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何鴻燊博士醫療拓展基金會
Dr. Stanley Ho Medical Development Foundation

香港中文大學
The Chinese University of Hong Kong

何鴻燊博士醫療拓展基金會
2010醫學研討會

Dr. Stanley Ho Medical Development Foundation Symposium 2010

二零一零年一月十六日 16th January 2010

時間 Time:

下午一時至七時
1:00pm-7:00pm

地點 Venue:

澳門旅遊塔會展娛樂中心樓大禮堂
Grand Hall, 4/F Macau Tower Convention & Entertainment Centre

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Adjunct Professor, Department of Biochemistry
The Chinese University of Hong Kong

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主席的話 Message from The Chairman

Welcome to the Symposium 2010.

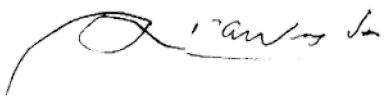
Since its establishment in January 2005, the Foundation has made significant efforts to assist the advancement of the medical profession in Macau and improve the quality of the local healthcare services.

This year, we are more than happy to announce that our Headquarters, located at the 9th floor of The Landmark Macau, has commenced operation. It will provide high quality services to the local medical and general community with its Health Land, Professional Research Centre and Function Rooms. With its modern facilities, users ranging from students to medical professionals can benefit by accessing information in our Library, attending courses in our Training Centre, and holding seminars and academic exchanges in our Function Rooms. By applying the latest information technology, our Headquarters can also become Macau's premier platform for the exchange of expertise and knowledge in the field of medical technology.

This year, as in the past years, we have invited a number of renowned experts from the Chinese University of Hong Kong and the Prince of Wales Hospital to speak on a wide range of interesting topics, including two which focus on the prevailing problems of the elderly and the corresponding remedies, which are becoming the region's and our nation's primary concern.

We are confident that with your support, this Symposium will continue to serve as a beneficial link connecting the medical professionals of Macau, Hong Kong, the Pearl River Delta region and Mainland China.

I wish to take this opportunity to express my gratitude to the organizers and sponsors who have helped to make this Symposium yet another very successful event. Thank you and I wish everyone a most happy stay in Macau.



何鴻燊博士 Dr. Stanley Ho

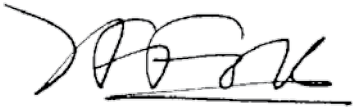
主席
何鴻燊博士醫療拓展基金會
Chairman
Dr. Stanley Ho Medical Development Foundation

歡迎辭 Welcome Message

Chairman, honorable guests and speakers, ladies and gentlemen, it gives me great pleasure to welcome you all at the 6th Dr. Stanley Ho Medical Development Foundation Symposium, jointly organized by the Dr. Stanley Ho Medical Development Foundation and the Chinese University of Hong Kong. Since its inauguration in January 2005, the Foundation in alliance with the University has successfully provided an ideal platform for medical practitioners in Macau to acquire advanced professional knowledge, such as the provision of health care courses, conduct of collaborative research for prevention of environmental smoke-related cardiovascular disease, HIV molecular epidemiology in Macau, and the drug resistance to EGFR TK1 in lung cancer in the Chinese.

The Symposium enjoyed great success in the past. It has received enthusiastic support from our colleagues at the Chinese University, as well as active participation of delegates from Macau and the Mainland. This year, it continues to cover a wide spectrum of hot topics in medicine, including prevention of fall and hospital-community co-management of fractures in the elderly, advances in management of gynaecological diseases and neonatal hypotension, updates on screening and management of prostate cancer and sleep disorders, strategies for active longevity and combating obesity in the twenty-first century. I am sure you will enjoy every topic.

The Foundation and the University have long been doing such an excellent job in providing all kinds of exciting life-long learning opportunities to the medical community. There is little doubt that the Foundation and the University will continue to excel in their endeavor. I would like to take this opportunity to also express my appreciation and gratitude to the Organizing Committee for once again putting together this wonderful Symposium and I wish it every success. Thank you, and good day!



