



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 **22 September 2004**. Answers to questions will be provided in the next issue of the HKMA CME Bulletin.

每月自修資料

請細閱以下文章，並利用第十三頁之答題紙完成自我評估測驗。香港醫學會持續醫學進修計劃參加者如於**二零零四年九月二十二日前**，將已填妥之答題紙傳真或寄回本會秘書處，將可獲持續醫學進修一個積分點；至於是期自我評估測驗之答案，將刊於下一期《持續醫學進修專訊》之中。
(本會秘書處傳真號碼：2865 0943)

Prescribing for the Elderly

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Patient 1

A 65 year old retired clerk comes in with a troublesome cough for 1 month. He does not smoke or drink. He has seen several doctors in both GOPD and the private sector with partial response. The cough responds to cough suppressant, is usually dry, not accompanied by fever or other systemic complaints, occurs more at night and is associated with a throat itch. Past health is good with previous cholecystectomy 20 years ago and well controlled hypertension for 10 years. Physical examination is normal.

Q1. What will you do?

- Take a more detail drug history
- Plastic Bag Test
- Prescribe codeine
- Start a course of amoxycillin
- Check his GOPD hand-held record

Patient 2

A 67 year old lady presents to you with general malaise for 2 weeks, associated with headache and dizziness. She has hypertension and has been put on Moduretic (Amiloride HCl 5mg Hydrochlorothiazide 50 mg) for 10 years. Physical examination detects some proximal muscle weakness and no U wave is detected on the ECG.

Q2. What will you do?

- Viral study for influenza virus
- Renal function tests
- CT scan brain
- CK-MB
- LP

Patient 3

A 76 year old lady who quitted smoking for 20 years, with a past history of bronchial asthma, coronary heart disease and thyroid surgery in a University Hospital, presents to you with insomnia and weight loss of 13 pounds in one month. She is currently followed up in GOPD for her illness.

Q3. How would you tackle her problems?

- XR Chest
- Give B complex tab 1 tds
- Check her hand held record from the GOPD
- Check TSH and Free T4
- Plastic bag test

Her medication list includes:

- Aspirin 160 mg qd
- Fruzemide 40 mg OM
- KCl 600 mg qd
- Al(OH)₃ 200 mg, Mg(OH)₂ 150 mg, Simethicone 25 mg(Triact) tab 1 qd
- Isosorbide dinitrate 15 mg tds
- Dimethylpolysiloxane tab 1 tds
- Salbutamol puffer 2 puffs qid
- Ipratropium puffer 2 puffs qid
- Chlorpheniramine 4 mg tds
- Promethazine 3.6 mg, codeine 9 mg, ephedrine 7.2 mg (Phensedyl) 10cc tds
- TNG tab 1 sublingual prn

Q4. Which of the above agents will result in an acute arthritis of the metatarsophalangeal joint of the big toe?

- Aspirin
- Fruzemide
- Isosorbide dinitrate
- Chlorpheniramine
- KCl

The Hong Kong Medical Association is dedicated to providing a coordinated CME programme for all members of the medical profession. Under the HKMA CME Programme, a CME register is installed to document the CME efforts of doctors and special CME avenues are provided. The Association strives to foster a vibrant environment of CME throughout the medical profession. Both members as well as non-members of the Association are welcome to join us. You may contact the HKMA Secretariat for details of the programme. 香港醫學會致力推動持續醫學進修，醫學會體察到業界有必要設立完善的持續進修計劃，為同僚建立有系統的進修記錄機制，以及為全科醫生提供適切的進修課程。藉著這個計劃，我們期望將優良的進修傳統推展至醫學界中每一角落，同時為業界締造一個充滿活力的進修文化。我們誠意邀請你參與醫學會持續進修計劃，不論你是否醫學會的會員，均歡迎你同來與我們一同學習，以及享用醫學會為所有醫生設立的進修記錄機制。如欲了解香港醫學會持續醫學進修計劃的詳情，請聯絡本會秘書處查詢。

MSD (VIOXX)

Q5. She was found to have sinus tachycardia with a rate of 108/minute. What are the possible causes?

- Heart failure
- Salbutamol effect
- Aspirin induced gastrointestinal bleeding
- Hypovolemia due to diuretic
- Relapse of thyrotoxicosis

Q6. How can one improve on her compliance?

- Review medications and reduce unnecessary drugs.
- Delete chlorpheniramine or Phensedyl to prevent falls.
- Check helicobacter pylori status and eradicate if present if dyspepsia is a problem.
- Use a non-aspirin anti-platelet agent if aspirin-induced gastritis is a problem.
- Establish a channel of communication with her doctor in the public sector.

Her TSH was low <0.03. The information was passed onto her public health sector doctor in a letter.

Patient 4

A 75 year old lady discharged from a public hospital comes in with a discharge summary. The diagnoses are "chronic obstructive bronchitis with acute exacerbation (491.21)" and "abdominal pain, epigastric (barium meal normal) (789.06)". Her temperature is 37.6°C.

Her medications are supplied on a bi-weekly basis and she comes in with a medication list including:

- Misoprostol 200 ug tds
- Magnesium trisilicate 10 cc tds
- MgOH 200 mg ALOH 200 mg simethicone 200 mg (Mylanta)tab 1 qid
- Dimethylpolysiloxane 40 mg tds prn
- Metoclopramide 5 mg tds prn
- prochlorperazine 5 mg tds prn
- Oxyptentifylline CR 400 mg bd
- Nicergoline 10 mg bd
- Salbutamol 2 puffs qid
- Ipratropium bromide 2 puffs qid
- Prednisolone 5 mg alternate days
- Theophylline SR 150 mg bd
- Terbutaline sulphae SR 5 mg bd
- Bromhexine 8 mg tds
- TNG sublingual 500 ug prn
- Isosorbide dinitrate 5 mg tds
- Paracetamol 500 mg qid prn
- Calcium carbonate + Vitamin D tab 1 qd
- Sennatoside B 15 mg. nocte
- Diclofenac Diethylammonium Gel 1 % LA tds
- Aqueous cream bd LA

Q7. What is wrong with this drug list?

- It costs a lot of money.
- Cheap medications.
- Polypharmacy.
- Adverse drug reactions.
- It requires therapeutic level and electrolyte monitoring.

Some Statistical Figures

By 2006, 11% of the population will be over 65. 6.3% of those over 65 are institutionalized. 70% of elderly live with

other members of the family. Suicide rate in the elderly is over 2 times the prevalence for the whole population (28 versus 12/100,000). Life expectation for man is 78.4 and woman 84.6 in 2001. There are 13 Geriatric Day Hospitals and 539 places. Homes for the aged are self-help homes. Normal old age allowance is for those from 65-69 and provides \$625/month.

As our population ages the prevalence of chronic illnesses increases. Diabetes mellitus, hypertension, coronary heart disease, depressive illnesses and degenerative joint disease are all more common in the elderly.

In the National Ambulatory Medical Care Survey in USA in 1980, more than 80% of patients aged 65 or over received prescription for medication during office visits to their family physician.

In 1984, the mean number of prescriptions and refills for patients aged 65 or over was 3 times that of persons younger than 65 in the USA.

