BULLETIN

FEBRUARY 2003

MONTHLY SELF-STUDY SERIES

Please read the following article and complete the self-assessment questions. Participants in the HKMA CME Programme will be awarded 1 credit point under the Programme for returning completed answer sheet on P.13 via fax (2865 0943) or by mail to the HKMA Secretariat on or before 15 March 2003. Answers to questions will be provided in the next issue of the HKMA CME Bulletin.

Sleep Apnoea Syndrome in Hong Kong – A Ten Years’ Study

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St. Teresa’s Hospital

The epidemiological characteristics and sleep parameters of 2,422 patients who underwent sleep assessments in Computerized Sleep Assessment Centre of St. Teresa’s Hospital from January 1992 to June 2001 are studied. Data are compared with those in a previous study done in 1994 in which 262 patients were studied in the period between January 1992 and February 1994. Differences in the results in these two studies and the trend of management of Sleep Apnoea Syndrome in these ten years are discussed.

INTRODUCTION

The sleep records of a total number of 2,422 patients who have undergone sleep assessment at the Computerized Sleep Assessment Centre of St. Teresa’s Hospital during the period of 10.5 years (126 months) from January 1992 to June 2001 are analyzed and some of the results are listed as follows:

N.B. Total numbers of sleep assessments done = 2,422

Number of patients repeating the assessment = 308 (12.72%)
(Excluding first time repeaters)
Number of patients doing the assessment for the first time = 2,114 (87.28%)
(Excluding first time repeaters)

(1) Sex
There are 1,849 (87.46%) male patients and 265 (12.54%) female patients giving a sex ratio of about 7:1 with a male predominance. The sex ratio in 1994 is about 5:1 with a male predominance. It seems to be less females doing the sleep assessment in the recent years.
(See Appendix 1)

(2) Age
Most patients are aged between 31 to 50 (about 70%) (31 to 40: 33.96%; 41 to 50: 34.86%). In 1994, the figure is about 60% (31 to 40: 33.21%; 41 to 50: 26.72%). It seems that more patients at age between 41-50 have sleep assessment in the recent years.
(See Appendix 1)

(3) Diagnosis
1,413 patients are diagnosed to be suffering from Obstructive Sleep Apnoea Syndrome (66.84%). This figure is very similar to that of 1994 which is 68.32%.

(4) Features of Patients with Obstructive Sleep Apnoea Syndrome
(a) Sex
There are 1,309 (92.64%) male sufferers and 104 (7.36%) female sufferers giving a sex ratio of about 12.6 to 1 with male predominance. This figure is higher than that in 1994 which is 9 to 1.
(b) Age Distribution

Most sufferers are in the age range of 31 to 50 (71.13%). (31 to 40: 34.40%; 41 to 50: 36.73%)

The figure in 1994 is 62.57%. (31 to 40: 36.87%; 41 to 50: 25.70%)

The average age of sufferers is 43.36 years. The average age of male sufferers is 42.97 years while that of female sufferers is 48.35. So as a whole, the female sufferers are about 5 to 6 years older than the male sufferers. (See Appendix 2)

It is interesting to note that after the age of 50 the male to female ratio drops gradually.

<table>
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<tr>
<td>41 to 50</td>
<td>2.0 : 1</td>
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<td>51 to 60</td>
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<td>61 to 70</td>
<td>0.3 : 1</td>
<td>0.3 : 1</td>
</tr>
<tr>
<td>71 or above</td>
<td>0.2 : 1</td>
<td>0.1 : 1</td>
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(See Appendix 2)

The trend is similar to that in 1994. In other words, female after 50 has increased risk of suffering from Sleep Apnoea Syndrome but whether it is related to post-menopausal factors or other causes remains to be investigated. It is also noted that in children (0-10 years old) and young persons (11-20 years old), the male to female ratio is also low.

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<tbody>
<tr>
<td>0 to 10</td>
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<td>1.0 : 0</td>
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<tr>
<td>11 to 20</td>
<td>1.20 : 1</td>
<td>3.0 : 1</td>
</tr>
</tbody>
</table>

(See Appendix 2)

(c) The Apnoea Index

The mean apnoea index (number of apnoeas, greater than 10 seconds in duration per hour of sleep) is 27.47. In 1994, that figure is 23.30.

(d) The Hypopnoea Index

The mean hypopnoea index (number of partial apnoeas, greater than 10 seconds in duration per hour of sleep) is 12.06. In 1994, that figure is 13.60.

(e) The Apnoea/Hypopnoea Index

The mean apnoea/hypopnoea index (sum of c & d) is 39.53. In 1994, this figure is 36.90. Therefore, both the apnoea index and apnoea/hypopnoea index seem to be higher in recent years.

N.B. Previously in adults, we take 5 in the apnoea index and 10 in the apnoea/hypopnoea index as the demarcating line. In other words, apnoea index over 5 or apnoea/hypopnoea index over 10 is taken as significant in making the diagnosis of sleep apnoea syndrome if other salient features, e.g. oxygen desaturation during sleep are also present. In recent years, many centers have adopted a stricter criteria, i.e. taking an apnoea/hypopnoea index of over 5 as significant in the diagnosis of Sleep Apnoea Syndrome.

(f) Oxygen Desaturation

All patients in 1,413 out of 1,413 have significant oxygen desaturation. 75.80% have oxygen desaturation under 80%; 40.55% have oxygen desaturation under 70%; 15.71% have oxygen desaturation under 60% and 4.39% have oxygen desaturation under 50% during their sleep. These figures are greatly similar to those in 1994.

(g) Body Mass Index

The mean body weight of sufferers is 78.43 kg. The figure is 75.30 kg in 1994. The mean body height of sufferers is 1.70 m. The figure is 1.66 m in 1994. The mean body mass index is 27.25. The figure is 27.30 in 1994. Therefore, it appears that sufferers in recent years are heavier but also taller; so their mean body mass index does not change much over the years.

Body Mass Index (BMI) = \[
\frac{\text{Weight in Kg}}{\text{Height in Meter}^2}
\]

As a whole, sufferers have a higher body mass index than the average person which is 20 to 25 in Hong Kong.
(h) CPAP (Continuous Positive Airway Pressure) Titration

Among the 1,413 patients diagnosed to be suffering from Sleep Apnoea Syndrome, only 303 underwent CPAP titration (21.44%) for treatment purposes. CPAP treatment is still considered to be the first line treatment in most sufferers. The treatment (or no treatment) and the outcome of the remaining majority of sufferers (78.55%) are unknown.

(i) Reassessment

Out of the 1,413 patients suffering from Sleep Apnoea Syndrome including those who had undergone CPAP titration, only 5 (0.35%) of them returned for sleep analysis for reassessment of their condition some time later. It appears that most sufferers do not have reassessment of their illness after it was diagnosed or treated.

SUMMARY OF IMPORTANT OBSERVATIONS & DISCUSSIONS

(1) The sex ratio (male to female) has increased to 12.6:1 as compared to that of 9:1 in 1994. It is interesting to note that as the two extremes of ages (below 20 and above 50), this ratio is much smaller. Although, in Sleep Apnoea Syndrome, it is well known that there are much more male than female adult sufferers giving a male to female ratio ranging from 5:1 to 9:1 in various studies, the male to female ratio in this study is exceptionally high 12.6:1. There are two possible explanations for this phenomenon. Discussions with colleagues working in the sleep assessment centres in public hospitals reveal that they have a lower male to female ratio and it is thought that the difference may be due to financial reasons, i.e. male sufferers, as the usual bread-winner of the family are more willing to attend private hospitals for sleep assessment for earlier investigations despite higher charges. On the other hand, with the economic downturn in the past years in Hong Kong, female sufferers who are financially dependent on other members of the family may choose the public service, which is cheaper. Another cause of the increased male to female ratio in Sleep Apnoea Syndrome in recent years may be related to the prevalence of “slimmness concept” among females in Hong Kong which may have led to decreased incidence of the illness in females.

(2) There are more sufferers in the age range of 41 to 50 in recent years; although most sufferers are still aged between 31 to 50.

(3) Most patients are suffering from Obstructive Sleep Apnoea Syndrome and the proportion is similar to that in 1994.

(4) It seems that the illness has become somewhat more severe in recent years as revealed by the higher apnoea index and apnoea/hypopnoea index although the extent of oxygen desaturation seems to be similar when compared with those in 1994.