霍泰輝教授 Professor Tai Fai Fok

院長
醫學院 香港中文大學
Dean
Faculty of Medicine
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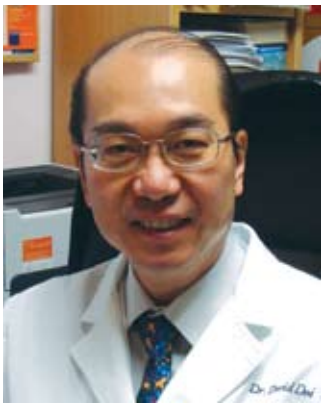

老人骨科協作之股骨折斷手術前後的處理

Perioperative Management of Hip Fracture: An Orthogeriatric Co-management

戴樂群醫生 Dr. David LK Dai

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Hip fracture in elders is a common geriatric syndrome, characterized by old age, vulnerability, osteopenia and sarcopenia, falls, multiple co-morbidities, peri-operative instability, functional decline, psychosocial issues. The first year post discharge is also a target for intensive intervention to avoid unnecessary institutionalization and a second fracture. Both the British Geriatric Society and British Orthopedic Association regarded co-management to be of great benefit. At PWH, a co-management programme consists of regular orthogeriatric rounds 3 times a week to cover all hip fracture patients in the early peri-operative period and has resulted in shortening of the interval from admission to surgery and achieved a 50% reduction in mortality compared to historical conventional management. The pre-operative comorbidities of guide the focus of intensive medical attention in the post-operative period, such as desaturation, infection, glycemic control and urinary retention. Delirium is common at an incidence of 39.4% of patients, of which 53% had known dementia. The nurse plays a pivotal role in appropriate management of delirium. Delirium also indicates reduced cognitive reserve and warrants further follow up for development of dementia. 4.7% of patients were managed conservatively, in which pain control and post discharge support are imperative. In some, a palliative approach is appropriate.

老年跌倒和脆性骨折的預防-從醫院到社區的一體化計畫
Prevention of Fall and Fragility Fractures in the Elderly- From Hospital to Community

梁國穗教授 Professor KS Leung

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目前，老年性脆性骨折的處理已日益成為當今骨科醫生所需面臨的主要挑戰。在長期的臨床工作過程中，我們接觸並治療了大量的一線病患，深切地體會到他們及其家屬所承受的巨大痛苦與折磨。因此，我們認為，骨外科醫生的職責不應僅局限於提供臨床手術治療，更應當做長期考慮與全面安排，積極深入地投身於骨折預防與康復的宣教以及保護措施的推廣等實踐活動中去，防患於未然，造福大眾。

有鑒於此，自2000年起，我們在香港率先啟動了防跌倒與骨折的社區計畫。其間，我們通過一系列有組織、系統化的社區活動項目，開展了眾多相關專題與宣教計畫，成功地喚起了人們對此醫療-社會問題的廣泛關注，成效顯著。儘管目前我們尚無確切證據表明該項一級預防措施的有效性，但防跌倒與骨折計畫已日漸深入人心，成為當今香港許多老年社區中心 (District Elderly Ccommunity Centre) 的常規活動項目之一。

基於社區防跌倒計畫的實踐經驗，我們同時著眼開展針對脆性骨折的二級預防。基本理念是：首次脆性骨折可能是骨質疏鬆的最早體現，同時，在首次骨折後的一年內，病人發生跌倒及再次骨折的危險性會最高，故此間是進行骨質疏鬆治療及跌倒與骨折二級預防的最佳時期。為此，我們專門成立了多學科臨床小組，研究探索了包括手術、藥物、非藥物等一系列先進治療方式，規劃並制定出一套綜合性處理方案，致力為病人提供全面全程治療及指導。隨訪調查結果顯示，執行該方案兩年來，首次骨折後病人的功能康復、生活品質均得到了顯著提升，跌倒與再次骨折的概率亦明顯降低，獲得了病人及其家屬的高度滿意與一致好評。

關於我們的綜合性處理方案，就外科手術層面上來講，就是骨科醫生盡可能通過微創手術提供最佳治療，以期獲得最少的術後併發症及最快速度、最大程度的康復。

藥物治療中，骨吸收抑制劑以及促鈣合成藥物是維持並改善骨量的標準治療方案。

同時，我們建立了多學科多層面的廣泛合作關係，實現了眾多研究專案往技術應用方向的轉換，並在社區活動計畫中進行了實踐。譬如，髖關節保護裝置、防跌倒鞋、振動平臺的研發以及治療方案的制定就是很典型的例子。

Management of fragility fractures among elderly becomes a major challenge to orthopaedic professional to-day. The role of orthopaedic surgeon is not limited to surgical management. We are the leader in the clinical management team for these patients and we understand most the suffering of our patients and their family members, we need also to take part in the rehabilitation and prevention of the fractures.

