology, and recently appointed Chair, American Society of Preventative Cardiology Communications Committee.

Hypertension is the leading modifiable risk factor for cardiovascular morbidity and mortality for both men and women. However, there are sex specific differences in hypertension which may be overlooked since sex-stratified analyses are rarely initiated and there is underrepresentation of women in clinical trials. Further there are sex-specific factors including pregnancy-related hypertensive disorders which confer higher cardiovascular risks and this needs to be included. Autonomic activity also differs between sexes which may also impact drug efficacy and adverse effects. While women have lower brachial BP than men at a similar age, they experience a steeper increase in BP from the third decade of life and this continues throughout their life course. Medication adherence also presents disparities between sexes. While some studies indicate no association between sex and adherence, others suggest that women exhibit lower adherence to antihypertensive medication compared to men. However, when it comes to medication persistence, women generally have higher rates, although this pattern may change in cases of resistant hypertension, where men tend to show higher persistence rates. This seminar aims to explore these clinically-relevant aspects in hypertension and how we may improve in raising awareness and management of hypertension in women.



5th – 7th July 2024 (Friday – Sunday)

Sunday, 7 July 2024 • 10:20 – 11:20

Seminar J

Beyond Ethnicity: Navigating Health Challenges and Co-creating Solutions in Hong Kong’s Culturally Diverse Communities



Professor DONG Dong

PhD (University of Minnesota, TC), MPhil (CUHK), BA (Fudan University)
Assistant Professor, JC School of Public Health and Primary Care, Faculty of Medicine,
The Chinese University of Hong Kong
Research Fellow (by courtesy), CUHK Centre for Bioethics, The Chinese University of Hong Kong

Professor Dong works with an interdisciplinary and multimethodological approach to explore justice, equity, and intersectionality within the context of health. With expertise in communication and epidemiology, she actively engages with the underprivileged and underserved populations, seeking to bridge theory and practice through community-academic partnerships. Rare diseases are a recurring focus in her research, with a particular emphasis on collecting real-world evidence from the patients’ perspectives and experiences. Professor Dong’s involvement extends to health promotion among culturally diverse communities, particularly those from South Asia, where she examines questions of communicative injustice and discrimination, often through a gendered lens. Additionally, she investigates the intersection of reproductive health, genetic literacy, and bioethics within the realm of Science and Technology Studies.

In our research, we embrace the term “culturally diverse communities” instead of the conventional “ethnic minorities” to describe and engage with the non-Chinese population in Hong Kong. This terminological choice is informed by two pivotal considerations. Firstly, the complex identities of these communities extend beyond mere ethnicity, encompassing factors such as economic disadvantage, social exclusion, cultural differences, and both overt and covert forms of discrimination. Secondly, recognizing these communities as integral to Hong Kong calls for a shift towards inclusivity, treating them as equals, and leveraging their diversity to understand healthcare needs and devise effective health management strategies.

However, the threads of cultural diversity are not mere embellishments but the very fabric that holds communities together. Our research initiative has established a community-academic partnership primarily with South Asian communities. We use a mix of qualitative and quantitative methods through community-based participatory action research. Our three main research streams include: creating a health database for South Asians, focusing on high-risk populations and follow-ups; conducting grassroot action research to address health concerns of Pakistani women and co-create solutions; while employing a photo-voice project to explore mental health issues in this demographic. We have also initiated studies on topics such as risk communication, HPV vaccine perceptions, and healthcare service utilization.

Through these endeavors, we challenge the prevalent misconception that language barriers are the main obstacle of culturally diverse communities. Our findings reveal that systemic discrimination and multiple intersecting individual, contextual, and structural factors exacerbate the unequal access to resources and opportunities. By actively engaging with these communities, our research illuminates the complexities of navigating health in diverse settings and underscores the significance of inclusive and equitable approaches to health and wellbeing in Hong Kong.



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Friday, 5 July 2024 • 19:00 – 20:30

Workshop 1

Dermatology: dermatoscopy



Dr. David C.K. LUK

MBChB(CUHK), MRCP(UK), MRCPCH(UK), DSc(Wales), MSc in Dermatology (Cardiff),
FHKCPaed, FHKAM(Paed), FRCPCH(UK)

*Consultant Paediatrician, United Christian Hospital, Hong Kong Children's Hospital
Specialist in Paediatrics*

David Luk is the Consultant of the Department of Paediatrics and Adolescent Medicine of the United Christian Hospital and the Department of Dermatology of the Hong Kong Children's Hospital. He is the Honorary Clinical Associate Professor of the Chinese University of Hong Kong and the University of Hong Kong. Dr. Luk trained under the late Prof. John Harper of Great Ormond Street Hospital for Children and Prof. Finlay of the Cardiff University. He specializes in the field of paediatric skin diseases and his research areas include congenital cutaneous vascular anomalies, laser therapy and dermoscopy. He has established the Paediatric Dermatology Service Network of the Hong Kong Hospital Authority and founded the Children's Skin Centre. He has co-authored the book on Paediatric Dermatology in Asia, established the Birthmark Laser Centre in Hong Kong, received Scholarship from the British Government to complete his Master training in dermatology and was awarded the First Prize for his academic achievements. He is also the Associate Editor of the Harper's Textbook of Pediatric Dermatology. He has received multiple public grants for his research in dermatology. He is now the President of the Hong Kong Paediatric and Adolescent Dermatology Society and the Vice President of the Hong Kong Paediatric Society. From 2004-2013, he was the Honorary Teaching Associate of the Cardiff University and organizer of the Diploma of Practical Dermatology (University of Wales College of Medicine - teaching and examination) in Hong Kong. Dr Luk is an Accredited College Trainer of the Hong Kong College of Paediatricians and the Honorary Clinical Supervisor of the Hong Kong College of Family Physicians.

Skin complaints are common in community practices. In many situations, the clinical diagnosis for skin problem is straight forward but there can also be a long list of differential diagnoses. Over the past decade, a simple, quick noninvasive clinical technique has emerged to help diagnose skin problems — dermoscopy. Dermoscopy is the examination of skin with a handheld device to reveal surface and subsurface skin structures. It is most widely used in the management of pigmented skin lesions in western countries and has been shown to improve the bedside clinical diagnostic accuracy of skin lesions. Recently, dermoscopic features of a wide range of non-pigmented skin problems have been also reported. This workshop would help you kick off the use of dermoscope in your clinical practice.



5th – 7th July 2024 (Friday – Sunday)

Saturday, 6 July 2024 • 16:50 – 18:20

Workshop 2

Introduction to Family Therapy – Understanding Mental Health Problems in the Context of Family



Dr. Irene W.K. KAM

MBChB, FRCPSych, FHKCPSych, FHKAM(Psych)
Faculty Member, Asian Academy of Family Therapy

Dr Irene Wai-kwok KAM (MBChB, FRCPSych, FHKCPSych, FHKAM(Psych)) is a psychiatrist and currently works as a consultant in the Hospital Authority. She has been a psychotherapy trainer of the Hong Kong College of Psychiatrists for years and mainly practices psychodynamic therapy using Self Psychology approach, before she started her training in systemic family therapy under Dr Wai-Yung Lee at the Asian Academy of Family Therapy (AAFT) in 2015. Since then, she has joined AAFT as a Faculty member and actively participates in clinical service and teaching. She is interested in the application of systemic family therapy for the treatment of mental illness and studying the impact of family dynamics in shaping the development of self/personality of an individual.

Family physicians frequently encounter common mental health problems such as depression, anxiety disorders and somatic symptom disorders. In contemporary psychiatric practice, we focus on eliciting mental symptoms and signs in order to make a diagnosis followed by treatment of the individual patient. In this workshop, we are going to introduce a totally different approach to understanding mental health problems by looking into how symptoms of an individual may be the manifestations of entangled interpersonal relationships within his/her family, and how this systemic approach can open up new treatment possibilities for mental disorders. The trainer will use video clips of clinical cases to illustrate this approach and introduce the Family Biofeedback Assessment Protocol which was devised by the clinical team of the Asian Academy of Family Therapy. Basic concepts in Systemic Family Therapy will be explained, and how they could be applied in the practice of family physicians would be discussed.

(This seminar is conducted in English and supplemented with videos in Cantonese with English subtitles.)

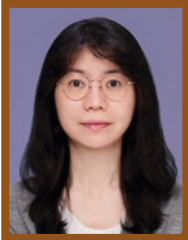


5th – 7th July 2024 (Friday – Sunday)

Saturday, 6 July 2024 • 16:50 – 18:20

Workshop 3

Advancing Wound Care in Primary Health Care: Exploring Innovations and Hands on Workshop on Negative Pressure Wound Therapy



Ms. Annette K.K. LAM

Bachelor of Health Science (Nursing), Master in Health Management,
Enterostomal Therapist, Certified Wound Care Nurse,
Certified Foot Care Nurse

*Associate Nurse Consultant (Stoma & Wound Care), Department of Surgery,
Pamela Youde Nethersole Eastern Hospital*

Ms Lam has been working as a Registered Nurse for more than 2 decades. She is currently serving as the Associate Nurse Consultant (Stoma & Wound Care) in the Department of Surgery at Pamela Youde Nethersole Eastern Hospital. She has been working as a Wound Specialist in Primary Health Care for nearly 12 years. She participates in quality improvement initiatives and educational programs to enhance the overall wound care services and ensure optimal patient outcomes in the Primary Health Care setting.

Negative Pressure Wound Therapy (NPWT) is a commonly used treatment for various types of wounds, including chronic and acute wounds and widely recognized as an effective treatment modality for managing complex wounds in various healthcare facilities. However, its use in the community settings, such as home healthcare and outpatient clinics, has been less explored. This Workshop aims to assess the current evidence and provide an overview of the application, benefits, challenges, and outcomes of NPWT in the community setting.

NPWT can promote wound healing by stimulating blood flow, increasing oxygenation to improve tissue perfusion, removing excess fluid and promoting a moist wound environment. The sealed environment created by NPWT helps in reducing the risk of infection by preventing external contaminants from entering the wound.

Through this training Workshop, NPWT can be properly implemented in the community setting in an effective and safe manner. Patients can receive wound care in their familiar environment, potentially reducing healthcare costs and improving patient satisfaction and quality of life.



5th – 7th July 2024 (Friday – Sunday)

Sunday, 7 July 2024

Part A: 09:00 – 10:30 • Part B: 13:00 – 14:30

Workshop 4

MSK POCUS for Primary Care: Diagnostic and Therapeutic



Dr. LAI Wai Wah

MBBS (HKU), PGDipMSM (Otago), MScSM&HS (CUHK), FHKCFP, FRACGP, FHKAM (Family Medicine)
Honorary Clinical Assistant Professor, Department of Family Medicine and Primary Care, The University of Hong Kong

Dr. Lai is a family medicine specialist with a special interest in musculoskeletal medicine. He obtained his post-graduate diploma in Musculoskeletal Medicine from the University of Otago in 2006 and the Master of Science in Sports Medicine and Health Science from the Chinese University of Hong Kong in 2015. He is skilled in performing musculoskeletal ultrasound since 2004 and has passed various international examinations obtaining the certification of being "Registered in Musculoskeletal ultrasound (RMSK) from the America Registry in Diagnostic and Medical Sonography in 2012 and "Certified Interventional Pain Sonologist® (CIPS) from the World Institute of Pain in 2018. He is now the president of the Hong Kong Institute of Musculoskeletal Medicine and one of the teaching faculty of Martinoli Ultrasound.



Dr. CHAN Kwok Wai

MBBS (HKU), FRCGP, FRACGP, FHKCFP, FHKAM (Family Medicine), MMPhysMed (Mu.sk)(Syd), DFM (CUHK)
Adjunct Associate Professor, Faculty of Medicine, The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong
Honorary Clinical Associate Professor, Department of Family Medicine and Primary Care, The University of Hong Kong

Dr. Chan is an experienced family doctor and is a fellow of the Colleges of Family Physician in Australia, Hong Kong, Ireland, and the United Kingdom. Apart from family medicine, Dr. Chan subspecialized in musculoskeletal medicine and holds a master's degree in musculoskeletal medicine from the University of Sydney and a fellow of the Australian College of Physical Medicine. In 2005, he founded the Hong Kong Institute of Musculoskeletal Medicine (HKIMM) to provide postgraduate training in musculoskeletal medicine for doctors. Currently HKIMM has 106 active doctors from Australia, Hong Kong, Indonesia, Macau, Philippines, Singapore, and Taiwan.

Musculoskeletal problem is one of the most common complaints encountered by family physicians. Therefore, it is important for us to make a correct diagnosis and offer appropriate management. With the advancement of ultrasound technology, we can now see various musculoskeletal lesions with a small size high resolution ultrasound machine. In our workshops, we will show you the sonoanatomy and sonopathologies of some common musculoskeletal disorders so that you can enhance the accuracy in making the correct diagnosis and assessing the severity of the musculoskeletal problems. Let us work together to learn how to examine the supraspinatus tendon of the shoulder, the common extensor tendon of the elbow, the median nerve at the carpal tunnel, the supra-patellar bursa of the knee joint, the anterior talofibular ligament of the ankle and the planter fascia of the foot.

Part A - POCUS for Primary Care: Upper Limbs

This workshop focuses on POCUS of the upper limbs. Shoulder pain is a common encountered problem in daily practice and its underlying causes are difficult to identify with an XR. With the use of ultrasound, we can assess and identify shoulder rotator cuff tendinopathy accurately.

Lateral elbow pain is another common musculoskeletal complaint with tennis elbow being the commonest cause. Ultrasound can be used to assess the common wrist extensor tendons over the lateral epicondyle of the humerus. Their normal and abnormal sonopathology will be illustrated during this workshop.

Ultrasound imaging is useful in assessing some common entrapment neuropathies, such as carpal tunnel syndrome. We will demonstrate how to assess the median nerve to diagnose carpal tunnel syndrome and the use of ultrasound guided hydro-dissection of the median nerve as a treatment modality.

In this workshop, you will have the chance to learn how to position your patient and where to place the ultrasound probe to assess the rotator cuff of the shoulder, the common extensor tendons of the lateral elbow and the median nerve inside the carpal tunnel area.

Part B - POCUS for Primary Care: Lower Limbs

In the second part of this POCUS workshop for primary care, we will use ultrasound to identify the pathologies and illustrate some ultrasound guided interventions for some common musculoskeletal problems in the lower limbs.

Knee pain is a common complaint and sometimes it is accompanied by knee effusion. In this workshop, we will teach you how to use ultrasound to identify the supra-patellar bursa and to assess the severity of knee effusions, if any. We will illustrate how to perform a proper ultrasound guided arthrocentesis of the knee joint for both diagnostic and therapeutic purposes.

Ultrasound can help us to identify the ligamentous injury in ankle sprain patients. The commonest ligamentous injury in our body is the anterior talofibular ligament (ATFL). We will teach you how to assess the ATFL and demonstrate how real time dynamic ultrasound scanning helps in assessing patients with sprained ankles.

Planter fasciitis is the commonest heel pain. We will show you the diagnostic value of ultrasound in assessing planter fascia and the use of ultrasound guided injections for planter fasciitis.

You will be able to use ultrasound to assess these three areas with the guidance of our tutors from HKIMM.



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Sponsored Dinner Symposium

Improving CKD Patient Outcomes with SGLT2i – An Update from KDIGO 2024 Guideline



Professor Desmond Y.H. YAP

MBBS (HK), MD (HK), PhD (HKU), MRCP (UK)
FHKCP, FHKAM, FRCP (Edin, Glasg, Lond), FASN

*Medical Director, HKU-CTC Phase 1 Centre
Deputy Chairperson, Department of Medicine, Queen Mary Hospital,
The University of Hong Kong*

Prof. Desmond Yat-Hin Yap is currently the Deputy Chairperson of the Department of Medicine as well as the Medical Director of the HKU-CTC Phase 1 Centre, The University of Hong Kong. He joined the University Department of Medicine after his graduation with MBBS from the University of Hong Kong, and pursued his Doctor of Medicine (MD) and Doctor of Philosophy (PhD) degree at his Alma mater, as well as pursuing his study on the immunopathogenesis and treatment of lupus nephritis.

His current major theme of research is immune-mediated glomerular diseases, with an emphasis on lupus nephritis which is an important cause of renal failure especially in Asia. Importantly, his team is the first to report on the long-term outcomes of treatment with mycophenolate (the most commonly used standard-of-care, advocated by his group) and other novel therapies including tacrolimus and sirolimus for lupus nephritis. His work has also elucidated the risk factors leading to disease relapse and explored novel biomarkers for disease activity monitoring. Prof. Yap was the co-First author for the Asian Guidelines for the management of lupus nephritis, published in the official journals of regional nephrology and rheumatology societies [Nephrology (Carlton) 2014; 19: 11-20 & Int J Rheum Dis 2013; 16: 25-36], and the first author of many invited reviews on disease pathogenesis and treatment of lupus nephritis. He received the Hong Kong Society of Nephrology Young Investigator Award in 2009 for his research on serum immunoglobulin binding activity to human mesangial cells in lupus nephritis. Funded by the Li Shu Pui Clinical Fellowship (2014-2015), Prof. Yap worked as a research fellow at the Fiebiger-Nikolaus Centre, Friedrich-Alexander University, Germany where he studied B cell homeostasis in immune-mediated diseases. He was also awarded the Sir David Todd Lectureship in 2021 by the Hong Kong College of Physicians for his work on lupus nephritis research. Prof. Yap's other research interest pertains to infective complications in renal failure patients, focusing on viral hepatitis in kidney transplant recipients and peritoneal dialysis-related peritonitis. Prof. Yap has published over 150 peer-reviewed articles in various internationally renowned journals, and is currently Subject Editor for Nephrology, the official journal of the Asian Pacific Society of Nephrology.

Prof. Yap is highly dedicated to education and training. He was awarded the LKS Faculty Teaching Medal in 2019, in recognition for his contributions in teaching and curriculum development. He is currently the MBBS Program Director of the LKS Faculty of Medicine, The University of Hong Kong. Prof. Yap also serves on the Specialty Board in Nephrology of the Hong Kong College of Physicians, which is responsible for the training and accreditation of renal physicians. He is also the Honorary Secretary of the Hong Kong Society of Nephrology, as well as a Council Member of Hong Kong Society of Transplantation and the Hong Kong Society for Histocompatibility and Immunogenetics.

Chronic kidney disease (CKD) is a major public health concern globally. It is more prevalent in high-risk patients, with an incidence of 36% among patients with diabetes and over a quarter among patients with hypertension. In 2024, the KDIGO Clinical Practice Guideline for the Evaluation and Management of CKD has been updated with SGLT2i as the first-line of treatment alongside traditional RAASi therapy. However, diagnosis and a low awareness of CKD remains a challenge. Early diagnosis is crucial in preventing complications that may arise from the underdiagnosis of CKD and from the subsequent presentation of late-stage CKD. Recent data has shown that progression to kidney failure can be prevented/ delayed by appropriate access to basic diagnostics and early treatment. A multidisciplinary approach to screening high-risk groups offer the advantage of distributing the burden of CKD care amongst various specialists with expertise in different aspects of kidney disease care. In this lecture, the practical recommendations on how to interpret eGFR and uACR results to optimize CKD care will also be discussed.



5th – 7th July 2024 (Friday – Sunday)

Saturday, 6 July 2024 • 19:00 – 20:30

Sponsored Dinner Symposium

Current Concept in the Management of Overactive Bladder



Dr. Peggy S.K. CHU

MBBS (HK), FRCS (Endi), FCSHK, FHKAM (Surg), Dip Urol (London)
Consultant Urologist, Department of Surgery, Tuen Mun Hospital

Dr. Peggy CHU is the consultant urologist in Tuen Mun Hospital and the past president of the Hong Kong Urological Association, 2010-2012. Dr. CHU received her medical degree from the University of Hong Kong. She then received her urology training from Queen Elizabeth Hospital. Her overseas training took place at the Institute of Urology, University College London, in 1996. After coming back from London, she continued to work in Queen Elizabeth Hospital until 2006; since then she continued her career in Tuen Mun Hospital. Dr. Peggy CHU is specialized in reconstructive, neuro and female urology.

Longevity is seen worldwide in the past two decades. Hong Kong’s citizens are living longer than most of their Asian counterparts from various population studies. Overactive bladder is an ageing disease. As one ages, one will have more medical comorbidities requiring polypharmacy. Besides dementia will also take place when one ages with a higher risk of falling. Of the two categories of drugs for overactive bladder, antimuscarinic drugs besides causing dry mouth, constipation and retention of urine in male patients with benign prostatic hyperplasia, need to be used with caution due to the possibility of drug interactions and also crossing blood brain barrier with worsening dementia and then higher risk of fall. B3 agonist is a new class of drugs for overactive bladder, shown to be as effective as antimuscarinics but without the side effects of the antimuscarinics. There are increasing use of B3 agonist worldwide and the drug had also shown to be superior in elderly patients with multiple medical comorbidities, polypharmacies (especially for those patients taking medical drugs with antimuscarinics component) or dementia.



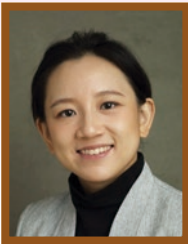
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Sponsored Lunch Symposium Redefining Holistic Management Approach for Youth Mental Health



Dr. CHENG Shan

MBBS (HK), MRCPsych, FHKCPsych, FHKAM(Psychiatry), DCPsych RCP&S (Irel)
Honorary Clinical Tutor, Department of Psychiatry, The University of Hong Kong
Specialist in Psychiatry (private practice)

Upon graduation from the University of Hong Kong, Dr. Cheng worked for 2 years as a GP in the correctional medical service. Thereafter she pursued training in psychiatry. She is now a private psychiatrist while also working part-time in Kowloon Hospital. She enjoys talking to people from different walks of life, especially young people who are learning to make sense of and assimilate into the adult world. She employs an open-minded and holistic approach in understanding the sufferings and difficulties of people with different mental conditions. She received the KCC research grant for her fellowship thesis on the topic of rumination and suicidality.

Depression in the Young Depression in the young people in Hong Kong has been on the rise. A local survey done in 2021 revealed that more than half of the secondary school students showed symptoms of depression. The suicide rate amongst 15–24-year-olds has alarmingly doubled from 6.1 to 12.2 per 100,000 from 2014 to 2022. That in below 15-year-olds has also reached a historical high (1.3 per 100,000) in 2021. What has happened to this generation of youth? In this symposium we will explore the symptomology, clinical characteristics, and risk factors in young-onset depression. Treatment strategies as well as hurdles in the road to recovery will be shared. How to identify those genuinely at risk of suicide amongst the vulnerable will also be discussed.



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Hong Kong Primary Care Conference 2024 “Family Medicine in the Community: STRENGTHENING CONNECTIONS”

5th – 7th July 2024 (Friday – Sunday)

Sunday, 7 July 2024 • 13:00 – 14:30

Sponsored Lunch Symposium The Role of Fiber in Early Intervention of Hypercholesterolemia



Dr. LEE Ying Cheung

M.B.Ch.B (C.U.H.K.), F.H.K.C.F.P., F.R.A.C.G.P., F.H.K.A.M. (Family Medicine), Dip Med (C.U.H.K.)

Clinical Assistant Professor (Honorary), JC School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong

Honorary Clinical Assistant Professor in Family Medicine, The University of Hong Kong

Dr. Lee graduated from the Chinese University of Hong Kong, he is a clinical assistant professor (honorary) of JC School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong. He is also the honorary clinical assistant professor in Family Medicine, The University of Hong Kong. He is the fellow of Hong Kong College of Family Physicians, Royal Australian College of General Practitioners, and Hong Kong Academy of Medicine. Dr. Lee is actively engaged in advocating health lifestyle for early intervention of metabolic diseases. He is also a keen participant in multiple patient education programs in Hong Kong.

Hypercholesterolemia is a worldwide health burden and epidemiologic data suggests that it is one of the major causal factors for ischemic health disease and stroke. Although more conventional medications are available nowadays for effective LDL-c control, international guideline implementation should be the encouragement of intensive lifestyle control. There are several food groups and ingredients being proven for LDL-c lowering efficacy. Dietary fiber is one of such ingredients that play a crucial role in maintaining digestive health and reducing the risk of developing chronic diseases. However, the prevalence of inadequate dietary fiber intake is very concerning globally. Lots of health benefits, including maintaining blood cholesterol levels at reasonable levels could be achieved by simply encouraging sufficient daily intake of fiber. But it is also important to be aware that not all fibers are equal in their capacity to deliver beneficial physiological effects. Fibers can be categorized by a few factors – solubility, fermentability and viscosity. For example, psyllium fiber is a soluble, viscous, and non-fermented fiber, so it can not only work for staying regularity, but also help lower blood cholesterol by trapping bile acid in the intestine. In this presentation, we would like to summaries the latest evidence on how to use fiber to support the control of LDL-c, so as to provide a simple but efficient guide which would to benefit both physicians and patients.



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Friday, 5 July 2024 • 19:30 – 20:30

Sponsored Online Seminar 1

Tips & Tricks for Evaluating and Managing Lower Urinary Tract Symptoms (LUTS) in Primary Care



Dr. LO Ka Lun

MBChB (CUHK), FRCS Ed, FRCS Ed (Urol), FCSHK, FHKAM (Surgery)

Urology Consultant, Prince of Wales Hospital

Honorary Clinical Associate Professor, The Chinese University of Hong Kong

Dr. Lo Ka Lun is a Consultant of the NTE Cluster Urology Team as well as the Service In-charge in Alice Ho Miu Ling Nethersole Hospital. Dr. Lo is a Honorary Clinical Associate Professor of the Chinese University of Hong Kong. His special research interests include: Systemic (TPUS Bx) and MRI-USG fusion transperineal prostate biopsies; Transperineal fiducial gold markers implantation and rectal spacer injection (SpaceOAR / BarriGel); Endoscopic enucleation of the prostate (ThuFLEP / BipoLEP / HoLEP); Minimally invasive surgical therapies (MIST) of benign prostatic hyperplasia (Rezum / Urolift / iTind). He has organized and performed live surgical demonstrations for various local and international conferences. His active participation in international urological conferences and research publications has won numerous awards.

Lower urinary tract symptoms (LUTS) are common presentations in primary care, with the prevalence increasing with age. Studies estimated that 50% of men aged 50 and older, and up to 80% of men aged 70 and older experienced LUTS. However, many patients do not seek medical consultations and LUTS are often underdiagnosed in primary care. This lecture will provide practical tips and tricks for Hong Kong primary care physicians on evaluating and managing LUTS due to Benign prostatic hyperplasia (BPH). Early identification and treatment can delay the disease progression and reduce the risk of surgery. Assessment can be carried out in the clinic setting with the International Prostate Symptom Score (IPSS), various tests and imaging. This lecture will review treatment options, including lifestyle modification and pharmacotherapy. International guidelines including European Association of Urology (EAU) and American Urology Association (AUA) recommend the use of combination therapy (alpha blocker and 5-alpha reductase inhibitor) as one of the medical treatments. Clinical studies demonstrated symptom relief and reduced risk of clinical progression with combination therapy as compared to monotherapy. Sub-optimal treatment may impact prostate volume, bladder remodelling, and the incidence of acute urinary retention (AUR). Towards the end of this lecture, strategy for patient’s follow-up will also be discussed.



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Friday, 5 July 2024 • 19:30 – 20:30

Sponsored Online Seminar 2

Lipid Management to Reduce Cardiovascular Risk



Dr. CHAN Lip Kiong

MBBS (HK), MRCP (UK), FHKCP, FHKAM (Medicine), FRCP (Edinburgh)

*Clinical Assistant Professor (Honorary), Department of Medicine and Therapeutics (CUHK)
Specialist in Cardiology*

Dr Chan Lip Kiong obtained his medical degree in the University of Hong Kong. His residency was at Alice Ho Miu Ling Nethersole Hospital and he completed his cardiology training with fellowships at Alice Ho Miu Ling Nethersole Hospital and Prince of Wales Hospital. He went to Hammersmith Hospital, Imperial College, London for overseas training. Dr Chan has 20 years of experience in cardiology, with a special interest in heart failure and echocardiogram. He is a founding member of Hong Kong Heart Failure Society. He is currently working as a Cardiologist in the private sector.

Cardiovascular (CV) disease (CVD) is the leading cause of mortality and one of the leading causes of disability worldwide. In the United States alone, more than 80 million adults have at least one type of CVD, with hypertension, coronary heart disease (CHD), stroke, and heart failure among the most common forms of the disease. Similarly, Cardiovascular disease is one of the top 3 causes of deaths in Hong Kong. Elevated levels of cholesterol (hypercholesterolemia) and abnormal lipid profiles (dyslipidemia) are important risk factors for CVD.

Lipid-lowering therapy is an important secondary prevention strategy for patients with known cardiovascular disease, as well as primary prevention for those at an increased risk. Although guidelines have historically focused on achieving specific levels of low-density lipoprotein cholesterol (LDL-C), there is increasing recognition that in many cases lower levels are progressively beneficial, making lipid-lowering therapies especially relevant. Statins are first-line cholesterol-lowering medications, however, numerous side effects such as myopathy, myalgia, myositis and, rarely, rhabdomyolysis comes with the use of statin, limiting its ability to achieve patients' targeted LDL goal.

Modernized long-acting injections targeting PCSK9 inhibition have greatly improved patient adherence and convenience which further enhance patients' LDL-C target goal attainment and is a potential alternative to statin. Furthermore, with an increasing cardiovascular risk in our aging population, more aggressive lipid modifying treatment to achieve lower LDL-cholesterol targets to reduce cardiovascular event rates and prolong life evens further is inevitable. In order to achieve this, early intervention with advanced lipid lowering therapy in order to reduce lifetime cardiovascular risk is essential.



5th – 7th July 2024 (Friday – Sunday)

Friday, 5 July 2024 • 19:30 – 20:30

Sponsored Online Seminar 3

Asthma Update: Key Highlights from GINA 2024



Professor Roland BUHL

MD, PhD, Board Certified Specialist in Internal Medicine, Pulmonary Medicine and Allergology
*Senior Professor of Medicine, Pulmonary Department,
Mainz University Hospital Johannes Gutenberg University Mainz, Germany*

Prof. Buhl started his professional career at the Pulmonary Hospital in Berlin and then joined the Pulmonary Department at Frankfurt University Hospital, Germany. In addition, he spent several years as a Research Fellow of the International Molecular Medicine Foundation at the Pulmonary Branch of the National Institute of Health, Bethesda, USA.

Professor Buhl’s research and main clinical interests focus on the pharmacology and management of chronic obstructive airway diseases, in particular asthma and COPD. He is a member of the GINA Science Committee, Chair of the German Asthma Guideline Committee and member of the German Immunotherapy and COPD Guideline Committees. 2019 – 2020 he served as visiting professor at Harvard Medical School, Boston, USA. He has published more than 400 peer-reviewed papers, book chapters, editorials and reviews on these topics and is actively involved in clinical trials investigating novel treatments.

The asthma diagnostic flowchart recognizes that many health professionals do not have timely access to spirometry. The flowchart now allows for selection of different initial lung function tests, depending on local resources. Further, it is clarified that assessment of asthma control should not be limited to the most recent 4 weeks. The new concept of ‘asthma remission on treatment’ is consistent with the GINA long-term goals of asthma management.

Regarding asthma treatment in Tracks 1 and 2 GINA continues to recommend against SABA-only treatment. The term ‘Anti-Inflammatory Reliever (AIR)’, including as-needed ICS-formoterol and as-needed ICS-SABA combinations, reflects both the increasing importance and dual purpose of these reliever inhalers. The GINA 2024 treatment figure for adults and adolescents includes as-needed combination ICS-SABA in Track 2. Importantly, ICS-SABA is not recommended for regular maintenance therapy, so it cannot be used for maintenance and reliever therapy. GINA Track 1 with as-needed ICS-formoterol remains the preferred treatment approach for adults and adolescents.

In severe asthma GINA recommends biologic therapy for asthma if asthma is severe, and if existing treatment has been optimized. There is now high-level evidence for the benefits of physical activity and outpatient pulmonary rehabilitation programs in improving functional exercise capacity and quality of life for patients with asthma. Finally, additional information is provided about vaccinations against respiratory syncytial virus, pneumococcus and pertussis.



5th – 7th July 2024 (Friday – Sunday)

Full Research Paper Competition

NO.	PRESENTATION TOPIC	AUTHORS <i>(The name of the submitting author is underlined)</i>
01	Population Behaviour Changes Underlying Phasic Shifts of SARS-CoV-2 Exposure Settings across Three Omicron Epidemic Waves in Hong Kong: Prospective Cohort Study	<u>C.P. CHAN</u> , S.S. LEE, T.H. KWAN, Samuel Y.S. WONG, Eng-Kiong YEOH, N.S. WONG
02	External Validation of the Hong Kong Chinese Non-laboratory Risk Models and Scoring Algorithm for Case Finding of Pre-diabetes and Diabetes Mellitus in Primary Care	<u>Will H.G. CHENG</u> , Weinan DONG, Emily T.Y. TSE, Carlos K.H. WONG, Weng Y. CHIN, Laura E. BEDFORD, Daniel Y.T. FONG, Welchie W.K. KO, David V.K. CHAO, Kathryn C.B. TAN, Cindy L.K. LAM
03	Relationship between Patient-perceived Quality of Primary Care and Self-reported Hospital Utilization in China: A Cross-sectional Study	<u>Chenwen ZHONG</u> , Junjie HUANG, Lina LI, Zhuojun LUO, Cuiying LIANG, Mengping ZHOU, Nan HU, Li KUANG
04	Development and Validation of a Rapid Assessment Version of the Assessment Survey of Primary Care(RA-ASPC) Scale in China	<u>Chenwen ZHONG</u> , Junjie HUANG, Lina LI, Zhuojun LUO, Cuiying LIANG, Mengping ZHOU, Li KUANG
05	Associations between Adoption of eHealth Management Module and Optimal Control of HbA1c in Diabetes Patients	<u>Junjie HUANG</u> , S.C. CHAN, Samantha KO, Ellen TONG, Clement S.K. CHEUNG, W.N. WONG, N.T. CHEUNG, Martin C.S. WONG
06	Associations between GoSmart Channel, Health Literacy and Health Behaviours in Adolescents: A Population-based Study	<u>Junjie HUANG</u> , S.C. CHAN, Vera M.W. KEUNG, Calvin K.M. CHEUNG, Amelia S.C. LO, Vincent T.C. LAU, Lancelot W.H. MUI, Albert LEE, Martin C.S. WONG
07	Patient Enablement and Health-related Quality of Life for Patients with Chronic Back and Knee Pain: A Cross-sectional Study in Primary Care	<u>Amy P.P. NG</u> , John K.Y. CHENG, Joyce S.M. LAM, Carlos K.H. WONG, Will H.C. CHENG, Emily T.Y. TSE, David V.K. CHAO, Edmond P.H. CHOI, Rosa S.Z. WONG, Cindy L.K. LAM
08	Optimising HbA1c Monitoring Intervals in Patients with Type 2 Diabetes Based on Glycaemic Control Status: A Target Trial Emulation Study	<u>Boyuan WANG</u> , Emily T.Y. TSE, Celine S.L. CHUI, Cindy L.K. LAM, Eric Y.F. WAN
09	The Knowledge, Attitudes and Practices of Healthy Eating Questionnaire – A Pilot Validation Study in Chinese Families	<u>Kiki S. N. LIU</u> , Julie Y. CHEN, K.S. SUN, Joyce P. Y. TSANG, Patrick IP, Carlos K. H. WONG, Cindy L. K. LAM



5th – 7th July 2024 (Friday – Sunday)

Full Research Paper Competition

NO.	PRESENTATION TOPIC	AUTHORS <i>(The name of the submitting author is underlined)</i>
10	Hong Kong Primary Care Morbidity Survey 2021-2022	Julie CHEN , David CHAO, Samuel Y.S. WONG, Emily T.Y. TSE, Eric Y.F. WAN, Joyce P. Y. TSANG, Maria K.W. LEUNG, Welchie KO, Y.C. LI, Catherine CHEN, Wan LUK, M.C. DAO, Michelle WONG, W.M. LEUNG, Cindy L.K. LAM
11	Effectiveness of a 5-year Health Empowerment Programme on Promoting Cardiovascular Health for Adults from Low-income Families in Hong Kong	Fangcao LU, Carlos K.H. WONG, Amy P.P. NG, Lanlan LI, Daniel Y.T. FONG, Patrick IP, Emily T.Y. TSE , Cindy L.K. LAM
12*	Comparative Analysis of Symptom Profile and Risk of Death Associated with Infection by SARS-CoV-2 and its Variants in Hong Kong	K.O. KWOK, W.I. WEI , Edward B. MCNEIL, Arthur TANG, Julian W.T. TANG, Samuel Y. S. WONG, Eng Kiong YEOH
13*	Extracting Symptoms from Free-text Responses Using ChatGPT among COVID-19 Cases in Hong Kong	W.I. WEI , Cyrus L.K. LEUNG, Arthur TANG, Edward Braddon MCNEIL, Samuel Y.S. WONG, K.O. KWOK

*Abstract publication has been withheld by author.