(5) The most relevant epidemiological features of Sleep Apnoea Syndrome are still being male, middle-aged (31 to 50 years old) and overweight (average BMI = 27.25) which are similar to those in 1994.

(6) It is important to note that relatively few sufferers underwent CPAP titration for treatment purposes and even fewer sufferers returned for reassessment of their illness after it was diagnosed or treated.

CONCLUSION

In the past ten years, more patients came for sleep assessment either on referrals by doctors or themselves (See Appendix 3). It reflects the increased knowledge of Sleep Apnoea Syndrome among the medical professionals and the general public as a whole. However, after the diagnosis has been made in the first sleep assessment, the treatment and follow-up of the conditions seems to be unsatisfactory as reviewed by low CPAP titration rate and even lower reassessment rate. More education on these two aspects is needed to improve the overall management of Sleep Apnoea Syndrome in Hong Kong because patients with untreated Sleep Apnoea Syndrome have greater mortality (especially sudden death during sleep) and morbidity (e.g. hypertension and cardiac diseases); they are more prone to traffic accidents as well.

The significant epidemiological factors among patients suffering from Sleep Apnoea Syndrome are quite similar to those in 1994 except that the male to female ratio has increased.
### APPENDIX 1

**Patients receiving sleep assessment:**

#### Age & Sex Distribution (2001)

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<th>Age in Years</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<td>11 – 20</td>
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<td>21 – 30</td>
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<td>31 – 40</td>
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<tr>
<td><strong>Total</strong></td>
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<td>265</td>
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#### Age & Sex Distribution (1994)

<table>
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<th>Age in Years</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<tbody>
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<td>11 – 20</td>
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<tr>
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### APPENDIX 2

**Patients diagnosed to be suffering from Obstructive Sleep Apnoea Syndrome:**

#### Age & Sex Distribution (2001)

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<th>Age in Years</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
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<td><strong>Total</strong></td>
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<td>1,413</td>
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#### Age & Sex Distribution (1994)

<table>
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<th>Age in Years</th>
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<td>61 – 70</td>
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<td>5</td>
<td>20</td>
</tr>
<tr>
<td>71 or above</td>
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<td>2</td>
<td>4</td>
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<tr>
<td><strong>Total</strong></td>
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<td>18</td>
<td>179</td>
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### APPENDIX 3

**St. Teresa’s Hospital – Sleep Assessment Centre Sleep Records**

*from January 1992 to June 2001*
Sleep Apnoea Syndrome in Hong Kong – A Ten Years’ Study

Self-Assessment Questions

(Please indicate true or false to the following questions.)

(1) Most of the patients suffering from Obstructive Sleep Apnoea Syndrome are middle-aged men who are overweight.

(2) There are more female than male patients suffering from Sleep Apnoea Syndrome after the age of 50.

(3) Prominent snoring during sleeping and excessive daytime sleepiness are the two main symptoms in Obstructive Sleep Apnoea Syndrome.

(4) As a whole, sufferers from Obstructive Sleep Apnoea Syndrome have a higher body mass index than the average person which is 20 to 25 in Hong Kong.

(5) Patients with untreated Sleep Apnoea Syndrome have lower risk of hypertension and cardiac disease.

(6) Overnight polysomnography (sleep assessment) is the gold standard for the diagnosis of Sleep Apnoea Syndrome.

(7) Patients with untreated Sleep Apnoea Syndrome are more prone to traffic accidents.

(8) CPAP (Continuous Positive Airway Pressure) is currently the most commonly used and effective treatment for Sleep Apnoea Syndrome.

(9) In the past ten years, there is increased knowledge of Sleep Apnoea Syndrome among the medical professionals and the general public in Hong Kong as a whole.

(10) In this study, it seems that the treatment and follow-up of patients with Sleep Apnoea Syndrome are not very satisfactory as reviewed by the low CPAP titration rates and even lower rate of reassessment.

Reference:


(5) Impaired vasodilator responses in obstructive sleep apnoea are improved with continuous positive airway pressure therapy. Imadojemu VA, Gleeson K, Quarishi SA, Kunselmas AR, Sinoway LI, Leuenberger UA. Am J Respir Crit Care Med 2002 April; 165(7):950-3.


Farewell Dinner by Dr. K. Choi in honour of Prof. J. A. Dickinson, our CME Advisor

Back Row (from left): Dr. Jacman Yu, Dr. Samuel Choy, Dr. Alvin Cheng, Dr. N. M. Wong, Dr. Y. F. Kong and Dr. H. C. Lau

Front Row (from left): Dr. Louis Shih, Dr. K. Choi, Prof. J. A. Dickinson and Dr. Elsie Fan

A farewell dinner was organized by Dr. K. Choi, former coordinator of the HKMA CME Bulletin, for Prof. J. A. Dickinson for his generous support to our Bulletin as a member of the panel before his departure from Hong Kong.

ANSWERS TO JANUARY 2003 ISSUE

Management of Pruritus

1. * F
2. T
3. * T
4. F
5. F
6. T
7. F
8. * F
9. * F
10. T

*Remarks:
1. Pruritus is frequently misspelled. The suffix “itis” means inflammation.
2. To help identifying an allergen and confirm the diagnosis of allergic contact dermatitis.
3. When the lice are not feeding, they stay in the clothing.
4. Emollient is the mainstay of treatment.
Clinical Cardiology Series

臨床心臟科個案研究

A 40 year old 70 kg asymptomatic businessman has a routine fasting blood checkup revealing Total Cholesterol of 6.4 mmol/l and Triglyceride of 2.0 mmol/l; HDLC of 1.0 mmol/l; LDLC of 4.5mmol/l. He comes to your clinic for advice and requests drugs for treatment of his lipid disorders in order to prevent heart attack. His BP is normal and he is a smoker, and he never drinks alcohol.

1. What other major risk factors for coronary artery diseases will you need to assess?

2. What further blood tests will you perform for this gentleman?

3. In the absence of all other risk factors, will you start drug therapy for him right away? If not, what is your plan for management?

He also has a 43 year old male friend; a chronic smoker; who had a PTCA done for his IHD one year ago in the UK. He remained very well now and returned to HK and had a fasting TC of 6.5 mmol/l, TG of 1.5 mmol/l, HDLC of 0.9mmol/l.

4. What is his LDLC level? How would you manage this patient?

5. Will you start antihyperlipidemic drug treatment right away? And which drugs will you use?

Answers to January 2003 Clinical Cardiology Series

臨床心臟科個案研究二零零三年一月份答案

A 35 year old lady at 32 weeks of gestation in her first pregnancy goes to your office for a minor upper respiratory tract infection. Incidentally, her blood pressure is found to be 155/90 mmHg with a pulse rate of 85/min. The cardiovascular examination and chest examinations are otherwise unremarkable. The size of uterus is appropriate for gestational age.

1. What is your next step?

In general, hypertension in pregnancy can be defined as a blood pressure greater than 140 mmHg systolic and 90 mmHg diastolic on at least 2 occasions 6 hours apart. Therefore, you should repeat another blood pressure measurement to ascertain the diagnosis of hypertension complicating pregnancy.

2. What are the differential diagnoses of hypertension in pregnancy?2-22?

Hypertension during pregnancy may be related to: a) pre-eclampsia; b) chronic hypertension; c) gestational hypertension and d) renal disease.

3. What is the definition of various types of hypertension?2-22?

Chronic hypertension in pregnancy is defined as a) hypertension that precedes pregnancy, b) hypertension that occurs in pregnancy prior to 20 weeks of gestation, or c) hypertension that persists beyond the sixth postpartum week.

Gestational hypertension is defined as hypertension induced by pregnancy beginning after 20 weeks of gestation and resolving by the sixth postpartum week. There is no evidence of end-organ manifestation including proteinuria.

Pre-eclampsia is defined as hypertension induced by pregnancy beginning after 20 weeks of gestation and resolving by the sixth postpartum week. There is evidence of end-organ damage including proteinuria, hepatic, neurologic and hematoletic involvement.

In renal disease, any rise in GFR depends on an elevation in glomerular pressure, which can increase proteinuria and worsen the underlying disease. Hypertension becomes more severe during pregnancy in most women with chronic renal disease, and proteinuria increases in approximately 20% of patients.
4. What is the management?