The number of drugs prescribed increases with age and co-morbid conditions. In one study, young patients received 1.8 prescriptions compared with 5.3 for their elderly counterparts.

25% outpatients and 50% inpatients received inappropriate medications.

Adverse Drug Reactions (ADR)

ADR should be considered when an elderly has unexpected change in function and a prompt and careful evaluation of drug therapy should be initiated. This should include taking a proper drug history and looking at recent medication additions, deletions or changes in dosing times. In patient 1, the cough occurs as a result of change of anti-hypertensive agent from metoprolol to enalapril and is an ACEI-induced cough.

A drug taken for a long time may also lead to a change in function if a new drug or changing physiology increases the drug's plasma concentration or sensitivity to its effects. In patient 2, although no medication has been added to the initial regimen, diarrhoea or poor oral salt intake (often advised by doctors for hypertensive patients) will precipitate electrolyte imbalance. The lady was admitted to hospital with a sodium level of 97mmol/l. Despite slow replacement, she developed central pontine myelinolysis and permanent disability.

Elderly use 30% of all medications but account for 12 % of the population only. ADRs may play a role in causing 10-17% of hospital admissions for elderly and 30% of elderly outpatients have suffered from ADRs. The reasons for these figures are related to the increasing number of acute or chronic illnesses in the elderly, the use of multiple drugs (polypharmacy) and the utilization of multiple doctors from doctor-shopping. Age related changes in pharmacokinetics, pharmacodynamics and homeostatic mechanisms make elderly more prone to ADRs.

Adverse drug reactions are unwanted effects of drugs at therapeutic dose. Type A reactions comprise 70% of cases and are extension of primary or secondary pharmacological action of the drug. Type B reactions are idiosyncratic.

Polypharmacy

There are various definitions for polypharmacy:

1. Prescribing 5 or more concomitant drugs. With one drug, medical errors occur in 15%, with 4 drugs, errors occur in 35% of patients.
2. A medical regimen including at least one unnecessary medication.
3. Prescription of more medicine than is clinically needed.

Patients 3 and 4, dispensed with 11 and 22 drugs respectively, are obvious victims of polypharmacy.

In Patient 3, low dose aspirin and diuretic both can induced a gouty arthritis. A diuretic is often given together with potassium supplement even though the latter may not be needed. However, frequent electrolyte monitoring may be needed to establish this. Sometimes, diuretics are prescribed life-long even when the cardiovascular function has recovered. If aspirin induced dyspepsia is a problem, eradicating *H. pylori* if present may be a solution. Triact at the dosage of one tablet daily together with dimethylpolysiloxane may not be effective as an antacid or antifatulent. If acidity is a problem, a proton pump inhibitor at a once daily dose may be sufficient to replace the two agents. Chlorpheniramine and Phensedyl both contain anti-histamine and a combination of the two may cause more drowsiness for the elderly and increase the chance of a fall.

In Patient 4, the first 6 drugs were probably used for barium negative dyspepsia. Misoprostol and magnesium trisilicate could both cause diarrhoea, worsen by the addition of sennatoside. Calcium carbonate could contribute to constipation and neutralize gastric acidity affecting the absorption of certain medications. Metoclopramide and prochlorperazine may result in dystonic reaction and gait disorder, especially when taken concurrently. If gastric hypersecretion is a problem, a proton pump inhibitor once daily could have replaced the first 6 drugs.

Oxyntifylline and nicergoline are used for peripheral vascular disease. Oxyntifylline may increase the plasma level of theophylline. In sensitive patients, it may cause bronchospasm. One of its side effects is angina, for which this lady was prescribed TNG. Nicergoline causes drowsiness and gastrointestinal upset, further aggravating the effects of the previous anti-dyspeptic drugs. Oxyntifylline and nicergoline are not evidence-based and may be deleted.

6 drugs were used for chronic obstructive airway disease. In addition to the inhalers, a beta 2 adrenergic stimulant (terbutaline) and a theophylline were added orally. This will increase the risk of hypokalemia and hand tremors, the former being dangerous in a lady with coronary heart disease on nitroglycerin. Prednisolone, even in low dose, may aggravate any hypokalemia, dyspepsia, osteoporosis and hypertension. A steroid inhaler is preferable to systemic steroid. The use of a long-acting inhalation bronchodilator combined with inhalation potent steroid is recommended after failure of the when-needed bronchodilator inhalation and twice daily steroid inhalation. Formoterol/budesonide inhaler (Symbicort) can replace the 6 drugs used for chronic obstructive airway disease. There is no evidence that oral mucolytic as bromhexine is effective in treating acute exacerbation of chronic bronchitis.

Oral and sublingual nitroglycerin are used for coronary heart disease probably. The effects may be offset by the use of oxyntifylline, terbutaline and theophylline.

Paracetamol, calcium carbonate and diclogencac gel are used for back pain and osteoporosis. Physiotherapy may supplement or replace pharmacotherapy in a lady taking so many medications. Calcium carbonate is constipating and defeats the purpose of giving sennatoside.

Prescribing 21 drugs for an elderly lady only cause confusion, especially when some are to be taken on alternate days, some daily, some twice daily, some three times daily and some four times a day, and others when needed. Confusion and overdosage or underdosage should be expected.

Pharmacokinetics

This is what the body does to the drug through the processes of absorption, distribution, metabolism and elimination. In elderly, the total body water is reduced resulting in higher concentration of water-soluble drugs. The muscle mass is reduced and the fat increased, resulting in increased distribution and longer half-life of fat soluble drugs. The serum albumin is lowered, resulting in increased free fraction in the plasma of protein-bound acidic drugs. The reduced liver mass and phase 1 hepatic metabolism results in decreased first-pass metabolism and decreased rate of biotransformation. The reduced glomerular filtration and renal blood flow results in decreased renal elimination of drugs.

Pharmacodynamics

This describes what the drug does to the body. Older patients are generally more sensitive to the doses of a number of medications considered appropriate for younger patients. Examples include benzodiazepines and warfarin resulting in increase sedation and increased anticoagulant effect in the elderly.

Problem Drugs in the Elderly

Tricyclic antidepressants are potent anticholinergics with strong sedative effects as well. They should be replaced by the Selective Serotonin Reuptake Inhibitors.

Potent antihistamines like hydroxyzine and chlorpheniramine have potent anticholinergic side effects and are well known to cause drowsiness. They are prone to cause falls in the elderly and should be avoided. Cetirizine and loratadine are better alternatives.

Long acting benzodiazepines like chlordiazepoxide, flurazepam and diazepam have long half life and can cause falls and fractures in the elderly. Lorazepam, oxazepam and temazepam should be used as substitutes.

Methyldopa and reserpine can cause depression and are obsolete except that the former is still used a lot in the GOPD. Other antihypertensives should be employed in their place.

Chlorpropamide and glibenclamide should be avoided in the elderly because of their long half life and tendency to cause hypoglycemia. Glyburide, glipizide and repaglinide should be consider instead.

Disease-drug Interactions

To avoid bronchospasm, beta-blockers should be avoided in patients with chronic obstructive airway disease. Similarly, anticholinergics should not be given to those with benign prostatic hypertrophy to avoid urinary retention. They should also be avoided in the elderly for those with constipation. Inappropriate anticholinergics and psychotropics given to a demented patient may induce confusion or delirium. Non-steroidal anti-inflammatory agents are given without consideration and may cause bleeding in those with peptic ulcer disease and worsening in blood pressure and impairment in renal function in susceptible patients.