5th – 7th July 2024 (Friday – Sunday)

Full Research Paper Competition – Full Research Paper

FULL 01

Population Behaviour Changes Underlying Phasic Shifts of SARS-CoV-2 Exposure Settings across Three Omicron Epidemic Waves in Hong Kong: Prospective Cohort Study

C.P. CHAN¹, S.S. LEE^{2,3}, T.H. KWAN^{1,2,3}, Samuel Y.S. WONG¹, Eng-Kiong YEOH^{1,4}, N.S. WONG^{1,2,3}

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² Stanley Ho Centre for Emerging Infectious Diseases, The Chinese University of Hong Kong, Shatin, Hong Kong

³ S.H. Ho Research Centre for Infectious Diseases, The Chinese University of Hong Kong, Shatin, Hong Kong

⁴ Centre for Health Systems and Policy Research, The Chinese University of Hong Kong, Shatin, Hong Kong

Exposure risk was shown to have impacted individual susceptibility and the epidemic spread of COVID-19 at population level. Its dynamics by and across exposure settings alongside the variations following implementation of social distancing intervention were understudied. Based on 33,501 monthly responses collected from 5,321 individuals in a prospective population cohort, we differentiated the temporal pattern of exposure risk by settings using latent class growth analysis. Their associations with SARS-CoV-2 infection over three Omicron waves in Hong Kong (Wave I: February-April; Wave II: May-September; Wave III: October-December 2022) were determined using cox proportional-hazards model and Kaplan-Meier analysis. Against an expanding vaccination coverage from 82%/20% in February to 98%/78% in December for two/three doses, the cumulative incidence of SARS-CoV-2 escalated from <0.2% to 25%, 32% and 44% by the end of Wave I, II and III, respectively, alongside a stably increasing exposure risk. Working regularly on-site (adjusted hazard ratio [aHR] 1.47) and living in larger households (aHR 1.12) were associated with a higher infection risk throughout and in Wave I. Those assigned with the highest and second-highest exposure risk pattern in daily (aHR 1.46) and social activity setting (aHR 1.52) were also at an increased risk overall and respectively in Wave II and III. Shifting from stringent restrictions to near-normal resumption, SARS-CoV-2 transmission had predominantly initiated at workplace, accelerated in household, and perpetuated in daily and social environments. These patterns highlighted the phasic shift of exposure setting for informing effective calibration of targeted social distancing measures as an alternative to exhaustive lockdown.

Keywords: Exposure risk, contact setting, social distancing, epidemic control, participatory surveillance, SARS-CoV-2



5th – 7th July 2024 (Friday – Sunday)

Full Research Paper Competition – Full Research Paper

FULL 02

External Validation of the Hong Kong Chinese Non-laboratory Risk Models and Scoring Algorithm for Case Finding of Pre-diabetes and Diabetes Mellitus in Primary Care

Will H.G. CHENG¹, Weinan DONG¹, Emily T.Y. TSE^{1,2}, Carlos K.H. WONG^{1,3,4}, Weng Y. CHIN¹, Laura E. BEDFORD¹, Daniel Y.T. FONG⁵, Welch W.K. KO⁶, David V.K. CHAO^{7,8}, Kathryn C.B. TAN⁹, Cindy L.K. LAM^{1,2}

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⁴ Laboratory of Data Discovery for Health (D24H), Hong Kong Science and Technology Park, Sha Tin, Hong Kong SAR, China

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⁶ Family Medicine and Primary Healthcare Department, Queen Mary Hospital, Hong Kong West Cluster, Hospital Authority, Hong Kong SAR

⁷ Department of Family Medicine & Primary Health Care, United Christian Hospital, Kowloon East Cluster, Hospital Authority, Hong Kong SAR

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⁹ Department of Medicine, School of Clinical Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong SAR

Background:

Two Hong Kong Chinese non-laboratory-based pre-diabetes/diabetes mellitus (pre-DM/DM) risk models were developed using logistic regression (LR) and machine learning (ML), respectively.

Methods:

1,237 participants completed a questionnaire on the models' predictors. Of that, 919 underwent blood glucose testing. The primary outcome was the models' and the algorithm's sensitivity in finding pre-DM/DM cases. The specificity, positive/negative predictive value, discrimination, and calibration were secondary outcomes.

Results:

The models' sensitivity was 0.70 (ML) and 0.72 (LR). Both demonstrated good external discrimination (area under the receiver-operating characteristic curve: ML:0.744, LR:0.739). The risks estimated by the models were lower than the observed incidence, indicating poor calibration. Both models were more effective among participants with lower pre-test probabilities, i.e. 18-44 year-old. The algorithm's sensitivity was 0.77 at the cut-off score of $\geq 16/41$.

Conclusion:

This study demonstrated the validity of the models and the algorithm for finding pre-DM/DM cases in a Chinese PC population in Hong Kong. They can facilitate more cost-effective identification of high-risk individuals for blood test to diagnose pre-DM/DM in PC. Further studies should recalibrate the models for more precise risk estimation in PC populations.

Keywords: Pre-diabetes, opportunistic case-finding, risk prediction models, external validation



5th – 7th July 2024 (Friday – Sunday)

Full Research Paper Competition - Full Research Paper

FULL 03

Relationship between Patient-perceived Quality of Primary Care and Self-reported Hospital Utilization in China: A Cross-sectional Study

Chenwen ZHONG^{1,2}, Junjie HUANG², Lina LI¹, Zhuojun LUO¹, Cuiying LIANG¹, Mengping ZHOU³, Nan HU⁴, Li KUANG¹

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⁴ Department of Family and Preventive Medicine, and Population Health Sciences, University of Utah School of Medicine, Salt Lake City, UT 84132, USA

Background:

Reducing avoidable hospital admissions is a global healthcare priority, with optimal primary care recognized as pivotal for achieving this objective. However, in developing systems like China, where primary care is evolving without compulsory gatekeeping, the relationship between patient-perceived primary care quality and hospital utilization remains underexplored.

Methods:

Data was collected from 16 primary care settings. Patient-perceived quality of primary care was measured using the Assessment Survey of Primary Care scale across six domains (first-contact care, continuity, comprehensiveness, accessibility, coordination, and patient-centredness). Hospital utilization included patient self-reported outpatient visits, hospital admissions, and emergency department (ED) visits in the last six months. Logistic regression analyses were used to examine associations between self-reported hospital utilization and perceived primary care quality adjusted for potential confounders.

Results:

Of 1,185 patients recruited, 398 (33.6%) reported hospital utilization. Logistic regression analyses showed that higher total scores for patient-perceived quality of primary care were associated with decreased odds of hospital utilization (adjusted odds ratio (AOR): 0.417, 95% confidence interval (CI): 0.308-0.565), outpatient visits (AOR: 0.394, 95% CI: 0.275-0.566) and hospital admissions (AOR: 0.496, 95% CI: 0.276-0.891). However, continuity of care was positively associated with ED visits (AOR: 2.252, 95% CI: 1.051-4.825).

Conclusion:

Enhanced patient-perceived quality of primary care in China is associated with a reduction in self-reported overall hospital utilization, including outpatient visits and hospital admissions. However, better continuity of care may be potentially associated with increased ED visits. Further research is warranted for precise insights and validation of these findings.

Keywords: Primary care, quality, assessment survey of primary care, self-reported hospital utilization, hospital admission, outpatient visits, emergency department visits



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5th – 7th July 2024 (Friday – Sunday)

Full Research Paper Competition – Full Research Paper

FULL 04

Development and Validation of a Rapid Assessment Version of the Assessment Survey of Primary Care (RA-ASPC) Scale in China

Chenwen ZHONG², Junjie HUANG², Lina LI³, Zhuojun LUO¹, Cuiying LIANG¹, Mengping ZHOU¹, Li KUANG¹

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³ Bureau of Veteran Cadres of the Huadu District Party Committee, Guangdong 510000, China

Background:

Measuring quality of primary care has attracted much attention around the world. Our team has developed and validated an Assessment Survey of Primary Care (ASPC) for assessing quality of primary care in China. To facilitate the daily use of ASPC, this study aimed to develop and validate a rapid assessment version of ASPC (RA-ASPC) in China.

Methods:

This is a multi-phase study on 21 experts and 1,184 patients from 12 primary care facilities in ten cities. Importance, representativeness, easy understanding, and general applicability of each item in ASPC scale were rated to select the top two ranked items for constituting RA-ASPC. Reliability of RA-ASPC was tested by calculating both Cronbach's alpha and McDonald's omega coefficients. Structural validity was assessed by exploratory and confirmatory factor analysis (EFA and CFA). Concurrent validity was performed by analysing the relationship between RA-ASPC and patient satisfaction. Discriminant validity was tested by assessing the difference of RA-ASPC scores between patients with or without family doctors.

Results:

Ten items were selected for RA-ASPC. Both Cronbach's alpha (0.732) and McDonald's omega (0.729) suggested satisfactory internal consistency. In EFA, explained variance of RA-ASPC (72.6%) indicated its ability to measure quality of primary care in China. CFA indicators showed convincing goodness-of-fit (GFI=0.996, AGFI=0.992, CFI=1.000, NFI=0.980, RMR=0.022, and the RMSEA=0.000) for RA-ASPC. Positive association between RA-ASPC and patient satisfaction supported the concurrent validity of RA-ASPC. Patients with family doctors perceived higher quality of primary care than those without family doctors, indicating good discriminant validity of RA-ASPC scale.

Conclusion:

The theoretical framework of RA-ASPC was in line with internationally recognized core functions of primary care. Good psychometric properties of RA-ASPC proved its appropriateness in assessing quality of primary care from patients' perspectives in China.

Keywords: COSMIN checklist, confirmatory factor analysis, exploratory factor analysis, primary care, quality assessment, validation



5th – 7th July 2024 (Friday – Sunday)

Full Research Paper Competition – Full Research Paper

FULL 05

Associations between Adoption of eHealth Management Module and Optimal Control of HbA1c in Diabetes Patients

Junjie HUANG¹, S.C. CHAN¹, Samantha KO¹, Ellen TONG², Clement S.K. CHEUNG², W.N. WONG², N.T. CHEUNG², Martin C.S. WONG^{1,3}

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² Information Technology and Health Informatics Division, Hospital Authority, Hong Kong, China

³ School of Public Health, Peking Union Medical College, Beijing, China; School of Public Health, Peking University, Beijing, China

In January 2021, the eHealth App was launched in Hong Kong by the Hong Kong government to support the Electronic Health Record Sharing System (eHRSS). A Health Management Module in the eHealth App introduced new functions to record blood pressure, blood sugar, and heart rate, and downloading and sharing records. This study aims to compare the level of glycaemic control between users of the eHealth App and non-users. Type 2 diabetes patients who have joined the eHRSS with existing haemoglobin A1c (HbA1c) level records are recruited. Correlations between predictors and optimal HbA1c control (<7%) are examined using logistic regression analyses. A total of 109,823 participants are included, with 76,356 non-users of eHealth App, 31,723 users of eHealth App, and 1744 users of the eHealth Management Module together with the App. We collect HbA1c values from Jan 2021 to May 2022, and they are 6 months after the use of the App on average. Users of the eHealth Management Module are found to have more optimal HbA1c levels across all subgroups, with the strongest effect observed in younger females (aOR = 1.66, 95% CI = 1.27–2.17). eHealth App usage is also positively associated with optimal HbA1c levels, particularly amongst younger females (aOR = 1.17, 95% CI = 1.08–1.26). Overall, users of eHealth App and eHealth Management Module demonstrate more optimal HbA1c levels when compared with non-users, particularly among younger adults and females. These findings support its potential adoption in diabetes patients. Future studies should examine the impact of eHealth interventions on other clinical targets and diabetes complications.

Keywords: eHealth, diabetes patients, Hong Kong

Financial funding: Hospital Authority of Hong Kong SAR (Ref.: TH2116705).

Ethical approval: This study was approved by the Survey and Behavioural Research Ethics Committee, The Chinese University of Hong Kong (SBRE-21-0950).



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5th – 7th July 2024 (Friday – Sunday)

Full Research Paper Competition – Full Research Paper

FULL 06

Associations between GoSmart Channel, Health Literacy and Health Behaviours in Adolescents: A Population-based Study

Junjie HUANG^{1,2}, S.C. CHAN², Vera M.W. KEUNG¹, Calvin K.M. CHEUNG¹, Amelia S.C. LO¹, Vincent T.C. LAU¹, Lancelot W.H. MUI^{1,2}, Albert LEE^{1,2}, Martin C.S. WONG^{1,2,3,4,5}

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⁴ The School of Public Health, The Chinese Academy of Medical Sciences and The Peking Union Medical Colleges, Beijing, China

⁵ The School of Public Health, Fudan University, Shanghai, China

Background:

Health literacy is essential in the promotion of healthy lifestyle habits and chronic disease prevention.

Methods:

Participants were required to complete a self-administered questionnaire on health behaviours and health literacy using the Health Literacy Measure for Adolescents (HELMA).

Results:

A total of 777 responses were collected. Overall, most (74.4%) of the adolescents in Hong Kong have limited health literacy (HELMA score <66). The majority (63.7%) of adolescents relied on their parents for health information, while 11.4% of the respondents sought information from the GoSmart Channel. The intervention of GoSmart Channel was significantly associated with better health literacy in almost all aspects among adolescents. Desired levels of health literacy were significantly associated with better perceived health (adjusted odds ratio: 2.04, $p = .001$) and negatively associated with a range of unhealthy and risky behaviours including unhealthy dietary habits, poor hygienic measures and physical inactivity.

Conclusion:

This study highlights the importance of improving health literacy among Hong Kong adolescents and the potential of technology-based interventions. The findings suggest the need for continued efforts to promote health literacy and healthy behaviours among adolescents, especially given the limited health literacy levels observed in the study.

Keywords: Adolescents, health behaviour, healthy literacy

Source of funding: Quality Education Fund (QEF#20190/883), Education Bureau, Hong Kong SAR

Ethics approval: Survey and Behavioural Research Ethics (No. SBRE-21-0052), The Chinese University of Hong Kong, Hong Kong SAR



5th – 7th July 2024 (Friday – Sunday)

Full Research Paper Competition – Full Research Paper

FULL 07

Patient Enablement and Health-related Quality of Life for Patients with Chronic Back and Knee Pain: A Cross-sectional Study in Primary Care

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Background:

Chronic back and knee pain impairs health-related quality of life (HRQOL) and patient enablement can improve HRQOL. The aim of this study is to determine whether enablement was a moderator of the effect of chronic back and knee pain on HRQOL.

Methods:

This was a cross-sectional study on Chinese patients with chronic back and knee problems in public primary care clinics in Hong Kong. Each participant completed the Chinese Patient Enablement Instrument-2 (PEI-2), the Chinese Western Ontario and McMaster University Osteoarthritis Index (WOMAC), and the Pain Rating Scale (PRS). Multivariable regression examined the effects of PRS score and PEI-2 score on WOMAC total score. Moderation regression model and simple slope analysis were used to evaluate whether the interaction between enablement (PEI-2) and pain (PRS) had a significant effect on HRQOL (WOMAC).

Results:

Patient reported outcome data from 1306 participants were analysed. PRS score was associated with WOMAC total score ($\beta = 0.326$, $p < 0.001$), while PEI-2 score was associated inversely with WOMAC total score ($\beta = -0.260$, $p < 0.001$) and PRS score. The effect of the interaction between PRS and PEI-2 (PRS*PEI-2) scores on WOMAC total score was significant ($\beta = -0.191$, $p < 0.001$) suggesting PEI-2 was a moderator. Simple slope analyses showed the relationship between PRS and WOMAC was stronger for participants with a low level of PEI-2 (gradient=3.056) than for those with a high level of PEI-2 (gradient =1.746).

Conclusion:

Patient enablement moderated the impact of pain on HRQoL. A higher level of enablement can lessen impairment in HRQoL associated with chronic back and knee pain.

Keywords: Back pain, chronic pain, knee, health-related quality of life, musculoskeletal pain, primary care



5th – 7th July 2024 (Friday – Sunday)

Full Research Paper Competition – Full Research Paper

FULL 08

Optimising HbA1c Monitoring Intervals in Patients with Type 2 Diabetes Based on Glycaemic Control Status: A Target Trial Emulation Study

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Background:

This study aims to optimise HbA1c monitoring intervals for patients with type 2 diabetes mellitus (T2DM) using electronic healthcare records from Hong Kong.

Methods:

Adult patients with T2DM during 2009-2012 were classified into four groups according to HbA1c levels: <7%, 7-7.9%, 8-8.9%, and \geq 9%. A target trial was emulated for each group to compare different intervals (2-4, 5-8, 9-15, and 16-24 months for HbA1c <7%; 2-4, 5-8, and 9-24 months for HbA1c \geq 7%) on the risk outcomes. Patients were followed from baseline until the earliest of the outcome occurrence, mortality, or administrative end (December 31, 2021).

Results:

A total of 183,078 patients were identified. For patients with HbA1c < 7%, monitoring at 16–24 months did not increase the risk of CVD or mortality compared to 2-4-month intervals (Hazard ratio [HR, 95% CI]: mortality: 1.016 [0.975, 1.059]; CVD: 1.001 [0.957, 1.047]). Patients with HbA1c between 7-7.9% experienced significantly higher mortality risk when monitored every 9-24 months compared to 2-4 months (HR [95% CI]: 1.098 [1.050, 1.149]), and patients with HbA1c \geq 8% had higher risk of mortality and/or CVD when monitored every 5–8 months versus 2–4 months (HR [95% CI] for HbA1c within 8-8.9%: mortality: 1.099 [1.042, 1.159], CVD: 1.040 [0.979, 1.105]; HR [95% CI] for HbA1c \geq 9%: mortality: 1.254 [1.181, 1.331], CVD: 1.093 [1.020, 1.171]).

Conclusion:

HbA1c monitoring interval for T2DM patients with HbA1c < 7% can be extended to 1.5-2 years, while the optimal intervals for those with HbA1c between 7-7.9% and \geq 8% are biannually and quarterly, respectively.

Keywords: Target trial emulation, diabetes care, long-term care



5th – 7th July 2024 (Friday – Sunday)

Full Research Paper Competition – Full Research Paper

FULL 09

The Knowledge, Attitudes and Practices of Healthy Eating Questionnaire – A Pilot Validation Study in Chinese Families

Kiki S. N. LIU¹, Julie Y. CHEN^{1,2}, K.S. SUN³, Joyce P. Y. TSANG^{1,4}, Patrick IP⁵, Carlos K. H. WONG^{1,6,7,8}, Cindy L. K. LAM^{1,2}

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This study aimed to test the validity and psychometric properties of a KAP of Healthy Eating Questionnaire (KAP-HEQ) that was tailored to the Chinese culture. The dimensions and potential items of each KAP scale were identified from published KAP and health literacy questionnaires supplemented by our previous qualitative study findings. Content validity of the KAP-HEQ was evaluated by 8 experts and 8 Chinese parent-adolescent dyads in Hong Kong by quantitative ratings and qualitative feedback. Feasibility, construct validity, reliability and sensitivity were evaluated among 60 dyads (120 persons) through an online survey. Thirty dyads repeated the KAP-HEQ two weeks later to assess the test-retest reliability. The final 44-item KAP-HEQ could be completed in 10 to 15 minutes by the dyads. Over 80% of the items achieved convergent and discriminant validity (a significantly positive correlation with its hypothesized scale and higher than with the other two scales). The Cronbach's alpha on internal consistency and the ICC on test-retest reliability of the Overall, Attitude and Practice scales were all > 0.7 but those of Knowledge scale were 0.54 and 0.58, respectively. The significant differences in KAP scale scores with small to large effect sizes were found between known-groups as hypothesized except the Attitude score by household income, supporting the sensitivity of KAP-HEQ. The KAP-HEQ has shown good validity, reliability and sensitivity among Chinese adolescents and adults, which can be applied to evaluate KAP status and gaps to inform the design and assess the effectiveness of healthy eating interventions

Keywords: Chinese, healthy eating, KAP, questionnaire, validation



5th – 7th July 2024 (Friday – Sunday)

Full Research Paper Competition – Full Research Paper

FULL 10

Hong Kong Primary Care Morbidity Survey 2021-2022

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Background:

Up-to-date and accurate information about the health problems encountered by primary care doctors is essential to understanding the morbidity pattern of the community to better inform health care policy and practice. Such surveys are particularly critical in the absence of a centralized primary care electronic medical record database as is the case in Hong Kong. This study aimed to determine the morbidity patterns in Hong Kong primary care during a pandemic.

Methods:

This was prospective, practice-based survey of Hong Kong primary care doctors who recorded the health problems for consecutive patient encounters during one designated week in each season of the year. Health problems were coded according to the International Classification of Primary Care, Second Edition (ICPC-2) and descriptive statistics were used to calculate their frequencies.

Results:

Forty-nine doctors participated the study and contributed 172 doctor-weeks of data from March 2021 – February 2022, resulting in 40,984 health problems based on 26,897 unique patient encounters. The most frequently recorded diagnoses were uncomplicated hypertension (12.9%), lipid disorders (10.6%), immunization (6.3%), non-insulin dependent diabetes mellitus (6.3%) and upper respiratory tract infections (5.5%).

Conclusion:

This study provided a comprehensive view of the morbidity patterns in Hong Kong primary care. It confirmed the continuing trend of increasing prevalence of chronic disease seen in primary care driven by an aging population as well as by proactive primary care initiatives; the troubling increase in psychological diagnoses especially notable in young people and the pronounced increase in preventive health-care seeking visits across all age groups. This study highlights the breadth of morbidity presenting to primary care despite the COVID-19 outbreak. It also identifies key areas in which primary care doctors need support and resources to build on the family doctor model of primary care to help patients achieve their best possible outcomes.

Keywords: Morbidity, common problems, primary care



5th – 7th July 2024 (Friday – Sunday)

Full Research Paper Competition – Full Research Paper

FULL 11

Effectiveness of a 5-year Health Empowerment Programme on Promoting Cardiovascular Health for Adults from Low-income Families in Hong Kong

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Objective:

This study aimed to evaluate the effectiveness of a health empowerment programme (HEP) to enhance cardiovascular health for adults from low-income families.

Methods:

A prospective cohort study (N = 219, Intervention group: n = 103, comparison group: n = 116) was conducted with participants recruited from January 2013 to November 2015 and followed up until January 2022. Throughout the study duration, intervention group were invited to participate in the HEP. The cardiovascular health status of both groups at baseline and follow-up were assessed using the adapted Ideal Cardiovascular Health Index (ICHI) defined by the American Heart Association. After inverse propensity score weighting, multiple linear regression and Poisson regression were employed to examine the effects of the HEP.

Results:

The HEP was associated with a greater increase in ICHI total score (B = 0.33, p < 0.001), and the increase of proportion of people achieving a normal blood pressure (Incidence rate ratio: 3.39, p < 0.05).

Conclusion:

HEP can be an effective and sustainable strategy to reduce social disparities in cardiovascular health of adults from low-income families, as indicated by improvement in the ICHI total score and blood pressure status.

Keywords: Health empowerment, cardiovascular health, low-income families, health disparities



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

Hong Kong Primary Care Conference 2024 “Family Medicine in the Community: STRENGTHENING CONNECTIONS”

5th – 7th July 2024 (Friday – Sunday)

Clinical Case Presentation Competition – Schedule

Sunday, 7 July 2024 • 10:20 – 11:35 • James Kung Meeting Room, 2/F

TIME	PRESENTATION TOPIC	PRESENTING AUTHOR
10:25 – 10:36	Ketogenic Rash	Dr. HOU Jing
10:36 – 10:47	Decode a Case of Multiple Joint Pain	Dr. WONG Man Ho
10:47 – 10:58	CA Stomach & Vitamin B12 Deficiency	Dr. CHAN Jeremy Jin Hay
10:58 – 11:09	2 Elderly Cases of Renal Impairment	Dr. TSO San Kong
11:09 – 11:20	Supporting an Adoptive Family in Crisis Using a Biopsychosocial Approach (A Family Case)	Dr. Anthony RABANG



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Schedule of Oral Presentation

Sunday, 7 July 2024 • Room 903-4, 9/F

NO.	PRESENTATION TOPIC	AUTHORS <i>(The name of the presenting author is underlined)</i>
09:00 – 10:00 (Part 1)		
01	Sensitivity and Specificity of Common Predictive Models for Undiagnosed Diabetes Mellitus and Prediabetes Defined by HbA1c in a Chinese Population	<u>Eric K.P. LEE</u> , Shuqi WANG, Paul POON, Benjamin H.K. YIP, Billy C.F. CHIU, Juliana C.N. CHAN, Samuel Y.S. WONG
02	Addressing Pain Care Disparities: A Qualitative Study among Pakistani Women in Hong Kong	<u>A. SABA</u> , N. ELENA, D. DONG, E.K. YEOH
03	A Feasibility Study of Tele-consultation in Managing Diabetic Patients in a Hong Kong General Out-patient Clinic (TeleDM)	<u>Andrew Y.W. FUNG</u> , Jinghao HAN, P.K. FUNG, Eric K.P. LEE, Shirley Y.K. CHOI, L.Y. CHENG, W.K. LEUNG, S.Y. LEUNG, Maria K.W. LEUNG
04	Effects of Hypnotics on Nocturnal Blood Pressure: A Systematic Review and Meta-analysis of Randomized-controlled Trials	<u>Eric K.P. LEE</u> , Alex T.W. HUNG, Krystal T.T. LAM, Kendy LAU, Benjamin H.K. YIP
05	Association of Healthy Lifestyle Behaviours with Incident Irritable Bowel Syndrome: A Large Population Based Prospective Cohort Study	<u>F.F. HO</u> , H. SUN, H. ZHENG, David C.N. WONG, Y.Y. GAO, C. MAO, Y.T. CHEUNG, C.S. LAM, Maggie H.T. WANG, Irene X.Y. WU, Justin C.Y. WU, Vincent C.H. CHUNG
10:20 – 11:20 (Part 2)		
06	Revisiting the Starting Age of Colorectal Cancer Screening for Average-Risk Hong Kong Population: A Cost-effectiveness Analysis	<u>Junjie HUANG</u> , Victor C.W. CHAN, Mingtao CHEN, Jamie J.M. LIEW, Xianjing LIU, Chaoying ZHONG, Jianli LIN, Junjie HANG, Claire Chenwen ZHONG, Jinqiu YUAN, Wanghong XU, Mellissa WITHERS, Andrew T. CHAN, Martin C.S. WONG
07	Interventions to Reduce Loneliness among Community-dwelling Older Adults: A Network Meta-analysis and Systematic Review	<u>Yinghui SUN</u> , Jing GU, Kinlong LEUNG, Phoenix K.H. MO
08	The Effects of High-intensity Interval Training on Muscular Fitness in Older Adults: A Systematic Review and Meta-analysis	<u>C. XU</u> , Y.F. WANG, P.Y. WONG, T.C. POON, N. ZHANG
09	The Impact of Syndrome Differentiation on Treatment Effects and Side Effects in Randomized Controlled Trials of Chinese Herbal Medicine: A Meta-Epidemiological Study	<u>Claire C.W. ZHONG</u> , Betty H. WANG, Irene X.Y. WU, Mary Y. JIANG, Leonard T.F. HO, F.F. HO, S.S. XU, M.H. KWONG, Joson H.S. ZHOU, Jason K.C. LAM, Vincent C.H. CHUNG



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Oral Presentation

ORAL 01

Sensitivity and Specificity of Common Predictive Models for Undiagnosed Diabetes Mellitus and Prediabetes Defined by HbA1c in a Chinese Population

Shuqi WANG, Paul POON, Benjamin H.K. YIP, Billy C.F. CHIU, Juliana C.N. CHAN, Samuel Y.S. WONG, Eric K.P. LEE

The Chinese University of Hong Kong

Introduction:

Although various criteria have been developed to identify individuals for diabetes mellitus (DM) and pre-diabetes (pre-DM) screening, their sensitivity and specificity to identify pre-DM and DM patients were not investigated in real-life situations. This study aimed to compare these screening strategies in the Hong Kong (HK) population.

Methods:

Participants were Chinese adults who aged ≥ 25 years with no history of DM and cardiovascular diseases. Point-of-care glycosylated hemoglobin (HbA1c) tests were used to identify undiagnosed DM ($\text{HbA1c} \geq 6.5\%$) and pre-DM ($5.7\% \leq \text{HbA1c} \leq 6.4\%$). Data on demographic characteristics, lifestyle factors, medical history, and clinical measurements (which were required by different criteria) were collected. The sensitivity, specificity, positive predictive value, and negative predictive value of 18 different strategies were calculated and compared. High sensitivity and specificity were defined as $\geq 80\%$.

Results:

Among 1810 participants, 89 (4.92%) had undiagnosed DM, and 969 (53.5%) had pre-DM. Six strategies, including those developed by the HK Primary Care Office (HKPCO), American Diabetes Association (ADA) informal assessment, Gao et al., the Atherosclerosis Risk in Communities Study, and the National Institute for Health and Care Excellence in the UK, demonstrated a sensitivity of 80% or higher in detecting DM. Additionally, two strategies (Canadian Task Force on Preventive Health Care and Cambridge Diabetes Risk Score) exhibited high specificity. Regarding the identification of pre-DM and DM, four strategies (HKPCO and three ADA models) showed high sensitivity, but no strategy had high specificity.

Conclusions:

The study revealed significant differences in sensitivity and specificity among various criteria to identify individuals at high risk for pre-DM and DM for screening. The results suggested that several strategies, which are sensitive, can be used to select individuals for DM and pre-DM screening in a Chinese population. Further research is needed to explore the effectiveness of DM screening programs in preventing cardiovascular events. Additionally, research is required to investigate the implementation of these programs and determine the optimal follow-up for participants.

Keywords: Diagnostic study, Diabetes, Prediabetes



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Oral Presentation

ORAL 02

Addressing Pain Care Disparities: A Qualitative Study among Pakistani Women in Hong Kong

A. SABA¹, N. ELENA¹, D. DONG², E.K YEOH²

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

² Centre for Health Systems and Policy Research, The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong

Introduction:

Ethnic disparities in pain care persist across different types of pain and healthcare settings, reflecting unequal pain care quality for minority populations. Literature consistently highlights the significant contribution of provider and system-related factors to these disparities beyond patient factors. However, there is limited understanding of how these factors contribute to pain management inequalities for ethnic minorities in Hong Kong (HK), a city with a growing ethnically diverse population.

Methods:

This qualitative study is part of an ongoing community-based participatory action research. It aims to explore provider and system-related factors in healthcare settings contributing to pain inequalities among ethnically diverse adult Pakistani women living in HK. The initial phase involved active engagement with these women as community partners, where they identified pain as their most prioritized health concern. Subsequently, 54 Pakistani women participated in nine focus group discussions (FGDs) to share their pain perceptions, management beliefs, and healthcare experiences. FGDs were facilitated by a bilingual researcher in Urdu or English from April to June 2023.

Results:

Our findings indicate that language-cultural discordance with healthcare providers significantly hinders these women's ability to express and convey their pain effectively. The lack of engagement from healthcare providers, including active listening and responsive communication, affects the accurate assessment of their pain, often leading to the dismissal of women's pain concerns by the providers. Unconscious biases among providers, particularly in the form of stereotyping Pakistani women, contribute to delayed diagnoses and unequal access to pain medication. As a consequence, they feel neglected, delay seeking care, and are dissatisfied with treatment. Furthermore, systemic factors, including lack of timely availability of medical interpreters and culturally tailored pain management awareness programs, contribute to an increased burden of pain for these women.

Conclusions:

We propose various strategies to address these disparities and strive for quality, equitable pain care for individuals from diverse ethnic backgrounds.

Keywords: Pain care disparities, Ethnic minorities, Provider and system-related factors



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Oral Presentation

ORAL 03

A Feasibility Study of Tele-consultation in Managing Diabetic Patients in a Hong Kong General Out-patient Clinic (TeleDM)

Andrew Y.W. FUNG¹, Jinghao HAN¹, P.K. FUNG¹, Eric K.P. LEE², Shirley Y.K. CHOI¹, L.Y. CHENG¹, W.K. LEUNG¹, S.Y. LEUNG¹, Maria K.W. LEUNG¹

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Introduction:

In response to the COVID-19 pandemic, tele-consultations have become increasingly popular in specialty clinics and fever clinics. This study aims to explore the potential of extending tele-consultation services to the management of diabetes mellitus (DM) in general outpatient clinics (GOPC). We aim to evaluate the feasibility of tele-consultations for DM patients in GOPC using the HAGo video-conferencing system, focusing on recruitment, attendance, and patient satisfaction.

Methods:

Eligible patients were screened in a DM consultation room from July 18th to July 25th, 2023, until 78 participants were recruited. Inclusion criteria targeted stable diabetics (HbA1c < 8%), aged 18-80, proficient in Chinese or English, owning a smartphone, and agreeing to monitor blood pressure at home. Teleconsultations via HAGo covered drug compliance, blood pressure, and blood sugar control.

Feasibility was considered good if ≥80% of consultations were completed. Satisfaction was assessed with the Telemedicine Satisfaction Questionnaire (TSQ), scoring >56/70 as satisfactory.

Results:

Out of 380 screened patients, 236 were eligible, and 78 participated (46 males and 32 females with a mean age of 64.2 ± 8.5). Convenience and reduced transportation time were cited as reasons for using teleconsultations by 83.3% of participants. The recruitment rate was 33.1% (78/236). Five participants dropped out due to technical concerns (3/5), payment issues (1/5), or a lack of drug delivery (1/5). The attendance rate was 93.6% (73/78), with 4.1% transitioning to phone teleconsultation and 1.4% converting to face-to-face consultation due to new symptoms. The TSQ response rate was 90.4% (66/73), showing high satisfaction (average TSQ score: 56.2/70).

Conclusions:

This pilot study demonstrates good feasibility and satisfaction of teleconsultations for DM patients in GOPC. The insights gained from this study are valuable for integrating telecare into managing DM and other chronic illnesses.

Keywords: Teleconsultation, Diabetes, GOPC



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Oral Presentation

ORAL 04

Effects of Hypnotics on Nocturnal Blood Pressure: A Systematic Review and Meta-analysis of Randomized-controlled Trials

Alex T.W. HUNG¹, Krystal T.T. LAM¹, Kendy LAU², Benjamin H.K. YIP¹, Eric K.P. LEE¹

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Introduction:

Nocturnal blood pressure (BP) is a stronger predictor of hypertension (HT) complications than daytime BP. However, there is yet a specific treatment for nocturnal HT. By improving sleep quality and drug-specific mechanisms, hypnotics can be a potential treatment for nocturnal HT. However, effects of hypnotics (when compared to a placebo) on nocturnal BP has never been investigated by a systematic review and meta-analysis, while individual studies are small and provide contradictory results.