Low risk chronic hypertensive patients (i.e. No end-organ damage or proteinuria) have a favorable maternal and peri-natal prognosis without the use of anti-hypertensive therapy. Careful antepartum management and antenatal evaluation are still essential. Maternal evaluation should include a 24-hour urine collection for protein and creatinine clearance.

High-risk chronic hypertension is associated with increased maternal and peri-natal complications, including superimposed pre-eclampsia, abruptio placentae, and prematurity. Careful monitoring for proteinuria and renal function are important. Hospitalization should be considered if there is superimposed conditions as outlined above or if the blood pressure is not under control. Anti-hypertensive drugs should be considered.

In gestational hypertension, attention must be directed towards early detection of progression into pre-eclampsia. Anti-hypertensive drugs are usually effective in lowering blood pressure.

Once pre-eclampsia is diagnosed, hospitalization is indicated, since the disease can progress rapidly to multi-system involvement, including eclampsia, characterized by convulsions. The definitive treatment of pre-eclampsia and eclampsia is delivery of the conceptus, if fetal maturity allows.

5. What are the antihypertensive drugs commonly used in pregnancy?

Methyldopa is the only anti-hypertensive agent whose long-term safety for both the mother and fetus has been adequately assessed. It is a central alpha-2 blocker and crosses the placenta freely so that concentrations in maternal and fetal sera are the same.

Calcium Channel Blockers (Dihydropyridines) act by inhibiting transmembrane calcium influx from the extracellular space into the cytoplasm. Nifedipine is a drug that has been used extensively in pregnant women with chronic hypertension. No adverse fetal effects have been reported. However, controlled trials and pediatric follow-up studies involving the long-term use of calcium channel blockers in pregnancy are lacking. Only smaller studies have shown that nifedipine slow-release tablets can be used as a second line anti-hypertensive agent.

Beta-blockers act by competitive inhibition of catecholamines at the beta-1 and beta-2 adrenoreceptors. The use of these agents in pregnancy has been associated with neonatal bradycardia, hypoglycemia, fetal growth retardation, altered adaptation to perinatal asphyxia, and neonatal respiratory depression. Their use should be limited to patients with high-risk chronic hypertension in whom methyldopa and nifedipine have provided unsatisfactory control of blood pressure.

Labetalol is a combined alpha- and beta-adrenoceptor blocker. It appears to be as safe as methyldopa in the short-term use in the third trimester. However, its long-term use in mild preeclampsia was associated with small-for-gestational-age infants.

Diuretics lower blood pressure by decreasing the intravascular volume and cardiac output. A meta-analysis of nine randomized trials of more than 7,000 subjects taking diuretic during pregnancy revealed a decrease in the tendency of these women to have edema and hypertension. No increase in the incidence of adverse fetal effects was seen.

References:
Clinical Case Study

Dermatology Series

A 45 year old Chinese male presented with an asymptomatic rash on the dorsum of his left hand for six months. There were no precipitating factors such as insect bite, trauma or drug. He enjoyed good general health. Physical examination revealed a non-scaly erythematous annule with raised active border and central clearing. The lesion measured 4 cm in diameter. Examination was otherwise normal.

1. What are the clinical differential diagnoses?
2. How would you confirm the diagnosis?
3. What are the different clinicopathological types of this condition?
4. What is the natural course of this condition?
5. What are the treatments?

Answers to January 2003 Dermatology Series

A 40 year old housewife complained of recurrent episodes of redness, swelling, and pain around her finger nails for two years. She was previously diagnosed “grey nails” and treated with griseofulvin for six months but the treatment was not effective. She denied any history of skin or allergic diseases. The patient had mild diabetes mellitus and currently required only dietary restriction. Physical examination showed dry and crazed finger skin. The affected finger nails showed lustreless nail plate surface which was discolored, pigmented and had irregular furrows on the surface. Their proximal and lateral nail folds were erythematous, edematous and mildly tender, and nail cuticles were absent. No pus could be expressed. Figure 1 showed an affected thumb nail.

1. What is the diagnosis?
Chronic paronychia.

2. What is a “grey nail”?  
“Grey nail” might be considered by some as equivalent to tinea unguium. Unfortunately, there are other clinical mimickers of tinea unguium. Thus, grey nail should only refer to greyish discoloration of the nail but not a diagnosis.

3. Why was the griseofulvin not effective?
Chronic paronychia is essentially a non-infective inflammatory condition although secondary infection with Staphylococcus aureus, Streptococcus pyogenes, Proteus species, Escherichia coli, Pseudomonas pyocyanea or Candidal species can occur at times of exacerbation. Griseofulvin is a fungistatic agent against dermatophytes and is thus ineffective in treating chronic paronychia.

4. What are the common predisposing factors of this condition?
Excessive contact to water and irritants. The condition commonly affects housewives, bar-tenders, restaurant and kitchen workers, and those who work in the wet market.

5. How should this condition be treated?
Topical application of an imidazole antifungal agents, gentamicin and corticosteroids could be effective. At time of exacerbation, the addition of a course of oral antibiotic such as erythromycin is required. The most important denominator for a successful treatment is to avoid exposure to water. If wet work is inevitable, the patient should wear cotton gloves under rubber gloves for protection. The time for gloved work should be limited so as to avoid sweating that will jeopardise the condition. Fiddling with the nails and nail polishing should be avoided.
Please return completed answer sheet to the HKMA Secretariat on or before 15 March 2003 for documentation. 1 CME point will be awarded for answering the Monthly Self-Study Series (I) and an extra 0.5 CME point for completing the Clinical Case Study (II). (Fax: 2865 0943)

(i) Sleep Apnoea Syndrome in Hong Kong – A Ten Years’ Study

(Please indicate “T” or “F” in each box.)

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<th>2</th>
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<td>9</td>
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</tr>
</tbody>
</table>

(ii) Clinical Case Study

(Please answer both quizzes and write down the answers in the space provided.)

(A) Clinical Cardiology Series
1. 
2. 
3. 
4. 
5. 

(B) Dermatology Series
1. 
2. 
3. 
4. 
5.
Gastro-esophageal reflux disease (GERD) is an illness due to the reflux of gastric contents into the esophagus, leading to physical complications or significant impairment in quality of life. The prevalence of heartburn and/or acid regurgitation was estimated to be 19.8% in a US population-based survey. The prevalence of GERD in Chinese population remains poorly defined. A population-based telephone survey in Hong Kong using a validated GERD questionnaire by our group found that the annual, monthly and weekly prevalence of GERD symptoms were 29.8%, 8.9% and 2.5% respectively in Hong Kong Chinese. Furthermore, GERD patients had a significantly higher degree of anxiety and depression, higher social morbidity and required more days off when compared to subjects without. Typical symptoms of GERD include acid regurgitation and heartburn but patients may present atypically with angina-like chest pain, asthma, chronic cough and hoarseness of voice. For patients that presented with alarming symptoms such as weight loss, dysphagia, hematemesis or anaemia, prompt endoscopy is necessary to rule out malignancy. The diagnostic tools for GERD include endoscopy, 24-hour ambulatory esophageal pH monitoring or a trial of proton pump inhibitor. A validated GERD symptom score has been developed by our group to aid the diagnosis of GERD with a sensitivity and specificity of 80% and 83%. The aims of the treatment of GERD include the following: 1. confirm the diagnosis of reflux disease, 2. relief of reflux symptoms, 3. reassurance of patients that it is a benign disease and 4. healing of esophagitis, if present. The best agent for the initial and maintenance treatment of GERD is proton pump inhibitor. Step-down approach is a feasible approach for the management of mild GERD disease but severe erosive esophagitis needs long-term maintenance therapy. On-demand proton pump inhibitor therapy is an effective option for patients with non-erosive reflux disease. Testing and treatment of Helicobacter pylori infection should be considered in patients receiving long-term proton pump inhibitor therapy. Endoscopic surveillance of patients with Barrett's esophagus is routinely performed, but not yet substantiated by prospective study. Finally, anti-reflux surgery is not without side effects and long-term data are comparable to medical therapy.
CME Event 講課簡介

7 March 2003 (Friday)
Diagnosis and Treatment of Depression in General Practice
Prof. Tang Siu Wa
Head and Chair Professor, Department of Psychiatry, The University of Hong Kong
This symposium is co-sponsored by Novartis.
The Ballroom, Level 3
Sheraton Hotel
20 Nathan Road, Kln
Lunch : 1:00-2:00 p.m.
Lecture : 2:00-3:00 p.m.