P450 Drug-drug Interactions

Many drugs are metabolized by or substrates for the hepatic cytochrome P450. The concentrations of these drugs may be altered by cytp450 enzyme inhibitors or inducers.

Inhibitors raise the level of the substrate drug and increased levels of the substrate drug increase the risk of an ADR. Thus, theophylline level may be raised by the concomitant use of cimetidine, ciprofloxacin or erythromycin with increased risk of toxicity like nausea, vomiting, arrhythmias and insomnia. The level of warfarin may be raised by amiodarone, cimetidine or fluvoxamine and result in bleeding.

CytP450 inducers may increase the metabolism of the substrate drug and result in subtherapeutic levels or response. Again, warfarin and theophylline levels may be reduced by use together with rifampicin, barbiturates or cigarette smoking.

Plasma Level Monitoring

Drug levels are useful when using Digoxin, Phenytoin, Theophylline, Valproic acid, Aminoglycosides and Carbamazepines. They are used as a guide to avoid gross overdosage, but they must not be used as a substitute for careful evaluation of the individual patients.

Medicine Cascade

Physicians may use one medicine to cover the side effect of another. Misoprostol may be added to a non-steroidal anti-inflammatory agent to offset the gastrointestinal upset. The diarrhoea so produced may require another anti-diarrhoeal to be added. The constipation that results may lead to the prescription of another laxative and so on. The alternative would be to give a COX-2 inhibitor instead. Another alternative would be the use of a calcium channel blocker for hypertension in an adult patient requiring the use of a laxative for constipation and a diuretic for the ankle swelling. The latter may then require addition of sodium or potassium supplement or allupurinol or colchicines for gouty arthritis, and these would have their own problems.

Herbal Supplements

Most local elderly take herbs to some extent. A careful herbal history must be taken. Some herbs may cause ADRs and drug interaction with a western medicine practitioner's prescription. The use of Ginkgo biloba with aspirin, non-steroidal anti-inflammatory agents, or anticoagulants may increase the risk of bleeding. Mahuang used for respiratory problems may worsen hypertension or insomnia. If a western medicine practitioner is unsure about the action of the herbal preparation, he may have to seek advice or admit to his

patients of his ignorance in this field. He may have to advise that it may not be appropriate to take the two types of medicines together.

Principles of Prescribing Drugs to Elderly

1. Evaluate the need for drug therapy – some disease may not need drugs, consider change in life style, exercise, diet and abstinence from smoking or alcohol.
2. Obtain a thorough history of habits and drug use. Ask the patient to relate exactly how drugs are taken, including inhalation methods.
3. Use the brown bag approach or plastic bag test at each visit when patients are instructed to bring all bottles and packages of prescriptions, over-the-counter medications, home remedies, and herbal preparations that they are taking for perusal by the physician.
4. Probe for problems and adverse effects from the patient.
5. Educate about the importance and use of each medicine.
6. Assess if the patient can read the medicine bag properly (literacy and visual acuity).
7. Use the relatives, visiting nurse or the maids as allies to watch for adherence.
8. Avoid polypharmacy, use simple regimens like once or twice daily.
9. Know the pharmacologic effects of drugs prescribed. Know what you give.
10. Use the least number of drugs to treat the maximum number of conditions.
11. Do not treat the ADR of a medicine by adding another medicine.
12. Use easy-open bottles, pill boxes and blistering packaging to encourage adherence.
13. Prescribe lower doses for elderly.
14. Titrate drug dosage based on patient's response.
15. Review the treatment plan regularly, discontinue drug therapy when it is no longer needed.
16. Remember iatrogenesis.

Acknowledgement

I am indebted to the young consultants and senior medical officers in the geriatric units from PMH, KWH and CMC for teaching me last year. I am particularly grateful to Dr. TK Kong for his diligence in tutoring. I would like to thank all my classmates in the PDCGM class for their support during the past year and wish that they can put what they learn into practice.

Clinical Case Study

專科個案剖析

Please answer the questions for each quiz below by returning the completed answer sheet printed on page 13. This exercise will attract 0.5 CME point for participants completing BOTH quizzes. Answers and explanations will be provided in the next issue.

請回答下列問題並填妥第十三頁之答題紙交回本會秘書處，參加者將可獲持續醫學進修積分點零點五分，請注意，參加者必須同時回答兩個小測驗之問題。至於今期之答案將刊於下一期《持續醫學進修專訊》之中。

>> Clinical Cardiology Series 臨床心臟科個案研究

Which of the following concerning aortic stenosis is true?

1. **Aortic valve replacement is indicated in all patients with symptomatic severe aortic stenosis.**
2. **Aortic valve replacement is also indicated in all patients with asymptomatic severe aortic stenosis.**
3. **Aortic valve replacement in patients with severe aortic stenosis with good left ventricular function carries a good prognosis.**
4. **Aortic valve replacement in patients with severe aortic stenosis with reduced left ventricular function is contraindicated.**
5. **Aortic valve replacement for severe aortic stenosis is contraindicated in octogenarians.**

The content of the Office Cardiology Series is provided by:

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臨床心臟科個案研究之內容誠蒙李少隆醫生及王壽鵬醫生提供。

>> Answers to July 2004 Clinical Cardiology Series 臨床心臟科個案研究 二零零四年七月份答案

Please indicate true or false to the following statements with supporting explanation.

1. **Erectile dysfunction is associated with risk factors for cardiovascular disease.**
2. **Phosphodiesterase-5 inhibitors are contraindicated in patients taking nitrates.**
3. **Phosphodiesterase-5 inhibitors are contraindicated in patients taking anti-hypertensive drugs.**
4. **Long term use of phosphodiesterase-5 inhibitors in patients with coronary heart disease is associated with more myocardial infarction and deaths.**
5. **Cardiac assessment is mandatory before starting phosphodiesterase-5 inhibitors for erectile dysfunction.**

Answers:

1. **True.** Erectile dysfunction is associated with risk factors for cardiovascular disease including lipid abnormalities, HT, smoking, DM, obesity and lack of physical activity. This may be related to the fact that endothelial dysfunction and atherosclerosis are systemic disorders. Risk factors for cardiovascular disease affect vascular supplies to corpora

cavernosa of the penis as well as arteries of other parts of the body. However, there is little data to support that controlling these factors would readily reverse erectile dysfunction after it has been diagnosed. As a matter of fact, sometimes treatment of these risk factors may aggravate erectile dysfunction. For example, thiazide diuretics and beta blockers for HT may exacerbate erectile dysfunction.