Since 2000, we started our community program on the prevention of falls and fractures in Hong Kong. Through series of organised and systemic community programs, we successfully raised much attention to this medico-social problem in the society where we initiated many related projects and education programs. Although we have not yet proven the effectiveness of these Primary Prevention Programs, fall and fracture prevention program become one of the regular programs in many District Elderly Community Centre (DECC) in Hong Kong today.

Based on the experience of community fall prevention program, we also focused on patient related programs - Secondary Prevention Program for Fragility Fracture. The basic concept is: first fragility fracture may be the first presentation of osteoporosis and risk of fall and the re-fracture rate is highest within the first year after the first fracture, It is therefore the best opportunity to start the treatment of osteoporosis and secondary prevention of fractures and falls. A multi-disciplinary clinical team was formed to provide holistic care for these patients with a comprehensive management program. The advancement in treatment modalities, surgical, pharmacological as well as non-pharmacological treatments were taken into the consideration in the planning of this comprehensive management program. The results of this program after 2 years showed significant improvement in patients after the first fractures with respects to functional recovery, quality of life and also decrease in falls and fractures. Patients and their family members rated the program with high satisfaction.

Surgically, orthopaedic surgeons are to provide the best treatment with minimally invasive technique to ensure least complication, quick rehabilitation and maximal recovery. Pharmacological treatment with anti-resorption therapy and anabolic calcium treatment would be the standard treatment to maintain and improve bone mass.

The building up of the collaborative relationship helped in our many other translational research programs and applied community projects. The research and development on hip protectors, fall prevention shoes and vibrational platform and treatment programs are typical examples.

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一般婦科疾病處理的新進展
Advances in Management of Common Gynaecological Disease

鍾國衡教授 Professor Tony KH Chung

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婦產科學系講座教授及婦產科學系主任
Professor and Chairman of Obstetrics and Gynaecology
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There have been many changes in the management of common gynaecological conditions in the last 20 years. Amongst the ones with the greatest impact are management of miscarriage, abortion and dysfunctional uterine bleeding and fibroid. In all these conditions, it has been possible to adopt a less surgical approach. Laparoscopic surgery has been refined and possibly augmented in gynaecological surgery with robotics although the costs are very high. In urinary incontinence, surgery has been simplified with similar or better results. The biggest breakthrough in gynaecological cancers is HPV vaccination, which has the potential to save hundred of thousands of lives a year world wide. Hormone therapy for menopause has been reduced and previous practice largely discarded. Assisted reproductive technology has been gradually refined and pregnancy rates gradually improved. There is increasing attention paid to PCOS and its consequences. Although many of the advances are incremental, the available choices has significantly increased and the ability to tailor treatment to the woman's needs and wishes has improved.

新生兒低血壓的治療
Treatment of Systemic Hypotension in Newborns

伍百祥教授 Professor PC Ng

香港中文大學
兒科學系講座教授及兒科學系主任
Professor and Chairman of Paediatrics
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Systemic hypotension is a frequent complication of sick preterm infants. It is commonly associated with hypovolaemia, myocardial dysfunction, and vascular tone deficiency. Prompt and efficient treatment is essential because persistent low blood pressure has been shown to increase the risk of intraventicular haemorrhage, periventicular leukomalacia, and long-term neurodevelopmental sequelae. Conventionally, volume replacement with either crystalloids or colloids, and inotropic support with dopamine, dobutamine and/or adrenaline are the preferred treatments. However, recent reports suggest that a significant proportion of very low birth weight (VLBW) infants suffers from refractory hypotension that is resistant to both volume expansion and high dose inotrope treatment. These patients respond readily to corticosteroids, hydrocortisone or dexamethasone, suggesting that an inadequate hypothalamic-pituitary adrenal (HPA) response to stress may be an important aetiological factor.

Our latest randomised controlled study suggested that a stress dose (2-3 times physiological dose) of hydrocortisone was effective in treating refractory hypotension in VLBW infants. Although routine and prophylactic use of systemic corticosteroids could not be recommended because of their potential adverse effects, low-dose hydrocortisone would be preferable to high-dose dexamethasone for treatment of refractory hypotension in emergency and life-threatening situations.