Methods:

Multiple databases (e.g. MEDLINE, EMBASE etc) and ClinicalTrials.gov were searched since inception till 18 Oct 2023. Only randomized controlled trials compared administration of oral hypnotics ≥ 1 week with a placebo and reported nocturnal systolic BP (SBP) or diastolic (DBP) were included. Study selection, data extraction, risk of bias assessment and ranking strength of evidence by GRADE by using Cochrane risk-of-bias tool were conducted by two independent reviewers. Pairwise meta-analysis using the restricted maximum likelihood model was used to pool weighted mean BP difference.

Results:

Out of 6232 studies identified, 8 studies including 414 participants were included. Most studies investigated benzodiazepines (n=5). Hypnotics did not significant impact on nocturnal SBP (-3.24mmHg; 95%confidence interval [CI]: -2.79, 0.85; I2: 89.4%) and nocturnal DBP (-0.97mmHg; 95%CI: -2.79, 0.85; I2: 74.6%). Similarly, hypnotics medications did not impact on daytime/24-h/office SBP/DBP except for NBRAs, which may reduce 24-h SBP. Benzodiazepines increase 24-h/daytime/nighttime heart rate. All included studies had unclear to high risk-of-bias. Strength of evidence was ranked very low to low.

Conclusions:

This is the first meta-analysis to investigate effects of hypnotics on nocturnal BP, which highlights the lack of adequately-power and low risk-of-bias studies, especially for patients with HT and insomnia. Our results also suggest that hypnotics preferentially reduce nocturnal BP only in patients with insomnia, which should be tested in future trials. Hypnotics have in general neutral effects on BP and currently have no role in daily clinical practice for the treatment of HT. (PROSPERO no.: CRD42023490914).

Keywords: Hypnotics, Nocturnal hypertension, Meta-analysis



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Oral Presentation

ORAL 05

Association of Healthy Lifestyle Behaviours with Incident Irritable Bowel Syndrome: A Large Population Based Prospective Cohort Study

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Introduction:

Currently, there is no established primary prevention strategy for irritable bowel syndrome (IBS). Modifiable healthy lifestyle behaviours may also protect against the occurrence of IBS. However, their combined association with the incidence of IBS is currently unknown. This study aimed to evaluate the association of healthy lifestyle behaviours with the incidence of IBS.

Methods:

This was a population-based prospective cohort study using data from the UK Biobank. 64,268 participants aged 37 to 73 years who had no IBS diagnosis at baseline were enrolled between 2006 and 2010 and followed up to 2022. The five healthy lifestyle behaviours studied were never smoking, optimal sleep, high level of vigorous physical activity, high dietary quality, and moderate alcohol intake. The outcome was the incidence of IBS.

Results:

During a mean follow-up of 12.6 years, 961 (1.5%) incident IBS cases were recorded. Among the 64,268 participants (mean age 55.9 years, 55.0% female), 7,604 (11.8%) reported none of the five healthy lifestyle behaviours, 20,662 (32.1%) reported 1 behaviour, 21,901 (34.1%) reported 2 behaviours, and 14,101 (21.9%) reported 3 to 5 behaviours at baseline. The multivariable adjusted hazard ratios associated with having 1, 2, and 3 to 5 behaviours for IBS incidence were 0.79 (95% confidence intervals 0.65 to 0.96), 0.64 (0.53 to 0.78), and 0.58 (0.46 to 0.72), respectively (P for trend < 0.001). Never smoking (0.86, 0.76 to 0.98, P = 0.02), high level of vigorous physical activity (0.83, 0.73 to 0.95, P = 0.006), and optimal sleep (0.73, 0.60 to 0.88, P = 0.001) demonstrated significant independent inverse associations with IBS incidence.

Conclusions:

Adhering to a higher number of healthy lifestyle behaviours is significantly associated with a lower IBS incidence in the general population. Our findings suggest the potential of lifestyle modifications as a primary prevention strategy for IBS.

Keywords: Irritable bowel syndrome, Healthy lifestyle behaviours, Prospective cohort study



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Oral Presentation

ORAL 06

Revisiting the Starting Age of Colorectal Cancer Screening for Average-Risk Hong Kong Population: A Cost-effectiveness Analysis

Junjie HUANG^{1,2}, Victor C.W. CHAN¹, Mingtao CHEN¹, Jamie J.M. LIEW¹, Xianjing LIU³, Chaoying ZHONG⁴, Jianli LIN⁵, Junjie HANG⁶, Claire Chenwen ZHONG¹, Jinqiu YUAN⁷, Wanghong XU⁸, Mellissa WITHERS⁹, Andrew T. CHAN¹⁰, Martin C.S. WONG^{1,2,8,11,12}

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Introduction:

The incidence of colorectal cancer (CRC) has rapidly risen in younger people in high-income economies, including Hong Kong. Guidelines from the United States have recently recommended screening at age 45 to tackle the growing burden of early-onset CRC. It is uncertain whether CRC screening should begin at age 45 in the Asian population. This study aims to conduct a cost-effectiveness analysis to revisit the starting age of the CRC screening in Hong Kong.

Methods:

We conducted a simulation study involving 100,000 individuals in Hong Kong who were screened using either fecal immunochemical test (FIT) or colonoscopy as primary screening methods at ages 40, 45, and 50 until age 75. Individuals with a positive FIT result subsequently underwent colonoscopy. The performance of different strategies was evaluated based on life-years gained, and cost-effectiveness was measured using the incremental cost-effectiveness ratio (ICER).

Results:

The ICERs for initiating FIT screening at ages 40, 45, and 50 were USD 134,887, USD 108,178, and USD 87,362, respectively. For colonoscopy, the ICERs for initiating screening at ages 40, 45, and 50 were USD 592,767, USD 501,748, and USD 432,029, respectively. Overall, the FIT strategy was found to be less costly. The highest number of life-years gained was observed when colonoscopy screening was initiated at age 40 (2,070), followed by age 45 (1,923) and age 50 (1,714). In terms of FIT, the most life-years gained were observed at age 40 (1,652), followed by age 45 (1,515) and age 50 (1,323).

Conclusions:

Initiating CRC screening at age 45 using FIT in Hong Kong was determined to be a well-balanced and cost-effective strategy. This approach demonstrated a cost advantage over starting screening at age 40 and resulted in more lives saved compared to screening at age 50. While colonoscopy showed better life-years gained, it exhibited lower cost-effectiveness and may be less suitable as a primary option for large-scale early screening due to resource constraints.

Keywords: Colorectal cancer screening, Cost-effectiveness, Hong Kong

Source of funding: The study was funded by Health and Medical Research Fund (HMRF, Ref. No. 20210711), Health Bureau, Hong Kong SAR

Ethics approval: Survey and Behavioural Research Ethics (No. SBRE-22-0174), The Chinese University of Hong Kong, Hong Kong SAR



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5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Oral Presentation

ORAL 07

Interventions to Reduce Loneliness among Community-dwelling Older Adults: A Network Meta-analysis and Systematic Review

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Introduction:

Loneliness is an important public health concern in our aging society, particularly among community-dwelling older adults. This study aimed to evaluate the effectiveness of interventions in reducing loneliness among community-dwelling older adults by a network meta-analysis (NMA), and to review coping strategies in mitigating loneliness by a synthesis of qualitative studies.

Methods:

Six English databases and three Chinese databases were searched for studies published before August 2023. Interventional studies were included if they contained original quantitative data on interventions to reduce loneliness among community-dwelling older adults. We extracted mean and standard differences (SDs) for the NMA to examine the overall effectiveness and efficacy of different interventions on loneliness. Qualitative studies were included if they contained views on loneliness coping strategies or intervention evaluation. Thematic analysis was employed to derive perspectives on coping strategies to mitigate loneliness.

Results:

Forty-six quantitative studies with 6,049 participants and 40 qualitative studies with 1,095 participants were included in the analysis. The pooled effect size was large and significant (SMD=-0.95, 95% CI [-1.32, -0.58], $p < 0.001$), indicating a strong effect of interventions in reducing loneliness. Subgroup analyses revealed significant differences in effect sizes by study region and health risk. Results of the NMA suggested interventions seem to be most effective when having psychosocial interventions as the content, a combination of individual and group as the delivery mode, and a mixture of face-to-face and online methods as the contact mode. Findings of the qualitative synthesis revealed two main dimensions of activities for reducing loneliness, including delivery modes (individual or group or combination) and settings (indoor or outdoor or combination). Strategies for coping with loneliness at the social, cognitive, and behavioral levels were also identified.

Conclusions:

Findings offer important insights for practice and policy-making on potential strategies that can be used to reduce loneliness among community-dwelling older adults.

Keywords: Community-dwelling older adults, Loneliness, Systematic review



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Oral Presentation

ORAL 08

The Effects of High-intensity Interval Training on Muscular Fitness in Older Adults: A Systematic Review and Meta-analysis

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² The Hong Kong Polytechnic University

³ University College London

Introduction:

Muscular fitness, including muscle mass, strength, and endurance, can be maintained and improved through engaging in physical activity in older adults. Both High-Intensity Interval Training (HIIT) and Moderate-Intensity Continuous Training (MICT) are two potential options. However, the application and effects of HIIT on muscular fitness in older adults are still unknown.

Methods:

This systematic review and meta-analysis (PROSPERO registration number: CRD42024521782) searched 4 database platforms: Pubmed, Scopus, Ovid, and EBSCOHost. This study only included randomised controlled trials (RCTs) comparing changes in skeletal muscle mass, handgrip strength, and chair stand test after High-Intensity Interval Training (HIIT), based on the measurement criteria outlined by the European Working Group on Sarcopenia in Older People (EWGSOP2), in participants aged ≥ 60 years without specific diseases, compared with non-active groups or MICT. Random-effects models were used to pool the data.

Results:

Nine RCTs and 381 participants were included. HIIT significantly improved handgrip strength (MD: 2.09 kg; 95% CI: 0.47 to 3.72; N = 4 RCTs; n = 193 participants), 30-second chair stand tests (MD: 4.40 rep; 95% CI: 2.14 to 6.67; N = 4; n = 197), and whole-body skeletal muscle mass (MD: 2.41 kg; 95% CI: 0.58 to 4.25; N = 2; n = 140) compared with non-active groups. Subgroup analyses showed that both whole-body HIIT and lower-body HIIT improved 30-second chair stand test performance compared with non-active groups (whole-body HIIT: MD: 5.65 rep; 95% CI: 2.04 to 9.26; N = 2; n = 126) (lower-body HIIT: MD: 2.67 rep, 95% CI: 2.06 to 3.28; N = 2; n = 71). No significant differences were observed between HIIT and MICT. No major exercise-related adverse events were reported.

Conclusions:

HIIT is a practical and effective exercise training for improving muscular fitness in general older adults.

Keywords: High-Intensity Interval Training, Muscles; Sarcopenia, Aged



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Oral Presentation

ORAL 09

The Impact of Syndrome Differentiation on Treatment Effects and Side Effects in Randomized Controlled Trials of Chinese Herbal Medicine: A Meta-Epidemiological Study

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Introduction:

The potential impact of incorporating syndrome differentiation in randomized controlled trials (RCTs) on the treatment effects and side effects of Chinese herbal medicine (CHM) remains uncertain. To address this gap, we conducted a meta-epidemiological study comparing the treatment effects and side effects of CHM in RCTs that incorporated syndrome differentiation versus those that did not.

Methods:

A comprehensive search was conducted across seven electronic databases to identify systematic reviews and meta-analyses that pooled RCTs evaluating the treatment effects or side effects of CHM. The search covered publications from January 2021 to September 2022. Meta-epidemiological analyses were performed using a two-step method. Subgroup analyses were conducted based on clinical conditions, outcome types, and funding support. Adjustments were made in the meta-regression models to control for potential confounders, including sample size, funding support, and the risk of bias in RCTs.

Results:

The study included 137 systematic reviews, comprising 2,064 RCTs. RCTs incorporating syndrome differentiation showed slightly smaller binary treatment effects ($P=0.04$) compared to RCTs that did not incorporate this approach. There was no significant difference in continuous treatment effects ($P=0.26$) or side effects ($P=0.66$) between the two groups. Subgroup analyses focusing on circulatory diseases and meta-analyses pooling subjective outcomes revealed slightly smaller binary treatment effects of CHM in RCTs that incorporated syndrome differentiation compared to those that did not. These findings remained consistent after adjusting for sample size, funding support, and the risk of bias in RCTs.

Conclusions:

Incorporating syndrome differentiation in RCTs does not appear to substantially alter the overall treatment effects and side effects observed in the evaluation of CHM. Further research is needed to validate and expand upon these findings, in order to gain a comprehensive understanding of the role of syndrome differentiation in rigorous scientific evaluation of CHM.

Keywords: Syndrome differentiation, Chinese herbal medicine, Meta-Epidemiological study

Funding: This work was supported by the Chinese Medicine Development Fund of the Hong Kong Special Administrative Region Government (reference no: 21B2_018A). The funders had no role in considering the study design or in the collection, analysis, interpretation of data, writing of the report, or decision to submit the article for publication.



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

Saturday, 6 July 2024 • 16:20 – 16:50 • Foyer, 1/F

Sunday, 7 July 2024 • 10:00 – 10:20 • Foyer, 1/F

No.	PRESENTATION TOPIC	AUTHORS <i>(The name of the presenting author is underlined)</i>
01	How Can We Enhance the Staff Seasonal Influenza Vaccination (SIV) Rate in a Big Clinical Department?	<u>L.N. CHAN</u> , W.Y. CHAN, M.Y. LAM, Y.S. CHAU, L.P. CHEUNG, W.Y. HO, Y.C. LAU, C.Y. LEUNG, T.Y. POON, Y.K. SHIU, L.F. TSANG, T.H. WONG, P.W. CHAN, Matthew M.H. LUK, L.Y. PUN, K.W. WONG, S.N. WONG, T.K. WONG, L.C. TOO, S.W. YEUNG, C.C. YU, Loretta K.P. LAI, H.T. FUNG, P.F. CHAN
02	Changes in the Uptake of and Attitudes toward Pneumococcal Vaccination Before and After the COVID-19 Outbreak among Community-living Older Adults in Hong Kong, China: A Three-round Survey Study	<u>Paul S.F. CHAN</u> , Josiah POON, Caren HAN, D.H. YE, F.Y. YU, Martin C.S. WONG, Phoenix MO, Z.W. WANG
03	Clinical Enquiry Platform: Consulting Medical Specialties by Email to Reduce the Number of SOPD Referrals from GOPCs and FMSC	<u>T.B. CHAN</u> , Christina CHEUK, M.K. LEE, H.M. MA, T.Y. HO, Jones C.M. CHAN, W.Y. SO, K.M. CHOW, Maria K.W. LEUNG
04	Enhancing Medical Education: The Impact of a Novel Family Medicine Placement Program on Student Skills and Career Perspectives	<u>Y.H. CHAN</u> , Y.Y. CHAN, W.Y. LAM, Felix TSUI, Jun LIANG, Y.S. NG
05	Influences of HPV Disease Perceptions, Vaccine Accessibility, and Information Exposure on Social Media on HPV Vaccination Uptake among 11,678 Mothers with Daughters Aged 9-17 Years in China	<u>Siyu CHEN</u> , Zhuolin CHEN, Zian LIN, Lixian SU, Yuxue LIAO, Hongbiao CHEN, Zhiqing HU, Yuan FANG, Jianan CHEN, Biyun LUO, Chuanan WU, Zixin WANG
06	Associations between Dietary Patterns and Glycaemic Level among Chinese Overweight/ Obese Adults with Pre-diabetes: A Cross-sectional Study	<u>Will H.G. CHENG</u> , Jundi YANG, Mandy M. HO, Cindy L.K. LAM
07	Additional COVID-19 Booster Vaccine Acceptance and Hesitancy Among Healthcare Workers in a Private Teaching Hospital in Hong Kong	<u>Stephen K.C. CHEUNG</u> , Arthur C.K. CHEUNG, D.K. KWOK
08	Effectiveness of Single Dose Hyaluronic Acid Compared with Inactive Controls in Knee Osteoarthritis: A Systematic Review and Meta-analysis of Randomized Controlled Trials	<u>Hugo P.Y. FONG</u> , K.M. LAI, B. WANG, Jenny L.H. SHI, Hermione H.M. LO, Regina W.S. SIT
09	Association between Dietary Patterns and Incidence of Rheumatoid Arthritis: A Twelve-year Cohort Study among UK Biobank Participants	<u>P. HU</u> , Benjamin H.K. YIP, Paul K.M. POON
10	The Spillover Effect of the Pandemic on Hong Kong Diabetes Patients' Public Healthcare Utilization	<u>Z.R. HU</u> , J.C. QUAN, Cindy L.K. LAM, Eric Y.F. WAN
11	The Spillover Effect of the Pandemic on Hong Kong Diabetes Patients' Health Outcomes	<u>Z.R. HU</u> , J.C. QUAN, Cindy L.K. LAM, Eric Y.F. WAN
12	Factors Associated with Mental Health Among Hong Kong Children: A Population-based Study of 4,884 Individuals	<u>Junjie HUANG</u> , Vera M.W. KEUNG, Calvin K.M. CHEUNG, Amelia S.C. LO, S.C. CHAN, W.S. PANG, Lancelot W.H. MUI, Albert LEE, Martin C.S. WONG



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

Saturday, 6 July 2024 • 16:20 – 16:50 • Foyer, 1/F

Sunday, 7 July 2024 • 10:00 – 10:20 • Foyer, 1/F

No.	PRESENTATION TOPIC	AUTHORS <i>(The name of the presenting author is underlined)</i>
13	Incidence, Risk Factors, and Temporal Trends of Small Intestinal Cancer: A Global Analysis of Cancer Registries	<u>Junjie HUANG</u> , S.C. CHAN, Y.C. FUNG, F.Y. MAK, Veeleah LOK, Lin ZHANG, Xu LIN, Don Eliseo LUCERO-PRISNO III, Wanghong XU, Zhi-Jie ZHENG, Edmar ELCARTE, Mellissa WITHERS, Martin C.S. WONG
14	Exploring Factors Associated with Health Literacy and the Underlying Mechanism among Primary School Children	<u>Junjie HUANG</u> , Yue XU, Lai YIM, Vera M.W. KEUNG, Calvin K.M. CHEUNG, Amelia S.C. LO, Vincent T.C. LAU, Lancelot W.H. MUI, Albert LEE, Martin C.S. WONG
15	Barriers to Access to Medicines and Responses in Hong Kong: A Qualitative Analysis of Documents and Policy Review	<u>Zhengwei HUANG</u> , April WU, Eng-kiong YEOH, Dong DONG
16	Long COVID's Psychological Impact on Patients with Chronic Mental Illness in Primary Care Settings	<u>W.Y. LAM</u> , Yeni Y.Y. CHAN, Edwin Y.H. CHAN, K. LAM, T.T. CHANG, Felix TSUI, J. LIANG, Y.S. NG
17	Evening Dosing Versus Morning Dosing of Anti-hypertensive Medications for Nocturnal Hypertension: A Systematic Review and Meta-analysis of 107 Randomized Controlled Trials	<u>Eric K.P. LEE</u> , S. WANG, W.L. NG, K. RAMDZAN, Emily T.Y. TSE, Linda CHAN, A.A. RASHID, W.Y. CHIN, C.P. YU, Regina W.S. SIT, Paul K.M. POON
18	Home Blood Pressure during Night-time Sleep as a Better Treatment Target for Patients with Hypertension: A Proof-of-concept Randomized Controlled Trial	<u>Eric K.P. LEE</u> , Shuqi WANG, Benjamin H.K. YIP, Esther Y.T. YU, Shirley CHOI, W.H. CHUNG, S.Y. LEUNG, K.F. CHOW, J.H. HAN, Bryan P.Y. YAN, Anastasia MIHAILIDOU, Richard MCMANUS, Samuel Y.S. WONG
19	Occasional and Increased Deprivation are Associated with Worse Physical and Mental Health: A Longitudinal Household Survey among Adults in Hong Kong	<u>Tobey T.Y. LEE</u> , Dicken CHAN, Roger Y.N. CHUNG
20	Health Literacy as an Associated Factor of COVID-19 Preventive Behaviours towards the Pandemic in a Global COVID-19 Survey	<u>Mona P.Y. LEUNG</u> , Junjie HUANG, Martin C.S. WONG
21	9-year Sleep Trajectory and Risks of Chronic Diseases among Middle-aged and Older Adults in China	<u>Qian LI</u> , Rachel N.Y. CHAN, Samuel Y.S. WONG, Xue YANG
22	Sentinel Lymph Node Biopsy in Early-stage Cervical Cancer and the Incidence of Lymphedema: A Systematic Review and Meta-analysis of Cohort Studies	<u>Sophie C.F. LI</u> , Zero Z.R. YU, Joey Z.Y. YANG, Y.N. YIN
23	Active Commuting on Cardiovascular Diseases Incidence in Obesity Patients: A Systematic Review and Meta-analysis on Cohort Study	<u>A.T. LI</u>
24	Behavioural Intention to Receive the Herpes Zoster Vaccination among Community-dwelling Older Adults in Hong Kong: A Random Telephone Survey	<u>Xue LIANG</u> , Erdi GU, Danhua YE, Fuk-yuen YU, Zixin WANG



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

Saturday, 6 July 2024 • 16:20 – 16:50 • Foyer, 1/F

Sunday, 7 July 2024 • 10:00 – 10:20 • Foyer, 1/F

No.	PRESENTATION TOPIC	AUTHORS <i>(The name of the presenting author is underlined)</i>
25	Knowledge, Attitude and Practice Gaps in Healthy Eating among Hong Kong Adolescents and Parents – Findings of an Online Survey	<u>Kiki S.N. LIU</u> , Qi KANG, Julie Y. CHEN, K.S. SUN, Joyce P.Y. TSANG, Patrick IP, Rosa S.M. WONG, Carlos K.H. WONG, Cindy L.K. LAM
26	Hong Kong University Hostel-based Randomized Controlled Trial of Interventions to Improve Alcohol-related Knowledge and Attitudes	<u>Melinda C. LIU</u> , L.K. SO, Jay J.J. LEE, Jean H. KIM
27	Mindfulness-based Interventions to Improve the Mental Health of Filipina Domestic Helpers in Hong Kong	<u>Melinda C. LIU</u> , Ronda R.R. LIU, Sophie C.F. LI, Poplar B.Y. ZHAO, Caroline J.Y. LI, Olivia Y. JIN, Tony K.C. YUNG
28	Association between Subjective Social Status and Social Well-being among Hong Kong University Students	<u>Y.H. NG</u> , Timothy S. SUMERLIN, C.Y. AU, Jean H. KIM
29	Anemia: A Neglected Health Problem among South Asian Women in Hong Kong	<u>B. SHARMA</u> , L.S. TONG, Danna C. VARGAS, H. MUNIR, W.H. LEE, C.Y. WONG, S. PUN, Hebe M.H. CHIO, Tony SUN, Gary K.K. CHUNG, D. DONG, E.K. YEOH
30	Childhood Obesity - A Rising Concern among the Immigrant South Asian Children in Hong Kong	<u>B. SHARMA</u> , L.S. TONG, W.H. LEE, H. MUNIR, C.Y. WONG, Danna C. VARGAS, S. PUN, Hebe M.H. CHIO, Tony SUN, Gary K.K. CHUNG, D. DONG, E.K. YEOH
31	Pre-screening for Osteoporosis with Calcaneus Quantitative Ultrasound of Women in Hong Kong	<u>Michele K.S. SIU</u>
32	Enhancing Health and Wellness for Commercial Vehicle Drivers	<u>Y. Y. TANG</u>
33	Estimating the Proportion of Overdiagnosis among the Prostate, Breast, and Thyroid Cancers in China	<u>S. WANG</u> , Y. JI, M. REN, J. LI, Z. YANG
34	Outcome-derived Diagnostic Threshold for Central Blood Pressure Based on Cardiovascular Risks Using UK Biobank	<u>Shuqi WANG</u> , Samuel Y.S. WONG, Benjamin H.K. YIP, Eric K.P. LEE
35	Association of Residential Greenness with Asthma: Findings from a Prospective Cohort Study	<u>Xueqiong WENG</u> , Gengze LIAO, Feng WANG, Wenzhen LI, M.P. KWAN, Victoria ARRANDALE, L.A. TSE
36	Non-linear Relationships between Sugar Consumption and Anxiety Symptoms Using UK Biobank Data	Xue YANG, <u>Agassi C.W. WONG</u> , Qian LI, Xiaoyan HUI, Liping ZHANG, Samuel Y.S. WONG
37	Educational Programs Targeting Nurses to Curb Inappropriate Antibiotics Prescribing in Nursing Homes: A Systematic Review	<u>K.F. WONG</u> , Mandy M. HO
38	Identification of Factors to Incentivise Uptake of Cancer Screening for Prevention and Early Diagnosis: Application of COM-B Theoretical Model for Behaviour Change	<u>Carrie H.K. YAM</u> , T.Y. CHOW, H.M. SHUM, April Y.S. WU, C.T. HUNG, E.K. YEOH
39	Empowerment on Patients with Wound Packing in General Out-Patient Clinics of NTWC	<u>L.H. YIP</u> , F.Y. LAM, K.P. CHOY, Y.Y. LEI, C.Y. YUEN, B.C. WONG, Ronald S.Y. CHENG, Y.S. NG



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

Saturday, 6 July 2024 • 16:20 – 16:50 • Foyer, 1/F

Sunday, 7 July 2024 • 10:00 – 10:20 • Foyer, 1/F

No.	PRESENTATION TOPIC	AUTHORS <i>(The name of the presenting author is underlined)</i>
40	Exploring Card Games Underlying Mechanisms that Evoke the Chinese Elderly’s Engagement in End-of-life Conversations	<u>Agnes W.K. YIP</u> , Betty P.M. CHUNG, M. CHRISTENSEN
41	Teleconsultation for Elderly Chronic Disease Patients with Access Misery (TEAM) – A New Service Model to Enhance Doctor-patient Connection	<u>M.P. YIU</u>
42	Strengthening Connections in Tai Po DHCE: Horizontal and Vertical Integration - A Case Study	<u>W.S. YU</u>
43	The Impact of Syndrome Differentiation on the Effectiveness and Safety of Chinese Herbal Medicine Treatments for Digestive Disorders: Expert Consensus and Network Meta-analysis	<u>Claire C.W. ZHONG</u> , Betty H. WANG, Mary Y. JIANG, Irene X.Y. WU, Leonard T.F. HO, Vincent C.H. CHUNG
44	Scoping Review on Climate Change Adaptation Interventions of Reducing Extreme Temperature-related Mortality among Urban Populations	<u>Y.Q. ZONG</u> , L.Y. SUN, R.T. WANG, Janice Y. HO, Z. YANG, Crystal Y. CHAN
45	Implementation of Telehealth Service for Patients Living in Rural Area	<u>S.Y. HUNG</u> , N. CHAN, Y.T. WAN, M.C. CHIU, P.K. CHOU, P.H. CHEUNG, Edward E.L. LAM, Carol S.Y. FAN, C.M. FOK, Felix H.L. LI, P.N. TSUI, Kathy Y.H. CHEUNG, Wanmie W.M. LEUNG, Michelle W.Y. WONG, Marcus M.S. WONG
46	Enhancing Evidence-Based Primary Care: Updated Clinical Calculators for Hyperlipidemia and Chronic Hepatitis B Management	<u>Matthew M.H. LUK</u> , Loretta K.P. LAI, P.F. CHAN
47	Integrating Mental Health in Primary Care: The “CO-CARE – Collaborative Health and Social Care for Mental Health Condition” in DHC Express	<u>Zoe L.H. MA</u> , Judy S.H. LEE, Katherine S.L. CHOW, Mike K.T. CHEUNG, Iris K.W. CHAN
48	A Cross-sectional Survey Exploring the Willingness of Hong Kong People to Use Teleconsultation in Primary Care during the COVID-19 Pandemic	<u>Emily T.Y. TSE</u> , Carlos K.H. WONG, Diana D. WU, Julie Y. CHEN, T.P. LAM
49	Strive to Reduce Overburden of Accident and Emergency Department (AED) by Implementing Gatekeeping in Primary Care	<u>T.T. CHANG</u> , M.K. WONG, Y.S. NG
50	The Association of Hemoglobin A1c Level and Serum Uric Acid Level in Diabetic Patients – A Cross-sectional Study	<u>L.Y. CHENG</u> , Shirley Y.K. CHOI, J. HAN, Maria K.W. LEUNG
51	Retrospective Review of the Gender-Specific Differences in Cardiovascular Disease Risk Factors among Patients with Hyperuricaemia	<u>Shirley Y.K. CHOI</u> , Jessica J.H. HAN, Eva L.Y. CHENG, Maria K.W. LEUNG
52	Assessment of Primary Health Care Training Needs among Registered Nurses in Hong Kong: A Cross-Sectional Study	<u>Kathy Y.H. CHEUNG</u> , Cherry C.Y. HO
53	Sexual Sensation Seeking and Condom Use in Online-initiated Sexual Encounters among Men who Have Sex with Men (MSM): A Moderated Mediation Model Testing the Roles of Perceived Social Norms and Geosocial Networking Sites (GSNS) Addiction	<u>Xinchen YE</u> , Meiqi XIN, Zixin WANG, Phoenix K. H. MO
54	Community Healthcare Promotion and Collaboration: A Potential Healthcare System across Ethnicity	<u>John K.H. LEE</u> , Angel M.W. TSOI



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

Saturday, 6 July 2024 • 16:20 – 16:50 • Foyer, 1/F

Sunday, 7 July 2024 • 10:00 – 10:20 • Foyer, 1/F

No.	PRESENTATION TOPIC	AUTHORS <i>(The name of the presenting author is underlined)</i>
55	Can HPV Self-sampling Improve Cervical Cancer Screening Uptake among Female Residing in Subdivided Units in Hong Kong?	<u>Eliza L.Y. WONG</u> , Annie W.L. CHEUNG, Amy Y.K. WONG, Edwin S.K. CHUNG, Crystal Y. CHAN
56	Feasibility of HPV Self-sampling as Alternative Screening Tool for Cervical Cancer among Ethnic Minority Women	<u>Eliza L.Y. WONG</u> , Annie W.L. CHEUNG, Amy Y.K. WONG
57	Mental and Social Well-being among School-aged Children and Adolescents from Low-income families in Hong Kong	<u>Eliza L.Y. WONG</u> , Annie W.L. CHEUNG, Zoe P.Y. TAM, Judy C.D. SZE, Jonathan C.H. MA, Crystal Y. CHAN, Carol K.L. LEE
58	Clinical Effectiveness of Finger Gliding Exercise for Trigger Finger in Patients with Steroid Injection: A Pilot Randomized Clinical Trial	<u>Shirley Y.K. CHOI</u> , Regina W.S. SIT, Eric B. WANG, Hugo P.Y. FONG, Christina CHEUK, M.K. LEE, Maria K.W. LEUNG
59	The Perspectives of Patients regarding Dietitian Counselling Services and their Self-efficacy in Health Management Following such Counselling in Community Setting in Hong Kong	<u>Heidi T. M. CHAN</u> , Tony S.F. CHAN, Mancy M. S. LO
60	Case Review of an Adolescent Patient Presented with Secondary Amenorrhea and Restrictive Diet for Nutritional Rehabilitation by Registered Dietitian in Community Setting	<u>Heidi T.M. CHAN</u> , Joey W.K. CHAN, Flora L.T. CHEUNG
61	Physicians' Views on Barriers to Refer Dietitian Care in Primary Care Setting in Hong Kong	<u>Heidi T.M. CHAN</u> , Mancy M.S. LO, Tony S.F. CHAN, Flora L.T. CHEUNG, Joey W.K. CHAN
62	Inpatients' and Outpatients' Health-related Quality of Life and its Association with Patient Satisfaction in Hong Kong	<u>Cindy Y. TIAN</u> , Eliza L.Y. WONG, Hong QIU, Annie W.L. CHEUNG, Eng-Kiong YEOH
63	Early Nutrition and Illness Incidence in Cesarean Born Chinese Infants during the First Year of Life	Eppie Y.H. LEUNG, Sandy TSE, <u>Amber Jia-Chi CHIOU</u>
64	Effectiveness of Internet Cognitive-behavioural Therapy for Insomnia: A Randomized Controlled Trial	<u>K.L. CHAN</u> , Scarlet F.O. POON, Bun L.H. LAM, Kevin K.S. CHAN, Ian C.B. LAM
65	The Challenges of Managing Gout in Primary Care: A Cross-sectional Study	<u>Jinghao HAN</u> , Shirley Y.K. CHOI, L.Y. CHENG, S.Y. LEUNG, W.K. LEUNG, Maria K.W. LEUNG
66	Exploring Barriers and Facilitators of Implementing Community Health Worker Interventions in Deprived Communities: Insights from a Territory-wide Trial	<u>Crystal Y. CHAN</u> , Karen K.L. WONG, Maggie Y.Y. LI, Marie C.Y. WONG, Becky HOI, Joyce H.Y. CHAN, Henry H.F. SIN, Rowan T.Y. CHEUNG, Edwin S.K. CHUNG, Eliza L.Y. WONG
67	The Optimal Blood Pressure Target for Antihypertensive Management: A Target Trial Emulation Using Big Data	<u>R. ZHANG</u> , Louise EMILSSON, Daniel FONG, Celine S.Z. CHUI, Esther Y.T. YU, Esther CHAN, K.H. YIU, Ian C.K. WONG, Goodarz DANAIE, Cindy L.K. LAM, Eric Y.F. WAN



**Hong Kong
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Hong Kong Primary Care Conference 2024 “Family Medicine in the Community: STRENGTHENING CONNECTIONS”

5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

Saturday, 6 July 2024 • 16:20 – 16:50 • Foyer, 1/F

Sunday, 7 July 2024 • 10:00 – 10:20 • Foyer, 1/F

No.	PRESENTATION TOPIC	AUTHORS <i>(The name of the presenting author is underlined)</i>
68	The Supporters Matter: Associations among Different Sources of Social Support, Self-care Self-efficacy, Positive Affect, and Self-management Behaviors in Type 2 Diabetes Patients in Hong Kong	<u>Lihua PAN</u> , Nelson C.Y. YEUNG
69	Optimising HbA1c Monitoring Intervals in Patients with Type 2 Diabetes Based on Glycaemic Control Status: A Target Trial Emulation study	<u>B.Y. WANG</u> , Emily T.Y. TSE, Celine S.L. CHUI, Cindy L.K. LAM, Eric Y.F. WAN
70	Honoring the Spirit from within – A Case Study of Vera Ruttonjee Desai Spiritual End-of-Life Care Centre	<u>Vennus Y.W. HO</u>

**The abstract of No. 70 is accepted for poster presentation, but excluding from Free Paper Competition.*



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 01

How Can We Enhance the Staff Seasonal Influenza Vaccination (SIV) Rate in a Big Clinical Department?

L.N. CHAN, W.Y. CHAN, M.Y. LAM, Y.S. CHAU, L.P. CHEUNG, W.Y. HO, Y.C. LAU, C.Y. LEUNG, T.Y. POON, Y.K. SHIU, L.F. TSANG, T.H. WONG, P.W. CHAN, Matthew M.H. LUK, L.Y. PUN, K.W. WONG, S.N. WONG, T.K. WONG, L.C. TOO, S.W. YEUNG, C.C. YU, Loretta K.P. LAI, H.T. FUNG, P.F. CHAN

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Introduction:

Strategies were implemented since September 2023 in order to boost up the staff vaccination rate with an aim to establish an universal flu vaccination barrier to prevent disease transmission in clinics and to maximize workplace wellness in KEC FM&PHC Department with about 500 staff.