2. **True.** Phosphodiesterase-5 (PDE5) inhibitors are contraindicated in patients taking organic nitrates, which are nitric oxide (NO) donors. NO stimulates guanylate cyclase to catalyze the formation of cGMP which relaxes smooth muscle cells of vasculatures. PDE5 breaks down cGMP. Thus a PDE5 inhibitor plus an NO donor would cause accumulation of cGMP that causes marked vasodilation and hypotension. Nitrates should not be given for at least 24 hours after the use of sildenafil (Viagra) or vardenafil (Levitra) and at least 48 hours after the use of tadalafil (Cialis).
3. **False.** Interactions of PDE-5 inhibitors with anti-hypertensive drugs in men with HT have not been associated with an increased incidence of adverse events. Vasodilator effects of the major classes of anti-hypertensive agents have mechanisms of action that do not involve the nitric oxide-cGMP pathway. Nonetheless, PDE-5 inhibitors should still be used with caution in patients taking multiple anti-hypertensive drugs.
4. **False.** Data from prospective clinical trials, retrospective meta-analyses and epidemiologic studies have shown no evidence that administration of a PDE-5 inhibitor in accord with published guidelines (including absence of nitrate therapy) would increase morbidity and mortality in men with co-existing erectile dysfunction and stable ischemic heart disease.
5. **True.** Patients who wish to start PDE-5 inhibitors therapy should receive a cardiac assessment beforehand, particularly for hypertension, congestive heart failure and ischemic heart disease. Interactions between nitrate and PDE-5 inhibitors should be clearly informed. Although firm data are lacking, pre-therapy treadmill tests to assess for the presence of stress-induced ischemia in patients with overt and covert coronary artery disease can guide the patient and physician to the risk of cardiac ischemia during sexual intercourse. If the patient can achieve 5 to 6 METS on a treadmill stress test without demonstrating ischemia, the risk of ischemia during coitus with a familiar partner, in familiar settings, without the added stress of a heavy meal or alcohol ingestion, is probably low. However, the physical and emotional stresses of sexual intercourse can be excessive in some people, particularly those who have not performed this activity in some time and who are not in good condition. These stresses themselves may produce acute ischemia or precipitate myocardial infarction. Such patients should be advised to use common sense and to moderate their physical exertion and their emotional expectations as they start PDE-5 inhibitors.

References:

1. Feldman et al. Impotence and its medical and psychosocial correlates: results of the Massachusetts Male Aging Study. *J Urol* 151 (1994), 54-61.
2. ACC/AAHA Expert Consensus Document. Use of Sildenafil in patients with cardiovascular disease. *Circulation* 1999;99:168-177.

>> Dermatology Series 皮膚科病例研究



A 16 year old Chinese male complained of scaling and dry skin since early childhood. The skin felt drier and slightly itchy during winter. His elder brother also had similar condition but said to be very mild. He enjoyed good general health. Physical examination revealed dry skin with coarse scales symmetrically disposed on upper and lower limbs especially the extensor aspects of legs and forearms (Figure). The flexural areas including cubital and popliteal fossae, axillae and groins were not affected. The trunk and neck were also spared. Systemic examination was normal.

1. **What is the most likely diagnosis?**
2. **What biochemical or molecular abnormality is thought to occur?**
3. **What are the differential diagnoses?**
4. **What associations have been reported with this condition?**
5. **What are the treatments?**

>> Answers to July 2004 Dermatology Series 皮膚科病例研究 二零零四年七月份答案

A 30 year old Chinese lady presented with skin rash over her back for five years. The lesion was mildly itchy and she scratched occasionally. There were no known precipitating factors. Her general health was good. Physical examination revealed brownish reticulated patch over her upper back.



1. **What is the clinical diagnosis?**

The clinical diagnosis is macular amyloidosis (MA). It is more common in women and affects areas subject to friction including upper back, neck, shin, thigh and buttock. Pruritus may not be present and patients usually seek medical advice because of the cosmetic appearance. Typically there is macular lesions consisting of hyperpigmentation with a reticulated or rippled pattern. MA is more common among Asians, Middle Easterners, and South Americans.

2. **What are the clinical differential diagnoses?**

Clinical differential diagnoses include post-inflammatory hyperpigmentation, poikiloderma, erythema dyschromicum perstans and prurigo pigmentosa.

3. **What is the underlying mechanism of this dermatosis?**

It is due to abnormal extracellular tissue deposition of a protein, amyloid. Amyloid comes from degenerated keratin from apoptotic keratinocytes. It was suggested that trauma such as constant friction and rubbing could induce the condition. However, no precipitating traumatic history was noted in most cases.

4. **How would you confirm the diagnosis?**

The diagnosis is usually made on clinical grounds and could be confirmed by a skin biopsy. The amyloid deposit can be demonstrated by Congo red stain, which under polarizing light gives apple-green birefringence.

5. **What are the treatments?**

Relief of pruritus is important as scratching will aggravate pigmentation and also cause skin textural changes. Sedating antihistamines may be used. Topical or intralesional steroid is beneficial in improving the lesions and relief of itch. In recalcitrant cases, phototherapy, laser vaporization, dermabrasion, electrodesiccation and curettage may also be tried.

The content of the Dermatology Series is provided by:
Dr. TANG Yuk-ming, William & Dr. CHAN Loi-yuen
Specialists in Dermatology & Venereology
皮膚科病例研究之內容誠蒙鄧旭明醫生及陳來源醫生提供。

THE SOCIETY OF PHYSICIANS OF HONG KONG

SUNDAY SYMPOSIUM OCTOBER 3, 2004

- Topics** : **1. Risk & Protective Factors in Alzheimer's Disease**
 2. Korsakoff's Psychosis & Alcoholic Dementia
- Speaker** : **Dr. Lam Tat Chung, Paul (林達聰醫生)**
 FRCP, FHKAM(Medicine), FHKAM (Psychiatry)
 Private Specialist, Hon. Assistant Professor, HKU
- Place : HKMA Dr. Li Shu Pui Professional Education Centre
- Time : 1:00 pm Lunch 2:00-4:00 pm Symposium
- Fee : \$20 per person (Priority Registration) Ordinary Registration – Free
 Free for Members and Certificate Course Participants
- Sponsor : Janssen Pharmaceutica
- CME Points : Under application
- Enquiry : Ms. Becky Chiu Tel. 2526 2626
 On first-come first-serve basis.

Registration Form

I wish to attend Sunday Symposium on October 3, 2004

- I will forward / enclose herewith a cheque of \$20 for priority registration
- Ordinary registration (Free)
- I am a Member / Certificate Course Participant (Free)

Please reserve Full Lunch Lunch not required

Cheques should be made payable to "The Society of Physicians of Hong Kong"
and posted to Rm.1907, Lane Crawford House, 70 Queen's Road Central, HK

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This will be used as an address label to inform you of future meetings:

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Please also see P.18

CME for September 2004

Lecture 二零零四年九月之進修講課

CME Event 講課簡介

Venue & Time 地點及時間

7 September 2004 (Tuesday)

Joint HKMA-HKASLD CME Course in Chronic Hepatitis B Management: Lecture I

Part I: Diagnosis & Monitoring of Chronic Hepatitis B

Dr. Hui Yui, Alex

M.B., B.Chir., M.R.C.P.(U.K.), F.H.K.C.P., F.H.K.A.M. (Medicine)

Division of Gastroenterology and Hepatology

Department of Medicine and Therapeutics

Prince of Wales Hospital

Part II: Case Presentation

Dr. Hsu Yau Que

M.B., B.S., F.R.C.P.(Edin.), F.H.K.C.P., F.H.K.A.M. (Medicine)

This Lecture will carry 1.5 CME point under the MCHK/HKMA CME Programme.

