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研討會  
Symposium

二零一一年一月十五日  
15th January 2011

1:00pm	入席登記 Registration
1:30pm	開幕致詞及澳門失智症協會成立典禮 Opening Address and MADA Inauguration Ceremony
	主持人 Moderators : 陳惟蒨醫生 Dr. Chan Wai Sin 霍文遜醫生 Dr. Manson Fok
2:30pm	<b>李傑輝醫生 Dr. Lee Kit Fai</b> 肝臟手術新進展 Advances in Liver Surgery
3:00pm	<b>盧煜明教授 Prof. Dennis YM Lo</b> 非侵入性產前診斷：從夢想到現實 Non-invasive Prenatal Diagnosis: from Dream to Reality
3:30pm	<b>黃家星教授 Prof. Lawrence KS Wong</b> 一級和次級預防腦卒中的最新策略 Strategies for Primary and Secondary Prevention of Stroke
4:00pm	<b>邱文達教授</b> 台灣腦創傷醫學的進展 Translational Medicine of Traumatic Brain Injury in Taiwan
4:30pm	休息時間 Tea Break
	主持人 Moderators : 鄭彥銘教授 Prof. Gregory Cheng 郭志銳教授 Prof. Timothy CY Kwok
4:50pm	<b>梁承暉醫生 Dr. Leung Sing Fai</b> 現今癌症治療之常見疑問 Common Questions about Present-day Cancer Treatment
5:20pm	<b>王彥暉教授 Prof. Wang Yan Hui</b> 癌症的中醫藥防治 Traditional Chinese Medicine in Prevention and Treatment of Cancers
5:50pm	<b>黃永堅教授 Prof. Gary WK Wong</b> 治療兒童哮喘的新方向 Advances in the Management of Paediatric Asthma
6:20pm	<b>廖建華醫生 Dr. Liu Kin Wah</b> 阿氏與非阿氏痴呆症之實用臨床診斷 Alzheimer's and Non-alzheimer's Dementia: A Clinical Approach
6:50pm	<b>曾啟瑞教授</b> 生殖醫學的轉譯研究 Tranlational Research in Reproductive Medicine
7:20pm	閉幕詞 Closing Address

# 主席的話 Message from The Chairman



Welcome to the Symposium 2011.

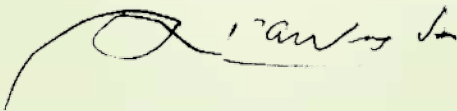
Since its establishment in January 2005, the Foundation has made significant efforts to assist the advancement of the medical profession in Macau and improve the quality of the local healthcare services.

This year, we have assisted in founding and inaugurating the Macau Alzheimer's Disease Association, in collaboration with professionals, Professor and Mrs Kao and other supporters from Macau and Hong Kong, in dealing with the increasing dementia problem of an aging Macau society. We continue our mission to update our Headquarter, located at the 9th floor of The Landmark Macau. In providing high quality services to the local medical and general community with its Health Land, Professional Research Centre and Function Rooms, users can now access information, attend courses, and seminars in our Seminar and Function Rooms. In applying the latest information technology, our Headquarter may become Macau's premier platform for the exchange of expertise and knowledge in the field of medical technology.

As in the past years, this year we have invited a number of renowned experts from the Chinese University of Hong Kong, the Prince of Wales Hospital, Macau, Taiwan and Mainland China to speak on a wide range of interesting topics, including five lectures focusing on the prevailing problems of dementia 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, Taiwan and other parts of 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, distinguished guests and speakers, ladies and gentlemen, I am very pleased and honored to welcome you all to the seventh Dr. Stanley Ho Medical Development Foundation Symposium. Today's symposium has a special meaning as it also marks the inauguration of the Macau Alzheimer's Disease Association. On behalf of the Medical Faculty, The Chinese University of Hong Kong, I would like to extend our warmest congratulations to all members of the Association on this memorable occasion. Alzheimer's disease is increasingly a major burden of disease affecting many individuals and families worldwide. The establishment of the Macau Alzheimer's Disease Association will undoubtedly enhance the local awareness of this disease, and improve the care of senior citizens who have fallen victim to this devastating condition.