8 March 2003 (Saturday)
Risedronate in the Treatment of Postmenopausal Osteoporosis
Prof. Markus J. Seibel
M.D., Ph.D., F.R.A.C.P.
Professor and Chair of Endocrinology, The University of Sydney, Australia
Head, Bone Research Program, ANZAC Research Institute, Sydney, Australia
Director, Department of Endocrinology & Metabolism, Concord Repatriation General Hospital,
The University of Sydney, Australia
This symposium is free of charge. The luncheon and registration fee are sponsored by Aventis Pharma Ltd.
The Ballroom, Level 2
Great Eagle Hotel
8 Peking Road, TST
Lunch : 1:00-2:00 p.m.
Lecture : 2:00-3:00 p.m.

11 March 2003 (Tuesday)
Type 2 Diabetes Management in General Practice
Dr. Cynthia William
M.D.
Division of Endocrinology, Department of Internal Medicine, UCLA, USA
This symposium is sponsored by Roche.
The Ballroom, B3
Holiday Inn Golden Mile HK
50 Nathan Road, Kln
Lunch : 1:00-2:00 p.m.
Lecture : 2:00-3:00 p.m.

21 March 2003 (Friday)
Practical Guidelines in the Monitor and Management of HBsAg Positive Individuals
Dr. Leung Wai Yee, Nancy
B.Sc. (Lon.), M.B.,B.S. (Lon.), M.D. (Lon.), F.R.C.P. (Lon.), F.H.K.A.M.
Specialist in Hepatology
Consultant Physician, Department of Medicine, Alice Ho Miu Ling Nethersole Hospital
This symposium is co-sponsored by Roche.
Crystal Ballroom, B3
Holiday Inn Golden Mile HK
50 Nathan Road, TST, Kln
Lunch : 1:00-2:00 p.m.
Lecture : 2:00-3:00 p.m.

25 March 2003 (Tuesday)
The Challenges of Managing Mood & Anxiety Disorders
Prof. David Sheeham
Professor of Psychiatry and Director of the Office of Psychiatric Research,
University of South Florida College of Medical, USA
This evening symposium is sponsored by Roche.
The Ballroom, Level 3
Sheraton Hotel
20 Nathan Road, Kln
Lecture : 7:00-8:00 p.m.
Dinner : 8:00-9:00 p.m.

27 March 2003 (Thursday)
HKMA Structured CME Programme with HKS&H – 2003 Radiology Update
Dr. Lo Goh Mei Ying, Gladys
Diplomate, American Board of Radiology
Radiologist-in-Charge, Diagnostic Radiology, HKS&H
Honorary Consultant in Diagnostic Radiology, HKSH
This symposium is co-organized with the Hong Kong Sanatorium & Hospital.
The HKMA Dr. Li Shu Pui Professional Education Centre
2/F, Chinese Club Building
21-23 Connaught Road Central, HK
Lecture : 2:00-3:00 p.m.
(Light snacks will be served at 1:30 p.m.)

30 March 2003 (Sunday)
Office Dermatology (V)
Dr. Wong Kwok On
M.D. (H.K.), F.R.C.P. (Glasc.), F.H.K.A.M. (Med.)
Specialist in Dermatology
This symposium is free of charge. The luncheon and registration fee are sponsored by Roche.
Hong Kong Limited.
The Ballroom, Level 2
Great Eagle Hotel
8 Peking Road, TST
Lunch : 1:00-2:00 p.m.
Lecture : 2:00-3:00 p.m.

8 April 2003 (Tuesday)
Hepatitis Free Generation
Dr. George Lau
Specialist in Gastroenterology & Hepatology
Senior Lecturer, Division of Gastroenterology & Hepatology, Department of Medicine,
The University of Hong Kong
This symposium is sponsored by Roche.
Hong Kong Limited.
Crystal Ballroom, B3
Holiday Inn Golden Mile HK
50 Nathan Road, TST, Kln
Lunch : 1:00-2:00 p.m.
Lecture : 2:00-3:00 p.m.
HKMA CME Video Viewing Sessions

<table>
<thead>
<tr>
<th>Lecture</th>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>II</td>
<td>13 Mar 2003</td>
<td>Leprosy</td>
</tr>
<tr>
<td>III</td>
<td>10 Apr 2003</td>
<td>Understanding Alcoholism</td>
</tr>
<tr>
<td>IV</td>
<td>15 May 2003</td>
<td>Quitting Smoking - the Role of the Professional</td>
</tr>
<tr>
<td>V</td>
<td>12 Jun 2003</td>
<td>Childhood Exanthems</td>
</tr>
<tr>
<td>VI</td>
<td>10 Jul 2003</td>
<td>The Diabetic Foot</td>
</tr>
</tbody>
</table>

Venue: The HKMA Dr. Li Shu Pui Professional Education Centre
2/F, Chinese Club Building
21-22 Connaught Road Central, Hong Kong

Time: 2:00-3:30 p.m.

Fee: HK$50 per lecture for HKMA members
HK$80 per lecture for CME participants (non-HKMA members)

Please register for participation. First come, first served.

Registration Form

Please fill in and return the Registration Form together with a cheque of adequate amount made payable to “The Hong Kong Medical Association” to 5/F Duke of Windsor Social Service Building, 15 Hennessy Road, Hong Kong. Each lecture will carry 1 CME point, except Video Viewing Session will carry 1.5 CME points under the MCHK/HKMA CME Programme. Accreditation from other colleges is pending.

I would like to register for the following CME lecture(s):

HKMA Members
HK$50

CME Participants (Non-HKMA Members)
HK$80

<table>
<thead>
<tr>
<th>Date</th>
<th>Lecture</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Mar 2003</td>
<td>Type 2 Diabetes Management in General Practice</td>
</tr>
<tr>
<td>13 Mar 2003</td>
<td>Video Viewing Session II Leprosy</td>
</tr>
<tr>
<td>21 Mar 2003</td>
<td>Practical Guidelines in the Monitor and Management of HBSAg Positive Individuals</td>
</tr>
<tr>
<td>25 Mar 2003</td>
<td>The Challenges of Managing Mood &amp; Anxiety Disorders</td>
</tr>
<tr>
<td>27 Mar 2003</td>
<td>2003 Radiology Update</td>
</tr>
<tr>
<td>8 Apr 2003</td>
<td>Hepatitis Free Generation</td>
</tr>
<tr>
<td>10 Apr 2003</td>
<td>Video Viewing Session III Understanding Alcoholism</td>
</tr>
</tbody>
</table>

I enclose herewith a cheque of HK$...

Data collected will be used and processed for the purposes related to the MCHK/HKMA CME Programme only. All registration fees are not refundable or transferable.
THE SOCIETY OF PHYSICIANS OF HONG KONG
CME Lecture
March 12, 2003 (Wednesday)

Dementia: Diagnosis, Differential Diagnosis and Treatment
Dr. Lam Tat Chung Paul (林達聰醫生), Private Specialist
FHKAM(Medicine), FHKAM(Psychiatry), DPM(London)

Practical Use of the Mini-Mental State Examination
Dr. Wong Ming Cheuk Michael (王明傑醫生) SMO QMH
MRC Psych., FHKC Psych., FHKAM(Psych.)

Place: The HKMA Dr. Li Shu Pui Professional Education Centre
2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong
Time: 1:30 pm – Sandwich Lunch
2:00-3:15 pm – Lecture
Sponsor: Novartis Pharmaceuticals (HK) Ltd.
Enquiries: Ms. Joanne Yu Tel: 2881 4236

CME points under application.
Open to doctors free of charge. On First Come First Serve Basis.