The Course is sponsored by GlaxoSmithKline.



The Ballroom, Level 2
Langham Hotel Hong Kong
(Former Great Eagle Hotel)
8 Peking Road, TST
Lunch: 1:00 - 2:00 p.m.
Lecture: 2:00 - 3:30 p.m.
九龍尖沙咀北京道八號
朗廷酒店(前鷹君酒店)
二樓宴會廳
午餐: 下午一時至二時正
講課: 下午二時至三時三十分

14 September 2004 (Tuesday)

Recent Advances in the Recognition and Treatment of Depression and Anxiety in General Medicine and Psychiatry

Dr. James C. Ballenger

M.D.

President, American Mental Health Resources

Professor, Department of Psychiatry, Medical University of South Carolina, Charleston, SC

This symposium is free of charge. The luncheon and registration fee are sponsored by GlaxoSmithKline.



The Ballroom, Level 2
Langham Hotel Hong Kong
(Former Great Eagle Hotel)
8 Peking Road, TST
Lunch: 1:00 - 2:00 p.m.
Lecture: 2:00 - 3:00 p.m.
九龍尖沙咀北京道八號
朗廷酒店(前鷹君酒店)
二樓宴會廳
午餐: 下午一時至二時正
講課: 下午二時至三時正

16 September 2004 (Thursday)

HKMA Structured CME Programme with HKS&H – Are Health Problems in Chinese Children Different?

Prof. Yeung Chap Yung

M.B., B.S.(H.K.), M.R.C.P.(U.K.), F.R.C.P.(Lond.), F.R.C.P.(Edin.), F.R.C.P.(Glasg.),

F.R.C.P.(Canada), F.R.A.C.P., F.R.C.P.(Ire.), D.C.H.(Lond.), Dip.Am.Board of Ped.,

F.R.C.P.C.H., F.H.K.A.M.(Paed.), Specialist in Paediatrics

This symposium is co-organized with Hong Kong Sanatorium & Hospital.



The HKMA Dr. Li Shu Pui Professional Education Centre
2/F, Chinese Club Building
21-22 Connaught Road Central, HK
Lecture: 2:00 - 3:00 p.m.
(Light lunch: 1:15 p.m.)
香港中環干諾道中二十一至二十二號
華商會所大廈二樓
香港醫學會李樹培醫生專業教育中心會
講課: 下午二時至三時正
〔茶點於下午一時十五分開始〕

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 1 CME point under the MCHK/HKMA CME Programme (unless otherwise stated). Accreditation from other colleges is pending. (The Secretariat fax no.: 2865 0943)

報名方法: 請填妥表格連同支票寄交香港灣仔軒尼詩道十五號溫莎公爵社會服務大廈五樓, 支票抬頭請書明支付「香港醫學會」。參加者可獲醫務委員會/香港醫學會持續醫學進修計劃積分一分(除特別註明外)。其他專科學院之學分尚在申請中。(秘書處傳真號碼: 2865 0943)

Please register for participation. First come, first served. 名額有限 請早登記

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

本人欲報名參加以下講課:

Please "✓" as appropriate. 請在適用處加上「✓」號

Free of Charge Lecture

14 September 2004: Recent Advances in the Recognition and Treatment of Depression and Anxiety in General Medicine and Psychiatry

Joint HKMA-HKASLD CME Course in Chronic Hepatitis B Management

7 September 2004: Lecture I

Structured CME with HKS&H

16 September 2004: Are Health Problems in Chinese Children Different?

HKMA Members
HK\$50

CME Participants
HK\$80

I enclose herewith a cheque of

現隨表格付上支票一張作為講課之報名費用

HK\$港幣

Name 姓名: _____ Tel No. 電話: _____ Fax No. 傳真: _____

HKMA Membership No. 會員編號

or HKMA CME No. 或進修號碼: _____

Signature 簽名: _____

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. 個人資料將用於有關香港醫學會持續醫學進修計劃之事宜。所有報名費用將不給予退還或轉授予其他會員。



The Hong Kong Medical Association



Kwong Wah Hospital



醫院管理局
HOSPITAL
AUTHORITY

| Lecture | Date | Topic |
|---------|--------------|---|
| V | 22 Aug 2004 | Rheumatology & Rehabilitation 1. Management of RA – An Update Dr. Yip Man Lung <i>Specialist in Geriatric Medicine, Dept of M&G, KWH</i> 2. Cardiac Rehabilitation – Who, How and What? Dr. Miu Ka Ying <i>SMO, Dept of M&G, KWH</i> |
| VI | 26 Sept 2004 | Endocrinology and DM 1. Management of Hyper & Hypothroid Dr. Yeung Tok Fai, Vincent <i>Chief of Service, Dept of Medicine, OLMH</i> 2. Update in Pharmacotherapy of DM Dr. Lee Ka Fai <i>SMO, Dept of M&G, KWH</i> |
| VII | 24 Oct 2004 | Renal Medicine |
| VIII | 28 Nov 2004 | Stroke and Geriatrics |
| IX | 19 Dec 2004 | Psychiatry |
| X | 23 Jan 2005 | Paediatrics |
| XI | 27 Feb 2005 | Traditional Chinese Medicine |
| XII | 27 Mar 2005 | General Surgery & Orthopaedics |

- **Venue** : Lecture Theatre, 10/F, Yu Chun Keung Memorial Medical Centre, KWH
- **Date** : April 2004 to March 2005
- **Time** : 2:00 – 5:00 pm
- **Fee** : HK\$50 per lecture for HKMA members
HK\$80 per lecture for CME Participants

- **地點** : 廣華醫院余振強紀念中心十樓演講廳
- **日期** : 二零零四年四月至二零零五年三月
- **時間** : 下午二時至五時
- **報名費用** : 醫學會會員 – 每課堂港幣五十元正
持續進修參加者 – 每課堂港幣八十元正

Light snacks and lecture notes will be provided.

敬備茶點及講義

Registration: Please fill in and return the Registration Form on p.11 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**.

報名方法：請填妥第十一頁之表格連同支票寄交香港灣仔軒尼詩道十五號溫莎公爵社會服務大廈五樓，支票抬頭請書明支付「香港醫學會」。參加者可獲醫務委員會／香港醫學會持續醫學進修計劃積分三分。



The Hong Kong Medical Association



Queen Elizabeth Hospital

| Lecture | Date | Topic |
|---------|-------------|---|
| VI | 12 Sep 2004 | Orthopaedics 1. Cervical Spine Disorders Dr. Li Ka Kin <i>Associate Consultant, Dept of O&T, QEH</i> 2. Common Foot & Ankle Problems Dr. Man Shui Wah <i>MO, Dept of O&T, QEH</i> |
| VII | 10 Oct 2004 | Surgery 1. Management of Biliary Stone Dr. Wai Sing Hang <i>SMO, Dept of Surgery, QEH</i> 2. Management of Tumour in Stomach Dr. Kao Sau Shan <i>Specialist in Surgery, QEH</i> 3. Lumps & Bumps in General Practice Dr. Kwok Kam Hung <i>SMO, Dept of Surgery, QEH</i> Neurosurgery 4. Neurosurgical Problems Encountered in General Practice Dr. Tan Tze Ching <i>SMO, Dept of Neurosurgery, QEH</i> |
| VIII | 14 Nov 2004 | Psychiatry |
| IX | 12 Dec 2004 | Emergency Medicine & Anaesthesia |