前列腺疾病：癌症普查，新治療模式與癌病預防
Prostate disease: Cancer Screening, New Treatment Modalities and Chemoprevention

葉錦洪教授 Professor Sidney KH Yip

香港中文大學
外科學系教授及泌尿外科主任
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Medical therapy for patients with lower urinary tract symptoms has been an important arena for treatment of symptomatic bladder outlet obstruction as a result of benign prostatic disease. During the work up of such patients, serum prostate-specific antigen (PSA) testing is often employed. In Hong Kong, local data showed a steady rise of incidence of the cancer, likely related to the wide spread use of serum PSA 'screening'. However, while measurement of PSA, a biomarker for prostate cancer, is useful for the detection of early prostate cancer, the effect of PSA-based screening on prostate-cancer mortality remains unclear.

Screening and prostate cancer mortality were studied in 2 large scale randomized studies in US and Europe respectively, with conflicting findings published in the same issue of New England Journal of Medicine this year. Essentially, the Prostate, Lung, Colorectal, and Ovarian (PCLO) Cancer Screening study assigned 38,343 subjects to receive annual screening and 38,350 subjects to usual care as the control. Men in the screening group were offered annual PSA testing for 6 years. They noted that after 7 years of follow-up, the incidence of prostate cancer per 10,000 person-years was 116 (2820 cancers) in the screening group and 95 (2322 cancers) in the control group (rate ratio, 1.22; 95% confidence interval [CI], 1.16 to 1.29). The incidence of death per 10,000 person-years was 2.0 (50 deaths) in the screening group and 1.7 (44 deaths) in the control group (rate ratio, 1.13; 95% CI, 0.75 to 1.70). From there they concluded that the rate of death from prostate cancer was very low and did not differ significantly between the two study groups. On the other hand, the European Randomized Study of Screening for Prostate Cancer (ERSPC) identified 182,000 men between the ages of 50 and 74 years who were randomly assigned to a group that was offered PSA screening at an average of once every 4 years or to a control group that did not receive such screening. During a median follow-up of 9 years, the cumulative incidence of prostate cancer was 8.2% in the screening group and 4.8% in the control group. The rate ratio for death from prostate cancer in the screening group, as compared with the control group, was 0.80 (95% confidence interval [CI], 0.65 to 0.98; adjusted P=0.04). The absolute risk difference was 0.71 death per 1000 men. From there they calculated that 1410 men would need to be screened

and 48 additional cases of prostate cancer need to be treated to prevent one death from prostate cancer.

The seemingly conflicting results from the US and European screening studies might add further controversy regarding Ca P screening. However, it is possible to reconcile at least part of the disagreement by referring to the study methodology. For instance, the final findings of the PLCO study may well differ at completion of follow up at 13 years. On the other hand, the European study acknowledges that many need to be screened (and many need to be treated) to reduce mortality. The issues of possible over diagnosis, overtreatment, and cost-effectiveness remain to be addressed.

Regarding treatment strategy for diagnosed ca prostate, large scale randomized control study comparing watchful waiting and surgery (radical prostatectomy) suggested that survival is better for the surgical intervention group, especially for patients at a younger age. At the same time, with the advent of 'minimally invasive surgery', including robotic assisted surgery, there is significant shift of the surgical practice to robotic assisted over conventional surgery, especially in the United States. However, the cost of such intervention is substantially higher and remains an area of heated debate.

Last, none the least, cancer prevention remains an area of intense interest for the lay public as well as the medical personnel. The initial enthusiasm of prostate cancer prevention using 5 alpha reductase inhibitor was somewhat negatively impacted by the preliminary finding of increased high grade in treatment arm (despite an overall reduction in cancer incidence). The shortfalls of the earlier cancer prevention trial are potentially addressed by latest large scale cancer prevention study using a different agent. Final results of the study are pending but it is possible that chemo-prevention may become an option for consideration, at least for high risk group with previous negative biopsy.

治療睡眠問題的新發展
Update on Management of Sleep Disorders

榮潤國教授 Professor YK Wing

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精神科學系教授
精神科學系睡眠檢查室主任
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Sleep disorders are common but under-recognised and significant medical problems. This includes a board spectrum of disorders which could have both nocturnal and daytime consequences. Although the function of sleep has not been fully elucidated, sleep disorders have been shown to have detrimental effects on physical and mental health. Hence, the early recognition, assessment and management of sleep disorders are important.

In this presentation, sleep disorders including insomnia, sleep duration problems, hypersomnia including narcolepsy, sleep disordered breathing and parasomnia will be covered. For each of the categories, epidemiological data, impact on physical and mental health, latest research findings and management are updated.