Methods:

Strategies to promote staff SIV included:

1. Reinforce peer influence by SIV ambassadors
2. Encourage staff to receive SIV proactively by senior nursing staff
3. Discuss with staff on the SIV promotion plan by clinic doctor and nurse in-charge
4. Address unvaccinated staff's concerns and myths regularly by clinic in-charge
5. Monitor the staff vaccination rate by regular reporting to senior management
6. Refer unvaccinated staff with medical concerns to doctor-in-charge for assessment and advice
7. Display staff SIV posters and statistics for promotion

Results:

348 out of 494 staff had received SIV up to 30th November 2023. As compared with year 22/23, the SIV uptake rates of clerical, nursing and medical staff were significantly increased from 13.6% to 60%; 36% to 79% and 48% to 77% respectively. The overall uptake rate was significantly improved from 42.8% to 70.4%. The highest staff vaccination rate was 100% and 93 % in 2 Tseung Kwan O General Out-patient Clinics (GOPC) respectively. The vaccination rate of Family Medicine Integrated Clinic (88%) and 2 GOPCs (76% and 68%) in United Christian Hospital (UCH) also ranked among the top ten in UCH.

Conclusions:

Staff SIV rate was enhanced significantly after the implementation of proactive measures in the Department.

Keywords: Vaccination, SIV, Promotion



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 02

Changes in the Uptake of and Attitudes toward Pneumococcal Vaccination Before and After the COVID-19 Outbreak among Community-living Older Adults in Hong Kong, China: A Three-round Survey Study

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Introduction:

Pneumococcal vaccination (PV) is effective in preventing pneumonia. This study aimed to investigate the changes in the uptake of and attitudes toward PV before and after the Coronavirus Disease 2019 (COVID-19) outbreak and identify factors associated with PV uptake among community-living older adults in Hong Kong, China.

Methods:

Three rounds of survey study were conducted. A total of 750 community-living Chinese-speaking individuals aged ≥ 65 years in Hong Kong completed a random telephone survey from May to July 2019, 440 from November 2021 to January 2022, and 373 from July to October 2023. Logistic regression and linear regression models were fitted.

Results:

After adjusting all significant background characteristics, the prevalence of PV uptake was significantly higher after the COVID-19 outbreak (Round 2 vs Round 1: adjusted odds ratio (AOR): 1.50, 95% confidence interval (CI): 1.04-2.16, $p = 0.03$; Round 3 vs Round 1: AOR: 1.74, 95% CI: 1.17-2.60, $p = 0.007$). Participants scored significantly higher on perceived benefits of taking up PV for oneself (Round 2 vs Round 1: $\beta = 0.38$, 95% CI: 0.19-0.57, $p < 0.001$; Round 3 vs Round 1: $\beta = 1.23$, 95% CI: 1.03-1.42, $p < 0.001$) and perceived benefits for others (Round 2 vs Round 1: $\beta = 0.19$, 95% CI: 0.05-0.33, $p = 0.009$; Round 3 vs Round 1: $\beta = 0.47$, 95% CI: 0.32-0.62, $p < 0.001$) after the COVID-19 outbreak. Constructs of the Health Belief Model (HBM) were significantly associated with the PV uptake in the three rounds.

Conclusions:

Although the prevalence of PV uptake was significantly higher after the COVID-19 outbreak, it was still low in the three rounds of the survey study. HBM is a potentially useful framework to guide the development of health promotion programs to increase the PV uptake among older adults in Hong Kong.

Keywords: Pneumococcal vaccination, COVID-19, Community-living older adults



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 03

Clinical Enquiry Platform: Consulting Medical Specialties by Email to Reduce the Number of SOPD Referrals from GOPCs and FMSC

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Introduction:

The four General Outpatient Clinics (GOPCs) in Shatin District, the Family Medicine Specialist Clinic (FMSC), and the Department of Medicine and Therapeutics (M&T) of Prince of Wales Hospital (PWH) have formed a clinical enquiry platform. Doctors from GOPCs and FMSC can raise clinical questions concerning specific patients or certain medical topics, and the specialists in various M&T subspecialties will reply by email within two weeks.

Objective:

1. Reduce SOPD referrals by answering clinical questions directly and clarifying referral criteria via email
2. Support GOPC/ FMSC doctors on disease management
3. Provide a channel for feedback between SOPD and GOPC

Methods:

All email communications from Mar 2023 to Mar 2024 were analyzed.

Results:

There were 112 email communications from Mar 2023 to Mar 2024; 107 (95.5%) communications were related to specific patients; 1 was feedback from medical SOPD, 1 was feedback from GOPC to medical SOPD, and 3 were enquiries on medical topics. Among the 107 enquiries on specific cases, 76 (71.0%) referrals to SOPD were avoided due to the email communications. The M&T specialists replied within five days in 86.0% of enquiries. The most frequently consulted subspecialties were Cardiology (n=26, 24.3%), Haematology (n=19, 17.8%), Endocrine (n=17, 15.9%), Hepatology (n=11, 10.3%) and Neurology (n=9, 8.4%). Interesting cases, referral criteria and updates in clinical guidelines from this platform were presented to the GOPC and FMSC doctors during the routine departmental teleconferences.

Conclusions:

The Clinical Enquiry Platform has been successful in avoiding referrals to M&T SOPD in 71% of the cases it was consulted for. This platform has greatly improved the patient journey by providing clinical answers, as well as guidance on investigation and management within a few days. Additionally, it has also helped to improve the medical knowledge of the GOPC doctors.

Keywords: Platform, GOPC, SOPD



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Free Paper Competition – Poster Presentation

POSTER 04

Enhancing Medical Education: The Impact of a Novel Family Medicine Placement Program on Student Skills and Career Perspectives

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Introduction:

The final year curriculum now features a one-week primary care placement to enhance medical students' understanding of family medicine, emphasizing consultation skills and patient-centered care. This initiative aims to provide real-world insights into primary healthcare roles and managing common health issues. Previous evaluations measured progress through case numbers and supervisor support, but now the focus has shifted to a student-centered assessment, emphasizing their understanding and practical application of family medicine.

Methods:

Medical students who had Family Medicine placement in NTWC's community healthcare centres between July and October 2023 provided their feedbacks via evaluation forms after their placement. They were invited to self-evaluate their development in consultation skills, understanding of nursing roles, interdisciplinary collaboration, mood disorders management, and patient-centered care experiences.

Results:

From 38 medical students:

71% strongly agreed and 29% agreed that the program improved their consultation skills.

58% strongly agreed, and 42% agreed that nurse interactions enhanced their interdisciplinary understanding.

97% felt equipped with skills to manage mood disorders.

All appreciated the program's focus on patient-centered care.

92% reported a positive influence on their interest in a family medicine career.

Conclusions:

The revised curriculum's practical component significantly bolsters students' capabilities and interest in family medicine. Positive feedback highlights the program's efficacy in teaching consultation skills, multidisciplinary care, mood disorder management, and patient-centered care. The heightened interest in a family medicine career underscores the value of this hands-on educational approach, promising well-equipped future primary care physicians.

Keywords: Medical education, Medical student, Family medicine



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 05

Influences of HPV Disease Perceptions, Vaccine Accessibility, and Information Exposure on Social Media on HPV Vaccination Uptake among 11,678 Mothers with Daughters Aged 9-17 Years in China

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Introduction:

Mothers play a crucial role in influencing their daughters' HPV vaccination decisions. Addressing barriers to receiving HPV vaccination among this group of mothers may achieve two goals in one strike: increasing vaccination coverage among both mothers and their daughters. However, research on the impact of factors associated with HPV vaccine uptake among Chinese mothers of girls is limited. This study aims to examine the HPV vaccination uptake and its determinants among mothers of girls in China at both the individual and interpersonal levels.

Methods:

From July to October 2023, a cross-sectional online study involving 11,678 mothers of girls aged 9-17 was conducted in Shenzhen, China. A randomized selection method was employed, targeting 11 primary schools and 13 secondary schools in Shenzhen. The research team collaborated with teachers who invited mothers of female students to participate in an anonymous online survey. Multilevel logistic regression models (level 1: schools; level 2: individual participants) were employed to analyze the data.

Results:

Among 11,678 mothers, 41.1% self-reported receiving at least one dose of HPV vaccination. Through multi-level logistic regression analysis, illness representations of HPV (AOR: 1.02-1.14), perceived more difficulties in accessing 9-valent vaccines (AOR: 1.06, 95%CI: 1.04, 1.08), and more satisfaction with vaccine-related promotional materials (AOR: 1.50, 95%CI: 1.46, 1.54) at the individual level were associated with higher vaccine uptake. At the interpersonal factors, higher frequency of exposure to testimonials given by others about HPV vaccination on social media (AOR: 1.19, 95%CI: 1.14, 1.25) and thoughtful consideration of the veracity of the information (AOR: 1.11, 95%CI: 1.07, 1.16) were correlated with higher HPV vaccination uptake.

Conclusions:

These findings offer essential implications for modifying HPV disease perceptions, addressing difficulties in accessing 9-valent HPV vaccines, and enhancing health communication needs to improve HPV vaccine uptake among mothers of girls in China.

Keywords: HPV vaccine uptake, Mothers of girls, China



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 06

Associations between Dietary Patterns and Glycaemic Level among Chinese Overweight/ Obese Adults with Pre-diabetes: A Cross-sectional Study

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Introduction:

Eating behaviours are risk factors of type 2 diabetes mellitus (DM). Yet, management guideline only includes general dietary advices for those with prediabetes (pre-DM). This study aimed to determine the associations between quantities of dietary intake, temporal dietary patterns and glycaemic level to facilitate the development of day-to-day dietary advices for preventing DM progression among those with pre-DM.

Methods:

A post-hoc analysis of the cross-sectional baseline data of 293 overweight/obese Chinese adults with pre-DM, who belonged to a larger randomised control trial (RCT). Pre-DM was diagnosed with fasting/2-hour OGTT post-prandial blood glucose level/haemoglobin A1c testing. Dependent variable was glycaemic level and independent variables were i) daily caloric intake and amount of macronutrients intake, ii) distribution of caloric intake throughout a day, and iii) irregular dietary patterns, i.e. not having breakfast or having more than one-third of total daily caloric intake at evening meals in a day (late eating), obtained via 24-hour diet recall. Multivariable linear regression assessed the effect of dietary intake/patterns on glycaemic level, while moderation model analysis evaluated if there was any underlying association between such variables.

Results:

287 participants with valid dietary data were analysed. Regression analyses indicated that total caloric intake ($\beta=0.210$, $p=0.001$) and the presence of late eating behaviour ($\beta=0.160$, $p=0.006$) associated positively with HbA1c level. The mediation model indicated that total caloric intake acted as the partial mediator on the association between late eating behaviour and HbA1c. (Sobel–Goodman z-value= 2.220, $p=0.013$).

Conclusions:

Our findings confirmed the association between total caloric intake and glycaemic level, regardless of the amount of the macronutrient consumed, among overweight/obese Chinese adults with pre-DM. Late eating behaviour was a determinant of predisposition to higher glycaemic level. Future interventions could utilise the potential temporal effects of meals and rectify irregular dietary patterns to supplement existing strategies on preventing DM among those with pre-DM.

Keywords: Pre-diabetes intervention, Dietary patterns, DM prevention



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 07

Additional COVID-19 Booster Vaccine Acceptance and Hesitancy Among Healthcare Workers in a Private Teaching Hospital in Hong Kong

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Introduction:

The emergence of new coronavirus variants during the COVID-19 pandemic has led to the consideration of further booster vaccinations for high-risk groups. Understanding the health-care workers (HCWs) attitude about getting additional COVID-19 vaccine is crucial. This study aims to identify factors associated with HCWs' acceptance and hesitancy regarding further COVID-19 booster vaccination.

Methods:

For this cross-sectional study, an online survey was carried out among staff at a teaching hospital in Hong Kong from January to February 2024. Demographics data, including profession, years of work experience, residential status, presence of chronic medical conditions, among others, were collected. HCWs were asked their willingness to receive additional COVID-19 booster vaccinations and to specify their preferred vaccine type. Acceptance and hesitancy towards COVID-19 booster vaccination were assessed using a validated 15-item questionnaire based on 5C scale model (Confidence, Complacency, Constraint, Calculation, Collective responsibility), which explores psychological antecedents of vaccination.

Results:

Out of 1470 eligible HCWs staff, 150 (10.2%) completed the questionnaire. Among the 150 respondents, 35 (23.3%) plan to receive or already received COVID-19 booster vaccination in the past 180 days. Age 45 or above ($p=0.001$), work experiences 16 years or above ($p=0.032$), history of previous flu vaccination ($p=0.002$) were found to be statistically significant for willingness of further COVID booster vaccination. The research findings indicate that HCWs showed readiness to receive COVID 19 booster shots when they have high mean score of Confidence 5.33 ($p<0.001$), Calculation 6 ($p=0.05$), “Collective responsibility” 6 ($p<0.001$) and low mean score of Complacency 3.33 ($p<0.001$).

Conclusions:

The overall acceptance of additional COVID-19 booster vaccinations among HCWs was not high. Various psychological factors influenced their inclination to accept the vaccine. Further research is needed to explore how utilizing counselling based on the 5C model could positively impact COVID-19 booster vaccination rates.

Keywords: COVID-19 booster vaccine, Vaccine hesitancy, Healthcare worker



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 08

Effectiveness of Single Dose Hyaluronic Acid Compared with Inactive Controls in Knee Osteoarthritis: A Systematic Review and Meta-analysis of Randomized Controlled Trials

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Introduction:

As intra-articular hyaluronic acid (HA) has been designated as Level 1B/Level 2 Evidence for treating knee osteoarthritis in the 2019 OARSI guidelines, and considering single-dose HA injection is commonly used in clinical practice, our study aimed to systematically review the effectiveness of single-dose HA in knee osteoarthritis compared to inactive controls.

Methods:

Data Sources: Six databases, including PubMed, Cochrane Central Register of Controlled Trials (CENTRAL), Medline and EMBASE via OVID, SCOPUS, and ClinicalTrials.gov were searched from inception to 18th August 2023.

Study Selection: Randomized controlled trials (RCTs) that evaluated the effectiveness of single dose HA in knee osteoarthritis compared with inactive controls, including placebo injection and usual care, were selected. Outcomes included pain intensity and knee function.

Data Extraction: Risk of bias assessment was conducted using the Cochrane Risk of Bias 2 (RoB 2) tool, and certainty of evidence was assessed with Grading of Recommendation Assessment, Development, and Evaluation (GRADE).

Results:

Nine RCTs (n=2632) met the inclusion criteria. Pooled results demonstrated that single-dose HA injections were statistically significantly more effective than inactive controls at reducing knee osteoarthritis pain in the short term (SMD -0.11; 95% CI -0.21 to -0.02; P=0.02), though effect sizes were small. No significant benefit over inactive controls was observed for medium-term (SMD -0.11; 95% CI -0.23 to 0.01; P=0.08) and long-term pain outcomes (SMD -0.05; 95% CI -0.18 to 0.07; P=0.43). In terms of functional improvement, HA injections showed a significant but small effect in medium-term improvement over inactive controls (SMD -0.18; 95% CI -0.35 to -0.01; P=0.04). Overall RoB varied from “low” to “high”.

Conclusions:

The meta-analysis demonstrated that for knee osteoarthritis, single-dose HA injections when compared to inactive controls, yielded statistically significant yet small improvements in pain management for the short term, and in knee function for the medium term.

Keywords: Single dose hyaluronic acid, Knee osteoarthritis, Systematic review and meta-analysis



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 09

Association between Dietary Patterns and Incidence of Rheumatoid Arthritis: A Twelve-year Cohort Study among UK Biobank Participants

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Introduction:

Although the role of diet as a modifiable factor in the development of rheumatoid arthritis (RA) has gained considerable attention, evidence was mainly confined to individual dietary ingredients. Limited research has been conducted on the association between dietary patterns and RA incidence. This study aimed to evaluate the association between posterior dietary patterns and the incidence of RA.

Methods:

A total of 421,273 RA-free participants who enrolled in the UK Biobank between 2006-2010 were included and followed for incident RA until 2021. Dietary information was collected using food frequency questionnaires. Dietary patterns were derived using principal component analysis. Cox proportional hazard models were employed to assess the association between dietary patterns and RA incidence, adjusting for various covariates.

Results:

During a median follow-up of 12.58 years, 4,395 participants developed RA. Compared with the lowest adherence to the Western pattern, characterized by a high intake of red meat, poultry, and processed meat, the highest adherence was associated with an increased risk of RA (HR Q4 VS Q1=1.113, 95% CI=1.023~1.211). Light (HR Q2 VS Q1=0.875, 95% CI=0.803~0.954) and moderate (HR Q3 VS Q1=0.873, 95% CI=0.801~0.952) adherence to the Prudent pattern, characterized by high intake of fish, vegetables, and fruits, reduced the risk of RA compared to the lowest adherence. Adherence to the Tea-dominant, Coffee-restricted pattern displayed a U-shaped association with the risk of RA (p non-linearity<0.001).

Conclusions:

Adherence to the Western pattern and high intake of tea and coffee were associated with an increased risk of RA, while adherence to the Prudent pattern was associated with a reduced risk of RA. Our findings provide evidence for the importance of diet in the development of RA and offer new directions for RA prevention.

Keywords: Rheumatoid arthritis, Dietary pattern, Principal component analysis



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 10

The Spillover Effect of the Pandemic on Hong Kong Diabetes Patients’ Public Healthcare Utilization

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The University of Hong Kong

Introduction:

The spillover effect of the COVID-19 pandemic on diabetes mellitus (DM) patients, which refers to disrupted healthcare for non-COVID-infected DM patients in Hong Kong, remains understudied. To evaluate the spillover effect, we examined the change in public healthcare utilization rates among DM population.

Methods:

Study setting: This retrospective cohort study analyzed data extracted from Hong Kong Hospital Authority Clinical Management System. Adults (aged ≥ 20) diagnosed with T1DM or T2DM between January to December 2010. Subjects were censored from the cohort when they were confirmed to have COVID-19.

Outcomes: Monthly rate of public healthcare utilization including primary care clinics (general outpatients and family medicine clinics), specialist clinics, hospitalization and Accident & Emergency (A&E) department (per 1,000 people) with age- and sex-standardization to 2019 year-end Hong Kong Census population. Incidence rate ratios were used to represent the proportional change compared with the pre-pandemic levels and trend.

Analysis: Interrupted time series analysis using segmented linear models considering seasonal variation, with 3 breakpoints was performed. The first breakpoint is February 2020, when the initial outbreak started (early pandemic period); the second one is March 2021, when the COVID-19 infection level was low (inter-wave period); lastly, the third one is January 2022, when the Omicron variant outbreak started in Hong Kong. January 2012 to January 2020 was defined as the pre-COVID-19 outbreak period.

Results:

A total of 159,693 eligible diabetes patients, with a mean age at baseline of 64.4 years, 54.3% were female and 90.3% had a Charlson comorbidity index less than 2, were included in the analysis. The initial outbreak of COVID-19 resulted in a significant decline by 22.9% [IRR 0.771, 95% CI (0.703-0.845)] in visits to specialty clinics compared to the pre-COVID-19 level. During the inter-wave period, these visits gradually returned to their pre-COVID-19 levels but decreased again at the beginning of the Omicron outbreak, by 17.0%. Visits to primary care clinics, including general outpatient and family medicine outpatient, remained stable. Inpatient utilization consistently stayed lower than the pre-COVID-19 outbreak level in 2020 [IRR 0.751, 95%CI (0.668-0.821)] and 2021 [IRR 0.834, 95%CI (0.736-0.944)] and recovered in 2022 [IRR 0.921, 95%CI (0.742-1.144)]; the mean length of hospital stay was not affected by the pandemic. A&E visit rates were most affected among types of healthcare; even during the inter-wave period, their utilization did not recover and dropped by 27.8%, 17.2%, and 20.7% at the beginning of the early pandemic period, inter-wave period, and Omicron outbreak period, respectively. Particularly, A&E visits due to urgent and more serious conditions, which were defined with their triage evaluation decreased by 24.7% in February 2020 and 17.2% in January 2022.

Conclusions:

The COVID-19 pandemic significantly reduced the utilization of specialist outpatient clinics and hospital among diabetes patients during the early pandemic period in 2020; their utilization rate gradually recovered to pre-pandemic levels during the inter-wave period but declined again during the Omicron variant outbreak. A&E visits decreased the most significantly among all types of healthcare utilization.

This study provides useful insights into how the healthcare utilization among diabetes patients were impacted during different phases of the pandemic, although longer observation is needed to assess the impact of the Omicron outbreak.

Keywords: COVID-19 pandemic, Diabetes mellitus, Access to healthcare



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Free Paper Competition – Poster Presentation

POSTER 11

The Spillover Effect of the Pandemic on Hong Kong Diabetes Patients’ Health Outcomes

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The University of Hong Kong

Introduction:

The spillover effect from disrupted healthcare for non-COVID-infected diabetes mellitus (DM) patients caused by the healthcare disruption in Hong Kong after COVID-19 outbreak remains understudied. To evaluate the spillover effect of the Pandemic on Hong Kong diabetes patients, we examined the change in incidence of cardiovascular disease (CVD), and all-cause mortality from January 2012 to April 2022.

Methods:

Study setting: This retrospective cohort study analyzed data extracted from Hong Kong Hospital Authority Clinical Management System. Adults (aged ≥ 20) diagnosed with T1DM or T2DM between January to December 2010, who did not have any documented CVD diagnosis before January 2012 were included. Subjects were censored from the cohort when they were confirmed to have COVID-19.

Outcomes: monthly incidence rate of CVD, including coronary heart disease, heart failure, and stroke, and all-cause mortality (per 100,000 people) with age- and sex-standardization to 2019 year-end Hong Kong Census population. Incidence rate ratios were used to represent the proportional change compared with the pre-pandemic levels and trends.

Analysis: Interrupted time series analysis using segmented linear models considering seasonal variation, with 3 breakpoints was performed. The first breakpoint is February 2020, when the initial outbreak started (early pandemic period); the second one is March 2021, when the COVID-19 infection level was low (inter-wave period); lastly, the third one is January 2022, when the Omicron variant outbreak started in Hong Kong. January 2012 to January 2020 was defined as the pre-COVID-19 outbreak period.

Results:

A total of 159,693 eligible diabetes patients, with a mean age at baseline of 64.4 years, 54.3% were female and 90.3% had a Charlson comorbidity index less than 2, were included in the analysis. The incidence of CVD exhibited a notable reduction of 41.9% [IRR 0.581, 95%CI (0.341-0.988)] following the onset of the Omicron outbreak. However, no statistically significant changes were observed in all-cause mortality rates across the pandemic periods.

Conclusions:

The CVD incidence rate dropped significantly when the Omicron variant outbreak started. It suggests a profoundly decline in healthcare utilization among DM patients. This study provides insights into how the health of diabetes patients were impacted during different phases of the pandemic, although longer observation is needed to assess the impact of the Omicron outbreak.

Keywords: COVID-19 pandemic, Diabetes mellitus, Complications and mortality



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5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 12

Factors Associated with Mental Health Among Hong Kong Children: A Population-based Study of 4,884 Individuals

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Introduction:

The mental health of adolescents is a growing concern, particularly in Hong Kong, where students face alarming mental health issues. Identifying factors that impact their mental well-being is crucial. This study explored the association between demographic characteristics, socioeconomic background, health-related parameters, and mental health outcomes in primary and secondary school students.

Methods:

A self-administered survey was conducted among students from 30 primary and 25 secondary schools. The survey assessed the prevalence of psychological distress using the Kessler Psychological Distress Scale (K6) and measures of prolonged despair, self-harm intentions, and suicidal ideation. Descriptive and regression analyses were performed to examine associations between variables.

Results:

Out of 4,884 responses, 54.3% were from secondary school students and 45.7% were from primary school students. Prevalence rates were 14.4% for psychological distress, 28.4% for depression, and 18.7% for self-harm. Significant associations were found between mental health outcomes and factors such as gender, academic performance, parent expectations, perceived health, body image, sleep duration and quality, and experiences of bullying.

Conclusions:

The study highlighted high prevalence rates of psychological distress, depression, and self-harm among Hong Kong students. Primary school students were particularly vulnerable to bullying, emphasizing the need for increased support. Parental involvement and fostering friendships in secondary schools can contribute to better mental well-being. Future research should evaluate the effectiveness of interventions targeting mental health outcomes.

Keywords: Mental health, Children, Hong Kong



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 13

Incidence, Risk Factors, and Temporal Trends of Small Intestinal Cancer: A Global Analysis of Cancer Registries

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Introduction:

Small intestinal cancer is a rare cancer, with limited studies exploring its epidemiology. To our knowledge, this study is the first effort to comprehensively analyze the incidence, risk factors, and trends for small intestinal cancer by sex, age, and country.

Methods:

Global Cancer Observatory, Cancer Incidence in Five Continents Plus, and Global Burden of Disease were accessed to estimate the age-standardized rates of small intestinal cancer incidence (International Classification of Diseases, 10th Revision, Clinical Modification: C17) and prevalence of lifestyle risk factors, metabolic risk factors, and inflammatory bowel disease (IBD). Risk factor associations were assessed by linear and logistic regressions. Average annual percent change was calculated using joinpoint regression.

Results:

A total of 64,477 small intestinal cancer cases (age-standardized rate, 0.60 per 100,000) were estimated globally in 2020, with a higher disease burden found in North America (1.4). Higher small intestinal cancer incidence was associated with higher human development index; gross domestic product; and prevalence of smoking, alcohol drinking, physical inactivity, obesity, diabetes, lipid disorder, and IBD ($\beta = 0.008-0.198$; odds ratios, 1.07-10.01). There was an overall increasing trend of small intestinal cancer incidence (average annual percent change, 2.20-21.67), and the increasing trend was comparable among the 2 sexes but more evident in the older population aged 50-74 years than in the younger population aged 15-49 years.

Conclusions:

There was a substantial geographic disparity in the burden of small intestinal cancer, with higher incidence observed in countries with higher human development index; gross domestic product; and prevalence of unhealthy lifestyle habits, metabolic disorders, and IBD. There was an overall increasing trend in small intestinal cancer incidence, calling for the development of preventive strategies.

Keywords: Small intestinal cancer, Epidemiology, Risk factors



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 14

Exploring Factors Associated with Health Literacy and the Underlying Mechanism among Primary School Children

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Introduction:

There is a pressing need to enhance our understanding of health literacy (HL) within the local context before developing and implementing interventions in Hong Kong. The objective of this study was to investigate factors associated with HL and functional HL, as well as explore the underlying mechanism of functional HL.

Methods:

The study recruited students from grades 4-6 in Hong Kong. A self-administered questionnaire comprising 49 items was administered to assess the students' HL and 20 factors of interest (e.g., screen time, healthy behaviors). Logistic regression was used to analyze the data, with levels of HL and functional HL as the outcomes. Mediation analysis was conducted to determine if the associations between factors of interest and functional HL were mediated by HL.

Results:

The study included 405 students (mean age=10.0, 54.6% female), with the majority (n=304, 75.1%) coming from low family socio-economic backgrounds. Higher levels of HL were significantly associated with children's self-rated good (OR=2.23) and very good health (OR=4.09), increased health information sources (OR=1.10), adoption of healthy behaviors (hand washing: OR=1.83, dental cleaning: OR=1.76), improved efficacy (OR=4.45) and motivation (OR=2.61), and reduced television screen time (school days: OR=0.60, holidays: OR=0.47). Higher levels of functional HL were significantly associated with regular breakfast consumption (OR=2.08), fewer health information sources (OR=0.94), poorer personal hygiene (OR=0.57), insufficient physical activity (OR=0.66), and reduced screen time for gaming (OR=0.52) and social media (school days: OR=0.30, holidays: OR=0.42). HL partially explained the positive associations between functional HL and hand hygiene (indirect effect=0.078, SE=0.033) and the number of health information sources (indirect effect=0.011, SE=0.004).

Conclusions:

This study identified potential targets for interventions aimed at improving HL and functional HL. To maximize the benefits of interventions, it is crucial to focus on specific targets that directly impact the outcome of functional HL, rather than factors that are mediated by HL. Further research with longitudinal data is essential to establish causal relationships.

Keywords: Health literacy, Children, Hong Kong



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Hong Kong Primary Care Conference 2024 “Family Medicine in the Community: STRENGTHENING CONNECTIONS”

5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 15

Barriers to Access to Medicines and Responses in Hong Kong: A Qualitative Analysis of Documents and Policy Review

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Introduction:

Ensuring timely and equitable access to medicines is a fundamental objective of the pharmaceutical system. Despite Hong Kong boasting the world's highest life expectancy, there remains a dearth of understanding regarding barriers to accessing medicines in the region. The objective of the study is to identify barriers to access to medicines and summarize government's responses to these challenges in Hong Kong.

Methods:

This study employed the READ approach for document qualitative analysis of policy documents available on the government websites. The key components of access to medicines were identified as R&D, market authorization, selection, supply system, and financing.

Results:

Between 2005 and 2023, an analysis of 207 policy documents found a predominant focus of barriers to access on drugs for cancers and rare diseases with high cost. Selection and financing barriers were the most frequently cited concerns by various stakeholders, including delays and a lack of transparency in the formulary selection, unaffordability for high cost medicines, and stringent safety net criteria. Notably, recent shifts in pharmaceutical policies in Hong Kong have prioritized R&D, market authorization, and financing aspects; however, limited political efforts were observed towards expediting the selection process and enhancing its transparency.

Conclusions:

Hong Kong patients mainly face barriers accessing expensive medicines for cancers and rare diseases. Recently, the government has aimed to enhance access by boosting local R&D, reforming drug regulations, and relaxing safety net criteria. This analysis sheds light on pharmaceutical access in Hong Kong and provides insights applicable to similar small jurisdictions.

Keywords: Access to medicines, Document analysis, Pharmaceutical policy



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Hong Kong Primary Care Conference 2024

“Family Medicine in the Community: STRENGTHENING CONNECTIONS”

5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 16

Long COVID's Psychological Impact on Patients with Chronic Mental Illness in Primary Care Settings

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Introduction:

Long COVID has significant clinical consequences, particularly psychologically affecting memory and concentration. General Outpatient Clinic's Integrated Mental Health Program (IMHP) serves patients with common mood disorders. This study aims to explore the impact of long COVID on the psychological wellbeing of patients with mood disorders in the public primary care setting.

Methods:

Patients utilizing IMHP services across three clinics in the NTWC cluster were included in this study. Surveys were conducted to detect psychological complications arising from long COVID and to assess their impact on the patients' quality of life.

Results:

A total of 1135 patients attended the IMHP service from 6/7/2023 to 24/10/2023, of which 32 with known either depression, generalized anxiety disorder, or mixed anxiety depression disorder (MADD) reported psychological complications attributable to the long-term effects of COVID-19. These patients ranged from 32 to 88 years of age, with a mean age of 59.9 years, and comprised of 25 females and 7 males.

All participants reported that ongoing long COVID symptoms reduced their quality of life, which was reflected in a mean score of 6.8 on a 10-point scale. A significant difference was noted based on the duration post-diagnosis: those 3-6 months post-COVID-19 had a mean score of 7.5, versus 6.33 for those beyond 6 months ($p=0.015$). Other factors such as antiviral treatment, age, or chronic illness did not show significant differences. Patients with cardiovascular complications had a higher average score of 7.25, but this was not statistically significant.

Additionally, cognitive impairments were common among these patients: 28 reported impaired memory, and 21 had concentration difficulties.

Conclusions:

The study reveals long COVID's amplification of psychological distress in patients with mood disorder, markedly diminishing quality of life and cognitive function. It emphasizes the necessity for early intervention in this susceptible group.

Keywords: Long COVID, Chronic mental illness, Primary care settings



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 17

Evening Dosing Versus Morning Dosing of Anti-hypertensive Medications for Nocturnal Hypertension: A Systematic Review and Meta-analysis of 107 Randomized Controlled Trials

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Introduction:

As effects of one-daily anti-hypertensive (HT) medications are more pronounced within first few hours of ingestion, evening administration of anti-HT medications can be a feasible treatment for nocturnal HT. However, a relevant meta-analysis in patients with nocturnal HT has yet been conducted. This meta-analysis included randomized-controlled trials that involved patients with elevated mean nocturnal blood pressure (BP) and compared evening anti-HT administration versus morning administration.

Methods:

Multiple databases, including grey literature (e.g. clinicaltrial.gov), were searched. Studies selection and data extraction were conducted by 2 independent authors. Risk of bias assessment and overall quality of evidence were conducted using Cochrane risk-of-bias tool and GRADE by 2 independent authors.

Results:

A total of 107 studies were included, among which 76 were investigated in China and had never been identified in previous reviews. Evening administration of anti-HT medications were effective in reducing nocturnal systolic BP (4.12-9.10mmHg; I₂ = 80.5-95.2%) and diastolic BP (3.38-5.87mmHg; I₂=87.4-95.6%). Subgroup analyses found that effectiveness of evening administration was contributed by data from Hermida group and from China. Effectiveness of nocturnal BP reduction was similar with different types, doses, and half-lives of medications. Evening administration of anti-HT medications may reduce proteinuria, left ventricular hypertrophy (LVH), non-dipper and morning surge. The overall quality of evidence was ranked low to moderate. There is a lack of long-term RCT which reported clinically relevant cardiovascular outcomes (i.e. >1 year).

Conclusions:

Further research should investigate reduction of long-term cardiovascular effects by normalizing nocturnal HT by evening doses of anti-HT medications.

Keywords: Nocturnal hypertension, Hypertension, Meta-analysis



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 18

Home Blood Pressure during Night-time Sleep as a Better Treatment Target for Patients with Hypertension: A Proof-of-concept Randomized Controlled Trial

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Introduction:

Nocturnal blood pressure (BP) has been shown to be a stronger predictor of cardiovascular disease and death compared to daytime, office, and 24-hour BP, the feasibility of implementing repeated measurement of nocturnal BP and treating it to target with medications has not been examined. This pilot randomized controlled trial (RCT) aimed to determine the feasibility of measuring home nocturnal BP and treating nocturnal systolic BP (SBP).

Methods:

This RCT utilized blocked and stratified (sex/age) randomization to assign hypertensive patients in a 1:1 ratio to the control or intervention group. Participants were patients with daytime hypertension (SBP ≥ 135 mmHg) and nighttime hypertension (SBP ≥ 120 mmHg) based on a 24-hour ambulatory BP measurement (ABPM). In the intervention group, patients were instructed to measure their nocturnal BP for three days using the WatchBP home N device, measuring 3 BP readings per night during sleep (maximum possible nocturnal BP readings = 9) a week before the doctor's visit. In the control group, patients were asked to measure their BP in the morning and evening for seven consecutive days using the same device before the consultation. Medications were adjusted every four weeks until respective BP targets (SBP < 135 mmHg for the control group and < 120 mmHg for the intervention group) were reached or until the study endpoint (6 months).

Results:

Within one year, we successfully recruited 78 patients, with a dropout rate of 5.1% (n=4). Both groups had similar baseline characteristics, including age, sex, and BP levels on ABPM. The feasibility of targeting home nocturnal BP measurements was confirmed, with patients in the intervention group providing ≥ 6 nocturnal BP readings in 77.5% of the 160 follow-ups and had similar medication adherence to patients in the control group. At the 6-month, both groups showed similar 24-hour, daytime, and nighttime BP levels, office BP levels, lifestyle adherence, number of visits to primary care clinics, and hospitalizations.

Conclusions:

This proof-of-concept RCT demonstrates the feasibility of targeting home nocturnal BP as the primary treatment goal for patients with hypertension. A full RCT will examine whether nocturnal BP should be a primary treatment target for hypertension.

Keywords: Hypertension, Nocturnal home blood pressure, Randomized controlled trial



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 19

Occasional and Increased Deprivation are Associated with Worse Physical and Mental Health: A Longitudinal Household Survey among Adults in Hong Kong

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Introduction:

The relationship between poverty and health is bi-directional and dynamic. Poverty as measured by income is frequently used in literature, but this may omit some important non-monetary resources and social barriers to achieving better health. This study aims at examining the effect of deprivation, covering material and social aspects of poverty, in addition to income poverty, on health in the short and long term.

Methods:

This is a longitudinal study that followed up on a cohort established in 2014-2015 in Hong Kong. 508 participants were successfully enumerated. Equivalized household income and deprivation index were recorded. Health-related quality of life, including physical and mental health, was assessed by the validated 12-item Short-Form Health Survey version 2.