The Dr. Stanley Ho Medical Development Foundation was established in January 2005, with a generous donation by Dr. Stanley Ho. Its objective is to provide a platform for medical practitioners in Macau to acquire advanced professional knowledge. To achieve this objective, the Foundation has in the past years organized a series of activities including healthcare courses, collaborative research projects, and the Outstanding Achievement Awards Scheme for healthcare workers. The annual medical symposium is the highlight of this series. All these activities have attracted tremendous interest and support from medical practitioners and other healthcare workers in Macau and Mainland. The enthusiastic participation of the young healthcare professionals has been particularly overwhelming.

As in past years, today's Symposium covers a wide variety of medical advances - from prenatal diagnosis and Paediatric asthma to Alzheimer's disease and stroke, from Traditional Chinese Medicine to western approach in the prevention and treatment of cancer, and advances in liver surgery. The speakers are all renowned experts in their respective fields. We are very fortunate that they are able to come and share their experience with us despite their very busy schedule. Their support of the Symposium is most appreciated.

We are very grateful to the Dr. Stanley Ho Medical Development Foundation for its staunch support of life-long continuing medical education. The Chinese University of Hong Kong is very fortunate and proud to be associated with the Foundation in promoting this great initiative. I would also like to take this opportunity to express my appreciation and gratitude to members of the Organizing Committee for their time and effort in putting together today's programme. I wish you all a very enjoyable and fruitful symposium.

A handwritten signature in black ink, appearing to read 'Fok Tai-Fai', written over a horizontal line.

**霍泰輝教授 Professor Fok Tai-Fai**

院長  
醫學院 香港中文大學  
Dean  
Faculty of Medicine  
The Chinese University of Hong Kong



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

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## 肝臟手術新進展 Advances in Liver Surgery

**李傑輝 醫生 Dr. Lee Kit Fai**

威爾斯親王醫院 肝膽胰外科學系顧問醫生

*Consultant*

*Division of Hepato-biliary and Pancreatic Surgery*

*Department of Surgery, Prince of Wales Hospital*

Common operations on the liver include liver resection (removal of part of the liver), liver transplant (remove the whole liver and replace it with a liver from a donor), local ablation of liver tumors, drainage of liver abscess or cyst and operation for liver trauma. In this presentation I will concentrate on liver resection and local ablation procedure which are the two common methods for treatment for liver cancer.

Liver resection is indicated for malignant and sometimes benign tumors of liver. Traditionally liver resection is considered as a very major operation involving significant morbidity or mortality (up to 20-40%). This is because the liver contains a lot of vessels and bleeding is a major risk of the operation. Liver failure is another risk especially when there is cirrhosis. However, with advancement of technology and skill of operation, the mortality rate can now be brought down to less than 5%. Blood transfusion rate can also be lowered to 10-20%. Adoption of low central venous pressure anaesthesia, new liver transecting and haemostatic instruments and improved postoperative care all contribute the much improved operative result.

Despite the rapid development of minimally invasive surgery in other fields of surgery, the development of laparoscopic liver resection lags behind. This is mainly because of the difficulty in manipulating the large solid organ by laparoscopic instruments and difficulty in achieving haemostasis once massive bleeding occurs. Furthermore, the adequacy to achieve oncological clearance for malignant tumor is also a concern. Nevertheless, laparoscopic liver resection is now recognized as a feasible or even a desirable approach for selected cases. It has been shown to reduce wound pain, blood loss and hospital stay as compared with conventional liver resection, while at the same time it carries similar rate of disease recurrence and survival.

Robot was only applied in surgical operation in recent decade. Its use is well established in operation like prostatectomy. However, the use of robot also spread to other fields of surgery rapidly in recent few years. The advantage of robot is the 3-dimensional magnified image with the high degrees of freedom of movement of the robotic arms as compared with conventional laparoscopic instruments. Furthermore, the robot facilitates high skilled manipulation such as suturing in confined space within the body cavity. Many pioneer centres around the world have started using robot for liver resection and the result remains to be evaluated.

Local ablation treatment involves the introduction of agent into liver tumor to cause death of tumor without removing it from human body. It is now recognized as a potentially curative treatment for liver cancer. The benefit of it is the associated risk is much lower than liver resection. Currently radiofrequency and microwave are the two commonest forms of ablation technology used. Both techniques utilize heat energy to destroy tumor locally without damage to surrounding normal liver tissue. The radiofrequency needle or microwave needle can be inserted into tumor by open operation. In suitable cases, they can also be inserted by laparoscopic approach. Furthermore, in selected cases, the needle can be inserted percutaneously under local anaesthesia, which imposes the lowest risk for treatment of liver cancer.