活力晚年全攻略
Strategies for Active Longevity

何陳雪鸚教授 Professor Suzanne SY Chan Ho

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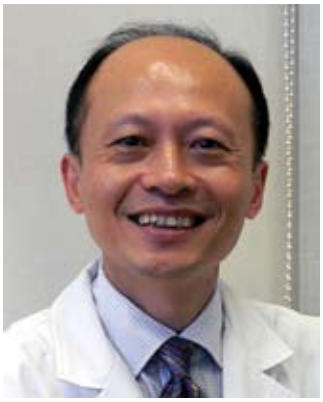
With increasing longevity and an ageing population, the social and economic burden of diseases or conditions commonly affecting the older population is substantial, and measures to help older people to remain healthy and active are a necessity. The World Health Organization defines health as a state of complete well-being and absence of physical, social, and mental sequelae. Thus promotion of mental health and social connections are as important as measures that improve physical health status. It is also recognized that people has an equal right to opportunity and treatment in all aspects of life as they grow older and to continue as active contributors to their families and communities. Active longevity thus refers to not just the ability for the older individuals to be physically active, but a continuation of participation in social, economic, cultural, spiritual and community activities according to their needs, preferences and capacities.

Strategies for active ageing should thus include policies and programmes that reduce risk factors associated with chronic diseases, disabilities and premature mortality; promote factors that protect health throughout the life course; maximize the ability of older individuals to adapt and cope, even in the presence of diseases: develop affordable, accessible and high quality health and social services that address the needs and rights of older individuals; and reduce inequities in participation by older people in all aspects of life. Outcome-based research, life course approaches, multidisciplinary support and empowerment of the older population should also be among the key strategies. Longer life should be accompanied by continuing opportunities for health, participation and security that enhance the quality of life and positive experience as people age.



肥胖症 - 21世紀新挑戰
Strategies in Combating Obesity in the Twenty-first Century

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Rapid changes in technology, human behavior and lifestyle over the last few decades have resulted in a dramatic increase in the prevalence of obesity worldwide. Data from the HK Population Health Survey 2003/2004 commissioned by the Department of Health estimate that 17.8% of the population aged 15 and above are overweight (BMI 23.0–24.9 kg/m2) and 21.1% are obese (BMI ≥ 25.0 kg/m2). Not only is the prevalence of adult obesity is increasing, the prevalence of obesity in children and adolescents is also soaring and is imposing a huge financial burden to the public health system. Irrespective of the controversies in diagnostic criteria of childhood obesity, an increasing trend of childhood obesity is observed in Hong Kong, from 16.4% in 1997/98 to 18.7% in 2004/05, and further to an alarming rate of 20.2% in 2006/07 according to the survey by Department of Health among primary school students (if we define childhood obesity by age and sex specific weight > median weight for height x 120%). These figures are not low when compared to other published Asian data, and certainly surpass those reported from Japan.

Obesity is not just a matter of external appearance and indeed is a chronic debilitating disease. If left untreated, obesity is associated with increase in disability and mortality. In Hong Kong, not much can be offered to our obese patients in the usual busy public hospital system. Ideally, a multidisciplinary approach involving both medical and paramedical team is essential, but is lacking. Group therapy together with individual counseling both physically and psychologically to promote a negative energy balance of 3500-7000 kcal per week in order to lose 1-2 pound adipose tissue is the rule of thumb. The key to success is to develop an enjoyable, affordable & ever lasting strategy. Practical individual dietary tips play a key role in the initial induction of weight loss, and a decrease in calorie intake is the most important component of weight loss and maintenance. Regular physical exercise however is the single paramount factor in predicting long term success. Exercise is a hallmark of fundamental behavioural and attitude changes. Innovations in town planning and public educations to promote negative energy balance and population behavioural change will be of utmost importance in the coming decades.

The currently available obesity medications, namely orlistat and sibutramine, probably did not provide an ultimate solution to most obese subjects. However these medications still have some adjunctive roles for mild to moderate obese patients with co-morbidities. The global withdrawal of rimonabant has abolished the dream of having a medication targeting at the deleterious effect of central obesity and also scared us the hope on future safe centrally acting drugs. The observing weight loss effect of GLP-1 analogue in managing obese diabetic patients is promising and may be a good medication for a trial if you don't mind a daily injection. Looking ahead I can see more and more patients may have to consider various forms of bariatric surgery as their last option for combating morbid obesity associated with deleterious co-morbidities.

NOTES

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