- **Venue** : Lecture Theatre, G/F, Block M, QEH
- **Date** : April 2004 to March 2005
- **Time** : 2:00 – 5:00 pm
- **Fee** : HK\$50 per lecture for HKMA members
HK\$80 per lecture for CME Participants

- **地點** : 伊利沙伯醫院M座地下演講廳
- **日期** : 二零零四年四月至二零零五年三月
- **時間** : 下午二時至五時
- **報名費用** : 醫學會會員 – 每課堂港幣五十元正
進修參加者 – 每課堂港幣八十元正

Light snacks and lecture notes will be provided. 敬備茶點及講義

First come, first served. 名額有限 請早登記

HKMA Structured CME Programme at QEH/KWH – Registration Form 香港醫學會分科進修課程報名表格

I would like to register for the following lecture(s):
本人欲參加下列講課：

| | | | HKMA Members 香港醫學會會員 HK\$50 港幣五十元正 | CME Participants (Non-HKMA members): 持續進修參加者 (非香港醫學會會員) HK\$80 港幣八十元正 |
|-----|--------------|-------------------------------|---|--|
| KWH | 22 Aug 2004: | Rheumatology & Rehabilitation | <input type="checkbox"/> | <input type="checkbox"/> |
| | 26 Sep 2004: | Endocrinology and DM | <input type="checkbox"/> | <input type="checkbox"/> |
| QEH | 12 Sep 2004: | Orthopaedics | <input type="checkbox"/> | <input type="checkbox"/> |
| | 10 Oct 2004: | Surgery & Neurosurgery | <input type="checkbox"/> | <input type="checkbox"/> |

Please "✓" as appropriate 請在適用處加上「✓」號

I enclose herewith a cheque of
現隨表格附上支票一張作為講課之報名費用：HK\$港幣_____

Name 姓名：_____ Tel No. 電話：_____ Fax No. 傳真：_____

HKMA Membership No. 會員編號
or HKMA CME No. 或進修號碼：_____ Signature 簽名：_____

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.
個人資料將用於有關香港醫學會持續醫學進修計劃之事宜。所有報名費用將不給予退還或轉授予其他會員。

Pfizer (Lipitor)

Answer Sheet for August 2004

二零零四年八月號答題紙

Please return completed answer sheet to the HKMA Secretariat on or before 22 September 2004 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)

請回答所有問題，並於二零零四年九月二十二日前將答題紙傳真或寄回至香港醫學會。參加者將可獲持續醫學進修積分點—每月自修系列：一分；「專科個案剖析」系列：零點五分。(傳真號碼: 2865 0943)

(I) Prescribing for the Elderly

(Please indicate 'T' or 'F' in each box.)

| 1 | | | | | 2 | | | | | 3 | | | | | 4 | | | | | 5 | | | | | 6 | | | | | 7 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|
| a | b | c | d | e | a | b | c | d | e | a | b | c | d | e | a | b | c | d | e | a | b | c | d | e | a | b | c | d | e | a | b | c | d | e | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ANSWERS TO JULY 2004 ISSUE
香港醫學會持續醫學進修計劃
每月自修資料二零零四年七月號答案

Management of Chronic Kidney Disease in General Practice (I)

| | | | |
|----|---|-----|---|
| 1. | F | 7. | T |
| 2. | T | 8. | T |
| 3. | T | 9. | T |
| 4. | F | 10. | F |
| 5. | F | 11. | F |
| 6. | T | | |

姓名
Name: _____

香港醫學會會員編號
或持續進修編號
HKMA Membership No.
or HKMA CME No.: _____

香港身份證號碼 - X X (X)
HKID No.:

簽名
Signature: _____

聯絡電話
Contact Tel. No.: _____

(II) Clinical Case Study

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

(A) Clinical Cardiology Series

- _____
- _____
- _____
- _____
- _____

(B) Dermatology Series

- _____
- _____
- _____
- _____
- _____

Eisai (Aricept)



Refresher Course for Health Care Providers 2004/2005

Jointly organized by

*The Hong Kong Medical Association
Our Lady of Maryknoll Hospital*

FM & PHC Department (Kowloon West Cluster, Hospital Authority)

Venues: (1) Training Room II, 1/F, OPD Block, Our Lady of Maryknoll Hospital
118 Shatin Pass Road, Wong Tai Sin, Kowloon

(2) For **Community Allied Health Series**: Lecture Theatre, M/F, HA Building, 147B Argyle Street, Kowloon

Time: 2:30 to 4:30pm

| Date | Topic | Speaker |
|---------------|--|--|
| 11 Sept 2004 | Radiology in General Practice | Dr. Chong Sui Fan (Consultant, Radiology Dept., OLMH) |
| 9 Oct 2004 | Common Large Bowel Disease in General Practice | Dr. Chu Kin Wah (Specialist in General Surgery) |
| 13 Nov 2004 | Male Sexual Dysfunction – GP's role | Dr. Cheng Chi Wai (Specialist in Urology, Dept. of Surgery, PWH) |
| 11 Dec 2004 | Common Urogynaecological Problems in Primary Care | Dr. Wong Kin Sun (SMO, O&G Dept., KWH) |
| 8 Jan 2005 | Common Allergic Problems in Childhood | Dr. Hung Kei Wong (SMO, Paediatric Dept., OLMH) |
| 12 Feb 2005 | Common Psychiatric Problems in Primary Care | Dr. Chan Teck Meng (SMO, Psychiatry Dept., KCH) |
| 12 Mar 2005 | Role of a GP in Chronic Renal Failure Patients | Dr. Choi Kin (Specialist in Nephrology) |
| 16 April 2005 | Community Allied Health Series (1): Podiatry and P&O | Dr. Jane Lee (Podiatrist, CMC) Mr. Chan On Chun (P&O Dept., PMH) |
| 14 May 2005 | Community Allied Health Series (2): Physiotherapy | Mr. Robin Tsim (Physiotherapy Dept. Manager, OLMH) |
| 18 June 2005 | Community Allied Health Series (3): Occupational Therapy & Pharmacy | Ms Selina Wan (Occupational Therapy Dept. Manager, KWH) Dr. William Cheung (Pharmacist, PMH) |
| 9 July 2005 | Community Allied Health Series (4): Dietitian & Speech Therapy | Ms Hedy Choi (Dietitian Dept. Manager, KCH) Ms Florence Lam (Speech Therapist in-charge, PMH) |
| 13 Aug 2005 | Community Allied Health Series (5): Clinical Psychologist & Community / Hospital Social Services | Ms Tracy Ma (Clinical Psychologist, KWH) Ms Louisa Chan (MSW Dept. Manager, OLMH) |

A certificate will be presented at the end of the course for those achieving > 80% of attendance.

CME accredited by HK College of Family Physicians 1.5 credit points and the Hong Kong Medical Association 2 credit points (for MCHK non-specialist); CNE points application pending.