To register, please send the following reply slip to Ms. Joanne Yu at Fax: 2577 0274

I will attend meeting on March 12, 2003 (Wednesday) at 1:30pm

Name of Doctor (Please Print): ___________________________ Tel.: ___________________
**HKMA Structured CME Programme at Queen Elizabeth Hospital**

<table>
<thead>
<tr>
<th>Lecture</th>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>XII</td>
<td>9 March 2003</td>
<td>Clinical Oncology&lt;br&gt;• (1) Referral for Suspected Malignancy&lt;br&gt;• (2) Common Clinical Problems of Patients with Malignancy&lt;br&gt;Dr. William Foo, Consultant, Dept of Clinical Oncology, QEH&lt;br&gt;CTS&lt;br&gt;• Common Surgical Condition of Chest&lt;br&gt;Dr. Ma Chan Chung, Consultant, Dept of Cardiothoracic Surgery, QEH</td>
</tr>
</tbody>
</table>

**HKMA Structured CME Programme at Kwong Wah Hospital**

<table>
<thead>
<tr>
<th>Lecture</th>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>XII</td>
<td>23 Feb 2003</td>
<td>Neurosurgery&lt;br&gt;• Stereotactic Neurosurgery&lt;br&gt;Dr. K. T. Chan, Senior Medical Officer, Dept of Neurosurgery&lt;br&gt;• Management of Brain Tumor&lt;br&gt;Dr. John Kwok, Chief of Service, Dept of Neurosurgery&lt;br&gt;• Epilepsy – the Neurosurgeon’s Perspective&lt;br&gt;Dr. C. Poon, Consultant, Dept of Neurosurgery</td>
</tr>
</tbody>
</table>

**Registration: Please fill in and return the Registration Form together with a cheque of adequate amount made payable to "The Hong Kong Medical Association" to 5/F Duke of Windsor Social Service Building, 15 Hennessy Road, Hong Kong. Each lecture will carry 3 CME points under the MCHK/HKMA CME Programme.**

**Venue of QEH:** Lecture Theatre, G/F, Block M, QEH<br>**Venue of KWH:** Lecture Theatre, 10/F, Yu Chun Keung Memorial Medical Centre, KWH<br>**Time:** 2:00-5:00 pm<br>**Fee:** HK$50 per lecture<br>**Light snacks and lecture notes will be provided.**

Data collected will be used and processed for the purposes related to the MCHK/HKMA CME Programme only. All registration fees are not refundable or transferable.
The Hong Kong Medical Association is pleased to announce the cooperation with Queen Elizabeth Hospital again for another structured CME Programme commencing April 2003. Through a series of 12 monthly Sunday lectures, participants will undertake a systematic visit on different specialties each month. The programme and details for the first lecture are as follows:

<table>
<thead>
<tr>
<th>Lecture</th>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
</table>
| 1       | 13 April 2003 | Medicine  
  - Memory Assessment in Elderly  
    Dr. Wong Tak Cheung  
    Chief of Service  
    Dept of Medicine, TKOH  
  - Proteinuria and Haematuria  
    Dr. Wong Kim Ming  
    Senior Medical Officer  
    Dept of Medicine, QEH  
  - Management of Heart Failure  
    Dr. Yiu Siu Fung  
    Senior Medical Officer  
    Dept of Medicine, QEH  
  - Practical Tips to the Use of Oral Drugs in Type 2 Diabetes Mellitus  
    Dr. Kong Pik Shan, Medical Officer  
    Dept of Medicine, QEH |

HKMA Structured CME Programme at QEH – Registration Form

I would like to register for the following lecture:

<table>
<thead>
<tr>
<th>Lecture</th>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
</table>
| 1       | 13 April 2003 | Medicine  
  - Memory Assessment in Elderly  
    Dr. Wong Tak Cheung  
    Chief of Service  
    Dept of Medicine, TKOH  
  - Proteinuria and Haematuria  
    Dr. Wong Kim Ming  
    Senior Medical Officer  
    Dept of Medicine, QEH  
  - Management of Heart Failure  
    Dr. Yiu Siu Fung  
    Senior Medical Officer  
    Dept of Medicine, QEH  
  - Practical Tips to the Use of Oral Drugs in Type 2 Diabetes Mellitus  
    Dr. Kong Pik Shan, Medical Officer  
    Dept of Medicine, QEH |

Venue: Lecture Theatre, G/F, Block M, QEH  
Date: April 2003 to March 2004  
Time: 2:00-5:00 p.m.  
Fee: HK$50 per lecture for HKMA members  
HK$80 per lecture for CME Participants

Light snacks and lecture notes will be provided.

Data collected will be used and processed for the purposes related to the MCHK/HKMA CME Programme only. All registration fees are not refundable or transferable.