常見的肝臟手術包括肝切除（肝臟部份切除），肝移植（肝臟整個切除並以捐肝者的肝臟代替），肝腫瘤的局部消融術，肝膿腫或囊腫的引流及肝創傷的手術。今天我只集中討論肝切除及局部消融術。這兩者都是治療肝癌的常用方式。

肝切除的適應症包括惡性以及一些小肝臟腫瘤。傳統上肝切除被視為一項特大型的手術並伴隨着甚多的併發症以及 20-40% 的死亡率。這是因為肝臟包含很多血管，而出血是肝切除的主要風險。肝衰竭是肝切除的另一風險，尤其是當病者已有肝硬化。幸好在科技及手術技術的發展下，肝切除的死亡率現已可降至至少 5%。輸血率也可降低至 10-20%。這手術效果的改善有賴於採用低中央靜脈壓的麻醉方法，新的肝切除及止血的儀器，以及術後病人護理的改善。

近年微創手術在外科各領域有很大發展，但腹腔鏡肝切除的發展就比較滯後。這主要是肝臟是一個很大的固體性器官，以腹腔鏡儀器移動肝臟是困難的。一旦遇上大量出血，止血也是比較困難。再者，在惡性腫瘤切除方面，是否能夠獲得足夠的切緣也是一大關切的地方。儘管如此，在某些適應症上，腹腔鏡肝切除現已被確認為可行甚至是比較可取的。相對於傳統剖腹肝切除，腹腔鏡肝切除已被証實可減少傷口痛楚，降低出血量以及住院日數，但同時間有着差不多一樣的癌症復發率及生存期。

在最近十年機械人已被應用在外科手術上。它的應用在某些手術如前列線切除已被確認。最近幾年機械人輔助的手術在其它外科領域上也急速發展。它的好處包括可放大的三維影像以及相對傳統腹腔鏡儀器有着更大靈活性的機械手術臂。再者，機械臂讓外科醫生可在病人身體內局限的空間裏進行複雜的操作如縫線等。世界上很多先驅的大學或醫院已開始進行機械人肝切除，其效果尚待進一步探討。

局部消融術是藉着直接注入一些物質或能量到肝腫瘤內以產生腫瘤壞死，而不用將腫瘤移除。這技術現已被確認為可以根治肝癌的治療方式。它的優點是風險比肝切除少很多。現時射頻消融及微波消融是兩種最常用的消融技術。兩者都是使用熱力摧毀腫瘤而附近的肝組織可免受損害。射頻針或微波針可在剖腹中直接放入腫瘤內。在適合的情況下，刺針也可藉腹腔鏡放入腫瘤。最後，在個別適當的病例中，刺針可在局部麻醉下經皮放入腫瘤，這樣病人所受的風險是最小的。



## 非侵入性產前診斷：從夢想到現實 Non-invasive prenatal diagnosis: from dream to reality

盧煜明教授 Prof. Dennis YM Lo

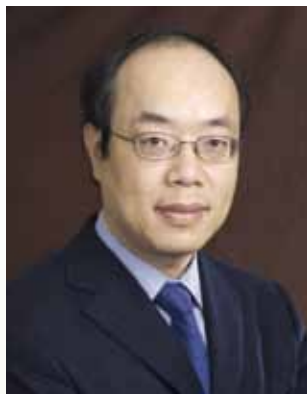
香港中文大學 李嘉誠醫學講座教授／李嘉誠健康科學研究所所長／醫學院副院長（研究）  
化學病理學系講座教授

*Li Ka Shing Professor of Medicine, Director of Li Ka Shing Institute of Health Sciences,  
Associate Dean (Research) of Medicine and Professor of Chemical Pathology,  
The Chinese University of Hong Kong*

The development of methods for analyzing our DNA has given us powerful tools for understanding the effects of genes on health and disease. However, conventional methods for genetic testing have typically use DNA which is extracted from cells. For the last 15 years or so, there has been emerging realization that extracellular DNA is also present in human subjects. One such extracellular DNA species is that released by tumour cells into the blood plasma of cancer patients. Such DNA has allowed the development of new and non-invasive approaches for the detection and monitoring of a variety of cancers, such as nasopharyngeal cancer. Another unexpected finding in the field is the discovery that DNA from an unborn fetus can also be found in the blood plasma of its pregnant mother. This new source of fetal DNA has opened up new possibilities for prenatal diagnosis which is non-invasive, thus providing an alternative to invasive procedures such as amniocentesis. This development has created a paradigm shift in prenatal testing, but has also opened up new ethical questions which would need to be carefully addressed. It is expected that other diagnostic applications of circulating DNA may emerge in the coming years and would play an increasingly important role in future diagnostics.