Results:

Our results showed that deprived people had significantly higher risk of worse physical health (OR 2.298, 95% CI 1.553-3.402) and mental health (OR 2.026, 95% CI 1.388-2.958) than non-deprived people in short term, while income-poverty did not show significant relationship with health. In long term, participants who experienced increased deprivation had significantly higher risk of worse physical health (OR 2.298, 95% CI 1.4-3.773) and mental health (OR 2.311, 95% CI 1.421-3.757) than persistently non-deprived participants. Meanwhile, persistently deprived people had significantly higher risk of worse mental health (OR 2.089, 95% CI 1.053-4.145) than persistently non-deprived people. Besides, people who encountered occasional deprivation had significantly higher risk of worse physical health (OR 1.84, 95% CI 1.165-2.907) and mental health (OR 2.32, 95% CI 1.45-3.691) than their persistently non-deprived counterparts.

Conclusions:

Many current policies mainly consider income as eligibility criteria, which neglects the important non-monetary material and social aspects of poverty that directly impact the physical and mental health of an individual. Policy makers should consider deprivation, and its duration, in addition to income-poverty, in policy making to address the problem of health inequality.

Keywords: Deprivation, Poverty, Physical and mental health



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The Hong Kong College
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Hong Kong Primary Care Conference 2024

“Family Medicine in the Community: STRENGTHENING CONNECTIONS”

5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 20

Health Literacy as an Associated Factor of COVID-19 Preventive Behaviours towards the Pandemic in a Global COVID-19 Survey

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The Chinese University of Hong Kong

Introduction:

The association between health literacy (HL) and preventive health behaviours (PHB) has been a topic of interest in recent years and knowledge of influence of HL on PHB towards COVID-19 is imminent on future formulation of health education policies and resource allocation. This study deployed a global survey design performed by scholars of the Global Health Programme of the Association of Pacific Rim Universities (ARPU). The study examined the perceptions and behaviours of individuals towards COVID-19 in an international population.

Methods:

This global survey involved 26 countries and collected 1,790 online, self-administered questionnaire (October 2020-December 2021). The respondents were categorized into HL1 (lower health literacy) and HL2 (higher health literacy). The SPSS software was used to conduct Pearson’s chi-squared test and binary logistic regression, while ANOVA test was used to evaluate whether there are any confounding effects of sex, age, race, years of education, socioeconomic status, and co-morbidities.

Results:

Findings showed a significant association between HL and common PHB towards COVID-19, as the adjusted odds ratios (aOR) support the hypothesis of a lower likelihood of engaging in most PHB for individuals having lower health literacy scores than for those having higher health literacy scores. The aORs ranged from 0.50 (95% CI [0.38, 0.65]) to 0.74 (95% CI [0.61, 0.90]) after controlling for the covariates. Hence, the findings support an association between health literacy levels and the uptake of a range of PHB towards COVID-19.

Conclusions:

Efforts to enhance health literacy, particularly in understanding COVID-19 information and making informed decisions, could be crucial for promoting effective public health responses to the pandemic.

Keywords: Health literacy, COVID-19, Preventive health behaviours



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 21

9-year Sleep Trajectory and Risks of Chronic Diseases among Middle-aged and Older Adults in China

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Introduction:

No study has examined the associations of time-dependent sleep duration or sleep trajectories with chronic diseases.

Methods:

This study used five waves of data of the China Health and Retirement Longitudinal Survey. Participants with complete sleep duration data and at least one record of 14 chronic diseases were included. The group-based trajectory model was used to identify sleep trajectories from 2011 to 2020. Time-dependent survival analysis and logistic regression were used to examine the associations of time-dependent sleep duration and sleep trajectories with chronic diseases.

Results:

A total of 9,063 participants (53.7% women) were included, with a mean (standard deviation, SD) sleep duration of 6.37 (1.83) h/d. Sleeping <7 h/d increased the risk of 11 chronic diseases, with hazard ratios (HR) and 95% confidence intervals (CI) ranging from 1.71 (1.26-2.33) for psychiatric disease to 1.15 (1.04-1.27) for dyslipidemia. Five sleep trajectories were identified and labeled as group 1-5 (4.4%, 23.2%, 48.0%, 2.3%, 22.1%) based on ascending order of sleep duration. Consistently sleeping <4 h/d (group 1) and 4-6 h/d was significantly associated with most chronic diseases, with the highest HR (95%CI) of 3.50 (1.73-6.92) and 2.94 (1.82-4.49) for psychiatric diseases, respectively. Consistently sleeping 6-7 h/d (group 3) was significantly associated with digestive diseases and arthritis. Decreasing sleep (group 4) exhibited significant associations with psychiatric diseases and memory-related diseases.

Conclusions:

Consistently sleeping <6 h/d was significantly associated with most chronic diseases, especially for psychiatric diseases. Digestive disease and arthritis were more sensitive to consistently inadequate sleep.

Keywords: Sleep, Chronic disease, Adults



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5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 22

Sentinel Lymph Node Biopsy in Early-stage Cervical Cancer and the Incidence of Lymphedema: A Systematic Review and Meta-analysis of Cohort Studies

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Introduction:

Cervical cancer is the fourth most commonly diagnosed gynecological malignancy among women worldwide. A sentinel lymph node biopsy (SLNB) has been proven to be a feasible screening test and evidence supported its validation in early-stage cervical cancer. However, the incidence and potential relief of lymphedema which is the most common complication following exclusive removal of sentinel lymph node, compared with pelvic lymphadenectomy (PLA), are rarely discussed. This systematic review aims to compare the incidence rates of lymphedema between SLNB and PLA in patients with early cervical cancer and evaluate SLN's potential impacts on lymphedema.

Methods:

We did electronic searches on PubMed, Web of Science, EMBASE and Cochrane Library with the last search date being 25 October 2023 using “(‘sentinel lymph node biopsy’ OR ‘sentinel lymph node’ OR ‘sentinel node’), the restricted disease (‘cervical cancer’ OR ‘cancer of cervical’) and primary and major secondary outcomes (‘lymphedema’ OR ‘Lower extremity lymphedema’ OR ‘complication’)”. A total of 4 cohort studies among 549 patients were included in the analysis. 325 and 269 early-stage cancer patients undergone SLNB and pelvic lymphadenectomy (PLA), respectively. Revman v.5.4 software was used for meta-analysis.

Results:

The pooled incidence of lymphedema is 2.4% and 22.3% in women who undergo SLNB only and PLA, respectively. The meta-analysis showed a significant reduction of postoperative lymphedema incidence rate in SLNB only group (RR = 0.12; 95% CI 0.06, 0.23; $p < 0.00001$).

Conclusions:

The occurrence of lymphatic complications was significantly lower in the SNLB only group than in the PLA group. SLNB may be a safer treatment opinion to relief lymphedema for early-age cervical cancer patients with negative biopsy results.

Keywords: Cervical cancer, Sentinel Lymph node biopsy, Lymphedema



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Hong Kong Primary Care Conference 2024 “Family Medicine in the Community: STRENGTHENING CONNECTIONS”

5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 23

Active Commuting on Cardiovascular Diseases Incidence in Obesity Patients: A Systematic Review and Meta-analysis on Cohort Study

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Introduction:

Cardiovascular diseases (CVDs) like ischemic heart disease, stroke, and hypertensive heart disease, as well as diabetes mellitus, pose a significant global health burden due to their high prevalence. Obesity is a major risk factor for these conditions. This systematic review and meta-analysis aims to synthesize evidence from cohort studies to provide a comprehensive assessment of the potential impacts of active commuting time in reducing the prevalence of CVDs among obese adults.

Methods:

Databases will be systematically searched using specific keywords. Relevant studies will be filtered based on inclusion criteria, with data extracted into tables following PRISMA guidelines. The Newcastle-Ottawa Scale will assess study quality. A meta-analysis examining the effects of active commuting time on CVD incidence in obesity will be conducted, considering different disease types and commuting durations. Heterogeneity will be evaluated using standard tests. A random-effects model will pool results as risk ratios with 95% confidence intervals. Funnel plots will assess publication bias.

Results:

This is an ongoing study. Preliminary results are expected to include: the literature search and screening process with study characteristics; quality assessment findings; meta-analysis results on the association between active commuting time and different CVD types, including effect sizes and confidence intervals; the overall strength of association and heterogeneity assessment; and evaluation of potential publication bias.

Conclusions:

Key findings and their implications will be summarized, highlighting potential benefits of active commuting for reducing CVD prevalence in obese adults. Limitations, future research directions, and practical implications for healthcare providers in promoting active commuting as a preventive measure will also be discussed.

Keywords: Active commuting, Cardiovascular disease, Obesity



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5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 24

Behavioural Intention to Receive the Herpes Zoster Vaccination among Community-dwelling Older Adults in Hong Kong: A Random Telephone Survey

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Introduction:

An increasing number of herpes zoster (HZ) cases have been reported since the COVID-19 pandemic with older adults being the high risk group. HZ vaccination (HZV) is highly effective to prevent the disease and safe for older adults. This study investigated factors associated with behavioural intention to receive HZV among older adults in Hong Kong.

Methods:

A random telephone survey was conducted among 637 community-dwelling Hong Kong residents aged 65 years or above, who had not received HZV at the end of 2021 and 2022. Logistic regression models were used for data analyses.

Results:

Among the participants, 7.7% intended to receive the HZV for the option with a cost of 4000-5000 HKD for two doses, while 37.3% intended to receive it for the free-of-charge option. After adjustment for significant background characteristics, older adults with concerns that HZV would have severe side effects had lower behavioural intention to receive free HZV (OR: 0.42, 95% CI: 0.29-0.59). Perceived higher susceptibility and severity of HZ, and more benefits and self-efficacy of HZV were positively associated with intention to receive free HZV. In addition, frequent information exposure on social media was associated with higher behavioural intention for HZV. These information included older adults are more likely to develop HZ (OR: 1.57, 95% CI: 1.31-1.89), people with COVID-19 history are more likely to develop HZ (OR: 1.68, 95% CI: 1.27-2.22), and government experts recommend people with COVID-19 history and older adults to receive HZV (OR: 1.66, 95% CI: 1.24-2.23).

Conclusions:

Low prevalence of behavioural intention to receive HZV was found among older adults in Hong Kong. The cost of HZV and perceptions related to HZ influenced older adults' decision to receive HZV. Modifying these perceptions and providing free HZV may be useful to increase HZV coverage in this age group.

Keywords: Vaccination, Herpes zoster, Intention



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 25

Knowledge, Attitude and Practice Gaps in Healthy Eating among Hong Kong Adolescents and Parents – Findings of an Online Survey

Kiki S.N. LIU, Qi KANG, Julie Y. CHEN, K.S. SUN, Joyce P.Y. TSANG, Patrick IP, Rosa S.M. WONG, Carlos K.H. WONG, Cindy L.K. LAM

Li Ka Shing Faculty of Medicine, The University of Hong Kong

Introduction:

Healthy eating is vital in preventing and controlling non-communicable diseases in both children and adults. Understanding the knowledge, attitudes and practices (KAP) of healthy eating among the population can provide direction for intervention planning. This study aimed to explore the KAP gaps among adolescents and their parents in Hong Kong.

Methods:

Parent-adolescent dyads were recruited from a cohort of low-income families and from secondary schools in the middle- to high-income districts. A locally developed and validated 44-item KAP of Healthy Eating Questionnaire was administered online via Qualtrics by each adolescent and parent independently. Descriptive statistics was performed on the correct, positive/negative or healthy/unhealthy responses of each KAP item, and the correlations (r) with other scale scores were inputted by spearman correlation analysis.

Results:

207 adolescents (mean age = 15.2 years, 48.3% female) and their parents (mean age = 46.1 years, 85.0% female) participated. Parents had slightly higher KAP scale scores than adolescents (63.2-67.3 vs 59.3-60.3/100). Five knowledge and all attitude and practice items had significant correlations with other scale scores ($r = 0.10-0.51$). Common gaps in knowledge included recommended quantity of fruit and vegetable intake and allowance of salt intake among adolescents. Deficiencies in attitudes included poor taste of healthy food, low confidence in low salt or sugar intake, and lack of family norm in healthy eating. Gaps in practices included insufficient fruit intake, not using nutrition claims or labels for food purchase, choosing unhealthy eating-out choices, seldom selection of healthy snacks, and adding sauce at the table.

Conclusions:

This study highlights the key KAP gaps related to quantitative dietary recommendations, low self-efficacy in adopting healthy eating, and insufficient practice of choosing healthy food over taste for eating-out and snacking. Future intervention should address these gaps to enable and empower healthy eating in this population.

Keywords: Healthy eating, KAP, Parent-adolescent dyads



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 26

Hong Kong University Hostel-based Randomized Controlled Trial of Interventions to Improve Alcohol-related Knowledge and Attitudes

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Introduction:

The prevalence of alcohol consumption and misuse among second-year university students living on campus is dramatically higher than those of first-year students and the general population. However, there remains a paucity of interventions to decrease the incidence and prevalence of alcohol use targeting this population in Hong Kong.

Methods:

Between September 2018 and June 2021, a 3-arm randomized controlled trial was implemented to improve alcohol-related knowledge and attitudes among university hostel residents. The study population was students at the age of 18 to 25 and living in one of the 30 eligible on-campus hostels of two universities in Hong Kong. Each hostel served as a cluster and was randomized to full-, partial-, or non-intervention arms. Chi-squared tests were conducted to ensure no significant demographic differences between the three intervention arms. Linear regression was used to analyse the association between post-intervention knowledge and attitude scores and intervention arms, adjusted for baseline scores and potential confounders selected from demographic characteristics. Logistic regression was used to predict the odds ratios of past-month alcohol use, past-month binge drinking, and drink-refusal self-efficacy for participants in different intervention arms.

Results:

University hostel residents in full-intervention arm had higher post-intervention knowledge score ($B=1.686$, $SE=0.218$, $p<0.001$). The exposure to partial interventions also increased post-intervention knowledge score by $B=0.776$ ($SE=0.195$, $p<0.001$). However, both intervention arms were nonsignificant in the model of post-intervention attitude score. The exposure to partial interventions was marginally significantly associated with past-month binge drinking ($OR=0.636$, 95% CI: 0.384-1.054, $p=0.079$). The exposure to full or partial interventions were not significantly associated with other secondary outcomes.

Conclusions:

Evidence-based interventions are effective in promoting alcohol-related knowledge and reducing binge drinking among university hostel residents in Hong Kong.

Keywords: College students, Alcohol harm reduction, Knowledge and attitudes



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Hong Kong Primary Care Conference 2024 “Family Medicine in the Community: STRENGTHENING CONNECTIONS”

5th – 7th July 2024 (Friday – Sunday)

Research Protocol Presentation – Poster Presentation

POSTER 27

Mindfulness-based Interventions to Improve the Mental Health of Filipina Domestic Helpers in Hong Kong

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Introduction:

Filipina domestic helpers (FDHs) in Hong Kong have been previously shown to experience high work-related stress, migration-related challenges, and undesirable living conditions. Most of these challenges are overlooked by existing health policies and services. FDHs relieve local women of the burden of housework and enable them to participate in the labour force. This programme is aimed at providing FDHs a cost-effective intervention for mental health. It also seeks to remove existing barriers in adopting mindfulness practices using mobile app-based interventions and establishing peer support groups.

Methods:

The programme would include Filipina citizens with symptoms of mental health conditions at the age of 18 to 60 and intended to work as a domestic helper in Hong Kong for the next two years. Participants should have English proficiency to communicate and use the mindfulness app in English. The programme design integrated four components of the Health Belief Model associated with the adoption of mindfulness practices in previous studies: perceived benefits, perceived barriers, cues to action, and self-efficacy. Eight sessions of offline interventions, including health seminars and mindfulness workshops, would improve health literacy related to mental health problems and mindfulness practices. Online peer support groups would encourage discussions of perceived benefits from mindfulness practices and lead to cues to action. The long-term availability of the mobile app would enhance participants' self-efficacy in maintaining the health behaviour. Backend statistics would reveal their frequency and duration of practices. Mental health problems would be assessed using PHQ-9 and GAD-7 at baseline and follow-up. Multivariable linear regression would be used to evaluate the effectiveness of the programme with frequency and duration as predictors, controlling for demographic characteristics.

Results:

N/A

Conclusions:

The combination of offline and online programme components would be promising to improve FDHs' quality and work performance and increase the rate of adopting mindfulness practices compared to previous interventions.

Keywords: Filipina domestic helpers, Mental health, Mindfulness



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Hong Kong Primary Care Conference 2024 “Family Medicine in the Community: STRENGTHENING CONNECTIONS”

5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 28

Association between Subjective Social Status and Social Well-being among Hong Kong University Students

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The Chinese University of Hong Kong

Introduction:

Social well-being (SWB), an important component to health, is the appraisal of one's circumstance and functioning in society. SWB has been theorized to contain five dimensions: social integration, social acceptance, social actualization, social coherence, and social contribution. Subjective social status (SSS), one's subjective perception of position in the social hierarchy, is an emerging area of research in health studies. However, SWB and SSS remain understudied particularly among East Asian adolescents. Furthermore, among university students, the association between SSS and SWB is unclear. This study aims to examine the association between SSS and SWB among Hong Kong university students.

Methods:

A cross-sectional study was completed from May to October 2022 through a self-administered online survey among full-time Hong Kong university students aged 18-25 (n=329). SSS-Society, one's self-perceived social standing within society, and SSS-Community, one's self-perceived social standing within one's chosen community, were assessed for their association with the Social Well-being Scale using linear regression. The models were adjusted by demographic variables and objective socio-economic indicators. The Brief Resilience Scale was evaluated as a moderating factor between SSS measures and SWB.

Results:

In the multiple linear regression models, after adjusting for all other measures, both SSS-Society ($\beta_{\text{unstandardised}} = 1.62$, $p < 0.001$) and SSS-Community ($\beta_{\text{unstandardised}} = 1.37$, $p < 0.001$) were significantly positively associated with higher SWB score. The associations for both SSS variables were stronger than any of the objective socio-economic variables assessed. While resilience level was found independently to be positively significantly associated with SWB score, it was not found to be a significant moderator between either SSS measure or SWB score.

Conclusions:

Among Hong Kong university students, SSS-Society and SSS-Community were both significant indicators of SWB. Measures of SSS may be useful when assessing SWB among university students.

Keywords: Social well-being, Subjective social status, University students



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 29

Anemia: A Neglected Health Problem among South Asian Women in Hong Kong

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Introduction:

Anemia is a highly prevalent condition among women of South Asian(SA) descent. Several factors contribute to this, including dietary iron deficiency, gender inequalities, and cultural beliefs and practices.

Objectives

- To identify the prevalence and determinants of anemia in South Asian women in Hong Kong
- To identify the role of a traditional balanced diet in preventing anemia

Methods:

Between June 2022 and December 2023, 679 South Asian women were recruited for health assessment followed by a lifestyle survey during territory-wide community outreach services by Jockey Club S.A.T.H. Project for Healthy Families. Multivariable linear regressions were used to assess the independent risk (and protective) factors associated with anemia in women.

Results:

The observed prevalence of anemia (hemoglobin < 12 g/dL) was 61.7% among the recruited SA women. Regression analysis showed, better diet quality was associated with lower odds of having anemia (OR=0.44 [95% CI: 0.21-0.89] compared to poor diet). Other risk factors included older age (OR=1.02 [95% CI: 1.00-1.03], per year increase), larger household size (OR=1.13 [1.02-1.25]), marital status (OR=2.04 [0.97-4.27] married; OR=3.36 [1.26-8.91] separated/divorced/widowed, compared to never married), and longer stay in Hong Kong (OR=2.35 [1.36-4.06] for staying >7 years compared to ≤ 3 years). No significant differences were observed by ethnicity, education, housing type, CSSA status, physical activity level, and depression status.

Conclusions:

Public health issues like anemia serve as a barometer of society's nutritional and health status. In addition to acculturation to new diets, South Asian women face a variety of challenges related to familial responsibilities, decision-making power, and self-sacrificing behavior. Enhancing cultural competency is essential for healthcare professionals to strengthen their knowledge of SA diets, and integrate this understanding into their practice to offer tailored advice and support to South Asian women in optimizing their nutrition and preventing conditions like anemia. Healthcare providers and community organizations can collaborate to facilitate culturally sensitive interventions addressing South Asian women's specific needs.

Keywords: South Asian women, Anemia, Determinants



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 30

Childhood Obesity - A Rising Concern among the Immigrant South Asian Children in Hong Kong

B. SHARMA, L.S. TONG, W.H. LEE, H. MUNIR, C.Y. WONG, Danna C. VARGAS, S. PUN, Hebe M.H. CHIO, Tony SUN, Gary K.K. CHUNG, D. DONG, E.K. YEOH

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

Introduction:

Children of immigrant South Asian(SA) parents may suffer from obesity, a complex health problem that can affect people of diverse backgrounds. Genetics, acculturation, perceptions of body weight, and cultural practices, including dietary habits and physical activity patterns, may pose unique challenges for them.

Objectives

- Determine the current prevalence of childhood obesity in SA children in Hong Kong
- Compare the severity of the problem among SA children with that of local Chinese children

Methods:

As part of its territory-wide outreach health screening program, The Jockey Club S.A.T.H. Project for Healthy Families screened 178 SA children aged ≤ 17 years for height and weight, along with a lifestyle survey. Prevalence of obesity in SA children was compared with local Chinese children.

Results:

The observed prevalence of overweight or obesity (defined as $\geq 120\%$ median weight-for-height with reference to growth standard in Hong Kong), was up to 34.8% (36.6% for boys and 33.3% for girls) which is substantially higher than that of local Chinese children* at 18-22% (23-26% for boys and 14-17% for girls in primary and secondary schools).

* <https://www.chp.gov.hk/en/statistics/data/10/757/5513.html>

Conclusions:

Childhood obesity in SA children has become a significant health concern, given their higher obesity prevalence and associated metabolic risks compared with local Chinese children. It's important to promote healthy dietary habits that incorporate a balance of traditional foods with healthier options. Encouraging regular physical activity through culturally appropriate forms of exercise can also be beneficial. Healthcare providers should strive to provide culturally sensitive and individualized counselling to South Asian children and their families. Referrals to registered dietitians, nutritionists, or other healthcare professionals with expertise in paediatric obesity should be made. Addressing obesity requires a holistic approach that considers individual, family, and community factors. Working collaboratively with healthcare providers, educators, community organizations, and policymakers can help create sustainable solutions to combat obesity in immigrant South Asian children.

Keywords: Immigrant South Asian children, Obesity, Prevalence



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 31

Pre-screening for Osteoporosis with Calcaneus Quantitative Ultrasound of Women in Hong Kong

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United Christian Nethersole Community Health Service

Introduction:

Fractures related to osteoporosis have contributed to increased morbidity and mortality in patients. Currently dual energy X-ray absorptiometry with T-score equals to or less than -2.5 is the golden standard for osteoporosis diagnosis. This paper aims to explore a more economical alternative to capture individuals with higher osteoporosis risk by calcaneus quantitative ultrasound and advise individuals for further screening and diagnosis.

Methods:

An observational study was conducted from November 2021 to January 2022. An osteoporosis pre-screening activity was carried out in Kwun Tong district for female aged 50 or above. Participants were asked to complete a questionnaire on osteoporosis risk and to undergo a pre-screening by calcaneus quantitative ultrasound. During pre-screening, anthropometric parameters such as body height, body weight and Body Mass Index (BMI) were collected. Health advices were given by registered nurse during pre-screening. For participants with T-score equals to or less than -2.5, family doctor was referred for further consultation.

Results:

544 participants were screened in total. Of 544 participants, 152 (28%) participants were found to have T-score ≤ -2.5 indicating high risk of osteoporosis. Analyses on their health habits revealed that 43% of them did not perform at least 30 minutes of physical activity or housework per day, and 39% of them did not perform at least 10 minutes of outdoor activity per day and with no vitamin D supplement taken. 19% of them did not perform both of the activities mentioned above.

Conclusions:

An easy and economical way to pre-screen individuals with higher risk of developing osteoporosis would be essential to capture the target group for further investigation and treatment. Calcaneus quantitative ultrasound may be one of the alternatives for pre-screening. Moreover, promoting physical activity is important to maintain bone health of the target group.

Keywords: Osteoporosis, Pre-screening, Ultrasound



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 32

Enhancing Health and Wellness for Commercial Vehicle Drivers

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Introduction:

During 1 April 2022 and 31 March 2023, UCN medical clinics partnered with the Transport Department to offer complimentary health examinations to commercial drivers. The objective of this initiative was to enhance the well-being of commercial vehicle drivers by conducting screenings for prevalent chronic illnesses.

Methods:

In this caption year, a total of 1,274 independent commercial drivers were provided with the opportunity to undergo a free health check. This health check involved a brief questionnaire focused on various aspects of well-being, including sleep apnea. Additionally, measurements such as blood pressure, body mass index (BMI), blood glucose, and cholesterol levels were involved.

Results:

The entire participant pool consisted of males, with a notable majority of over 65% being aged 50 years or older. The average body mass index (BMI) was calculated to be 24.8, indicating mild obesity. Assessing body fat percentage, the average of 23.9%, fell within the recommended range for Asian men. Additionally, waist circumference was utilized as an obesity indicator, with the average measurement recorded at 90 cm. However, two centres displayed average waist circumferences greater than the standard, measuring 91 cm and 92 cm respectively. Regarding the functional reach test, all participants achieved results exceeding the minimum threshold of 25 cm, showing a low risk of falls. Then, out of the total participants, 246 individuals (15%) were diagnosed with hypertension, while 251 (16%) received a hyperlipidaemia diagnosis.

Conclusions:

The middle-aged population was willing to undergo basic health screenings to assess their overall physical well-being. Certain occupations require greater emphasis on daily habits like diet and exercise. Safeguarding the well-being of drivers and passengers on the road necessitates effective management of cardiovascular risk factors and obesity. This occupational group requires additional resources, support, and health education to promote healthier lifestyles.

Keywords: Chronic disease, Preventive medicine, Health management



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition - Poster Presentation

POSTER 33

Estimating the Proportion of Overdiagnosis among the Prostate, Breast, and Thyroid Cancers in China

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Introduction:

Significant increases in the incidence of prostate, breast, and thyroid cancers have been observed in China over the past decades. Whether and how much these increases can be attributed to overdiagnosis are not well understood. This study aimed to estimate the proportion of overdiagnosis among the prostate, breast, and thyroid cancers in China.

Methods:

The age-specific cancer incidence, cancer-specific mortality and all-cause mortality in China from 2004 to 2019 were extracted from the Global Burden of Diseases 2019, and applied to a hypothetical cohort of 10 million live births with 18 age intervals. For each year, the lifetime risk of developing and that of dying from each of the three cancers were calculated using the life table method. The proportion of overdiagnosis of a cancer was estimated as the difference between the lifetime risk of developing the cancer and that of suffering from the cancer (including deaths, metastasis, and symptoms caused by the cancer), further divided by the lifetime risk of developing the cancer. Sensitivity analyses assuming different lag periods between cancer diagnosis and cancer death were performed.

Results:

The results showed that the lifetime risk of developing prostate, breast and thyroid cancer increased dramatically from 2004 to 2019 in China, while the increase in the lifetime risk of dying from cancers was less pronounced. The proportions of overdiagnosis of prostate, breast, and thyroid cancers were estimated to be at least 7.88%, 18.99%, and 24.92% respectively in 2004, and at least 18.20%, 26.25%, and 29.24% respectively in 2019. In sensitivity analyses, the proportions of overdiagnosis became lower, but the upward trends over time remained for all three cancers.

Conclusions:

The overdiagnosis of prostate, breast, and thyroid cancers in China had been increasing from 2004 to 2019, with thyroid cancer being the most affected and prostate cancer being the fastest-growing.

Keywords: Cancer, Overdiagnosis, Lifetime risk



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 34

Outcome-derived Diagnostic Threshold for Central Blood Pressure Based on Cardiovascular Risks Using UK Biobank

Shuqi WANG, Samuel Y.S. WONG, Benjamin H.K. YIP, Eric K.P. LEE

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Introduction:

This study aimed to establish the diagnostic threshold for central blood pressure (BP) and evaluate its clinical usefulness in risk stratification for cardiovascular diseases (CVD).

Methods:

A cohort study of 34,289 adults without prior CVD was conducted using the UK Biobank dataset. The primary endpoint was a composite of cardiovascular mortality and non-fatal cardiovascular events. The diagnostic threshold was determined by using current brachial BP cutoff with bootstrap and approximation methods. Cox regression models were constructed to evaluate the clinical utility of diagnostic thresholds for central BP in CVD prediction.

Results:

Over a median follow-up of 40 months, 809 composite cardiovascular events occurred. A diagnostic threshold of 135 mmHg for central systolic BP (SBP) corresponded to the threshold of 140 mmHg for brachial SBP. Concurrent assessment of brachial and central BP identified brachial and central normotension (49.84%), isolated brachial hypertension (HT) (2.23%), isolated central HT (3.65%) and concordant brachial and central HT (44.28%). Compared to concordant normotension, hazard ratios for cardiovascular events were 0.81 (0.45, 1.44) for isolated brachial HT, 1.70 (1.23, 2.35) for isolated central HT and 1.51 (1.30, 1.76) for concordant HT. Inclusion of central BP improved model fit and discrimination for predicting CVD beyond brachial BP alone.

Conclusions:

The study determined a diagnostic threshold of 135 mmHg for central SBP. Individuals with central HT had elevated risks of CVD, regardless of brachial HT status. Incorporating central BP enhanced the prediction of CVD risk beyond traditional BP measurement.

Keywords: Hypertension, Central blood pressure, Cardiovascular disease



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 35

Association of Residential Greenness with Asthma: Findings from a Prospective Cohort Study

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Introduction:

The relationship between residential greenness and asthma is controversial, and evidence from cohort studies in adults is lacking. We aimed to investigate the impact of residential greenness on asthma in adults.

Methods:

Greenness was estimated as greenness proportion of all land-use types based on the home location. Multiple Cox proportional hazards models and restricted cubic splines were used to evaluate the effects of greenness on asthma incidence base on the data from the UK Biobank.

Results:

Totally 18,820 asthma cases occurred among 277,709 participants over a median year of 13.91 of follow-up time. After adjusted for covariates, the relative risk increase of asthma was 0.70% (95%CI: 0.01%, 1.40%; P=0.047) at a 1000m buffer. Participants in the third quartile of residential greenness had a significantly higher risk of asthma than that in the first quartile (HR:1.051, 95%CI: 1.005-1.099, P=0.028). A positive linear dose-response relationship was observed between continues greenness percentage and the hazard ratios of asthma. No significant association was found at the buffered 300m greenness.

Conclusions:

This study demonstrated a potential positive gradient for the association between residential greenness and the risk of asthma in U.K. adults.

Keywords: Asthma, Greenness, UK Biobank



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5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 36

Non-linear Relationships between Sugar Consumption and Anxiety Symptoms Using UK Biobank Data

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Introduction:

Anxiety disorders are one of the most common psychiatric conditions affecting the global population. As the role of sugar and sweets in emotional health and regulation is emerging, the current study investigated the potential non-linear effects of different types of sugars on GAD and identified thresholds of different types of sugars that would increase the risk of GAD if the non-linear effects were significant using UK Biobank.

Methods:

Total energy and the consumption of sugar and sugar subtype were calculated based on the Oxford WebQ questionnaire. This study included total sugar, glucose, fructose, maltose, and sucrose as dietary exposure. Generalised Anxiety Disorder-7 (GAD-7) questionnaire was used to measure the anxiety symptoms. The non-linear relationship between each sugar variable and GAD scores was examined using generalised additive models (GAMs).

Results:

Significant non-linear relationships were found between different types of sugar consumption and GAD score and the results were modified by gender and age. In those aged 45 or younger, non-linear associations between total sugar/sucrose and GAD scores in both genders. In the group aged 46 to 64, non-linear associations of GAD score were found in total sugar consumption in both genders ($p < 0.01$) where consumption beyond 30% of the total energy intake showed a significant increase in GAD scores. Additionally, the non-linear association was also observed across all the sugar types ($p < 0.05$) in females, whereas in males, only sucrose intake showed a significant non-linear association. In females aged 65 and above, only sucrose consumption demonstrated a non-linear association with GAD score while no non-linear association was found among males.

Conclusions:

The current research identified non-linear effects and thresholds of various types of sugar on anxiety. Moreover, age and gender are demonstrated as moderators, particularly in females and middle-aged adults.

Keywords: Sugar consumption, Anxiety, Mental health



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 37

Educational Programs Targeting Nurses to Curb Inappropriate Antibiotics Prescribing in Nursing Homes: A Systematic Review

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Introduction:

Nurses play an important role in reducing antibiotics uses, especially in nursing homes. However, the effectiveness of educational program and its optimal design targeting nurses to reduce antibiotics uses in nursing home have not been systematically reviewed. This systematic review investigates the effectiveness of educational interventions targeting nurses in nursing homes to reduce the rate of inappropriate antibiotics prescribing on nursing home residents.

Methods:

A systematic search of PubMed, Embase, and CINAHL Plus was conducted to identify studies published from inception to 1 December 2023. Randomized controlled trials (RCTs) of educational interventions for nurses aiming to reduce antibiotic prescriptions in nursing homes were include and the control group receive usual care. Two reviewers independently screened studies, assessed risk of bias using the JBI tool and extracted data with a standardized form. The primary outcome was the rate of antibiotic prescriptions.

Results:

230 studies were identified and screened. A total of 6 cluster RCTs were included in the review. 5534 nursing home residents were included in 5 studies while 1 study showed unclear sample size. The risk of bias was generally low, but allocation concealment was unclear in all studies. Four studies demonstrated a statistically significant reduction in inappropriate antibiotic prescribing, ranging from 7.7% to 42%, between intervention and control groups. The intervention included 7-12 months multifaceted interventions were used and administered by nurses, pharmacists and physicians. Two studies using 1-hour webinar and multicomponent intervention showed no significant effect of the intervention. Three studies involving 2830 residents evaluated safety outcomes. No significant difference was found in adverse events between two groups.

Conclusions:

The review found nurse education can reduce antibiotic use and maintain safety. However, stronger evidence is needed due to limited studies, variability in interventions and outcomes and risk of bias.

Keywords: Antibiotics, Nurses, Educational programs



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 38

Identification of Factors to Incentivise Uptake of Cancer Screening for Prevention and Early Diagnosis: Application of COM-B Theoretical Model for Behaviour Change

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Introduction:

Cancer screening enables early detection and treatment of cancer and improves survival rates. However, the uptake rate of the government-initiated screening programmes in Hong Kong are comparably not high. The objective of this study is to identify factors to incentivise uptake of cancer screening, relating to the constructs of the COM-B Theoretical Model: Capability, Opportunity, and Motivation as a system of interacting factors for health-seeking behavioural change.

Methods:

A questionnaire survey of the general public aged 18-49 on their knowledge, attitudes and practices with cancer screening.

Results:

Most of the respondents (61.3%) had no prior experience with cancer screening. Knowledge of cancer was variable. 27.9% was able to identify the top three cancers, and around 60% correctly chose the recommended colorectal cancer screening method. Significant pre-disposing factors for cancer screening included older age (52.5% in age group 40-49) and females (70.3%). Education from primary care professionals was a significant capability factor for cancer screening, with 80.4% of screened individuals agreeing, compared to 72.3% of non-screened individuals. A higher rating of opportunity factor: knowing someone diagnosed with cancer (7.24 ± 2.74 in a rating scale of 0-10) was significantly related to the uptake of cancer screening. Simplified testing (84.1% of screened individuals agreeing vs 74.9% of non-screened individuals), having family history of cancer (34.8% vs 24.4%) and family doctors (32.3% vs 22.4%) also played a significant role. Motivation factors included belief in the effectiveness of cancer screening in increasing life expectancy and quality of life (8.71 ± 2.39). Conversely, discomfort during screening procedures (5.97 ± 2.99) can deter individuals from undergoing screening.