First come, first served.
<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Function</th>
<th>CME Accreditation 講習積分</th>
<th>Remarks/ Contact Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 2003</td>
<td>HKMA CME Programme</td>
<td>Monthly Self-Study Series – Sleep Apnoea Syndrome in Hong Kong – A Ten Years’ Study</td>
<td>Fax answer sheet to: Fax: 2865 0043 by 15 March 2003  Tel: 3408 7844</td>
</tr>
<tr>
<td>15 Feb 2003 (Sat) 9:00 – 10:00 am</td>
<td>Dept of OG, Kwong Wah Hospital, HKCOG</td>
<td>Obstetric Audit</td>
<td>Dr. N.C. Poddar  Tel: 2781 5056</td>
</tr>
<tr>
<td>15 Feb 2003 (Sat) 9:30 am – 5:30 pm</td>
<td>Dept of Social Work, CUHK and YMT CPC, Kwai Chung Hospital</td>
<td>Integrated Training Course on Childhood and Adolescent Diseases – Attention Deficit Hyperactivity Disorder in Children</td>
<td>Ms. Jenny Chan  Tel: 2609 7504</td>
</tr>
<tr>
<td>15 Feb 2003 (Sat) 2:30 – 5:00 pm</td>
<td>HA – Kwong Wah Hospital, Paed Dept</td>
<td>Out-patient Management of Asthma</td>
<td>Ms. Annie Young  Tel: 2781 5055</td>
</tr>
<tr>
<td>16 Feb 2003 (Sun) 1:00 – 4:00 pm</td>
<td>CUHK – Dept of Medicine &amp; Therapeutics</td>
<td>Lipid Disorder</td>
<td>Ms. Suzanne Shek  Tel: 2632 3127</td>
</tr>
<tr>
<td>16 Feb 2003 (Sun) 1:00 – 5:00 pm</td>
<td>Association of Licentiates of Medical Council of Hong Kong</td>
<td>What a Primary Care Practitioner would be Wise to Know? Stroke Rehabilitation in the Chinese</td>
<td>Members: $30  Non-M: $3,500  Tel: 2337 2869</td>
</tr>
<tr>
<td>16 Feb 2003 (Sun) 4:30 – 7:30 pm</td>
<td>CUHK Diploma Programme in Advanced Internal Medicine 2003-04 – Common Artherthymy</td>
<td></td>
<td>Members: $2,000  Non-M: $2,500  Tel: 2166 2721</td>
</tr>
<tr>
<td>17 – 18 Feb 2003 (Mon – Tue)</td>
<td>American Heart Association, Hong Kong Association of Critical Care Nurses</td>
<td>Advanced Cardiovascular Life Support Provider Course (Class 1)</td>
<td>Fee: $2,000 (whole)  Tel: 2518 2134</td>
</tr>
<tr>
<td>18 Feb 2003 (Tue) 1:00 – 2:00 pm</td>
<td>Dept of OG, Kwong Wah Hospital, HKCOG</td>
<td>Subfertility Workshop</td>
<td>Ms. Eliza Ip  Tel: 2354 2250</td>
</tr>
<tr>
<td>19 Feb 2003 (Wed) 12:30 – 1:45 pm</td>
<td>Dept of Medicine &amp; Geriatrics, Our Lady of Maryknoll Hospital</td>
<td>Grand Round: Update on Hepatitis B Infection</td>
<td>Ms. Michelle Yeung  Tel: 2379 4851</td>
</tr>
<tr>
<td>19 Feb 2003 (Wed) 2:00 – 3:00 pm</td>
<td>Dept of OG, United Christian Hospital, HKCOG</td>
<td>Nutritional Anamnisa in Pregnancy</td>
<td>Miss Lam  Tel: 2388 2728</td>
</tr>
<tr>
<td>19 Feb 2003 (Wed) 2:15 – 3:15 pm</td>
<td>Hong Kong Doctors Union</td>
<td>Video Cassette Session – Significance Advances in the Treatment of Obesity Rm 901, Hang Shing Building, 363 Nathan Road, Kln</td>
<td>Dr. KY Yam  Tel: 2468 5402</td>
</tr>
<tr>
<td>19 Feb 2003 (Wed) 4:00 – 5:00 pm</td>
<td>Paediatric Cardiac Centre, Grantham Hospital and Dept of Paed and Adolescent Medicine, HKU</td>
<td>Certificate Course in Paediatric Cardiology – IV (Lecture Theatre, Kwok Tak Seng Heart Centre, Grantham Hospital, HK)</td>
<td>Fee: $2,000 (whole)  Tel: 2518 2134</td>
</tr>
<tr>
<td>19 – 20 Feb 2003 (Wed – Thu)</td>
<td>American Heart Association, Hong Kong Association of Critical Care Nurses</td>
<td>Advanced Cardiovascular Life Support Provider Course (Class 2)</td>
<td>Members: $2,000  Non-M: $2,500  Tel: 2116 2721</td>
</tr>
<tr>
<td>19 – 22 Feb 2003 (Wed – Sat)</td>
<td>International Heart Association, Hong Kong College of Cardiology, XII World Congress on Cardiac Pacing &amp; Electrophysiology HK Convention &amp; Exhibition Centre, HK</td>
<td></td>
<td>Fee: $3,200  Tel: 2735 8118</td>
</tr>
<tr>
<td>20 Feb 2003 (Thu) 1:00 – 2:00 pm</td>
<td>Dept of OG, CUHK</td>
<td>Female Urinary Inconvenience – a Synopsis</td>
<td>Ms. Alice Lai  Tel: 2632 2580</td>
</tr>
<tr>
<td>20 Feb 2003 (Thu) 1:00 – 3:00 pm</td>
<td>HA – Tuen Mun Hospital, M&amp;G Dept</td>
<td>Peripheral Vascular Disease</td>
<td>Ms. Emily Cheuk  Tel: 2468 6020</td>
</tr>
<tr>
<td>20 Feb 2003 (Thu) 1:30 – 3:30 pm</td>
<td>HA – Kwong Wah Hospital, M&amp;G Dept</td>
<td>Discussion Room, 1/F, Main Block, Tuen Mun Hospital, NT</td>
<td>Ms. Pamela Ng  Tel: 2781 5054</td>
</tr>
<tr>
<td>21 – 22 Feb 2003 (Fri – Sat)</td>
<td>American Heart Association, Hong Kong Association of Critical Care Nurses</td>
<td>Advanced Cardiovascular Life Support Provider Course (Class 3)</td>
<td>Members: $2,000  Non-M: $2,500  Mr. Sunny Lai  Tel: 2116 2721</td>
</tr>
<tr>
<td>22 Feb 2003 (Sat) 9:00 – 5:30 pm</td>
<td>HKU Centre for the Study of Liver Disease</td>
<td>4th Annual Scientific Meeting venue to be confirmed</td>
<td>Tel: 2819 9175</td>
</tr>
<tr>
<td>Date/Time</td>
<td>Function</td>
<td>CME Accreditation</td>
<td>Remarks/Contact Info</td>
</tr>
<tr>
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</tr>
<tr>
<td>22 Feb 2003 (Sat)</td>
<td>HA – Kwong Wah Hospital, Paed Dept</td>
<td>MCHK &amp; HKMA</td>
<td>Ms. Annie Young Tel: 2781 5055</td>
</tr>
<tr>
<td>2:30 – 5:00 pm</td>
<td>A Certificate Course on Paediatric Respiratory Medicine (VI) – Vaccination and Lung Health</td>
<td>HKA</td>
<td></td>
</tr>
<tr>
<td>10:00 – 12:00 pm</td>
<td>Lecture Theatre, 1/F, New Wing, Kwong Wah Hospital, Kln</td>
<td>HKCCM</td>
<td></td>
</tr>
<tr>
<td>23 Feb 2003 (Sun)</td>
<td>HKMA Doctors Union</td>
<td>HKCEM</td>
<td>Members: $30 Non-M: $100 Tel: 2388 2728 Mr. Chow Tel: 2783 8988</td>
</tr>
<tr>
<td>1:00 – 3:45 pm</td>
<td>Advances in COPD Management, Local Antimicrobial Resistance Update</td>
<td>HKCFP</td>
<td></td>
</tr>
<tr>
<td>23 Feb 2003 (Sun)</td>
<td>HKMA CME Programme, Chung Hua University Medical College, Department of Medicine, Kowloon Walled City Hospital</td>
<td>HKCPH</td>
<td></td>
</tr>
<tr>
<td>1:00 – 5:00 pm</td>
<td>Lecture Hall, B/F, Block G, Prince Margaret Hospital, Kln</td>
<td>HKCCOS</td>
<td></td>
</tr>
<tr>
<td>23 Feb 2003 (Sun)</td>
<td>HKMA CME Programme, Kwong Wah Hospital</td>
<td>HKCR</td>
<td>Fee: $50 Tel: 2861 1979</td>
</tr>
<tr>
<td>2:00 – 5:00 pm</td>
<td>HKMA Structured CME Programme at KWH (XIII) – Neurosurgery</td>
<td>HKSHM</td>
<td></td>
</tr>
<tr>
<td>2:00 – 5:00 pm</td>
<td>Lecture Theatre, 1/F, Yu Chun Keung Memorial Medical Centre, Kwong Wah Hospital, Kln</td>
<td>HKSGM</td>
<td></td>
</tr>
<tr>
<td>23 Feb 2003 (Sun)</td>
<td>HKMA CME Programme, Kwong Wah Hospital</td>
<td>HKCCR</td>
<td></td>
</tr>
<tr>
<td>2:00 – 5:00 pm</td>
<td>HKMA Structured CME Programme at KWH (IX) – Neurosurgery</td>
<td>HKCPH</td>
<td></td>
</tr>
<tr>
<td>21 Feb 2003 (Mon)</td>
<td>HA – Tuen Mun Hospital, Paed Dept</td>
<td>HKC</td>
<td>Ms. Elsa Pak Tel: 2468 5383</td>
</tr>
<tr>
<td>3:30 – 6:30 pm</td>
<td>Academic Meeting &amp; X-ray Meeting</td>
<td>UCC C1</td>
<td></td>
</tr>
<tr>
<td>25 Feb 2003 (Tues)</td>
<td>Dept of OG, Kwong Wah Hospital, HKCOG</td>
<td>HKCEM</td>
<td>Dr. N.C. Poddar Tel: 2781 5056</td>
</tr>
<tr>
<td>1:00 – 2:00 pm</td>
<td>EBM in Obstetrics</td>
<td>HKCEM</td>
<td>Ms. Helen Lo Tel: 3408 7921</td>
</tr>
<tr>
<td>25 Feb 2003 (Tues)</td>
<td>Caritas Medical Centre, HKCFP</td>
<td>HKCEM</td>
<td></td>
</tr>
<tr>
<td>1:15 – 2:45 pm</td>
<td>Common Traps in XR Interpretation</td>
<td>HKCEM</td>
<td></td>
</tr>
<tr>
<td>26 Feb 2003 (Wed)</td>
<td>Dept of Medicine &amp; Geriatrics, Our Lady of Maryknoll Hospital</td>
<td>HKCSM</td>
<td>Ms. Elsa Ip Tel: 2354 2250</td>
</tr>
<tr>
<td>12:30 – 1:45 pm</td>
<td>Grand Round: Case Presentation</td>
<td>HKCEM</td>
<td></td>
</tr>
<tr>
<td>26 Feb 2003 (Wed)</td>
<td>Dept of OG, United Christian Hospital, HKCOG</td>
<td>HKCSM</td>
<td>Ms. Michelle Yeung Tel: 2373 4851</td>
</tr>
<tr>
<td>2:00 – 3:00 pm</td>
<td>Effective Management of DUB</td>
<td>HKCSM</td>
<td></td>
</tr>
<tr>
<td>27 Feb 2003 (Wed)</td>
<td>Conference Room, Hospital Library, 1/F, Block H, United Christian Hospital, Kln</td>
<td>HKCSM</td>
<td></td>
</tr>
<tr>
<td>27 Feb 2003 (Wed)</td>
<td>Paediatric Cardiac Centre, Grantham Hospital and Dept of Paed and Adolescent Medicine, HKU</td>
<td>HKCSM</td>
<td>Fee: $2,000 (whole) Ms. Au Wai Kwan Tel: 2518 2134</td>
</tr>
<tr>
<td>6:00 – 8:00 pm</td>
<td>Paediatric Cardiac Centre, Grantham Hospital and Dept of Paed and Adolescent Medicine, HKU</td>
<td>HKCSM</td>
<td></td>
</tr>
<tr>
<td>27 Feb 2003 (Thu)</td>
<td>Dept of OG, CUHK</td>
<td>HKCM</td>
<td>Ms. Alice Lai Tel: 2632 2580</td>
</tr>
<tr>
<td>1:00 – 2:00 pm</td>
<td>Perinatal Meeting</td>
<td>HKCM</td>
<td></td>
</tr>
<tr>
<td>27 Feb 2003 (Thu)</td>
<td>Seminar Room, 1/F, Prince of Wales Hospital, Shatin, NT</td>
<td>HKCM</td>
<td></td>
</tr>
<tr>
<td>1:30 – 3:00 pm</td>
<td>HKMA CME Programme, Hong Kong Sanatorium &amp; Hospital</td>
<td>HKCM</td>
<td>Fee: $50/$80 Tel: 2861 1979</td>
</tr>
<tr>
<td>27 Feb 2003 (Thu)</td>
<td>HKMA CME Programme, Hong Kong Sanatorium &amp; Hospital</td>
<td>HKCM</td>
<td></td>
</tr>
<tr>
<td>1:00 – 2:00 pm</td>
<td>HKMA Structured CME Programme with HKSH (III) – Update on Diabetes Management</td>
<td>HKCM</td>
<td></td>
</tr>
<tr>
<td>27 Feb 2003 (Thu)</td>
<td>HKMA Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road C, HK</td>
<td>HKCM</td>
<td></td>
</tr>
<tr>
<td>27 Feb 2003 (Thu)</td>
<td>HKMA – Kwong Wah Hospital, M&amp;G Dept</td>
<td>HKCM</td>
<td>Ms. Pamela Ng Tel: 2781 5054</td>
</tr>
<tr>
<td>1:30 – 3:30 pm</td>
<td>Topic Discussion &amp; Journal Club in Geriatric Medicine</td>
<td>HKCM</td>
<td></td>
</tr>
<tr>
<td>27 Feb 2003 (Thu)</td>
<td>HKMA – Kwong Wah Hospital, M&amp;G Dept</td>
<td>HKCM</td>
<td></td>
</tr>
<tr>
<td>7:00 – 9:00 pm</td>
<td>HKMA – Kwong Wah Hospital, M&amp;G Dept</td>
<td>HKCM</td>
<td></td>
</tr>
<tr>
<td>27 Feb 2003 (Thu)</td>
<td>Psychological Association for the Study of Liver Diseases</td>
<td>HKCM</td>
<td></td>
</tr>
<tr>
<td>7:00 – 9:00 pm</td>
<td>The Manifestation of Symbolism in Art Therapy</td>
<td>HKCM</td>
<td>Members: $20 Non-M: $40 Tel: 2525 7207</td>
</tr>
<tr>
<td>28 Feb 2003 (Fri)</td>
<td>HA – Queen Mary Hospital, Surg Dept</td>
<td>HKCM</td>
<td>Ms. Elsa Pak Tel: 2468 5383</td>
</tr>
<tr>
<td>8:00 – 9:00 am</td>
<td>Grand Round</td>
<td>HKCM</td>
<td></td>
</tr>
<tr>
<td>28 Feb – 3 Mar 2003</td>
<td>Bradbury Hospice</td>
<td>HKCM</td>
<td>Dr. Peter Choi Tel: 2632 2137</td>
</tr>
<tr>
<td>10th Anniversary of Bradbury Hospice – The Decade of Palliative Care: Past, Present, Future</td>
<td>Queen Elizabeth Hospital and HA Building</td>
<td>HKCM</td>
<td></td>
</tr>
<tr>
<td>1 Mar 2003 (Sat)</td>
<td>Dept of Social Work, CUHK and YMTCP, Kwai Chung Hospital</td>
<td>HKCM</td>
<td>$300 Ms. Jenny Chan Tel: 2609 7504</td>
</tr>
<tr>
<td>9:30 am – 5:30 pm</td>
<td>Integrated Training Course on Childhood and Adolescent Disorders – Reading and Writing Disorders</td>
<td>HKCM</td>
<td></td>
</tr>
<tr>
<td>1 Mar 2003 (Sat)</td>
<td>National University of Singapore, The Chinese University of HK, NT</td>
<td>HKCM</td>
<td></td>
</tr>
<tr>
<td>11:00 am – 5:00 pm</td>
<td>World Cancer Research Fund Hong Kong</td>
<td>HKCM</td>
<td>$150 Ms. May Au Yeung Tel: 2529 5025</td>
</tr>
<tr>
<td>1 Mar 2003 (Sat)</td>
<td>HA – Kwong Wah Hospital, Paed Dept</td>
<td>HKCM</td>
<td></td>
</tr>
<tr>
<td>2:30 – 5:00 pm</td>
<td>A Certificate Course on Paediatric Respiratory Medicine (VII) – Management of Chronic Cough</td>
<td>HKCM</td>
<td></td>
</tr>
<tr>
<td>2 Mar 2003 (Sun)</td>
<td>CUHK – Dept of Medicine &amp; Therapeutics</td>
<td>HKCM</td>
<td>$28,000 for whole Tel: 2632 5752</td>
</tr>
<tr>
<td>2:00 – 7:00 pm</td>
<td>Professional Diploma Programme in Diabetes Management and Education (Module 2) – Meal Planning and Exercise Therapy</td>
<td>HKCM</td>
<td></td>
</tr>
<tr>
<td>5/F, YMCA, 41 Salisbury Road, TST, Kln</td>
<td>Seminar Room 1, 2/F, Clinical Sciences Building, Prince of Wales Hospital, Shatin, NT</td>
<td>HKCM</td>
<td></td>
</tr>
</tbody>
</table>