各種基因分析方法不斷在快速發展，令我們對基因如何影響健康和疾病加深了認識。傳統的基因測試一般是從細胞內抽取DNA作分析。在過去十五年間，科學家漸漸地認識到人體中有些DNA是存在於細胞外的。其中一種細胞外DNA是由癌細胞釋出於癌症病人的血漿內。這種DNA使我們發展出一種新穎而無創傷性的方法去診斷和監察各種不同的癌症，例如鼻咽癌。這研究範疇內另一意想不到的發現是胎兒基因也存在於懷孕中的母體血漿內。這新發現為無創傷性產前診斷的研究趟開了一扇大門，並可能取代部分具創傷性的產前診斷方法，如羊膜穿刺術。誠然此項研究發展可改進現有產前測試的技術，另一方面，又帶來了一些必須要探討和解決的道德問題。總括而言，在未來的日子，更多運用血漿基因作醫學診斷的技術將會應運而生，並漸漸擔當更重要的角色。





## 一級和次級預防腦卒中的最新策略 Strategies for Primary and Secondary Prevention of Stroke

黃家星教授 Prof. Lawrence KS Wong

香港中文大學 內科及藥物治療學系腦神經科主任 莫慶堯內科醫學講座教授  
Mok Hing Yiu Professor of Medicine, Chief of Neurology,  
Department of Medicine & Therapeutics, The Chinese University of Hong Kong

Stroke is the commonest cause of disability and the only preventable cause of dementia. In addition nearly 2 million Chinese dies of stroke each year. Yet the majority cases of stroke are avoidable by modifying one's lifestyle such as regular exercise, sensible diet and exposure to smoking. Control of risk factors such as hypertension, diabetes, atrial fibrillation, dyslipidemia, carotid and cerebral artery stenosis are the most important approach for primary stroke prevention. For patients who already have a stroke or TIA, it is recommended to have even better control of risk factors, consider interventional approaches for atherosclerotic disease, antithrombotic treatments for cardioembolism, and the use of antiplatelet agents for noncardioembolic stroke.

The confirmation of the benefit of newer generation of oral anticoagulants such as rivaroxaban and dabigatran for atrial fibrillation is an exciting news for neurologist. Both of the new drugs are much easier to use than warfarin, without the need for blood monitoring, less drug-drug and drug-food interaction. The use of interventional therapy such as stenting is gaining momental for both extracranial and intracranial atherosclerotic disease.

中風是一個很常見的嚴重疾病。每六個華人便有一個因中風而死亡。但大部分中風個案都是可以預防的，如能控制血壓、血脂、血糖、加上定時運動、小心飲食、適量飲酒、戒煙等，便能預告超過七成中風病，如不幸已患上腦血管病，便要檢查清楚中風的原因，以便對症下藥，如有心房顫動，便需服用抗凝藥，如有大血管狹窄，或需用手術來開通。但最重要還是跟你的醫生商量，那一種治療方法最為適合。



## 現今癌症治療之常見疑問 Common Questions about Present-day Cancer Treatment

梁承暉 醫生 Dr. Leung Sing Fai

威爾斯親王醫院 臨床腫瘤科顧問醫生

*Consultant, Department of Clinical Oncology, Prince of Wales Hospital*

Cancer is one of the most common life-threatening diseases in Southern China. Many people affected by cancer would have their cancer successfully cured. However during the cancer treatment process, the patient often needs to make choices among different treatment options and this can be difficult. I would discuss on how to interpret the benefit of different treatment options. About half of all patients affected by cancer would face incurable cancer. It is important to provide them with appropriate, adequate, and non-futile treatment, and supportive services in all aspects, to enable them to make best use of good quality time.