Conclusions:

Uptake of screening is more likely when capability and opportunity factors are present to motivate behaviour change, and provided by a physician the person is familiar with. It is important for the primary care practitioners to deliver the cancer screening and prevention information to patients, especially those with moderate or high risk for developing cancer. Primary healthcare services need to be strengthened to provide health promotion and cancer prevention.

Keywords: Cancer screening, Capability and opportunity, Motivation



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 39

Empowerment on Patients with Wound Packing in General Out-Patient Clinics of NTWC

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Introduction:

Wound packing is common dressing procedure encountered in General Out-patient Clinics (GOPCs) of NTWC. However, we reviewed that there was lack of written patient education material on wound packing care. Therefore, a pilot project was implemented in GOPCs of NTWC aiming to fill this gap.

Objectives:

1. Develop education pamphlet to enhance patients' knowledge, confidence on self-care and adherence to treatment plan
2. Use of the tailored-made pamphlet to educate patient by nurses during wound packing procedure

Methods:

An education pamphlet was developed for patients with wound packing and used in 3 GOPCs by nurses for patient education from June to August 2023. By convenient sampling during wound care procedure, 40 adult patients (31 males and 9 females) were invited to complete questionnaires before and after nurse education. The mean score was used to evaluate the patient's self-rated pre and post level of knowledge, confidence and worrisome about caring of their wound. Paired t-test was performed and significance was considered at $p < 0.05$.

Results:

The result showed significant improvement of patient's wound care knowledge and confidence, and alleviated worrisome about caring of their wound after nurse education by use of the education pamphlet.

The pre and post mean knowledge, confidence and worrisome score were shown below:

Knowledge Score (4=totally understand, 1=not understand at all)

1. Reason for wound packing (pre 2.03, post 3.78, $p < 0.001$)
2. Daily wound care (pre 2.05, post 3.75, $p < 0.001$)
3. Wound infection and its handling (pre 2.05, post 3.8, $p < 0.001$)
4. Handling wound pain (pre 2.18, post 3.85, $p < 0.001$)
5. Handling packing dislodgment (pre 1.7, post 3.78, $p < 0.001$)

Confidence Score (4=very confident, 1=not confident at all) significant improved from pre 1.73 to post 3.45 ($p < 0.001$)

Worrisome Score (4=very worrisome, 1=no worrisome) decreased from pre 3.45 to post 3.03 ($p = 0.011$).

Conclusions:

Combination of verbal and written education material is highly recommended in the management of patients with wound packing aiming to enhance the quality and safety of wound care.

Keywords: Wound packing, Education pamphlet, GOPC



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 40

Exploring Card Games Underlying Mechanisms that Evoke the Chinese Elderly’s Engagement in End-of-life Conversations

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Introduction:

Making ageing in place in reality, end-of-life care is an integrated part of ensuring individuals are well taken care of in their last journey of life. Individuals’ wishes and priorities should be revealed in end-of-life conversations to guard their right to choose where and how they die. Card games are a novel intervention that employs game design to encourage engagement in sensitive discussions. However, the mechanism of using card games to capture individuals in end-of-life conversations is under-researched. This paper aims to analyze the card game underlying mechanisms that prompt participants’ engagement in end-of-life conversations.

Methods:

Semi-structured interviews were conducted to explore 10 Chinese elderly’s participatory experiences of using card games in end-of-life conversations, thematic analysis was adopted.

Results:

Three major game underlying mechanisms markedly propelled participants’ engagement in end-of-life conversations.

First was the hypothetical scenarios. Participants assumed they would encounter the card scenarios, they placed themselves into the hypothetical scenarios and carefully considered their end-of-life preferences. This created a safe distance from sensitive issues, making it easier to discuss their preferences.

Second was the trade-off consideration. Participants considered different possible end-of-life care in the game, they needed to select cards representing essential and non-essential aspects of their preferred end-of-life care. This reflection helped them identify their true priorities and the sacrifices they were willing to make.

Third was the flexibility of expression. Participants appreciated the cards providing a variety of expression methods. Participants could either indirectly express their wishes through selected cards, allowing their thoughts to be visualized in a written format, or participants could directly explain their wishes by further elaborating on their cards. The card game catered to participants’ preferences of expression and facilitated meaningful discussions.

Conclusions:

Card game underlying mechanisms were identified and could be interpreted to develop effective communication strategies for engaging individuals in end-of-life conversations.

Keywords: Ageing in place, End-of-life, Gamification



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 41

Teleconsultation for Elderly Chronic Disease Patients with Access Misery (TEAM) – A New Service Model to Enhance Doctor-patient Connection

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Introduction:

In our clinic (YCH General Practice Clinic), there are many stable chronic disease patients with mobility problem (History of spinal or hip operation, on wheel chair, home without lift access). They and their accompanied family members need additional effort to attend follow up consultation. The situation is even worse during infectious disease outbreak or adverse weather.

These problems can be solved via teleconsultation using the HAGO Telehealth function.

Methods:

Selection criteria : (1) Stable elderly chronic disease patients (2) Poor mobility (3) Has family support

Selected patients and carers will be invited by doctors to join the TEAM project – a new service model of hybrid consultation (alternate teleconsultation with face-to-face consultation). Clinic nurses or HA Go ambassador will explain the teleconsultation logistics and invite carers to join the HA Go as the communication platform. Teleconsultation will be conducted according to the standardized protocol. Prescription can be collected by carers or via drug delivery. Next face-to-face follow-up appointment can be accessed via HAGO.

Results:

3 teleconsultation sessions were conducted since 9/2023. All 29 recruited patients (age range 76-108, mean age at 91.7) attended the consultation. (Attendance rate 100%)

Patients and carers reported high satisfaction to the TEAM project: 24 patients scored 5 (very satisfactory), 3 patients scored 4 (satisfactory) and 1 patient scored 3 (average) and 2 (unsatisfactory). It saved transportation time and patients felt more relaxed when having consultations at home. Patient scored 2 or 3 suggested the registration process can be simplified.

Conclusions:

Teleconsultation can enhance patient experience and can strengthen doctor patient connection as patient can stay in a more familiar and relaxed environment. There is potential development of added service by nurses or allied health in future.

Keywords: Teleconsultation, Chronic diseases, Elderly



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5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 42

Strengthening Connections in Tai Po DHCE: Horizontal and Vertical Integration - A Case Study

W.S. YU

Tai Po District Health Centre Express, United Christian Nethersole Community Health Service

Introduction:

Tai Po DHC Express plays a vital role in strengthening community connections and enhancing public awareness of disease prevention and self-management of health. Through public-private partnerships and medical social collaborations, TPDHCE establishes a localized service network to provide comprehensive support to residents and working population in the Tai Po District, catering to their complex health needs. This abstract presents the evaluation of TPDHCE's role in connecting primary health services in Hong Kong based on a case study.

Methods:

The evaluation involved reviewing case notes, conducting interviews with colleagues, and engaging in case discussions within a multidisciplinary team.

Results:

The case study focused on Mr. Wong, a 70-year-old male with a medical history of diabetes mellitus (DM) and hyperlipidemia. Mr. Wong sought TPDHCE's assistance on multiple occasions. He received diet and exercise advice, as well as guidance on self-measuring blood pressure from a registered nurse. During these visits, Mr. Wong's wife expressed concerns about his cognitive function, leading to a cognitive assessment conducted by an occupational therapist using the Montreal Cognitive Assessment (HK-MoCA). The assessment revealed that Mr. Wong was experiencing mild cognitive impairment (MCI). He was then provided with a letter to consult a medical professional at the General Outpatient Department (GOPD) in the Hospital Authority (HA). Additionally, Mr. Wong and his wife were referred by a social worker to the Neighborhood Elderly Centre (NEC) for long-term services and caregiver support.

Conclusions:

The evaluation highlighted three key components: 1) the importance of a trust-based relationship between clients and healthcare providers, 2) the need for seamless communication among healthcare providers, and 3) the significance of a well-connected network of health-related services encompassing social and physical aspects of health. These components contribute to the effectiveness of TPDHCE's role in connecting primary health services and supporting the diverse needs of the community in Tai Po District.

Keywords: Community connections, Primary health services, Disease prevention



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 43

The Impact of Syndrome Differentiation on the Effectiveness and Safety of Chinese Herbal Medicine Treatments for Digestive Disorders: Expert Consensus and Network Meta-analysis

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Introduction:

Traditional Chinese Medicine (TCM) is widely practiced worldwide, yet the integration of syndrome differentiation (SD) into TCM research, particularly in randomized controlled trials (RCTs) evaluating Chinese herbal medicine (CHM), remains limited. A meta-epidemiological study found no overall improvement in treatment outcomes or reduction in side effects with SD, but subgroup analysis in gastrointestinal disease-focused RCTs revealed increased side effects, prompting questions about the necessity and alignment of SD in CHM treatment for digestive diseases. To address this gap, a two-part study comprising a Delphi study and a network meta-analysis (NMA) of RCTs was conducted.

Methods:

In Part 1, a two-round Delphi study prioritized clinically significant digestive disorders guided by the GRADE Evidence to Decision framework. Gastroesophageal reflux disease (GERD) emerged as the focus for Part 2: network meta-analysis (NMA). We systematically searched nine databases for relevant RCTs up to July 2023. NMA assessed the comparative effectiveness and safety of CHM treatments with different SD statuses. Primary outcome was symptom relief rate, with secondary outcomes including change in symptom scores from baseline, adverse event rate, and recurrence rate. NMA results were interpreted using a minimally contextualized framework, with quality of evidence assessed using the GRADE approach.

Results:

In Part 1, Delphi participants expressed varied viewpoints on the relevance of SD, influenced by factors such as prevalent TCM diagnoses and comparative efficacy of TCM versus conventional treatments, with GERD as chosen as the focus for NMA. In Part 2, 34 eligible RCTs involving 4,226 participants and 28 different CHMs were analyzed. NMA suggested CHMs prescribed without SD may be more effective across all measured outcomes except GERDQ score changes. However, these findings had low certainty of evidence.

Conclusions:

Divergent viewpoints among Delphi participants highlight uncertainties regarding the importance of SD. NMA findings suggest CHM treatments prescribed without SD may be more effective for GERD across various outcomes. Further empirical studies are needed to evaluate the predictive value of prevalent TCM diagnoses in guiding tailored CHM treatments for GERD patients.

Keywords: Syndrome differentiation, Chinese herbal medicine treatments, Expert consensus and network meta-analysis



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 44

Scoping Review on Climate Change Adaptation Interventions of Reducing Extreme Temperature-related Mortality among Urban Populations

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Introduction:

Extreme heat and cold events have been associated with premature mortality and become more common under climate change. Various adaptation interventions have been developed and adopted across the globe. However, a knowledge gap exists in understanding the width and breadth of the interventions and their effectiveness in existing literature. This review therefore aims to summarise and synthesise the reduction in temperature-related mortality associated with population-wide adaptation interventions in urban areas.

Methods:

We conducted a literature search using Heat* OR cold* AND Adapt* OR intervention* AND death AND Cit* in Medline, Web of Science, Embase, and CINAHL in January 2024. Double screening and extractions were done independently by two team members with public health training, with a senior author resolving any conflicts. The inclusion criteria comprised of 1) all research methodologies with empirical data, 2) studies with at least one control group, and 3) studies on interventions explicitly designed to adapt to extreme temperatures with aims to reduce mortality. Studies that merely reported routine data or compared methods for measuring temperature without a control group were excluded. PRISMA guideline was used to guide the reporting of this review.

Results:

We identified 15 eligible articles, with study designs including cross-sectional studies, cohort studies, correlational studies, and case control studies. The interventions encompassed a broad spectrum, from infrastructural modifications and policy changes to community-based initiatives and individual-level interventions. The diverse range of studies were also assessed across different cities, such as Rome, Hong Kong, Barcelona etc.

Conclusions:

This review identified a range of adaptation strategies for extreme-temperature events across diverse populations and regions. It illuminates the formulation of potential adaptation strategies to reduce the risk of temperature-related mortality at the population level. Our findings aim to inform and guide future policy-making and intervention design, contributing to the creation of more climate resilient communities and healthcare systems.

Keywords: Extreme temperature, Death, Climate adaptation intervention



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 45

Implementation of Telehealth Service for Patients Living in Rural Area

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Introduction:

Telehealth is the practice of clinical health care at a distance. It has been advocated as a method of providing services to rural or remote patients who have limited access to medical services.

In Hong Kong East Cluster, four General Out-patient Clinics (GOPC) are situated in rural areas. The Medication Management and Compliance Clinic (MMCC) has been in operation in urban clinics for years.

Methods:

A workgroup involving doctor, pharmacist, nurse and clerical staff was established to discuss the logistics and set-up. Staff training was conducted and a guidebook was prepared for reference. Before the launch, a drill was conducted to test out and fine tune the logistics.

Pilot tele-MMCC service was started in October 2023 in Stanley (ST) GOPC. For every potential case identified in advance by pharmacist, clinic nurse would contact patient one week before the follow-up appointment to prepare the patient. On follow-up day, clinic staff directed patient to telehealth station after doctor consultation and medication collection. Staff assisted patient to login HAGo and get connected to telehealth function. Throughout the process, there was a close communication between ST clinic staff and MMCC pharmacist in urban clinic. A clerical staff would stand by for any troubleshooting.

Results:

As of 31 December 2023, 64 patients received tele-MMCC service in ST GOPC. Patient experience survey was conducted and the majority of patients gave positive feedback and appreciated the service.

To further expand telehealth to benefit more chronic patients in rural areas, the department extended this service mode to Risk Assessment and Management Program (RAMP) in 2024, in which complex diabetic patients will be managed by Associate Consultant in urban GOPC. From Jan to Mar 2024, 38 patients received tele-MMCC service in PC GOPC. From Feb to Apr 2024, 11 patients received tele-RAMP in PC GOPC by AC situated in Anne Black GOPC. Both tele-MMCC and tele-RAMP services were also rolled out in North Lamma GOPC on Apr 2024.

Conclusions:

Chronic disease management for patients living in rural area could be enhanced by telehealth.

Keywords: Telehealth service, Rural area, Pilot



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 46

Enhancing Evidence-Based Primary Care: Updated Clinical Calculators for Hyperlipidemia and Chronic Hepatitis B Management

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Introduction:

Since 2010, the Kowloon East Cluster Family Medicine and Primary Health Care intranet website has featured clinical calculators to support our frontline doctors on evidence-based practice and improve patient care quality. These tools had been refreshed to assist our doctors in managing hyperlipidemia and chronic hepatitis B more efficiently and effectively.

Methods:

Evidence-based clinical guidelines on hepatitis B and hyperlipidemia were recently updated by our department's senior family medicine specialists in June 2023 and August 2023, to guide and align clinical practice in our primary care clinics. Clinical calculators on our department's website, based on these clinical guidelines, were revised with their functions expanded to aid our family physicians in practicing evidence-based medicine when following these clinical guidelines.

Results:

Chronic hepatitis B-related clinical calculators had been updated, including:

1. Combining the AST to Platelet Ratio Index (APRI) and the Fibrosis-4 (Fib-4) score into a single calculator to avoid repetitive entry and improve efficiency when calculating the risk of liver fibrosis and cirrhosis for chronic hepatitis B patients.
2. The Child-Pugh calculator was added to help family medicine doctors assess the prognosis of patients with liver cirrhosis.

Hyperlipidemia-related clinical calculators have been updated, including:

1. The Joint British Societies (JBS) cardiovascular risk calculator had been updated to include the suggested low-density lipoprotein (LDL) Cholesterol target calculation.
2. A calculator for determining the minimum cholesterol target had been added for patients with diabetes mellitus and established atherosclerotic cardiovascular disease.
3. The Dutch Lipid Clinic Network Score (DLCNS) calculator was added to assess the likelihood of familial hyperlipidemia.

Conclusions:

Together with the corresponding evidence-based practice guidelines on hepatitis B and hyperlipidemia on our website, the updated clinical calculator platform could help frontline family medicine doctors make evidence-based clinical decisions more accurately and efficiently.

Keywords: Evidence-based, Hyperlipidemia, Hepatitis B



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 47

Integrating Mental Health in Primary Care: The “CO-CARE – Collaborative Health and Social Care for Mental Health Condition” in DHC Express

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Introduction:

Mental disorders affect approximately 1 in 8 people globally, imposing a severe burden on individuals, families, and society. To address this, the World Health Organization advocates for integrating mental health into primary care. “CO-CARE – collaborative health and social care for mental health condition” is a value-added service piloted in the District Health Center Express (DHC Express) of the Hong Kong Society for Rehabilitation (HKSR). This service incorporates standardized screening, service triage, protocolled interventions, and partnerships with private medical practitioners and social services in the district. It aims to early identify and provide preventive intervention to promote mental health among DHC Express service users. This paper evaluates the effectiveness of the service on users with mild to moderate emotional symptoms.

Methods:

A pre-and-post design was employed in this study. DHC Express service users were screened with the Patient Health Questionnaire-9 (PHQ-9) and General Anxiety Disorder-7 (GAD-7) upon enrollment. Those with scores between 5 and 15 were recruited to the “ACTivate your life group” which is a manualised group intervention designed based on the Acceptance and Commitment Therapy (ACT) to increase psychological flexibility. Throughout the 4-session group spanning a month, users practiced mindfulness strategies and faced negative thoughts and emotions with acceptance. Users were assessed again upon completion of the group intervention.

Results:

In 2023, 149 DHC Express service users completed the group and pre-and-post evaluations. Statistically significant reductions in depressive symptoms ($t(148) = -4.672, p < .001$) and anxiety ($t(148) = -4.269, p < .001$), along with improved psychological flexibility ($t(148) = -2.396, p < .05$), cognitive and affective mindfulness ($t(148) = 2.576, p < .05$), and life satisfaction ($t(148) = 5.254, p < .001$) were found. Effect sizes ranged between small and medium.

Conclusions:

The “CO-CARE” service effectively identified users at risk of mental health issues, and demonstrated effectiveness in reducing symptoms and improving psychological well-being among DHC Express service users with mild to moderate emotional symptoms.

Keywords: Primary healthcare, Preventive intervention and mental health, ACT



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 48

A Cross-sectional Survey Exploring the Willingness of Hong Kong People to Use Teleconsultation in Primary Care during the COVID-19 Pandemic

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Introduction:

Teleconsultation is defined as the interactions between a clinician and a patient (who are not co-present physically in a place) for the purpose of providing diagnostic or therapeutic advice through electronic means. The development in teleconsultation was not a priority in Hong Kong in the past due to our easy accessibility of healthcare services. However, the COVID19 pandemic aroused people's awareness and interest in this alternative mode of healthcare delivery. Our study aimed to investigate the willingness of the general Hong Kong population to use teleconsultation in primary care and the factors affecting their decisions; and to ascertain the medical problems for which people will consider using teleconsultation in primary care.

Methods:

This was a cross-sectional territory-wide random population survey recruited through Computer-Assisted Telephone Interview system by a professional public opinion survey centre. All Hong Kong adult residents communicable by Cantonese or English were eligible to participate in the survey.

Results:

We successfully conducted 1507 telephone interviews. After applying population weighting, 51.6% of the study respondents were found to be willing to use teleconsultation in primary care. The main drivers were: possessing the perception that teleconsultation would serve the majority of their health problems (OR=3.693, $p<0.001$), provision of government subsidy (OR=3.567, $p<0.001$), ownership of a computer/tablet (OR=2.116, $p<0.001$). A major barrier for people's reluctance to use teleconsultation in primary care was having an education level of primary or below (OR=0.388, $p=0.002$). The majority of people had reasonable expectations on which medical conditions teleconsultation could be helpful but misunderstandings did exist.

Conclusions:

Our survey estimated that more than half of the general Hong Kong population was willing to use teleconsultation in primary care. Healthcare services providers and the government should address the drivers and barriers and clarify any misconceptions if teleconsultation is to be further developed in the Hong Kong primary care system.

Keywords: Teleconsultation, Primary care, Population survey



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 49

Strive to Reduce Overburden of Accident and Emergency Department (AED) by Implementing Gatekeeping in Primary Care

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Introduction:

Primary care doctors often act as gatekeepers to ensure proper use of medical resources, assuring efficient access to quality care while containing costs. With the overwhelming demand in emergency services in Hong Kong, primary care doctors are expected to be competent gatekeepers to ease the pressure off. A review on AED referrals by General Out-Patient Clinic (GOPC) doctors in Tin Shui Wai Health Centre (Tin Shui Road) was performed in 2023 to evaluate on our competencies as gatekeepers.

Methods:

Patients referred to the AED during the period from 1st of January to 31st of December 2023 from our clinic were reviewed in the aspects of demographics, referring diagnoses, admission rates, referral rates, admitting specialties and appropriateness of the referrals. In this review, the referral was deemed appropriate if the patient was admitted, given urgent investigations or received urgent treatments that were not available in GOPC settings.

Results:

A total of 535 AED referrals were reviewed, revealing age of patients ranging from 30 days old to 101 years old with a male-to-female ratio of 17:16. The top three referring diagnoses were chest pain (10.3%), acute abdomen (7.5%) and gastrointestinal bleeding (5.2%). The admission rate was up to 63.3% whereas 31.6% of the referrals required further assessments and investigations such as Troponin tests and urgent X-rays which were not available in GOPC settings. In whole, 94.9% of the AED referrals were evaluated to be appropriate and the referral-over-attendance rate was as low as 0.34%. Among all admitted cases, the top three admitting specialties were Medicine and Geriatrics (33.1%), Emergency Medicine Ward of AED (27.6%) and Surgery (14.7%).

Conclusions:

This review showed a wide spectrum of different clinical emergencies encountered in our clinic. It also indicated an important gatekeeper role of primary care doctors in reducing the burden of emergency services.

Keywords: AED referrals, Review, Gatekeepers



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5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 50

The Association of Hemoglobin A1c Level and Serum Uric Acid Level in Diabetic Patients – A Cross-sectional Study

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Introduction:

Both hyperuricemia and diabetes are risk factors for cardiovascular diseases. A number of studies reported association between hyperuricemia and diabetes. Uric acid may induce insulin resistance and affect diabetic control, which is reflected by hemoglobin A1c level (HbA1c). This study aims to explore the association between HbA1c and serum uric acid level (SUA) in diabetic patients.

Methods:

Diabetic patients attending Lek Yuen GOPD from 1st Jan 2023 to 31st Dec 2023, with urate level checked within 180 days, were extracted from Clinical Data Analysis and Reporting System (CDARS). Data collection included demographics, HbA1c level, SUA, body mass index (BMI), blood pressure, and use of urate-lowering therapy (ULT). Linear regression was used to assess the association of HbA1c level and the serum urate level.

Results:

A total number of 1097 diabetic patients with a mean age of 69.6 years old were included in the analysis, 56.2% of which were male (N=617). The mean HbA1c level was 6.8% while the mean SUA was 0.37 mmol/L. There were 371 (33.8%) patients who were also diagnosed with gout but only about half of them (17.6%, N=193) had ULT. In the multiple linear regression model, SUA and BMI significantly predicted HbA1c level (B = 0.714, p=0.003 AND B= 0.011, p=0.045 respectively). Sex, age and use of ULT did not show significant association with HbA1c.

Conclusions:

SUA and BMI are significantly associated with HbA1c level. Further studies are needed to evaluate the effect of early screening and treatment of hyperuricemia in diabetic patients. The role of different urate lowering agents on SUA and HbA1c level should be explored by recruiting a larger sample size. By reducing SUA and HbA1c concurrently, the risk of cardiovascular complications may be further lowered.

Keywords: Diabetes, Hyperuricemia, Gout



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 51

Retrospective Review of the Gender-Specific Differences in Cardiovascular Disease Risk Factors among Patients with Hyperuricaemia

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Introduction:

Hyperuricaemia is associated with increased cardiovascular disease (CVD) risk factors, with a rising global prevalence. Studies suggest hyperuricaemia may better indicate metabolic syndrome in females. This study aims to explore gender-specific differences in cardiovascular (CV) risk and CVD among patients with hyperuricaemia, which might highlight the importance of tailored management strategies.

Methods:

Patients attending Lek Yuen GOPD from 1st Jan 2023 to 31st Dec 2023, with urate level checked within 180 days, were extracted from Clinical Data Analysis and Reporting System (CDARS). Data collection included demographics, CV risk factors (hyperlipidaemia, diabetes mellitus (DM), hypertension (HT), gout), CVD (ischaemic heart disease (IHD), stroke), urate levels and urate-lowering therapy (ULT) use. Cases were categorized into hyperuricaemia (urate level ≥ 0.36 mmol/L in females and ≥ 0.42 mmol/L in males) and non-hyperuricaemia groups based on urate levels. Logistic regression was used to assess the association of gender and the prevalence of hyperlipidaemia, DM, HT, IHD and stroke in each group.

Results:

The non-hyperuricaemia group had 931 females, 1224 males, with no significant age difference. The hyperuricaemia group had 653 females, 865 males, with females being older ($P=0.012$). Males had higher mean urate level, gout rates and ULT use in both group ($P<0.05$). Adjusting for age, BMI, gout and ULT, no significant sex-based differences were found in hyperlipidaemia, DM, HT, stroke and IHD in the non-hyperuricaemia group. In the hyperuricaemia group, female had higher rates of hyperlipidaemia (OR 1.45, $P<0.001$) and DM (OR 1.527, <0.001), while males had more IHD (OR 2.30, $P<0.001$). HT and stroke rates did not significantly differ by sex.

Conclusions:

Despite higher occurrences of hyperuricaemia and gout in males, females with hyperuricaemia had higher CV risk factors than males, irrespective of gout or ULT use. It highlights the importance of CV risk factors assessment in females with hyperuricaemia, even without clinical diagnosis of gout.

Keywords: Hyperuricaemia, Cardiovascular risk, Gender difference



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 52

Assessment of Primary Health Care Training Needs among Registered Nurses in Hong Kong: A Cross-Sectional Study

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Introduction:

In Hong Kong, the demand of PHC services is rapidly growing due to a rapidly aging population, with projections indicating an increase from 7.51 million in 2019 to 8.06 million in 2036. Primary health care (PHC) is the foundation of a well-functioning healthcare system and plays a significant role in promoting community health, preventing disease and thus reducing the burden on secondary and tertiary healthcare services. PHC nurses are an integral part of the PHC system and at the forefront of delivering PHC services. This study aimed to evaluate the PHC training needs among registered nurses working in the PHC sector in Hong Kong.

Methods:

A cross-sectional survey was conducted involving 462 registered nurses employed in primary healthcare settings in Hong Kong. Data on sociodemographic characteristics, PHC knowledge and competencies, and training needs and approaches for PHC performance improvement were collected. The Hennessy-Hicks Training Needs Analysis Questionnaire was used to evaluate training needs and performance improvement approaches. The survey was distributed online via QuestionPro to ensure participant convenience and anonymity.

Results:

The study included 462 registered nurses working in the PHC sector, with the majority (53%) employed in General Outpatient Clinics (GOPCs) under the Hospital Authority. Only 39% of participants reported receiving PHC training. Among those who had not received prior PHC training, over 70% disagreed strongly with their proficiency in managing chronic conditions, supporting self-management, and empowering patients in healthcare decision-making. Statistically significant differences were observed in average performance scores for the "management/supervisory tasks" and "clinical tasks" subcategories between nurses who had received PHC training and those who had not ($p < 0.05$). The greatest average difference scores were observed in the "management/supervisory tasks" subcategory (+5). Participants indicated that specific training courses were more beneficial than organizational development for enhancing performance in "communication/teamwork," "management/supervisory tasks," and "clinical tasks," although no statistical significance was found between the two groups.

Conclusions:

The findings revealed that only 39% of registered nurses in the PHC sector had received PHC training. Significant differences were identified in average performance scores for "management/supervisory tasks" and "clinical tasks" between nurses who had received prior training and those who had not. "Management/supervisory tasks" emerged as the most critical training need for both groups. Participants perceived specific training courses as more effective than organizational development for enhancing performance in key PHC areas.

Keywords: Training needs, Primary health care, Training assessment



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 53

Sexual Sensation Seeking and Condom Use in Online-initiated Sexual Encounters among Men who Have Sex with Men (MSM): A Moderated Mediation Model Testing the Roles of Perceived Social Norms and Geosocial Networking Sites (GSNS) Addiction

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Introduction:

Online sex partner seeking is becoming increasingly popular among MSM. MSM who have online-initiated sexual encounters are more likely to have condomless anal intercourse (CAI). Promoting condom use in online-initiated sexual encounters among MSM is the key to HIV prevention. The present study aims to examine the association between sexual sensation seeking and condom use in online-initiated sexual encounters among MSM, test the mediating role of perceived social norms for CAI in such association, and investigate how GSNS addiction moderates the indirect effect of sexual sensation seeking.

Methods:

A cross-sectional telephone survey was conducted among 312 MSM who engaged in online-initiated sexual encounters in the past year between April and November 2021. Demographic characteristics, e.g. education level, income level, and age, were collected. Sexual sensation seeking, perceived social norms for CAI, GSNS addiction, and condom use in online-initiated sexual encounters were measured. The mediation analysis and the moderated-mediation analysis were performed using Model 4 and Model 7 of Hayes Process Macro V4.2 for SPSS Version 22.

Results:

Sexual sensation seeking had a direct negative effect ($c' = -0.59$) and an indirect negative effect ($a*b = -0.06$) on condom use through perceived social norms for CAI in online-initiated sexual encounters among MSM. GSNS addiction strengthened the association between sexual sensation seeking and perceived social norms for CAI, and further moderated the indirect effect of sexual sensation seeking (all $ps < 0.05$).

Conclusions:

This study revealed underlying mechanisms of the association between sexual sensation seeking and condom use in online-initiated sexual encounters among MSM, which inform effective interventions for HIV prevention among MSM.

Keywords: Sexual sensation seeking, condom use, Men who have sex with men (MSM)



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Hong Kong Primary Care Conference 2024 “Family Medicine in the Community: STRENGTHENING CONNECTIONS”

5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 54

Community Healthcare Promotion and Collaboration: A Potential Healthcare System across Ethnicity

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United Christian Nethersole Community Health Service

Introduction:

Medical-social collaboration becomes a focus in community healthcare while different models and strategies are implanting to enhance the connection between medical service provider, user and the society. A one-stop integrated community health service provide with health promotion, education in terms of community engagement with intra-referral system might be a feasible and practical model to enhance the connection between healthcare and community in a social collaboration level.

Methods:

Data collected from 1st April 2021 to 31st March 2023 from a smoking cessation programme for ethnic minorities under UCNCHS. A pre-and-post-tests was used to assess the percentage of knowledge enhancement (K) and attitude changes (A) for each participant who was a smoker and attend the health talks about tobacco and alcohol misuse in school or in community activities in a scale of 40 participants. The self-reaching rate of those smokers were also analyzed.

Results:

A total of 489 and 527 participants were attended among those 6 and 14 health talks in school and community level, of which 19 and 164 smokers were identified. Enhance of knowledge and attitude changes were 80% : 79% and 85% : 86% for school and community respectively. Eventually there are 15 (79%) and 113 (69%) smokers who reached us and join the smoking cessation service from the school and community, while we found 14 (93%, $p<0.05$) and 106 (94%, $p<0.001$) of them were self-reported smoking-free, which shown a significant association with the self-reaching attitude.

Conclusions:

Provide active connection between medical and social level by spreading into health education in school and health promotion in community level are effective to both clinical outcomes and building the model of primary healthcare setting. Further implication focus on ethnic minorities community should be considered.

Keywords: Smoking cessation, Ethnic minorities, Knowledge attitude



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 55

Can HPV Self-sampling Improve Cervical Cancer Screening Uptake among Female Residing in Subdivided Units in Hong Kong?

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Introduction:

In Hong Kong, over 210,000 people were residing in Subdivided Units (SDUs) and number of households has increased by almost 17% since 2016. However, more than half of these SDUs' residents rated their health as below average. Understanding barriers to healthcare access, especially health screening for this population is important for future healthcare planning.

Methods:

Eligible respondents included female aged 18 years or above who residing in SDUs, were invited to do self-administrative cross-sectional surveys and HPV self-sampling screening tests. Prevalence of HPV infection, acceptability and feasibility of HPV self-sampling were estimated. Barriers to health screening, lifestyle behaviour, and demographic characteristics associated with under-screened were identified.

Results:

A total of 145 women participated in the study, with a response rate of 99.3% (145/146) between October 2022 and March 2023. Among them, over 70% were married and 60% (84/144) lived in HK for less than 10 years. Only around 32% (47/145) respondents had regular screening in the past 3 years and 68% (98/145) were under-screened. The most common reasons for non-regular screening were never heard (29.6%), no time (9.2%), due to pandemic (9.2%), not necessary (8.2%), and costly (4.1%) etc. The overall HPV infection was 6.8% (10/145), 6% among non-regular screening group and nearly 9% among the regular screening group. While over 90% (81/90) of the respondents opted for HPV self-sampling as the preferred cervical cancer screening method.

Conclusions:

Findings revealed that the majority of SDUs' female were under-screened and barriers due to low literacy of health concerns and accessibility to healthcare were prevalent. Improvement of educational resources to facilitate healthcare access needs is crucial. The acceptability of HPV self-sampling is higher compared to the previous studies among the general population. It would be a solution to overcome the perceived barriers to improve the low uptake of cervical cancer screening among these women.

Keywords: HPV Self-sampling, Cervical Cancer Screening, Cervical Cancer Prevention



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 56

Feasibility of HPV Self-sampling as Alternative Screening Tool for Cervical Cancer among Ethnic Minority Women

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Introduction:

Health equity is one of the main concerns of ethnic minority women and is always a key focus of public health. Studies have shown that considerably low uptake of cervical screening and multiple barriers were related to healthcare access. To diminish the health inequity gap, this study therefore explores HPV self-sampling as a solution to enhance the accessibility to cervical screening among minorities in Hong Kong.

Methods:

Female ethnic minorities were recruited and invited to have HPV self-sampling as cervical screening in December 2021 together with a pre-post self-administrative questionnaire survey. Eligible respondents included women aged 18 years or above who ever had sexual experience and were competent in spoken English. Prevalence of HPV infection, barriers to cervical screening, and future preference for cervical screening were explored.

Results:

A total of 57 women (mean age 45, range 32-62 years) were recruited and responded to the pre-questionnaire survey. 43 of them successfully conducted HPV self-sampling indicating a willingness rate of 75.4% (43/57). The respondents included Filipino, Indian, Indonesian and Nepali. Only 10.5% (6/57) of them reported having regular cervical screening in the past 3 years. The most common barriers to attending screening included lack of time (36.4%, 16/44), lack of knowledge/awareness (22.7%, 10/44), fear (11.4%, 5/44) or unnecessary (11.4%, 5/44). Other reasons included due to COVID-19, living abroad, costly, and pregnancy (18.2%, 8/44). Among those who conducted the self-sampling, no HPV infection was detected. Around 60.0% (24/40) solely preferred HPV self-sampling, 20.0% (8/40) preferred pap smear and 20.0% (8/40) opted for both screening methods in future cervical screenings.

Conclusions:

Low health literacy, limited healthcare access, and fear/embarrassment might contribute to explaining the considerably low uptake of cervical screening in local ethnic minority women. The high acceptance of HPV self-sampling has proven to provide an alternative strategy promoting cervical screening among these women.

Keywords: Ethnic Minority women, HPV Self-sampling, Cervical Cancer Screening



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 57

Mental and Social Well-being among School-aged Children and Adolescents from Low-income families in Hong Kong

Eliza L.Y. WONG¹, Annie W.L. CHEUNG¹, Zoe P.Y. TAM¹, Judy C.D. SZE¹, Jonathan C.H. MA¹, Crystal Y. CHAN¹, Carol K.L. LEE²

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Introduction:

Being mentally healthy is essential for overall child development. A local study revealed that Hong Kong children face alarming mental health issues, consistent with findings in international literature. Some children are at greater risk of mental health conditions due to negative experience in school or family relationships, stigma, discrimination, and other social factors, especially those living in low-income families. The study aimed to examine the relationships between mental and social well-being in children.