* Colleges accreditation pending
# Total CME points for entire course
<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Function</th>
<th>College &amp; Hospital</th>
<th>CME Accreditation</th>
<th>Remarks/Contact Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Mar 2003 (Tue)</td>
<td>1:00 – 3:30 pm Fundamental Course in Diabetes Management and Education – Holistic Approach for the Management of Diabetes</td>
<td>CUHK – Dept of Medicine &amp; Therapeutics</td>
<td>HKCMA</td>
<td>Tel: 2862 5752</td>
</tr>
<tr>
<td>5 Mar 2003 (Wed)</td>
<td>6:00 – 8:00 pm Certificate Course in Paediatric Cardiology – (OX)</td>
<td>Paediatric Cardiac Centre, Grantham Hospital and Dept of Paed and Adolescent Medicine, HKU</td>
<td>HKCMA</td>
<td>Fee: $2,000 (whole) Ms: Au Wai Kwan Tel: 2518 2134</td>
</tr>
<tr>
<td>6 Mar 2003 (Thu)</td>
<td>8:00 – 9:30 am Management of a Thyroid Nodule</td>
<td>Hong Kong Baptist Hospital</td>
<td>HKCMA</td>
<td>Ms: Connie Lok Tel: 2339 8872</td>
</tr>
<tr>
<td>6 Mar 2003 (Thu)</td>
<td>1:15 – 3:00 pm Certificate Course on Paediatric Asthma and Respirology for Community Doctors – Choosing the Right Drug for Young Asthmatics</td>
<td>Hong Kong Society of Paediatric Respirology</td>
<td>HKCMA</td>
<td>Member: $160 Non-M: $200 Ms: Bonnie Chum Tel: 2958 6656 Miss Lam Tel: 2388 2728</td>
</tr>
<tr>
<td>7 Mar 2003 (Fri)</td>
<td>1:00 – 3:00 pm Diagnosis and Treatment of Depression in General Practice</td>
<td>HKMA CME Programme</td>
<td>HKCMA</td>
<td>Free of charge Fax: 2865 0943 *</td>
</tr>
<tr>
<td>8 Mar 2003 (Sat)</td>
<td>8:00 – 9:30 am Management of a Thyroid Nodule</td>
<td>Hong Kong Baptist Hospital</td>
<td>HKCMA</td>
<td>Free of charge Fax: 2865 0943 *</td>
</tr>
<tr>
<td>9 Mar 2003 (Sun)</td>
<td>9:00 am – 3:30 pm Osteoporosis Conference – New Perspectives in Osteoporosis</td>
<td>Osteoporosis Society of Hong Kong, Chinese Society of Osteoporosis and Bone Mineral Research, HKU</td>
<td>HKCMA</td>
<td>Member: $50/$80 Ms: Carmen Wong Tel: 2388 2728</td>
</tr>
<tr>
<td>9 Mar 2003 (Sun)</td>
<td>1:00 – 5:00 pm Prevention of Elderly Suicide</td>
<td>Hong Kong Doctors Union, Hospital Authority, Joint Project on Prevention of Elderly Suicide</td>
<td>HKCMA</td>
<td>Fee: $30 Ms: Carmen Wong Tel: 2388 2728</td>
</tr>
<tr>
<td>9 Mar 2003 (Sun)</td>
<td>2:00 – 4:30 pm Certificate Course on Paediatric Respiratory Medicine (VIII) – Sexual Dysfunction II Training Room II, 1/F, OPD Block, Our Lady of Maryknoll Hospital, Kln</td>
<td>HKMA CME Programme, Our Lady of Maryknoll Hospital</td>
<td>HKCMA</td>
<td>Fee: $50 Tel: 2861 1979</td>
</tr>
<tr>
<td>9 Mar 2003 (Sun)</td>
<td>2:30 – 5:00 pm A Certificate Course on Paediatric Respiratory Medicine (VIII) – Update on Management of URT1 Lecture Theatre, 10/F, New Wing, Kwong Wah Hospital, Kln</td>
<td>HA – Kwong Wah Hospital, Paed Dept</td>
<td>HKCMA</td>
<td>$300 Tel: 2632 5752</td>
</tr>
<tr>
<td>9 Mar 2003 (Sun)</td>
<td>9:00 am – 3:30 pm Osteoporosis Conference – New Perspectives in Osteoporosis</td>
<td>Osteoporosis Society of Hong Kong, Chinese Society of Osteoporosis and Bone Mineral Research, HKU</td>
<td>HKCMA</td>
<td>Tel: 2162 6254</td>
</tr>
<tr>
<td>11 Mar 2003 (Tue)</td>
<td>1:00 – 3:00 pm Type 2 Diabetes Management in General Practice</td>
<td>HKMA CME Programme</td>
<td>HKCMA</td>
<td>Fee: $50/$80 Tel: 2861 1979 *</td>
</tr>
<tr>
<td>12 Mar 2003 (Wed)</td>
<td>12:30 – 1:45 pm Certificate Course in Paediatric Cardiology – (OX)</td>
<td>Paediatric Cardiac Centre, Grantham Hospital and Dept of Paed and Adolescent Medicine, HKU</td>
<td>HKCMA</td>
<td>Fee: $2,000 (whole) Ms: Au Wai Kwan Tel: 2518 2134</td>
</tr>
<tr>
<td>12 Mar 2003 (Wed)</td>
<td>6:00 – 8:00 pm Certificate Course in Paediatric Cardiology – (OX)</td>
<td>Hong Kong Society of Paediatric Respirology</td>
<td>HKCMA</td>
<td>Member: $160 Non-M: $200 Ms: Bonnie Chum Tel: 2958 6656 Tel: 2388 2728</td>
</tr>
<tr>
<td>13 Mar 2003 (Thu)</td>
<td>1:15 – 3:00 pm Certificate Course on Paediatric Asthma and Respirology for Community Doctors – Childhood Wheezing and Coughing</td>
<td>HKMA CME Programme</td>
<td>HKCMA</td>
<td>Fee: $50/$80 Tel: 2861 1979 *</td>
</tr>
<tr>
<td>13 Mar 2003 (Thu)</td>
<td>5:15 – 6:15 pm Dept of Med &amp; Therapeutics and Dept of Chemical Pathology, CUHK</td>
<td>Dept of Med &amp; Therapeutics and Dept of Chemical Pathology, CUHK</td>
<td>HKCMA</td>
<td>Dr: Chan Wing Bun Tel: 2632 2211</td>
</tr>
<tr>
<td>15 Mar 2003 (Sat)</td>
<td>9:30 am – 5:30 pm Integrated Training Course on Childhood and Adolescent Disorders – Early Psychosis in Young People</td>
<td>Dept of Social Work, CUHK and YMTCPC, Kwai Chung Hospital Integrated Training Course on Childhood and Adolescent Disorders – Early Psychosis in Young People</td>
<td>HKCMA</td>
<td>$300 Ms: Jenny Chan Tel: 2609 7504</td>
</tr>
</tbody>
</table>