在華南地區癌症為最常見之致命疾病之一，很多情況下癌症都可以得到根治，病者在治療的過程中常要作出一些對有關不同治療方案之選擇。選擇可以帶來困難。我將討論如何理解不同治療方案的差異。約一半患癌病者會面對不能根治之癌病。如何為這些病者提供合適之治療及全方位的支援服務，及善用時間是一個重要的課題，亦是此講題之討論內容。



## 癌症的中醫藥防治

## Traditional Chinese Medicine in Prevention and Treatment of Cancers

王彥暉教授 Prof. Wang Yan Hui

廈門大學 醫學院副院長及教授

Professor and Vice Dean of Medical College, Xiamen University

腫瘤是指機體在各種致癌因素作用下，局部組織的細胞異常增生而形成的局部腫塊。腫瘤有良性和惡性之分，惡性腫瘤就是癌症。癌症可以破壞組織、器官的結構和功能，引起壞死出血合併感染，患者最終可能由於器官功能衰竭而死亡。癌症病變的基本單位是癌細胞，癌細胞的無止境惡性增生使患者體內的營養物質被大量消耗，癌細胞還釋放出多種毒素，使人體產生一系列症狀，最終轉移到全身各處生長繁殖，導致人體消瘦、無力、貧血、食欲不振、發熱及臟器功能受損而死亡。

中醫學對癌症的認識角度、思維方式、專業語言、診察方法和治療方法與西醫學完全不同，在癌症的預防和治療方面具有獨特的療效，茲就此談談自己的管窺之見，望中西醫同仁指正。

1. 中醫學認為癌症的核心病機是病理產物
2. 中醫學癌症預防和預測的機理

## 癌症與舌象變化的關係



3. 中醫學治療癌症的角度
4. 中醫學善於處理的各階段癌症

由於中醫學辨證施治的治癌方法是以陰平陽秘為目標，以改善體質、恢復內環境穩定為手段，主要通過激發機體固有的抗癌機制來治療癌症，有特異性不高和副作用極少的特點，因此可以用於

- (1) 癌症的預防。對於有癌症家族史的人，儘管毫無症狀，只要有痰瘀之象，就可以用中醫辨證施治的方法改善體質，預防癌症。
- (2) 診斷不明的癌症患者的治療。癌症的確診有時十分困難，頗費周折，有時從懷疑到確診費時幾周到數月。癌細胞的繁殖速度驚人，往往見懷疑時仍然是早期，待其確診已經轉移，而西醫的治療如果沒有確診根本無法進行，此時極宜以中醫學辨證施治治療，因為中醫的辨證施治不需確診就可以關鍵舌脈象進行。
- (3) 對抗化療、放療的副作用。化療和放療的副作用很大，辨證施治可以有效改善放化療引起的噁心、嘔吐、口幹、泄瀉、便秘、食欲差、睡眠差和血象過低等的副作用。

- (4) 西醫治療後的繼續調理。西醫常規手術、放化療後，通常沒有進一步的治療，可是癌症是一種全身性疾病，局部的癌腫消失後，導致癌症的內環境失調問題並沒有根本解決，應當用辨證施治的方法長期調理身體，能夠有效預防復發和新的癌症產生。
- (5) 晚期癌症的治療。癌腫浸潤周圍或遠處組織和器官就進入晚期癌症，此時手術無法施行，放化療效果極差，基本上西醫認為屬於不治之症，而中醫辨證施治的方法仍然有可能取得較好效果的可能。由於中西醫觀察事物的角度不同，西醫的不治之症，未必是中醫的不治之症，有一種晚期癌症的辨證施治治療有很好的效果：西醫確診癌症晚期，但是癌腫雖然數量多但是體積不大，食欲好、食量大、二便正常、能夠很好服用中藥者，中醫辨證施治可以取得很好的效果，可以有效延長生存期，甚至治癒。以筆者的經驗，中藥治療消除小腫瘤的效果好，甚至是數量較多的小腫瘤。而腫瘤體積過大，癌細胞數量巨大，辨證施治調動機體內在抗癌能力的方法可能不足於消滅癌細胞。