Methods:

A community-based health assessment programme was conducted between September 2022 and February 2024 among children from low-income families. Mental wellness was assessed by the 25-item Revised Children's Anxiety and Depression Scale. Social well-being was measured by structured questions including any history of being bullied; and satisfaction with family and school life. Sociodemographic information such as gender, age, self-rated health status (EQ-5D-Y) and self-perceived social support were also collected. Regression analysis was applied to identify the associations between mental and social well-being.

Results:

A total of 113 children (62 boys and 51 girls) aged 8 or above were included in this study. Their mean age is 10.33 (SD=1.63). 25% of children reported feeling worried, sad or unhappy on the day of the assessment. Half of them had only 1-2 listeners, while 7% had none. 4.4% of the children reached the clinical borderline of or were classified as having depression and anxiety (Depression=3.5%; Anxiety=3.5%). Regression models showed that children with experience of being bullied ($\beta=8.21$; 95% CI=3.89-12.53), poorer family life ($\beta=5.34$; 95% CI=0.01-10.66), and poorer school life ($\beta=6.55$; 95% CI=0.66-12.44), are significantly associated with higher risk of depression and anxiety, with adjustment for age, gender, level of social support, and their emotional state.

Conclusions:

Targeted interventions to address bullying, and create a positive family and school environment are recommended to promote positive mental health in children.

Keywords: Mental health, School-aged children, Low-income families



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 58

Clinical Effectiveness of Finger Gliding Exercise for Trigger Finger in Patients with Steroid Injection: A Pilot Randomized Clinical Trial

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Introduction:

Trigger finger is a common musculoskeletal condition. Finger gliding exercises are believed to enhance flexor tendons excursion and fingers mobility but their effectiveness for treating or preventing trigger finger recurrence remains unexplored. This study aims to assess the initial clinical effectiveness of finger gliding exercises in patients with steroid injections for their trigger fingers.

Methods:

Patients with trigger fingers who received corticosteroid injection in musculoskeletal clinic were randomly assigned (1:1) to control and intervention group. The intervention group was required to do finger exercise and submit online exercise log regularly. All participants were requested to submit online survey at 6-month. The primary outcome assessed the clinical effectiveness of tendon gliding exercises at the 6-month follow-up, while the secondary outcome aimed to assess the exercise log response and compliance rate of the intervention group.

Results:

The study was conducted from August 2021 to June 2022. The recruitment rate was 82.6%, with 38 participants allocated to each group. At 6 months, 34 (89.5%) control and 33 (86.8%) intervention group participants submitted the online survey. Baseline characteristics, including age, sex, presence of chronic illness, Quinelle grading, Numerical Pain Rating Score (NPRS), and QuickDASH scores, were similar between groups, except for a longer duration of symptoms in the intervention group (5.2 ± 2.9 vs. 3.6 ± 2.6 months, $P=0.002$). No significant differences were observed in finger improvement rate, recurrence of triggering, need for repeated injection, occurrence of new trigger finger site, NPRS and Quinelle grading at 6 months. For the intervention group, the exercise log response rate and compliance rate were 85.6% and 68.6%.

Conclusions:

Our study did not establish the initial effectiveness of finger gliding exercise for trigger finger patients following steroid injections compared to usual care. A larger trial is necessary considering the small sample size and preliminary nature of this study.

Keywords: Trigger finger, Tendon gliding exercise, Post steroid injection



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 59

The Perspectives of Patients regarding Dietitian Counselling Services and their Self-efficacy in Health Management Following such Counselling in Community Setting in Hong Kong

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Community Nutrition Service, United Christian Nethersome Community Health Service

Introduction:

With the launch of the Primary Healthcare Blueprint, there is an increasing emphasis on improving the overall health of the community via chronic disease prevention and management. Positive dietary change is one of the keys for lifestyle modifications in health improvement. Dietitians play an important role in educating nutrition and giving practical, personalized dietary advice to patients. The objective of this review was to explore the viewpoints of patients who have received dietitian counselling services and examine the impact of such counselling on their self-efficacy in managing their health.

Methods:

Two anonymous online surveys, one of which consisted of 11-item self-administrative questionnaires was used to obtain the experiences, attitudes, and opinions of patients who have undergone initial dietitian counselling services (n = 30). While the other one consisted of 7-item self-administrative questionnaires was used to investigate the relationship between dietitian counselling and patients' self-efficacy in health management, providing preliminary suggestions on the role of dietitian counselling in fostering patients' confidence and abilities to maintain a healthy lifestyle (n = 87).

Results:

The main criteria for patients selecting a dietitian counselling service are convenient location (47%), professional qualification of dietitians (43%) and practical advices from the service (33%). Moreover, patients valued most in the counselling are personalized meal plan and diet guidance according to individual conditions (67%) and showing understandings of individual nutrition needs and reaching achievable goals (23%).

Furthermore, approx. 85% or more respondents Strongly agreed/Agreed individual dietetic counselling could facilitate them on diet improvement, enhance self confidence and motivation to change habit and increase understanding of self-nutrition needs, as well as higher efficacy in managing their body weight, blood glucose, lipids and blood pressure.

Conclusions:

Dietitian counselling services undoubtedly have a determining impact on patients' self-efficacy in managing their health. The findings of these two surveys have good implications for healthcare professionals and individuals seeking guidance in managing their health and nutrition. Ultimately, the goal is to improve patient outcomes, promote sustainable behavior change, and empower individuals to lead healthier lives through effective dietitian counseling services.

Limitation

The sample included self-selected respondents which may increase the risk of personal bias. Sampling was also limited to the community health clinic of UCN which may reduce the generalizability of findings.

Keywords: Dietitian counselling, Self efficacy, Health management



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 60

Case Review of an Adolescent Patient Presented with Secondary Amenorrhea and Restrictive Diet for Nutritional Rehabilitation by Registered Dietitian in Community Setting

Heidi T.M. CHAN, Joey W.K. CHAN, Flora L.T. CHEUNG

Community Nutrition Service, United Christian Nethersole Community Health Service

Introduction:

In primary care clinics, not all patients with disordered eating behaviour, including over restrictive eating and underweight, were referred to dietitians which might incur malnutrition problem. This could possibly delay appropriate treatment for patients, especially for adolescents which pose high risk in their growth and development. This case review aims to demonstrate that the needs of nutritional rehabilitation with Medical Nutrition Therapy (MNT) provided by a Registered Dietitian (RD) is significant for the overall outcome of the patient.

Methods:

A 12 y.o. female, diagnosed of secondary amenorrhoea with low luteinizing hormone (LH) and Free T4 levels, suspecting malnutrition, was referred to dietitian by a private doctor. Face-to-face consultations were arranged with a dietitian in a community health clinic. Patient attended the consultations with her aunt and grandmother as her carers.

Anthropometric and biochemical measurements were collected by dietitian. Nutritional assessment was conducted at initial consultation subsequent with 5 monthly review consultations. Dietary pattern, nutritional adequacy, eating behaviours and mindsets were reviewed by the dietitian.

Results:

The initial nutrition diagnosis was undernutrition, secondary to unnecessary dietary restriction related to personal fear of weight gain, self-restriction in food portions and limited food choices as evidenced by diet recall and average dietary intake only meeting ~50-70% of estimated energy requirement and weight for height drop from 50% to 25% in 9 months.

Dietary goals were established mutually, including to achieve adequate nutrition, increase variety of foods and restore a healthier relationship with food. Patient was able to maintain current weight, build confidence in eating and follow a regular meal pattern with nutrition support on Oral Nutrition Supplement. She also became more open to trying fear foods. With the support of family and dietitian advocacy, she sought professional psychological advice for supporting her overall treatment plan.

Conclusions:

Restrictive eating patterns may have negative influence on young female growth. Dietitians play an important role in facilitating patients to achieve adequate nutrition by encouraging healthy relationship with food, which supports the overall well-being of the patient via consistent support as part of the nutrition rehabilitation.

Keywords: Restrictive diet, Nutritional rehabilitation, Dietitian



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 61

Physicians’ Views on Barriers to Refer Dietitian Care in Primary Care Setting in Hong Kong

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Introduction:

Dietary intervention, as part of the lifestyle modification, is recognized by physician as an important element on the management and prevention of obesity and preventable chronic diseases. However, barriers were found on the referral of dietitian care to patients. This review was to explore possible perspectives from local physicians in primary care settings on referring patients to nutrition counselling for diet modification.

Methods:

An anonymous online survey consisted of 12-item self-administrative questionnaires was used to obtain views on referring cases for dietitian care from 13 physicians practicing in clinics with primary care settings in Hong Kong. The questionnaire covered several areas including reasons for not referring to dietitians and availability of dietitian services at practice site.

Results:

70% of the respondents (n = 10) practiced at community clinic and 90% with dietitian on site and indicated would refer to dietitian. Reasons for dietitian referrals were including DM and weight management (100%), underweight/unintentional weight loss (80%), prevention of NCD (preDM, preHT) (70%), cardiovascular, hypertension and renal diseases (60%), at risk of malnutrition (50%) and general disease prevention (40%). Potential cost for patients (80%) and lack of patient interest/value of dietitian referral (70%) were mostly reported barriers by respondents.

Conclusions:

The on-going Chronic Disease Co-Care Pilot Scheme of which dietitian referral as part of allied health services is partially subsidized by the Government, which responds the concern of potential cost of dietitian services while it would be more beneficial to extend coverage on top of Diabetes Mellitus and Hypertension as well as other age group with existing NCDs or NCD prevention as well as weight management including underweight. Also, strengthen collaboration between public and community services, standardizing with simplified referral protocol, together with emphasis on patient education on benefits of dietitian care would have benefits, positive health outcomes and quality of life to boost value and interest from patients on dietitian care as part of disease management.

Limitation

The risk of personal bias would be increased due to self-selected sample of respondents with a small sample size reducing the generalizability of findings. Brief survey limited the extensiveness of data collection to alleviate respondents’ burden on participation.

Keywords: Referral barriers, Dietitian care, Primary care



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 62

Inpatients' and Outpatients' Health-related Quality of Life and its Association with Patient Satisfaction in Hong Kong

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Introduction:

Improving patients' health-related quality of life (HRQoL) is an important goal of medical treatment. Patient satisfaction is a widely used measurement for medical care process and quality. However, limited studies explored how this measurement affected patients' HRQoL. This study aims to estimate the association between patient satisfaction with overall healthcare services and patients' HRQoL in Hong Kong.

Methods:

This study utilized data from the regional cross-sectional surveys, including the 2019 Inpatient Experience (inpatients) and the 2021 Specialist Outpatient Experience (outpatients) Surveys in Hong Kong. Validated questionnaires designed for inpatient and outpatient experience were adopted in the respective surveys. Patients' HRQoL was measured using the EQ-5D-5L instrument. Tobit regression models were conducted in the data analysis.

Results:

In total, 20,675 participants (inpatients: $n = 8,275$; outpatients: $n = 12,400$) were included in the study. Inpatients (EQ5D index: 0.87) showed a lower mean of HRQoL than outpatients (EQ5D index: 0.93). The most frequently reported problem for both inpatients (38.0%) and outpatients (24.0%) was pain/discomfort. In both subsets, the Tobit regression models revealed that patients' overall satisfaction with healthcare services (inpatients: $\beta = 0.014$, $p < .001$; outpatients: $\beta = 0.006$, $p < .001$) were positively associated with their HRQoL; patients aged between 41 and 60 years, females, individuals with worse health status, government allowance recipients, individuals with long-term standing conditions, those living alone, and the unemployed were more likely to report poorer HRQoL.

Conclusions:

The findings suggested that patient satisfaction with care is not only a process measure of medical care quality but is also positively associated with patient-reported outcomes. Additionally, certain demographics (i.e., middle age, female, lower socioeconomic status) and health-related factors (health status and long-term standing condition) significantly influence patients' HRQoL. These highlighted interventions are needed to address the needs of these vulnerable patient groups and enhance their overall well-being.

Keywords: Health-related quality of life, Patient satisfaction, Patient experience



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 63

Early Nutrition and Illness Incidence in Cesarean Born Chinese Infants during the First Year of Life

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Introduction:

C-section born infants had a different composition of gut microbiota in the first year of life which may be a risk factor for diseases in their later life. Our previous study showed that nutritional solution with specific synbiotics (combination of pre- and probiotics consisting of a short-chain galacto-oligosaccharides [scGOS], long-chain fructo-oligosaccharides [lcFOS] in 9:1 and Bifidobacterium breve M16-V [BBM16V]) partially restored the gut microbiota, particularly the abundance of immunomodulatory Bifidobacterium spp., of infants born by C-section, suggesting this nutritional modulation may contribute to reducing disease risk. In this study, we conducted a health survey on illness incidence to investigate the impact of early nutrition on C-section born Chinese infants in the first year of life.

Methods:

Parents of healthy term, C-section born children who were previously fed with a specific synbiotics formula (scGOS:lcFOS, 9:1 and BBM16M, synbiotics group) or other formula (non-synbiotics formula, standard group) in their first year of life were contacted after their child's first birthday. Parents were interviewed by a healthcare professional to complete a health survey on incidence and types of illness in child's first year of life. Illness was defined as the presence of physical symptoms that required medical consultation and treatment.

Results:

A total of 81 healthy c-section born children were included, 32 in the synbiotic group and 49 in the standard group. The number of illness incidence appeared to be different between two groups (Pearson chi-square, $p=0.057$). The percentage of children reported 3 times or more illness event was lower in the synbiotics group (9.4%) compared to the standard group (26.5%). Children in the synbiotics group also had a lower illness incidence (including respiratory, allergy, gastrointestinal illness) (18.8%) compared to the standard group (6.1%). The use of antibiotics was lower in the synbiotic group (3.1%) compared to the standard group (26.5%).

Conclusions:

A nutritional solution with specific synbiotics in the first year of life may help to reduce the incidence of illness among C-section born children.

Keywords: Cesarean born infant, Gut Microbiota, Early nutrition



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 64

Effectiveness of Internet Cognitive-behavioural Therapy for Insomnia: A Randomized Controlled Trial

K.L. CHAN¹, Scarlet F.O. POON¹, Bun L.H. LAM¹, Kevin K.S. CHAN², Ian C.B. LAM³

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Introduction:

Insomnia is a common sleep disorder that affects a significant portion of the Hong Kong population and can have negative impacts on daytime functioning, cognitive abilities, and physical health. It has also been linked to an increased risk of developing mental health disorders such as depression and anxiety. The current study aimed to examine the efficacy of an online self-help cognitive behavioral therapy for insomnia (CBT-I) intervention in reducing insomnia severity among individuals with sub-threshold insomnia in Hong Kong, compared to a waitlist control group.

Methods:

The study design included a two-arm parallel randomized controlled trial, with participants randomly assigned to either the seven-week CBT-I intervention or the waitlist control group. The CBT-I intervention comprised an introductory module followed by six weekly modules incorporating key components of CBT-I, including sleep hygiene education, stimulus control, sleep restriction, relaxation training, and cognitive therapy. The waitlist control group did not receive the intervention for the first seven weeks, after which they completed a post-intervention assessment and a follow-up assessment four weeks later.

Results:

Participant recruitment for the present study took place from October to December 2022, resulting in the enrollment of 358 eligible participants who completed baseline assessments. Initial analyses were conducted using data from the baseline and post-intervention time points. Using a multilevel model predicting insomnia symptoms showed no significance for the fixed effects of treatment conditions. However, a significant association was observed at the week 7 follow-up between time and insomnia severity [B = -2.56, S.E. = 0.39, p < 0.001, 95% CI (-3.32 to -1.80)]. The time X group interaction also demonstrated a significant association [B = -2.48, p < 0.001, 95% CI (-3.62 to -1.33)]. Between-group comparisons at the week 7 follow-up revealed a significant difference in favor of the treatment group [t(491.50) = -5.15, p < 0.001, Cohen's d = 1.01, 95% CI (-3.89 to -1.74)]. The results of this two-arm RCT suggest that unguided online CBT-I is effective in sub-clinical adults.

Conclusions:

Given its low cost, high accessibility, and minimal therapist involvement, it is recommended as a first-step intervention.

Keywords: Insomnia, Online, Self-help



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 65

The Challenges of Managing Gout in Primary Care: A Cross-sectional Study

Jinghao HAN, Shirley Y.K. CHOI, L.Y. CHENG, S.Y. LEUNG, W.K. LEUNG, Maria K.W. LEUNG

Department of Family Medicine, New Territories East Cluster, Hospital Authority, Hong Kong, China

Introduction:

Gout is one of the most common non-communicable diseases in Hong Kong and associated with other comorbidities. While lowering serum urate to ≤ 0.36 mmol/L improves clinical outcomes, this is usually not achieved. We describe the disease burden and determine predictors of achieving treat-to-target.

Methods:

Gout patients attending Lek Yuen general outpatient clinic from 1/1/2023- 31/12/ 2023, with urate level checked within 180 days, were extracted from Clinical Data Analysis and Reporting System (CDARS). Data collection included demographics, hypertension (HT), diabetes (DM), hyperlipidemia, obesity, ischemic heart disease (IHD), stroke, chronic kidney disease (CKD, defined as estimated glomerular filtration rate <60 mL/min/1.73 m²), and prescription of urate-lowering therapy (ULT).

Results:

A total of 1102 gout patients were identified with an average urate level of 0.40 mmol/L. The mean age was 70.3 years, and 854 (77.5%) were male. The comorbidity with the highest prevalence was HT (83%), followed by obesity (58.7%), hyperlipidemia (48.8%), CKD stage ≥ 3 (38.4%), DM (34.6%), IHD (8.1%) and stroke (4.1%).

490 gout patients (44.5%) were receiving ULT, which is a definite, curative treatment. 477 patients (97.3%) were taking Allopurinol and 13 (2.7%) were on Febuxostat. Among patient not on ULT, 181 patients (29.6%) reached a target urate level ≤ 0.36 mmol/L; whereas 238 out of 490 patients (48.6%) on ULT were treat-to-target ($P < 0.001$). In multivariate analysis, CKD [Odd ratio (OR)=1.366; 95% confidence interval (CI) 1.023-1.823], and LDL (OR=1.459; 95% CI 1.223-1.741) were independent risk factors for urate level >0.36 mmol/L, whereas ULT prescription and ageing were predictors of achieving treat-to-target with OR of 0.485 (95% CI 0.376-0.627) and 0.983 (95% CI 0.970-0.996), respectively.

Conclusions:

Management of gout remains suboptimal. Comorbidities in gout are very common and make its management challenging. A systematic approach to screen for other comorbidities and initiate ULT early when indicated is needed.

Keywords: Gout, Urate lowering therapy, Treat-to-target urate level



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 66

Exploring Barriers and Facilitators of Implementing Community Health Worker Interventions in Deprived Communities: Insights from a Territory-wide Trial

Crystal Y. CHAN, Karen K.L. WONG, Maggie Y.Y. LI, Marie C.Y. WONG, Becky HOI, Joyce H.Y. CHAN, Henry H.F. SIN, Rowan T.Y. CHEUNG, Edwin S.K. CHUNG, Eliza L.Y. WONG

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

Introduction:

Community health workers (CHWs) are valuable partners in providing accessible care to marginalized populations, despite not receiving formal medical training. From July 1, 2021, to January 31, 2023, a territory-wide experimental trial was conducted to examine the feasibility and adaptation of CHW interventions among Hong Kong Chinese adults living in sub-divided flat units with pre-diabetes. This study serves as the process evaluation of the trial, aiming to understand the barriers and facilitators of its implementation.

Methods:

The Consolidated Framework for Implementation Research guided individual interviews with key stakeholders, including trial participants, CHWs, collaborators from non-governmental organizations, and project staff. All interviews were transcribed verbatim and subjected to thematic analysis. Two researchers with qualitative research training independently coded and analyzed the transcripts until barriers and facilitators were identified, with conflicts resolved through discussion.

Results:

A total of 35 interviews were conducted, involving 6 individuals from non-governmental organizations, 9 participants, 12 community health workers, and 8 project staff (including managers and frontline workers); 31.4% of the interviewees were male. Facilitators of implementation included 1) intervention design tailored to participants' needs, 2) evidence-based interventions, 3) patient involvement in the design process, 4) financially accessible services provided at a higher frequency compared to professional services, 5) a harmonious and enthusiastic team culture, and 6) a well-designed intervention plan. Barriers included 1) time-consuming data collection procedures, 2) lack of communication training for CHWs, 3) the impact of the COVID-19 pandemic, and 4) challenges related to funding sustainability and space for intervention delivery.

Conclusions:

The successful implementation of CHW interventions can be facilitated through effective intervention design and a positive project team culture, while challenges persist in ensuring funding sustainability, improving data collection procedures and CHW training, and addressing the impacts of pandemics.

Keywords: Community health worker, Chronic disease, Implementation



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 67

The Optimal Blood Pressure Target for Antihypertensive Management: A Target Trial Emulation Using Big Data

R. ZHANG¹, Louise EMILSSON², Daniel FONG¹, Celine S.Z. CHUI¹, Esther Y.T. YU¹, Esther CHAN¹, K.H. YIU¹, Ian C.K. WONG¹, Goodarz DANAEEI³, Cindy L.K. LAM¹, Eric Y.F. WAN¹

¹ The University of Hong Kong

² Oslo University

³ Harvard TH Chan School of Public Health

Introduction:

The benefits of lower blood pressure (BP) target for patients with hypertension are well recognized, but the optimal blood pressure target among different population remained inconsistent in the guidelines and unclear research evidence in Chinese population. To investigate the optimal blood pressure target for patients with hypertension, we conducted the target trial emulation using the territory-wide observational data in non-Caucasian settings.

Methods:

Using the electronic health records in Hong Kong, we conducted a target trial emulation on the hypertension patients. 121,356 patients who did not have diabetes, chronic kidney disease, or cardiovascular diseases and had records of prescription adjustments between Jan2008 and Dec2018 were included in our study. Patients were assigned to four treatment groups with blood pressure targets: 1. <140/90mmHg, 2. <140/80mmHg, 3. <130/90mmHg, 4. <130/80mmHg according to their prescription and blood pressure records. The per-protocol effect of four blood pressure treatment targets were estimated in the emulated target trial. Pooled logistic regression was applied to obtain the hazard ratios (HRs) for the major CVDs (stroke, coronary heart disease, heart failure), all-cause mortality and major adverse events of anti-hypertensive treatment, with the adjustment of baseline confounders and the inverse probability weighting accounting for the time-varying confounders.

Results:

During an average follow-up of 6.7 years, patients with more intensive BP target were observed to incur a lower risk of hypertension related complications, including major cardiovascular diseases [HRs: BP <140/90mmHg: 0.86 (0.80, 0.93); BP <140/80mmHg: 0.89 (0.81-0.98); BP <130/80mmHg: 0.88 (0.81-0.96)], and all-cause mortality [BP <140/90mmHg: 0.87 (0.79, 0.97); BP <140/80mmHg: 0.89 (0.81-0.98); BP <130/80mmHg: 0.82 (0.73-0.93)] with no significant increase risk for the adverse events were reported.

Conclusions:

Compared to the traditional blood pressure target, the lower blood pressure target has benefits without additional increased risk of adverse events.

Keywords: Blood pressure target, Antihypertensive management, Target trial emulation



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Free Paper Competition – Poster Presentation

POSTER 68

The Supporters Matter: Associations among Different Sources of Social Support, Self-care Self-efficacy, Positive Affect, and Self-management Behaviors in Type 2 Diabetes Patients in Hong Kong

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Introduction:

Western studies have suggested that social support is an important determinant of diabetes self-management (DSM) behaviors among Type 2 diabetes mellitus (T2DM) patients. However, how social support from different sources (e.g., family, friends, and other acquaintances) contribute to self-management behaviors and their potential explanatory mechanisms (e.g., self-efficacy, affect) among Chinese T2DM patients in Hong Kong remains under-explored. This study aimed to investigate how social support from different sources were associated with DSM behaviors and the roles of self-care self-efficacy and positive affect in mediating between social support and DSM behaviors.

Methods:

T2DM patients (N=416) recruited from hospitals and clinics in Hong Kong participated in a cross-sectional survey which measured the aforementioned variables.

Results:

In the multiple mediation model (Model 4 of the SPSS PROCESS macro), significant indirect effects were observed from social support from friends ($\beta=0.19$; 95% CI=0.11 to 0.28), from other acquaintances ($\beta=0.20$; 95% CI=0.11 to 0.30) and from family ($\beta=0.18$; 95% CI=0.09 to 0.30) on DSM solely mediated through increased self-care self-efficacy. Positive affect did not emerge as a significant mediator for the relationship between social support from friends, family, or other acquaintances, and DSM. Notably, only social support from other acquaintances showed a significant direct effect on DSM ($\beta=0.21$; 95% CI=0.02 to 0.41), while support from family or friends did not exhibit a significant direct effect on DSM.

Conclusions:

Different sources of social support and other psychological variables contributed differently to Hong Kong T2DM patients' DSM behaviors. Interestingly, social support from other acquaintances demonstrated the strongest relationship with DSM behaviors. The findings emphasize the need for tailored interventions that enhance social support networks and address self-care self-efficacy to improve DSM behaviors. Future research should focus on developing tailored interventions, such as peer support groups, to optimize support systems and improve diabetes management for individuals with diabetes.

Keywords: Type 2 diabetes, Diabetes self-management, Mediation analysis



5th – 7th July 2024 (Friday – Sunday)

Free Paper Competition – Poster Presentation

POSTER 69

Optimising HbA1c Monitoring Intervals in Patients with Type 2 Diabetes Based on Glycaemic Control Status: A Target Trial Emulation study

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Introduction:

This study aims to optimise HbA1c monitoring intervals for patients with type 2 diabetes mellitus (T2DM) based on glycaemic control status using electronic healthcare records from Hong Kong.

Methods:

Adult patients with T2DM between 2009 and 2012 were identified and classified into four groups according to their baseline HbA1c levels: <7%, 7-7.9%, 8-8.9%, and ≥ 9%. A target trial was emulated for each group to compare different HbA1c monitoring intervals (2-4, 5-8, 9-15, and 16-24 months for HbA1c <7%; 2-4, 5-8, and 9-24 months for other groups) on the risk of all-cause mortality and cardiovascular diseases (CVD) using the clone-censor-weight approach. Patients were followed from the index date until the earliest of the outcome occurrence, mortality, or the administrative end of the cohort (December 31, 2021).

Results:

A total of 183,078 patients were identified in the cohort. For patients with HbA1c < 7%, monitoring at 16–24 months did not increase the risk of CVD or all-cause mortality compared to 2–4-month intervals (Hazard ratio [HR, 95% CI]: all-cause mortality: 1.016 [0.975,1.059]; CVD: 1.001 [0.957,1.047]). Conversely, patients with HbA1c between 7-7.9% experienced a significantly higher mortality risk when monitored at 9–24-month intervals compared to 2 – 4-month intervals (HR [95% CI]: 1.098 [1.050,1.149]) and patients with HbA1c ≥ 8% had significantly higher risks of all-cause mortality and/or CVD when monitored at 5–8-month intervals versus 2–4-month intervals (HR [95% CI] for HbA1c within 8-8.9%: 1.099 [1.042,1.159] for all-cause mortality, and 1.040 [0.979,1.105] for CVD; HR [95% CI] for HbA1c ≥ 9%: 1.254 [1.181,1.331] for all-cause mortality, and 1.093 [1.020,1.171] for CVD).

Conclusions:

HbA1c monitoring interval for T2DM patients with HbA1c < 7% can be safely extended to 1.5-2 years, while the optimal intervals for those with HbA1c between 7-7.9% and ≥ 8% are biannually and quarterly, respectively.

Keywords: Long-term Diabetes Care, Optimisation of HbA1c monitoring, Target trial emulation



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Poster Presentation

POSTER 70

Honoring the Spirit from within – A Case Study of Vera Ruttonjee Desai Spiritual End-of-Life Care Centre

Venus Y.W. HO

Vera Ruttonjee Desai Spiritual End Of Life Care Centre, The Hong Kong Chinese Christian Churches Union Kwong Yum Care Home (Integrated Aged Care Service)

Introduction:

Given the increasing aging population and the implementation of legislation regarding dying in place, there is a growing demand for high-quality end-of-life care services in Hong Kong. In response to this need, the Vera Ruttonjee Desai Spiritual End-of-Life Care Centre (VRDSEOLCC) provides a comprehensive and high-quality spiritual end-of-life care service (SEOLCS).

Methods:

The model practice of spiritual end-of-life care incorporates Namaste Care to deliver SEOLCS to individuals with terminal illnesses and their families. Namaste Care focuses on ensuring comfort through the creation of a dedicated, enabling, peaceful, and home-like environment, including a specially designed Namaste Care Room. The SEOLCS offers round-the-clock enhanced and structured access to bio-psycho-social and spiritual care, as well as the preparation of personal Advance Care Plans within a long-term care setting.

Results:

Through pre-post evaluative assessments of Namaste Care for the elderly and interviews conducted with family caregivers and staff, it was observed that the use of multiple medications decreased. The dependent t-test comparing pre-tests and pro-tests of level of severity of pain and life satisfaction showed significantly higher scores on Abbey pain scale ($p=0.000$), PAINAD ($p<.001$), Satisfaction with Life Scale ($p=0.000$) and Quality of Life—Alzheimer’s Disease ($p<.05$), while it demonstrated to minimize their depressive mood ($p=0.000$). Additionally, the level of caregiving stress and grievances among caregivers decreased, while job satisfaction among staff increased. SEOLCS serves as an alternative to a home setting, minimizing fear and anxiety during the dying process, supporting individuals in fulfilling their last wishes, and enhancing job and life satisfaction for the spiritual care team staff and volunteers.

Conclusions:

This study provides valuable insights into high-quality SEOLCS. By integrating spiritual care into the holistic care services of the aged care complex, positive outcomes for the elderly, families, and staff were achieved. Further rigorous evidence-based studies on the integration of spiritual care into long-term care settings would help better understand the spiritual care needs of the elderly.

Keywords: Spiritual End-of-Life Care, Palliative care, Dying in place

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⁴ CKD stage groups: Stage 4 and Stage 2/3.
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AKI, acute kidney injury; CI, confidence interval; CKD, chronic kidney disease; CV, cardiovascular; eGFR, estimated glomerular filtration rate; ESKD, end-stage kidney disease; GFR, glomerular filtration rate; HF, heart failure; hHF, hospitalization for heart failure; HR, hazard ratio; KDIGO, Kidney Disease Improving Global Outcomes; NNT, number needed to treat; SAE, serious adverse event; SGLT2i, sodium-glucose co-transporter-2 inhibitor; T2D, type 2 diabetes; UACR, urine albumin-creatinine ratio.

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- FORXIGA is indicated in adults for the treatment of symptomatic chronic heart failure¹
- In DAPA-HF, the primary endpoint showed that FORXIGA administered in conjunction with other HF therapies reduced the relative risk of the composite endpoint of worsening of HF or CV death by 26% (4.9% ARR) vs placebo with other HF therapies in 4744 adult patients with HFrEF (median follow-up of 18.2 months; $P < 0.001$).² In DELIVER, the primary endpoint was a composite of worsening heart failure or cardiovascular death. DELIVER showed that FORXIGA administered in conjunction with other HF therapies reduced the relative risk of the composite endpoint of worsening HF or CV death by 18% (3.1% ARR) vs placebo with other HF therapies in 6263 adult patients with HF and LVEF $> 40\%$ (median follow-up of 2.3 years; $P < 0.001$).³ In both trials, worsening of HF is defined as hHF or urgent HF visit requiring initiation or intensification of treatment specifically for HF.^{2,3}

*In the DAPA-HF trial, FORXIGA significantly reduced the risk of the primary composite endpoint, CV mortality alone, and all-cause mortality.^{1,2} The DELIVER trial, which included recently hospitalised patients in addition to patients with ejection fraction $> 40\%$, was the largest and broadest trial in patients with HF and LVEF $> 40\%$.^{3,4} In DELIVER, FORXIGA significantly reduced risk of the primary composite endpoint but did not reach significance in CV death alone or all-cause mortality.³ In a prespecified pooled analysis of the DAPA-HF and DELIVER trials, FORXIGA significantly reduced risk of CV mortality and all-cause mortality.⁵

†A patient-level pooled meta-analysis of two trials testing dapagliflozin in participants with heart failure and different ranges of left ventricular ejection fraction ($\leq 40\%$ and $> 40\%$). The pre-specified endpoints were: death from cardiovascular causes; death from any cause; total hospital admissions for heart failure; and the composite death from cardiovascular causes, myocardial infarction or stroke (major adverse cardiovascular events (MACEs)). A total of 11,007 participants with a mean ejection fraction of 44% (s.d. 14%) were included. Dapagliflozin reduced the risk of death from cardiovascular causes (hazard ratio (HR) 0.86, 95% confidence interval (CI) 0.76-0.97; $P = 0.01$), death from any cause (HR 0.90, 95% CI 0.82-0.99; $P = 0.03$), total hospital admission for heart failure (rate ratio 0.71, 95% CI 0.65-0.78; $P < 0.001$) and MACEs (HR 0.90, 95% CI 0.81-1.00; $P = 0.045$).⁵

ARR, absolute risk reduction; CI, confidence interval; CV, cardiovascular; ESC, European Society of Cardiology; HF, heart failure; HFpEF, heart failure with preserved ejection fraction; HFrEF, heart failure with reduced ejection fraction; hHF, hospitalisation for heart failure; HR, hazard ratio; LVEF, left ventricular ejection fraction; MACE, major adverse cardiovascular events; RRR, relative risk reduction; s.d., standard deviation; SGLT2, sodium-glucose co-transporter 2; SoC, standard of care.

Please visit contactazmedical.astrazeneca.com, for (1) enquiring Medical Information (MI), (2) reporting Individual Case Safety Report (ICSR) and/or (3) reporting Product Quality Complaint (PQC) to AstraZeneca Hong Kong Limited.

References: 1. FORXIGA 10 mg film-coated tablets. Hong Kong Prescribing Information. December 2023. 2. McMurray JJV, et al. *N Engl J Med.* 2019;381(21):1995-2008. 3. Solomon SD, et al. *N Engl J Med.* 2022;387(12):1089-1098. 4. Solomon SD, et al. *JACC Heart Fail.* 2022;10(3):184-197. 5. Jhund PS, et al. *Nat Med.* 2022;28(9):1956-1964. 6. McDonagh TA, et al. *Eur Heart J.* 2023;00:1-13. 7. McDonagh TA, et al. *Eur Heart J.* 2021;42:3599-3726.



Across Gut and Heart: METAMUCIL® Delivers Double the Care



METAMUCIL® provides digestive and cardiovascular support

Sourced from 100% natural psyllium, its unique soluble, viscous and gel-forming properties offer multiple health benefits.^{1,2}

Digestive benefits

- ☛ Gel-forming psyllium fiber normalises stool form²
- ☛ Psyllium fiber improves stool frequency and weight, and helps reduce pain on defecation³

Metabolic benefits

- ☛ Psyllium fiber traps digestive waste in the gut, and regulates nutrient absorption²
- ☛ May assist in stabilising blood lipids/cholesterol^{2,4}

Dosage and administration



METAMUCIL® 283 g Orange smooth powder

☛ No added sugar

Add 5.9 g
to at least 250 ml of liquid
(approx. 1½ level teaspoons)

METAMUCIL® 528 g Orange granular powder

Add 11 g
to at least 250 ml of liquid
(approx. 3 level teaspoons)



This product is not registered under the Pharmacy and Poisons Ordinance or the Chinese Medicine Ordinance. Any claim made for it has not been subject to evaluation for such registration. This product is not intended to diagnose, treat or prevent any disease.

References: 1. Chutkan R, et al. *J Am Acad Nurse Pract* 2012;24:476-487. 2. McRorie JW, et al. *Nutr Today* 2021;56:169-182. 3. Ashraf W, et al. *Aliment Pharmacol Ther* 1995;9:639-647. 4. Agrawal R. Psyllium: A Source of Dietary Fiber. In: Waisundara VY, eds. *Dietary Fibers*. London, UK, 2021:1-13.