Light refreshment or lunch provided (Sponsored by: Abbott, AstraZeneca, GSK, Pfizer, Philips Electronics, Roche, UCB pharma)

Parking: For lectures held at OLMH (** Limited car park would be reserved, first come first served)

For lectures held at HA Building (** Limited car park, please contact Ms Clara Tsang of OLMH for booking arrangement)

RSVP: Tel: 23542440 (Ms Clara Tsang, OLMH)

Fax: 23276852

Wyeth (Harmonet)

CME Calendar

持續進修日程

| Date/Time 日期/時間 | Function 活動 | CME Accreditation 進修積分 | | | | | | | | | | | Remarks/ Contact Info 備註及聯絡電話 | | | | |
|---|--|------------------------|------|-------|-------|-------|-------|------|-------|--------|---------|---------|-------------------------------------|------|--------|------|---|
| | | MCHK & HKMA | HKCA | HKCCM | HKCEM | HKCFP | HKCOG | COHK | HKCOS | HKCORL | HKCPaed | HKCPath | | HKCP | HKCPsy | HKCR | CSHK |
| Aug 2004 | HKMA CME Programme Monthly Self-Study Series – Prescribing for the Elderly | 1 | | | | | | | | | | | | | | | Fax answer sheet to Fax: 2865 0943 By 22 Sep 2004 |
| 4 Sep 2004 (Sat) 2:00 – 5:00pm | Hong Kong Stroke Society The 3rd Quarterly Scientific Meeting of Hong Kong Stroke Society <i>Seminar Room 2, M/F, HAHO</i> | 2 | | | | | | | | | | | | | | | HK Stroke Society Member: free Non-M: \$50 Application form can be downloaded from www.stroke.org.hk and should be sent to Dr. Tsoi Tak Hong at Dept of Medicine PYNEH, HK Dr. Lawrence Chan Tel: 2771 2312 |
| 5 Sep 2004 (Sun) 10:00 – 11:30 am | St. Teresa's Hospital Low Back Pain <i>9/F Conference Room, St. Teresa's Hospital, Kln</i> | 2 | | | | 1 | | | 1 | | | – | | | 1.5 | | |
| 5 Sep 2004 (Sun) 2:00 – 5:00 pm | Hong Kong Public Hospitals, Department of Health & Universities Doctors Association (PHUDA) and Hong Kong Primary Care Foundation (PCF) Advanced Integrated Practical Certificate Course for Primary Care Physicians: Pharmacological and Psychological Skills for Common Mood & Mental Disorders, Menopause, Andropause & Obesity (Session 1 – Generalised anxiety disorder, Social anxiety disorder, Panic disorder and Depression) <i>Ballroom, 2/F, Langham Hotel, 8 Peking Road, Tsimshatsui</i> | 3 | 15# | 10# | 2 | 2 | 3 | 1.5 | – | 2# | 11# | – | – | – | 3 | | Ms. Connie Chiu Tel: 2599 8288 |
| 5-6 Sep 2004 (Sun-Mon) 8:00 – 4:00 pm | Queen Elizabeth Hospital/ CSHK In Emergent AAA, time is not on our side: What Options do we have <i>Lecture – Sung Room 4/F, Sheraton Hong Kong Hotel & Tower;</i> <i>Live case demonstration – QEH Block D G/F</i> | 10# | | | | | | | | | | | | | | | Ms. Josephine Kwok Tel: 2958 7137 |
| 6 Sep 2004 (Mon) 1:45 – 3:45 pm | CUHK – Hong Kong Mood Disorders Centre An Advanced Practical Course for Primary Care Practitioners (Session 12) <i>Langham Hotel, TST, Kln</i> | 2 | | | | | | | | | | | | | | | Ms. Cheng Tel: 2144 6996 |
| 7 Sep 2004 (Tue) 10:00 – 11:00 am | PWH, Dept of Clinical Oncology/ HKCR Combined Head and Neck Meeting <i>A.K.C. Surgical Library, 4/F, Clinical Sciences Building, PWH</i> | 1 | | | | | | | | | | | | | | | Diane Tel: 2871 8830 |
| 7 Sep 2004 (Tue) 12:45 – 3:45 pm | HKU – Department of Psychiatry The 6th Certificate Course on Psychological Medicine 2004-2005- Diagnosis & Management of Common Mental Disorders (Session 1) <i>Holiday Inn Golden Mile Hotel, Crystal Rooms, 50 Nathan Road, Tsimshatsui, Kln</i> | 2 | | | | | | | | | | | | | | | Ms. Kandy Wan Email: fun-fun.kandy.wan@pfizer.com |
| 7 Sep 2004 (Tue) 1:00 – 3:30 pm | HKMA CME Programme, The Hong Kong Association for the Study of Liver Diseases Joint HKMA – HKASLD CME Course in Chronic Hepatitis B Management: Diagnosis & Monitoring of Chronic Hepatitis B and Case Presentation (Lecture 1) <i>The Ballroom, 2/F, Langham Hotel Hong Kong, 8 Peking Road, Tsim Sha Tsui, Kln</i> | 1.5 | | | | | | | | | | | | | | | Members: \$50 Non-M: \$80 Tel: 28611979 |
| 7 Sep 2004 (Tue) 6:45 – 9:45 pm | HKU Family Institute Certificate Course in Family Therapy (Level II) (Session 4) <i>Lecture Room, HKU Family Institute, 5/F, Tsan Yuk Hospital, 30 Hospital Road, Sai Ying Pun, Hong Kong</i> | 3 | | | | | | | | | | | | | | | Tel: 2859 5300 |
| 8 Sep 2004 (Wed) 10:30 am – 12:30 pm | HKU – Department of Orthopaedics & Traumatology Clinical case conference (Hand/ foot problems) <i>Lecture hall, 3/F, Physiotherapy Block, Duchess of Kent Children's Hospital</i> | 2 | | | | | | | | | | | | | | | Dr. WY Ip Email: wyip@hkusua.hku.hk Tel: 2320 2121 |
| 8 Sep 2004 (Wed) 12:30 – 1:45 pm | Our Lady of Maryknoll Hospital, Department of Medicine and Geriatrics Grand Round: Case Presentation <i>Training Room I, 1/F OPD Block</i> | 1 | | | | | | | | | | | | | | | |
| 8 Sep 2004 (Wed) 12:30 – 3:30 pm | Hong Kong Mood Disorders Center, The Joyful (Mental Health) Foundation A New Practical Course on Mood Disorders in Primary Care (Jul – Sept 2004) (Session 7) <i>Ballroom A, 2/F, Langham Hotel, Kln</i> | 2 | | | | | | | | | | | | | | | Ms. Jamie Ho Tel: 2144 6996 |
| 8 Sep 2004 (Wed) 1:30 – 4:30 pm | United Christian Nethersole Community Health Service Intensive Psychotherapy Training Course for General Practitioners (Session 1) <i>United Christian Hospital - Block F, 1/F, Seminar Room 2</i> | 3 | | | | | | | | | | | | | | | Fee: \$1,500 Dr. Joyce Tang Tel: 2172 0170 |
| 8 Sep 2004 (Wed) 1:45 – 3:15 pm | HKMA CME Programme Putonghua Certificate Course for Medical Practitioners (Session 2) <i>HKMA Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road Central, HK</i> | 1.5 | | | | | | | | | | | | | | | Member: \$1,500 N-Member: \$1,900 Tel: 2527 8285 |
| 8 Sep 2004 (Wed) 2:30 – 3:30 pm | PWH, Dept of Clinical Oncology/ HKCR Journal Critique <i>Lecture Room, Dept of Clinical Oncology, PWH</i> | 1 | | | | | | | | | | | | | | | Diane Tel: 2871 8830 |
| 8 Sep 2004 (Wed) 7:00 – 9:30 pm | 青草地全人發展中心 精神病治療與輔導研討會 — Old Age Mental Disorders: Dementia, Old Aged Depression <i>九龍彌敦道574-576號和富商業大廈9樓·青草地全人發展中心</i> | 2.5 | | | | | | | | | | | | | | | Registration fee is required Tel: 2771 1370 |
| 9 – 11 Sep 2004 (Thur – Sat) | Hong Kong Society of Inborn Errors of Metabolism 7th Annual Asia LSD Symposium (Special Training Program on 9/9/2004) <i>M/F, Hospital Authority Building (Special Training Program) JW Marriott Hotel</i> | 10# | | | | | | | | | | | | | | | Ms. Sandy Chung Tel: 2116 4349 |