## 治療兒童哮喘的新方向

## Advances in the Management of Paediatric Asthma

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The prevalence of childhood asthma is increasing along with economic improvement and westernization. Despite many advances in the medical treatment of asthma, a large proportion of asthmatics are still poorly controlled. The Global Initiative of Asthma was established to provide evidence-based guideline to facilitate management of asthma on a global basis. Long term anti-inflammatory controller is the cornerstone for the treatment of asthma. The recent recommendation from national and global guidelines have emphasized the importance of assessing asthma control. In order to improve asthma care, the first step is to assess asthma control. There has also been major advance in the research of the monitoring of airways inflammation in asthma. Two techniques have been widely used recently for the assessment of asthmatic inflammation in the research arena. They are the measurements of exhaled nitric oxide (ENO) and exhaled breath condensate (EBC). Reference data of ENO in normal Asians are also available. Prospective randomized trials have suggested that the addition of ENO measurement may result improve control of asthma but the results are inconsistent. Exhaled breath condensate (EBC) has also been used extensively to study asthmatic patients. In addition to laboratory monitoring, simple clinical tools such as the asthma control test has almost been extensively studied. On the community level, the best example comes from Finland where there is a national asthma program aiming at early diagnosis and treatment with anti-inflammatory drugs. Asthma educators are also available to support education of patients and relatives regarding the importance of adequate control and use of various types of inhaler devices. With better classification of control, improved monitoring, and individualized therapy of asthma, most, if not all, asthmatics should be adequately controlled.

兒童哮喘的患病率跟隨著經濟改善和西化生活上升。儘管哮喘的醫學治療有很多進展，大部份的哮喘患者仍然控制不佳。《全球哮喘防治創議》(Global Initiative of Asthma, GINA) 的成立提供循證指引，有助於全球基準的哮喘管理。長期消炎控制是治療哮喘的重點。從國際和全球指引的最近提議已強調對評估哮喘控制的重要性。要改善哮喘護理，首要是評估哮喘控制。在監控哮喘中呼吸道炎症的研究同時也出現了巨大進展。最近有二種技術廣泛應用於評估呼吸道炎症的研究舞台。這就是《呼出一氧化氮》(ENO) 和《呼出氣體冷凝液》(EBC) 的量度。正常亞洲人的《呼出一氧化氮》參考值已經建立。前瞻性隨機試驗提示附加《呼出一氧化氮》的量度可能會改善哮喘控制但研究結果並不一致。《呼出氣體冷凝液》也已經廣泛應用於哮喘病人的研究。除了實驗室監控外，簡單臨床工具例如《哮喘控制測驗》(ACT) 已經廣泛地被應用。在社區層面，一個良好例子是芬蘭提供了全國哮喘方案針對早期診斷和消炎藥物治療。候命的哮喘指導員對患者和親屬在強調哮喘得到足夠控制的重要性和對各種吸入器的使用方面提供支持教育。在較好的哮喘控制分類、改善監控和個人化的哮喘治療下，即使不是全部，大部份的哮喘患者應該得到適當控制。



## 阿氏與非阿氏痴呆症之實用臨床診斷 Alzheimer's and Non-alzheimer's Dementia: A Clinical Approach

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With life expectancy across the world is increasing, the number of elderly people, who are at risk of developing dementia, is increasing rapidly. It was estimated that 24.4 million people have dementia today with 4.6 million new cases of dementia every year (1 new case of every 7 seconds). The number of people affected will double every 20 years to 81.1 million by 2040.(1) This similar phenomenon shares among two Special Administrative Regions, Macau and Hong Kong, and also the Mainland China.

Dementia is not only a clinical term to describing a global impairment in cognition as well as impairment in social and occupational functioning, but also frequently accompanied by neuropsychiatric disturbance such as depression, psychosis or behavior problem. Diverse behaviors changes manifestation may be increasing severity over time. The most common cause of dementia is Alzheimer's disease (AD). It usually accounts for more than 50% to 70% of dementia worldwide. It is followed by non-AD group such as vascular dementia which accounts for 15% to 30% elders from cerebrovascular accidents. The third and fourth common causes are cerebral lewy body dementia (CLBD) and fronto-temporal dementia (FTD) respectively. Other miscellaneous group such as focal brain pathologies, metabolic disorder, inflammatory disease, Kosakoff's etc. shares the residual portion.

Much information can be obtained from clinical approach for evaluation of AD or non-AD patients. The clinical assessment of patient with suspected dementia should ideally be multidisciplinary. History according to the patient and a close informant should focus on the affected cognitive domains, the course of the illness, and the impact on activity of daily living and any associated non-cognitive symptom. Past medical history, co-morbidities, family and educational history are important. Neurological examination is particularly important in distinguishing AD from non-AD patient and other co-morbidities.