Approval Date: May 2024

MAT-HK-META-24-000001



NEUROBION®
Vitamin B1, B6, B12

A *fast* way to control nerve-related symptoms and sustain that control




NEUROBION® Forte for FAST control of nerve-related symptoms



High-dose* formula of vitamins B1, B6, and B12

- ✓ Clinically proven to control mild-to-moderate nerve related symptoms (e.g. numbness, burning pain, stabbing pain and paresthesia) in as early as **14 days**¹
- ✓ Reduces total symptom score by **62.9%** in 12 weeks¹

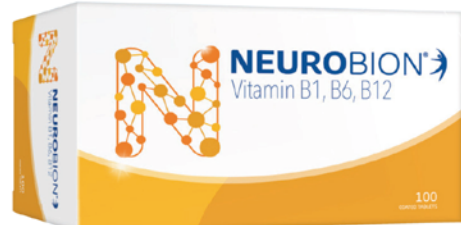
DOSAGE

NEUROBION® Forte tablets 
1 tablet per day (switch to maintenance treatment once symptoms improve)

ACTIVE INGREDIENTS (per tablet)

Vitamin B1 nitrate 100mg
Vitamin B6 HCl 100mg
Vitamin B12 5000µg


NEUROBION® for SUSTAINED control of neuropathy symptoms[^]



Classic formula of vitamins B1, B6, and B12

- ✓ Serves as **long-term symptom control**¹
- ✓ Preserves **quality of life**¹
- ✓ Protects, nourishes and regenerates nerves¹⁻³

DOSAGE

NEUROBION® tablets 
1 tablet per day, or 1 tablet 3 times daily in individual cases. Or use as directed by physician.

ACTIVE INGREDIENTS (per tablet)

Vitamin B1 thiamine disulfide 100mg
Vitamin B6 HCl 200mg
Vitamin B12 200µg

References: 1. Hakim M, et al. Asian J Med Sci 2018;9:32-40. 2. Calderón-Ospina CA, Nava-Mesa MO. CNS Neurosci Ther 2020;26:5-13. 3. Head KA. Altern Med Rev 2006;11(4):294-329. ^ Used in neurological diseases caused by vitamin B deficiencies. The information and materials provided are intended for Healthcare Professionals only. Approval Date: May 2024. MAT-HK-NEUROBION-24-000008

STAYING STRONG

ONE STEP-UP AT A TIME

Dual action of EFEXOR XR® occurs in a sequential, dose-dependent manner with flexible once daily dosing^{1,2}

At lower doses

Depressed mood
Psychomotor symptoms and agitation
Feelings of worthlessness and suicidality

Lower doses (75-150 mg)
Serotonergic antidepressant²

Target dose
75 mg

Dose increase
150 mg if required

At higher doses

Reduces cognitive impairment
Addresses residual symptoms, such as:
Fatigue
Loss of energy
Loss of interest

Maximum dose
225 mg[†]

Higher doses (150-225 mg)
Noradrenergic antidepressant²

Achieve complete symptom remission and functional recovery in MDD patients with low energy with EFEXOR XR®²



Well-tolerated across MDD, GAD, SAD, and PD patients¹

^{*} For 7 Days.

[†] Dose increases should be in increments of up to 75 mg/day at intervals \geq 4 days (MDD, GAD, SAD) to 7 days (PD).

The indications of EFEXOR XR® (venlafaxine), a serotonin and norepinephrine reuptake inhibitor (SNRI), include the treatment of MDD, GAD, SAD, and PD.¹

Abbreviations: GAD: Generalized anxiety disorder; MDD: Major depressive disorder; PD: Panic disorder; SAD: Social anxiety disorder; XR: Extended-release.

References: 1. Efexor XR® (venlafaxine) Prescribing Information, Version Apr 2023. 2. Fagioliini A, et al. *Expert Opin Pharmacother.* 2023;24(15):1715-1723.

EFEXOR XR ABBREVIATED PACKAGE INSERT

1. **TRADE NAME:** EFEXOR XR® 2. **PRESENTATION:** Extended-release capsules 37.5mg, 75mg, 150mg. 3. **INDICATIONS:** Major Depressive Disorder, Generalized Anxiety Disorder, Social Anxiety Disorder, Panic disorder with or without agoraphobia. 4. **DOSAGE:** Swallow whole with fluid. Do not divide, chew or crush. **Major Depressive Disorder & Generalized Anxiety Disorder:** Initially 75mg/day as a single dose. Some may start at 37.5mg/day to allow medication adjustment for 4-7 days before increasing to 75mg/day. Maximum dose: 225mg/day. Dose increases should be in increments of up to 75mg/day at intervals not $<$ 4 days. **Social Anxiety Disorder:** 75mg/day as a single dose. **Panic Disorder:** Initially 37.5mg/day as a single dose for 7 days. Patients not responding to 75mg/day can increase to a maximum of approximately 225mg/day. Dose increases should be in increments of up to 75mg/day at intervals not $<$ 7 days. In patients with mild (Child-Pugh Class A) to moderate (Child-Pugh Class B) hepatic impairment, total daily dose reduction by 50% is recommended. In patients with severe hepatic impairment (Child-Pugh Class C) or hepatic cirrhosis, reduce the total daily dose by 50% or more may be necessary. In patients with mild (CLcr=60-89 mL/min) or moderate (CLcr=30-59 mL/min) renal impairment, the total daily dose should be reduced by 25% to 50%. In patients undergoing hemodialysis or with severe renal impairment (CLcr $<$ 30 mL/min), the total daily dose should be reduced by 50% or more. A gradual reduction in the dose, rather than abrupt cessation, is recommended. 5. **CONTRAINDICATIONS:** Hypersensitivity to venlafaxine hydrochloride, desvenlafaxine succinate or to any excipients in the formulations. Concomitant use with Monoamine Oxidase Inhibitors (MAOIs). 6. **WARNINGS & PRECAUTIONS:** Suicidal thoughts and behaviors in adolescents and young adults. Development of a potentially life-threatening serotonin syndrome. Elevated blood pressure. Increased risk of bleeding. Angle-closure glaucoma. Activation of mania/hypomania. Discontinuation syndrome. Seizures. Hyponatremia. Weight and height changes in pediatric patients. Appetite changes in pediatric patients. Interstitial lung disease and eosinophilic pneumonia. Sexual dysfunction. 7. **INTERACTIONS:** Central nervous system active drugs; monoamine oxidase inhibitors; serotonergic drugs; drugs that interfere with hemostasis; weight loss agents; alcohol. 8. **PREGNANCY AND LACTATION:** EFEXOR XR® should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. EFEXOR XR® have been reported to be excreted in human milk. 9. **SIDE EFFECTS:** Nausea, somnolence, dry mouth, sweating, abnormal ejaculation, anorexia, constipation, impotence and decreased libido. Reference: HK LPD (APR 2023) Date of preparation: MAR 2024 Identifier number: EFEX0324 FULL PRESCRIBING INFORMATION IS AVAILABLE UPON REQUEST.

Viatrix Healthcare Hong Kong Limited

Suites 2401-07 & 12, 24/F, One Island East, 18 Westlands Road, Quarry Bay, Hong Kong
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PM-EFE-24-061801 JUN 2024



ONCE-DAILY
VENLAFAXINE HCl
EFEXOR XR
EXTENDED-RELEASE CAPSULES
The change they deserve.

MINIMIZE The RISKS

Choose CELEBRESX[®]

- Osteoarthritis¹
- Acute pain¹
- Rheumatoid arthritis¹
- Primary dysmenorrhea¹
- Lower back pain¹
- Ankylosing spondylitis¹

What you see

What you don't see

• Gastrointestinal (GI) Complications²

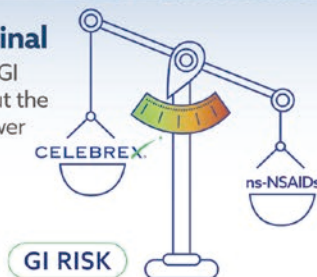
- Gastric or Duodenal Ulcers
- Upper Gastrointestinal Bleeding

• Cardiovascular (CV) Risks³

- Stroke
- Myocardial Infarction
- Blood Pressure

Gastrointestinal

Risk reduction of GI events throughout the upper and / or lower GI tract⁴⁻⁶



GI RISK

Cardiovascular

Smaller blood pressure effect compared with certain ns-NSAID⁷



CV SAFETY

Clinical Experience

25 years of clinical experience⁸

25 Years
Clinical
Experience

*Comparing celecoxib 100-200mg bid with ibuprofen 600-800mg tid

Abbreviation: bid, twice a day; ns-NSAID(s), non-selective nonsteroidal anti-inflammatory drug(s); tid, three times a day

Reference: 1. CELEBRESX Capsule 200mg (celecoxib) Prescribing Information: Version Aug 2022. 2. Laine L. Gastrointestinal effects of NSAIDs and coxibs. *J Pain Symptom Manage.* 2003;25(2 Suppl):S32-S40. 3. Tacconelli S, et al. Nonsteroidal anti-inflammatory drugs and cardiovascular safety - translating pharmacological data into clinical readouts. *Expert Opin Drug Saf.* 2017;16(7):791-807. 4. CCryer B, et al. GI-REASONS: a novel 6-month, prospective, randomized, open-label, blinded endpoint (PROBE) trial. *Am J Gastroenterol.* 2013;108(3):392-400. 5. Chan FKL, et al. Celecoxib versus omeprazole and diclofenac in patients with osteoarthritis and rheumatoid arthritis (CONDOR): a randomised trial. *Lancet.* 2010;376(9736):173-179. 6. Chan FKL, et al. Gastrointestinal safety of celecoxib versus naproxen in patients with cardiovascular diseases and arthritis after upper gastrointestinal bleeding (CONCERN): an industry-independent, double-blind, double-dummy, randomised trial. *Lancet.* 2017;389(10087):2375-2382. 7. Ruschitzka F, et al. Differential blood pressure effects of ibuprofen, naproxen, and celecoxib in patients with arthritis: the PRECISION-ABPM (Prospective Randomized Evaluation of Celecoxib Integrated Safety Versus Ibuprofen or Naproxen Ambulatory Blood Pressure Measurement) Trial. *Eur Heart J.* 2017;38(44):3282-3292. 8. CELEBRESX CAP 200MG. Drug Office. Available at: <https://www.drugoffice.gov.hk/eps/drug/productDetail2/en/consumer/136354>, Accessed March 2024.

CELEBRESX SUMMARY OF PRODUCT INFORMATION

1. TRADE NAME: Celebrex **2. PRESENTATION:** Capsules contain either 100mg, 200mg or 400mg of celecoxib. **3. INDICATIONS:** Adult: For the management of the signs and symptoms of osteoarthritis (OA), rheumatoid arthritis (RA), ankylosing spondylitis (AS); management of acute pain (AP) in adults; management of primary dysmenorrhea (PD); treatment of the signs and symptoms of low back pain (LBP). **4. DOSAGE:** OA: 200mg QD or 100mg BID; RA: 100 or 200mg BID; AS: 200mg QD or 100mg BID, 400mg QD if no response after 6 weeks; AP & PD: 400mg initially, an additional 200 mg if needed on the first day, subsequent days 200mg BID as needed; LBP: 100mg BID. **5. CONTRAINDICATIONS:** Hypersensitivity to celecoxib, any components of the drug product. Allergic-type reactions to sulfonamides. Experienced asthma, urticaria, or allergy-type reactions after taking aspirin or other NSAIDs. Use as treatment for peri-operative pain in the setting of CABG surgery. Severe heart failure. The third trimester of pregnancy. **6. WARNINGS & PRECAUTIONS:** Increased risk of serious cardiovascular thrombotic events, myocardial infarction, and stroke; Can cause new onset or worsening of hypertension; Increased risk of serious gastrointestinal adverse events including inflammation, bleeding, ulceration, and perforation of the esophagus, stomach, small intestine or large intestine; Hepatotoxicity; Heart failure and edema; Long-term administration of NSAIDs has resulted in renal papillary necrosis and other renal injury; Anaphylactic reactions; Exacerbation of asthma related to aspirin sensitivity; Serious skin reactions such as erythema multiforme, exfoliative dermatitis, Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN); Drug reaction with eosinophilia and systemic symptoms (DRESS), and acute generalized exanthematous pustulosis (AGEP); premature closure of the ductus arteriosus; Oligohydramnios/neonatal renal impairment; Hematological toxicity; Masking of inflammation and fever; consider monitoring patients on long-term NSAID treatment with a CBC and a chemistry profile periodically. **7. INTERACTIONS:** ACE inhibitors and angiotensin receptor blocker, aspirin, beta-blockers, corticosteroids, cyclosporine, diuretics, digoxin, drugs that interfere with hemostasis (e.g. warfarin, aspirin, SSRIs and SNRIs), lithium, methotrexate, NSAIDs and salicylates, pemetrexed and CYP2C9 inhibitors or inducers, CYP2D6 substrates. **8. PREGNANCY AND LACTATION:** Celebrex should not be used during the first two trimesters of pregnancy unless the expected benefits to the mother outweigh the risks to the fetus. Celebrex is contraindicated for use during the third trimester of pregnancy because of risk of premature closure of the ductus arteriosus and the potential to prolong parturition. Caution should be exercised when Celebrex is administered to a nursing woman. **9. SIDE EFFECTS:** Abdominal pain; Diarrhea, Dyspepsia; Flatulence; Nausea; Back pain; Peripheral edema; Accidental injury; Dizziness; Headache; Insomnia; Pharyngitis; Rhinitis; Sinusitis; Upper respiratory infection; Rash.

Reference: HKPI(Aug2022) Date of preparation: Oct2022 Identifier number: CELE1022

FULL PRESCRIBING INFORMATION IS AVAILABLE UPON REQUEST.

Viatrix Healthcare Hong Kong Limited

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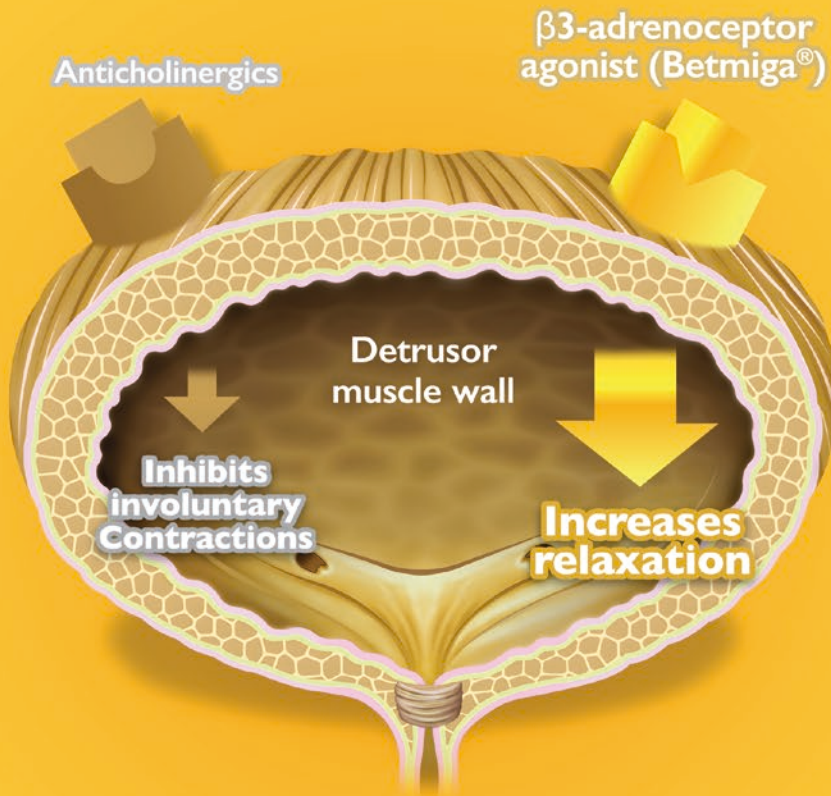
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Full prescribing information is available on request.

BETMIGA[®]


THE 1ST β_3 AGONIST THERAPY FOR OAB PATIENTS¹

An alternative, cost-effective treatment strategy^{2,3} for the management of OAB in the frail, at-risk of cognitive impairment, and elderly population as it is **not shown to increase anti-cholinergic burden**^{4,5,6}





FAVORABLE SAFETY PROFILE

✓  No impact on cognitive function^{5,6}

✓  Not contraindicated in patients with narrow-angle glaucoma or AUR^{10,11}

PROVEN EFFICACY

 13% higher in 12-month persistence compared to solifenacin⁹

 58%  58% more reduction in nocturia episodes/24h as compared to Placebo⁸



Please scan the QR Code for the abbreviated product information of Betmiga[®]

Abbreviations: AUR, acute urinary retention; OAB, overactive bladder; EAU, European Association of Urology; ER, extended release; UUI, urgency urinary incontinence.
References: 1. Imran M, et al. Urol J. 2013;10(3):935-40. 2. Nazir J, et al. Pharmacoecoon Open. 2017;1(1):25-36. 3. Parise H, et al. Pharmacoecoon Open. 2020;4(1):79-90. 4. Burkhard FC, et al. European Association of Urology guidelines on urinary incontinence in adults 2020. European Association of Urology 2020. 5. Kelleher C, et al. Eur Urol. 2018;74(3):324-333. 6. Griebling TL, et al. BMC Geriatr. 2020;20(1):109. 7. Goulooze SC, et al. Br J Clin Pharmacol. 2015;80(4):762-64. 8. Chapple CR, et al. Int Urogynecol J. 2013;24:1447-1458. 9. Chapple CR, et al. Eur Urol. 2017;72(3):389-99. 10. Novack GD, et al. J Ocul Pharmacol Ther. 2013;29(7):674-80. 11. Betmiga 50mg Hong Kong Prescribing Information.

THE FIRE OF MENOPAUSAL VMS STARTS IN HER HYPOTHALAMUS

Altered activity of neurons
in the brain signals the heat^{1,2}

For too long, explanations of Vasomotor Symptoms (VMS) associated with menopause, commonly known as hot flashes and night sweats, have been limited to declining estrogen alone. Advances in science have expanded our understanding of the role of specific neuronal pathways in the hypothalamus.^{1,2}



**EXPLORING
THE SCIENCE
BEHIND VMS**



Please scan and
leave your contact
to receive more info
about VMS later



References: **1.** Rapkin AJ. vasomotor symptoms in menopause: physiological condition and central nervous system approaches to treatment. *Am J Obstet Gynecol* 2007; 196(2):97-108. **2.** Modi M, Dhillon WS. Neurokinin 3 receptor antagonism: a novel treatment for menopausal hot flashes. *Neuroendocrinology* 2019;109(3):242-8.



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193 Prince Edward Road West, Mongkok, Kowloon.
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AREXVY 保肺苗
(RESPIRATORY SYNCYTIAL VIRUS
VACCINE RECOMBINANT, ADJUVANTED)
呼吸道合胞病毒重組佐劑疫苗

The **FIRST** and **ONLY** adjuvanted RSV vaccine¹
APPROVED IN HONG KONG

RSV STOPS HERE

**Exceptional Efficacy Against
RSV-LRTD for Your Patients
Aged 60 Years and Older²**

OVERALL EFFICACY IN PROTECTING*
AGAINST RSV-LRTD

82.6% PRIMARY ENDPOINT
(96.95% CI, 57.89, 94.08)

AREXVY (7 cases out of 12,466), placebo (40 cases out of 12,494)

EFFICACY IN PROTECTING* AGAINST RSV-LRTD
FOR PATIENTS WITH AT LEAST 1 COMORBIDITY
OF INTEREST†

94.6% SECONDARY ENDPOINT
(95% CI, 65.88, 99.87)

AREXVY (1 case out of 4937), placebo (18 cases out of 4,861)

Arexvy is indicated for active immunisation for the prevention of lower respiratory tract disease caused by
Respiratory Syncytial Virus (RSV) in adults 60 years of age and older²

Study Design²:

The efficacy of AREXVY against RSV-associated LRTD in adults 60 years and older was evaluated in an ongoing phase 3 study, where randomised participants received 1 dose of AREXVY (n=12,466) or placebo (n=12,494). Median follow-up for this analysis was 6.7 months.

* Vaccination may not protect all recipients.²

† Comorbidities of interest¹: chronic obstructive pulmonary disease (COPD), asthma, any chronic respiratory/pulmonary disease, chronic heart failure, diabetes mellitus type 1 or type 2, and advanced liver or renal disease (endocrinometabolic).
LRTD=lower respiratory tract disease; RSV=respiratory syncytial virus.

Reference: 1. Drugs Database, Drug Office, Hong Kong. Accessed 25 Sep 23. <https://www.drugoffice.gov.hk/eps/drug/productSearchOneFieldAction>. 2. Arexvy Hong Kong Prescription Information.

Safety Information: Contraindications: Hypersensitivity to the active substances or to any of the excipients. **Special warnings and precautions for use:** Do not administer the vaccine intravascularly or intradermally. As with other intramuscular injections, Arexvy should be given with caution to individuals with thrombocytopenia or any coagulation disorder since bleeding may occur following intramuscular administration to these individuals. Patients receiving immunosuppressive treatment or patients with immunodeficiency may have a reduced immune response to Arexvy. **Undesirable effects:** The most commonly reported adverse reactions were injection site pain, fatigue, myalgia, headache, and arthralgia.



For Arexvy Prescribing Information,
please scan the QR code

Please read the full prescribing information prior to administration. Full prescribing information is available on request GlaxoSmithKline Limited - 23/F, Tower 6, The Gateway, 9 Canton Road, Tsimshatsui, Kowloon, Hong Kong.

For adverse event reporting, please call GlaxoSmithKline Limited at (852) 3189 8989 (Hong Kong) or (853) 2871 5569 (Macau), or send an email to us at HKAdverseEvent@gsk.com.

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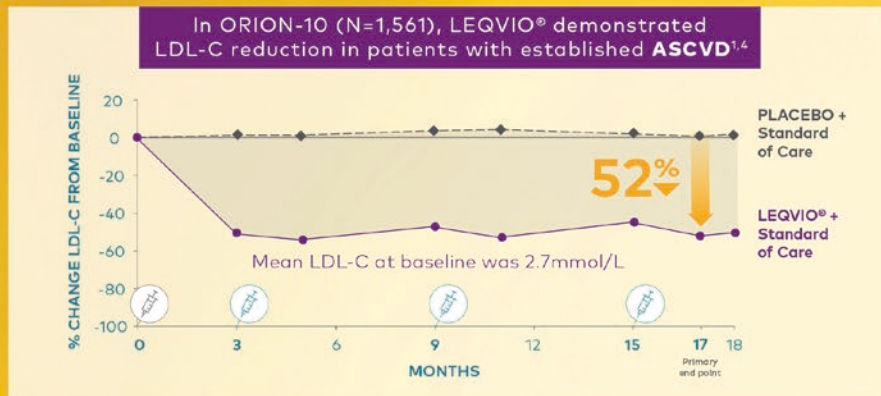
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PM-HK-AVU-JRNA-230001 (10/2025) Date of preparation: 1/11/2023

GSK

2 DOSES A YEAR* FOR EFFECTIVE AND SUSTAINED LDL-C REDUCTION^{1†}



Patients in both study arms were on a maximally tolerated statin.^{1,4}

In ORION-10 clinical trial, LEQVIO[®] demonstrated LDL-C reduction in ASCVD patients:⁴

52%
EFFECTIVE
LDL-C
REDUCTION

Between-group difference of -52.3% (95% CI: -55.7%, -48.8%; P<0.001) refers to the difference between the placebo group (1.0%) and the LEQVIO[®] group (-51.3%) at month 17.

*LEQVIO[®] is dosed initially, again at 3 months, and then once every 6 months.¹

[†]LDL-C reduction was maintained during each 6-month dosing interval.¹



Study design: ORION-10 was a multicenter, double-blind, randomized, placebo-controlled 18-month clinical trial. Patients with established ASCVD were taking a maximally tolerated dose of statin with or without other lipid-modifying therapy and required additional LDL-C reduction. The ORION-11 trial, in addition to patients with ASCVD, included adults who were ASCVD risk equivalent (type 2 diabetes, familial hypercholesterolemia, or a 10-year risk of a cardiovascular event of ≥20% as assessed by the Framingham Risk Score for Cardiovascular Disease or equivalent).

Abbreviations: ASCVD, atherosclerotic cardiovascular disease; CI, confidence interval; LDL-C, low-density lipoprotein cholesterol

References: 1. Leqvio. Hong Kong Prescribing Information. Novartis Pharmaceuticals. 2021. 2. U.S. Food & Drug Administration. FDA approves add-on therapy to lower cholesterol among certain high-risk adults. <https://www.fda.gov/drugs/news-events-human-drugs/fda-approves-add-therapy-lower-cholesterol-among-certain-high-risk-adults>. Published Dec 2021. Accessed on 12 Apr 2022. 3. European Medicine Agency. <https://www.ema.europa.eu/en/medicines/human/EPAR/leqvio>. Accessed on 22 Mar 2022. 4. Ray KK, Wright RS, Kallend D, et al. ORION-10 and ORION-11 investigators. Two phase 3 trials of inclisiran in patients with elevated LDL cholesterol. N Engl J Med. 2020;382(16):1507-1519.

Leqvio Important note: Before prescribing, consult full prescribing information. **Presentation:** Solution for injection: Each pre-filled syringe contains 1.5 mL of solution containing 284 mg inclisiran (equivalent to 300 mg inclisiran sodium). **Indications:** Leqvio is indicated in adults with primary hypercholesterolaemia (heterozygous familial and nonfamilial) or mixed dyslipidaemia, as an adjunct to diet; • in combination with a statin or statin with other lipid lowering therapies in patients unable to reach LDL-C goals with the maximum tolerated dose of a statin, or • alone or in combination with other lipid lowering therapies in patients who are statin intolerant, or for whom a statin is contraindicated. **Dosage and administration:** Recommended dose: 284 mg inclisiran administered as a single subcutaneous injection, initially, again at 3 months, followed by every 6 months. **Missed dose:** • If a planned dose is missed by less than 3 months, inclisiran should be administered and dosing continued according to the patient's original schedule. • If a planned dose is missed by more than 3 months, a new dosing schedule should be started - inclisiran should be administered initially, again at 3 months, followed by every 6 months. **Treatment transition from PCSK9 inhibitor Monoclonal Antibody:** Inclisiran can be administered immediately after the last dose of a monoclonal antibody PCSK9 inhibitor. To maintain LDL-C lowering it is recommended that inclisiran is administered within 2 weeks after the last dose of a monoclonal antibody PCSK9 inhibitor. **Special populations: Renal impairment:** No dose adjustments are necessary for patients with mild, moderate or severe renal impairment or patients with end stage renal disease. There is limited experience with inclisiran in patients with severe renal impairment. Inclisiran should be used with caution in these patients. **Hepatic impairment:** No dose adjustments are necessary for patients with mild (Child Pugh class A) or moderate (Child Pugh class B) hepatic impairment. No data are available in patients with severe hepatic impairment (Child Pugh class C). Inclisiran should be used with caution in patients with severe hepatic impairment. **Pediatric patients (below 18 years):** The safety and efficacy of inclisiran have not been established. **Geriatric patients (65 years of age or above):** No dose adjustment is necessary. **Method of administration:** Intended for administration by a healthcare professional. For subcutaneous injection into the abdomen, alternative injection sites include the upper arm or thigh. Injections should not be given into areas of active skin disease or injury such as sunburns, skin rashes, inflammation or skin infections. Leqvio should be inspected visually for particulate matter prior to administration. Each pre-filled syringe is for single use only. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions: Haemodialysis:** Considering that inclisiran is eliminated renally, haemodialysis should not be performed for at least 72 hours after inclisiran dosing. **Pregnancy, lactation, females and males of reproductive potential:** There are no or limited amount of data from the use of inclisiran in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity. As a precautionary measure, it is preferable to avoid the use of inclisiran during pregnancy. **Lactation:** It is unknown whether inclisiran is excreted in human milk. Available pharmacodynamic/toxicological data in animals have shown excretion of inclisiran in milk. A risk to newborns/infants cannot be excluded. A decision must be made whether to discontinue breast feeding or to discontinue/abstain from inclisiran therapy, taking into account the benefit of breast feeding for the child and the benefit of therapy for the woman. **Fertility:** No human data. No effects on animal fertility. **Adverse drug reactions: Common (≥1 to <10%):** Adverse events at the injection site includes injection site reaction, injection site pain, injection site erythema, and injection site rash. **Interactions:** Not a substrate, inhibitor or inducer of CYP450 enzymes or common drug transporters. Not expected to have clinically significant interactions with other medications. Drug-drug interaction assessments demonstrated a lack of clinically meaningful interactions with either atorvastatin, rosuvastatin or other statins. **Packs:** Solution in pre-filled syringe. 1's **Legal classification:** P15153 Last revision: Sep 2021 Ref: EU Dec 2020

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In the treatment of patients with type 2 diabetes and established CV disease receiving standard of care,^{†‡§} CV death can strike at any time

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Jardiance[®]
(empagliflozin)

CV: cardiovascular; RRR: relative risk reduction; ADA: American Diabetes Association; EASD: European Association for the Study of Diabetes; CVD: cardiovascular disease; OAD: oral antidiabetic drug; T2DM: type 2 diabetes mellitus
Reference: 1. Zinman B, et al. N Engl J Med. 2015;373(22):2117-2118. 2. Jardiance Hong Kong Prescribing Information. 3. Davies MJ, D'Alessio DA, Fradkin J, et al. Management of hyperglycaemia in type 2 diabetes, 2018. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). Diabetologia. 2018.

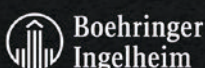
- ¹ JARDIANCE demonstrated RRR in CV death in adult patients with insufficiently controlled type 2 diabetes (baseline HbA1c 7-10%) and established CV disease (coronary artery disease, peripheral artery disease, or a history of myocardial infarction or stroke).
- ² Standard of care included CV medications and glucose-lowering agents given at the discretion of physicians.
- ³ Empagliflozin versus placebo on top of standard of care.
- [#] Management of hyperglycaemia in type 2 diabetes, 2018. A consensus report by the ADA and EASD stated that among patients with established CVD, there is likely cardiovascular benefit, with the evidence of benefit modestly stronger for empagliflozin than canagliflozin.
- [§] Established CV disease included coronary artery disease, peripheral artery disease, history of myocardial infarction, or history of stroke
- [†] Statistically significant

JARDIANCE[®] Abbreviated Prescribing Information (aPI-JARD-03)

Presentation: Empagliflozin, film-coated tablets 10 mg; 25 mg. **Indications:** 10 mg and 25 mg: Indicated in the treatment of type 2 diabetes mellitus to improve glycaemic control in adults as monotherapy when diet and exercise alone do not provide adequate glycaemic control in patients for whom use of metformin is considered inappropriate due to intolerance; and as add-on combination therapy with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. Indicated in patients with type 2 diabetes mellitus and established cardiovascular disease to reduce the risk of cardiovascular death. 10 mg: Jardiance is indicated in adults for the treatment of symptomatic chronic heart failure. **Dosage and administration:** Type 2 diabetes mellitus: 10 mg once daily, in patients tolerating 10 mg once daily and requiring additional glycaemic control, the dose can be increased to 25 mg once daily. Can be taken with or without food. No dose adjustment is required for patients with eGFR > 30 mL/min/1.73m² or with hepatic impairment, or for elderly patients. **Heart Failure:** 10 mg once daily. Can be taken with or without food, in HF patients with or without T2DM. 10 mg may be initiated or continued down to an eGFR of 20 mL/min/1.73m² or CrCl of 20 mL/min. **Contraindication:** Hypersensitivity to empagliflozin or any of the excipients. For the treatment of type 2 diabetes, JARDIANCE should not be used in patients with severe renal impairment (eGFR < 30 mL/min/1.73m²), end-stage renal disease and patients on dialysis, as glycaemic efficacy depends on renal function. **Special warnings and precautions:** Should not be used in patients with type 1 diabetes or for treatment of ketosis/diabetic ketoacidosis. Discontinue immediately when ketoacidosis is suspected or diagnosed. Treatment should be interrupted in patients who are hospitalised for major surgical procedures or acute serious medical illnesses, and may be restarted once the patient's condition has stabilised. For type 2 diabetes mellitus, should not be used in patients with severe renal impairment (eGFR < 30 mL/min/1.73m²), end-stage renal disease and patients on dialysis. For HF, not recommended for use when eGFR < 20 mL/min/1.73m². Discontinue in cases of recurrent UTI. Due to a risk of modest decrease in blood pressure, caution should be exercised in patients with known cardiovascular disease, patients on diuretics, patients with history of hypotension or patients aged 75 years and older. Monitoring of volume status and electrolytes is recommended. Regularly examine the feet, and counsel patients on routine preventative footcare. Caution is advised in patients at increased risk of genital infections. Avoid use during pregnancy and breast-feeding. Safety and effectiveness in children under 18 years of age have not been established. Initiation is not recommended in patients aged 85 years and older. Urine will test positive for glucose while patients are taking JARDIANCE. **Interactions:** Risk of dehydration and hypotension may increase when used in combination with thiazide and loop diuretics. Lower dose of insulin or an insulin secretagogue may be required to reduce the risk of hypoglycaemia when used in combination with JARDIANCE. Empagliflozin may increase renal lithium excretion and the blood/lithium levels may be decreased. Serum concentration of lithium should be monitored more frequently after empagliflozin initiation and dose changes. **Adverse reactions:** Hypoglycaemia (depends on type of background therapy of patients); Urinary tract infection, vaginal moniliasis, vulvovaginitis, balanitis and other genital infections; Increased urination, dysuria; Constipation; Pruritus; Volume depletion; Thirst; Glomerular filtration rate decreased, blood creatinine increased, haematocrit increased, serum lipids increased. Post-marketing experience: Ketoacidosis, pyelonephritis, urosepsis, necrotising fasciitis of the perineum (Fournier's gangrene), allergic skin reaction, angioedema, phimosia. **Storage condition:** Please refer to outer packaging for special precautions for storage. **Note:** Before prescribing, please consult full prescribing information.

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Reference: 1. Baker L et al. Alzheimer's & Dementia. 2022;1-12
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References: 1. Euthyrox® Hong Kong Product Insert; 2. Hostalek U & Lipp HP (2018) Curr Med Res Opin 35(1):147-50.

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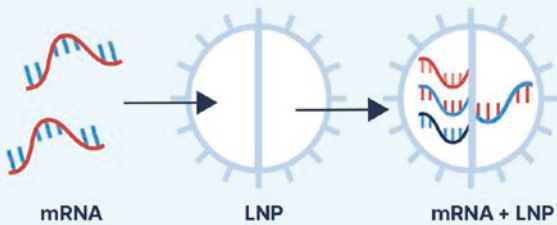
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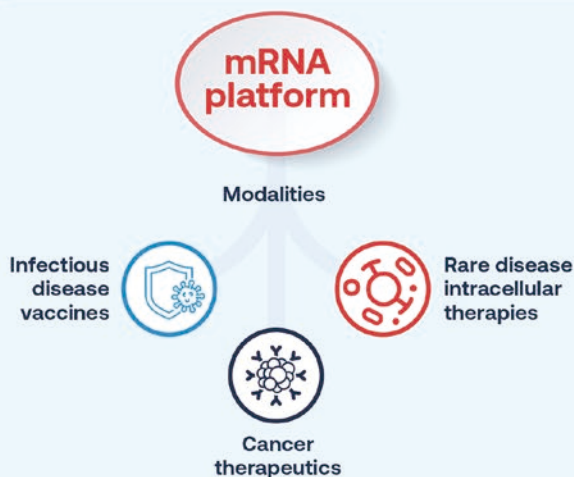
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References: 1. Hou X, et al. *Nat Rev Mater* 2021;6:1078-94. 2. Nelson J, et al. *Sci Adv* 2020;6:eaaz6893. 3. Kis Z, et al. *J Adv Manuf Process* 2020;2:e10060. 4. Jackson NAC, et al. *npj Vaccines* 2020;5:1-6.

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