* Colleges accreditation pending

# Total CME points for entire course
CME Calendar

Date/Time | Function | Remarks/Contact Info
---|---|---
15 Mar 2003 (Sat) 1:30 – 5:30 pm | CUHK – Centre for Gerontology and Geriatrics | Ms. Matina Yu Tel: 2552 8885
15 Mar 2003 (Sat) 2:30 – 5:00 pm | HA – Kwong Wah Hospital, Paed Dept | Ms. Annie Young Tel: 2781 5055
15 - 16 Mar 2003 (Sat - Sun) | Hong Kong Thoracic Society, American College of Chest Physicians (HK & Macau Chapters) | Ms. Sandy Chung Tel: 2527 8898
16 Mar 2003 (Sun) 1:00 – 4:00 pm | CUHK – Dept of Medicine & Therapeutics | Ms. Suzanne Shek Tel: 2632 3127
16 Mar 2003 (Sun) 4:30 – 7:30 pm | CUHK – Dept of Medicine & Therapeutics | Ms. Suzanne Shek Tel: 2632 3127
19 Mar 2003 (Wed) 1:00 – 3:30 pm | Department of Medicine & Geriatrics, Our Lady of Maryknoll Hospital | Ms. Elia Ip Tel: 2354 2250
19 Mar 2003 (Wed) 1:00 – 3:30 pm | Haven of Hope Christian Service | Ms. Purple Lee Tel: 2703 3389
19 Mar 2003 (Wed) | Video Viewing Sessions – Smoking Cessation | Miss Lam Tel: 2388 2728
20 Mar 2003 (Thu) | Hong Kong Society of Paediatric Respiriology | Member: $160 Non-M: $200
19 Mar 2003 (Wed) 2:15 – 3:15 pm | Video Cassette Session – Management of Hepatitis C | Ms. Connie Ng Tel: 2781 5055
22 Mar 2003 (Sat) 1:00 – 3:00 pm | Hong Kong Society for Infectious Diseases | Ms. Sandy Chung Tel: 2527 8898
22 Mar 2003 (Sat) 2:00 – 3:00 pm | Seventh Annual Scientific Meeting | Ms. Connie Ng Tel: 2703 3389
22 Mar 2003 (Sat) | A Certificate Course on Paediatric Respiratory Medicine (O) – Obstructive Sleep Apnoea Syndrome in Children | Member: $160 Non-M: $200
23 Mar 2003 (Sun) | HKMA CME Programme, Kwong Wah Hospital | Tel: 2861 1979
23 Mar 2003 (Sun) 2:00 – 5:00 pm | HKMA CME Programme, Kwong Wah Hospital | Tel: 2861 1979
25 Mar 2003 (Tue) | CUHK – Dept of Medicine & Therapeutics | Tel: 2632 5752
25 Mar 2003 (Tue) 6:30 – 9:00 pm | The Challenges of Managing Mood & Anxiety Disorders | Tel: 2861 1979
25 Mar 2003 (Tue) 7:00 – 9:30 pm | Hong Kong Paediatric Society | Tel: 2080 4287
27 Mar 2003 (Thu) 1:15 – 3:00 pm | Certificate Course on Paediatric Asthma and Respiriology for Community Doctors – Respiratory Problems during Sleep | Member: $160 Non-M: $200
27 Mar 2003 (Thu) 1:30 – 3:00 pm | HKMA Structured CME Programme, Hong Kong Sanatorium & Hospital | Tel: 2861 1979
30 Mar 2003 (Sun) 1:00 – 3:00 pm | HKMA CME Programme | Tel: 2861 1979

* Colleges accreditation pending
# Total CME points for entire course

Note: For each issue of the CME Bulletin, we shall try our best to include all the CME activities for the month, which are made known to the Association Secretariat. The credit points awarded by each college are herein indicated for members’ reference only. While we try our best to ensure the information to be most accurate and up-to-date, members interested in any of these functions are advised to check with the respective organizers for confirmation of the details.

Pharmaceutical advertisements are welcome. For advertising rates and placement details, please contact Ms. Cynthia Chan, Executive Officer at Tel: 2527 8452, Fax: 2865 0943 or email: cynthia@hkma.org