Most experts advise to screen for vitamin B12, folate, thyroid function hormone, calcium, glucose, complete blood cell count, renal and liver function abnormalities. Serological test for syphilis and HIV should be considered in individual case. Min-Mental State Examination (MMSE) and clock test remains useful tests in a clinic based with limitation of manpower. The General Practitioner Assessment of Cognition (GPCOG) may be useful screening tests in primary care.

Biomarker like magnetic resonance imaging (MRI), positron emission tomography (PET) and cerebrospinal fluid (CSF) that have been proposed to increase the confidence of the clinical diagnosis and also differentiate the AD and Non-AD patients.

A touch on clinical approach by paying special attention to function, language, praxis and visual-spatial abilities & imagings to AD and non-AD patient including CLBD, young onset FTD or late onset FTD and corticobasal degeneration will be discussed in this talk. Pharmacological and non-pharmacological approach including day care centre utilization, training to the caregivers, personal centered care approach should also be emphasized.

Better understanding offers the potential for future treatments to be tailored as specific diagnosis of both young onset and later-onset dementia. It also can raise awareness of the disease and minimize the stigma among the publicity, which may empower the patient to walking along the journey with their caregivers.

隨著人均壽命在全世界不斷增長，人口急速老化，失智症患者變得愈見普遍。據估計，全球有 2,440 萬失智症患者，而每年全球大概有 460 萬失智症新病例，即每 7 秒便有 1 個新個案。在 20 年之後，受影響人士的數目將增加一倍。估計在 2040 年，數字會達 8,110 萬。相信在兩個特別行政區：澳門和香港，或者是中國內地也有相同的現象。

失智症其實是很多腦部疾病的統稱。它的主要病徵是認知能力下降，更甚者影響日常社交及工作表現。而且患者的性格、情緒及行為亦會改變，導致神經與精神失調現象如抑鬱症、幻覺或行為問題等。病情往往長期持續，並逐步 惡化。最常見的失智症是阿滋爾茨海默氏病，它通常佔有 50% 至 70% 的個案。其次是非阿滋爾茨海默氏病患者，當中若 15% 至 30% 屬血管性失智症，接著是利維體失智症和額顳失智症。而餘下的分別有腦佔位性病變，代謝疾病，炎症性疾病及柯沙科夫氏精神病等。

臨床評估可提供更多資料去評核患者是屬於阿滋爾茨海默氏病患者或非阿滋爾茨海默氏病患者，而對疑似失智症患者進行醫療團隊病患管理模式的評估是最為理想的。在分析患者及病歷 述者所提供的病歷時，應著重針對受影響的認知領域、病患過程、對日常活動的影響以及任何相關的非認知症狀。過去的病歷、共同病症、家庭及教育背景是十分重要的。神經系統臨床的檢驗亦對判別阿滋爾茨海默氏病患者及其他共同病症尤其重要。

大部份專家均建議對維他命 B12、葉酸、甲狀腺功能的激素、鈣、葡萄糖、全血細胞、腎和肝功能異常進行篩選。在個別情況亦可考慮對梅毒和愛滋病毒進行血清檢測。對於一般的診所來說，使用簡易智能狀態測驗 (MMSE) 及畫鐘測驗亦可提供有效的測試結果。而在基礎評估的範疇，普通科醫生認知能力評估 (GPCOG) 相信是十分有用的篩選測試。

磁力共振 (MRI)、正子斷層掃描 (PET)、腦水液 (CSF) 檢驗將有助診斷病情演變，並區分阿茨海默氏病及非阿茨海默氏病。

這次的演說主要討論臨床評估的重要性，若將目光專注在病人的日常社交及工作表現、言語、動作、視覺空間辨別能力及腦部影像檢查，將有助斷症及區分阿滋爾茨海默氏病患者或非阿滋爾茨海默氏病患者，當中包括利維體失智症、早年及晚期額顳失智症。藥物及非藥物治療也可幫助病情，包括使用日間護理中心、對協助照顧者給予訓練及病人核心照顧療法也可見其效。

若醫療界、病患者及大眾市民對失智症有更清晰的理解，這樣有助發展針對不同年齡患者的診斷及治療方式。同時，亦希望藉此能喚起大眾對該症的關注，並減低市民的誤解，從而令患者及其家人能更堅定勇敢地面對前路的困難和挑戰。

## NOTES