* Colleges accreditation pending
Total CME points for entire course

| Date/Time 日期/時間 | Function 活動 | CME Accreditation 進修積分 | | | | | | | | | | | | | Remarks/ Contact Info 備註及聯絡電話 | | |
|---|---|------------------------|------|-------|-------|-------|-------|------|-------|--------|---------|----------|------|--------|-------------------------------------|--|--|
| | | MCHK & HKMA | HKCA | HKCCM | HKCEM | HKCFP | HKCOG | COHK | HKCOS | HKCORL | HKCPaed | HKCPPath | HKCP | HKCPsy | | HKCR | CSHK |
| 9 Sep 2004 (Thur) 8:30 – 9:30 am | Hong Kong Sanatorium & Hospital, Orthopaedic and Sports Medicine Centre Orthopaedic Clinical Meeting Room 1103, 11/F, Li Shu Pui Block, Hong Kong Sanatorium & Hospital | 1 | 1 | - | 1 | 1 | - | 1 | | | 1 | - | - | | 1 | Dr. Wu Wing Cheung Tel: 2835 7890 | |
| 10 Sep 2004 (Fri) 7:00 – 9:00 pm | Psychotherapy Society of Hong Kong Contemporary Psychoanalysis in Chinese Culture The Helena May, 35 Garden Road, Central, HK (opposite the American Consulate) | 2 | | | | | | | | | | | | | | Registration fee is required Tel: 2525 7207 | |
| 11 Sep 2004 (Sat) 8:45 am – 9:00 pm | Hong Kong Infection Control Nurses' Association (HKICNA) Golden Age of Infection Control: Resurgence or Reaction? (Session 1) Hong Kong Exhibition and Convention Center | 5 | 5.5 | | 6 | 4 | 5# | 2.5 | | 2# | | 5 | | 4 | 5.75 | 5.5 | Tel: 2417 8398 |
| 11 Sep 2004 (Sat) 2:00 – 4:00 pm | Hong Kong Association of Gerontology – Hong Kong Institute of Gerontology Certificate Course on Gerontology for Medical Practitioners (Session 12) 1/F, HKSR Lam Tin Complex, 7 Rehab Path, Lam Tin, Kln | 2 | | 10# | 12# | 12# | | | | | | | - | - | | 18# | Tel: 2558 1181 |
| 11 Sep 2004 (Sat) 2:30 – 4:30 pm | HKMA CME Programme, Our Lady of Maryknoll Hospital Refresher Course for Health Care Providers 2004/2005 – Radiology in General Practice Training Room II, 1/F, OPD Block, Our Lady of Maryknoll Hospital | 2 | | | | | | | | | | | | | | | Ms. Clara Tsang Tel: 2354 2440 |
| 12 Sep 2004 (Sun) 8:30 am – 4:45 pm | Hong Kong Infection Control Nurses' Association (HKICNA) Golden Age of Infection Control: Resurgence or Reaction? (Session 2) Hong Kong Exhibition and Convention Center | 5 | 6 | | 6 | 4 | 5# | 3 | | 2# | | 5 | | 5 | 6 | 6 | Tel: 2417 8398 |
| 12 Sep 2004 (Sun) 1:00 – 5:00 pm | Hong Kong Sanatorium & Hospital Certificate Course in Recent Medical Advances for General Practitioners (Session 2 – Cardiology) Auditorium, 4/F, Hong Kong Sanatorium and Hospital, 2 Village, Happy Valley, HK | 3 | 15# | - | 20# | 2 | - | 0.5 | | 2# | 2 | - | | 3 | - | 3 | \$300 for whole course, \$50 per lecture Ms. Stella Lau Tel: 2835 8800 |

THE SOCIETY OF PHYSICIANS OF HONG KONG

CME Lecture September 17, 2004 (Friday)

Treatment of Hypertension in High-Risk Patients: Lessons From the VALUE Trial

Speaker : **Dr. Patricia H. T. Hon (韓慶棠醫生)**
MBBChir(Cambridge), MRCP(UK)
FHKCP, FHKAM(Medicine)

Chairman : **Dr. Lam Tat Chung, Paul (林達聰醫生)**
President, The Society of Physicians of Hong Kong
FRCP, FHKAM(Medicine), FHKAM(Psychiatry)

Place : HKMA Dr. Li Shu Pui Professional Education Centre

Time : 1:30 pm Light Lunch
2:00-3:00 pm Lecture

Sponsor : Pfizer Corporation Hong Kong Limited

CME Points : Under application

Enquiry : Ms. Becky Chiu
Tel. 2526 2626

Space for Name Card (in English)

Open to doctors free of charge.
On first-come first-serve basis.
To register, please fax this advertisement
to **2579 0599**

| Date/Time 日期/時間 | Function 活動 | CME Accreditation 進修積分 | | | | | | | | | | | Remarks/ Contact Info 備註及聯絡電話 | | | |
|--|---|------------------------|------|-------|-------|-------|-------|------|-------|--------|---------|---------|-------------------------------------|------|--------|--|
| | | MCHK & HKMA | HKCA | HKCCM | HKCEM | HKCFP | HKCOG | COHK | HKCOS | HKCORL | HKCPaed | HKCPATH | | HKCP | HKCPsy | HKCR |
| 12 Sep 2004 (Sun) 1:30 – 4:30 pm | CUHK – Dept of Medicine & Therapeutics CUHK Diploma Programme in Advanced Internal Medicine 2004-05 – Introduction to dermatology & Basic principles of topical treatment <i>Plaza Conference Centre, 35/F Central Plaza, 18 Harbour Road, HK</i> | 3 | 15# | 10# | 20# | 5# | 1 | | 2# | 18# | | | | | 18# | Ms. Isabella Fu Tel: 2632 3996 |
| 12 Sep 2004 (Sun) 2:00 – 5:00 pm | Hong Kong Public Hospitals, Department of Health & Universities Doctors Association (PHUDA) and Hong Kong Primary Care Foundation (PCF) Advanced Integrated Practical Certificate Course for Primary Care Physicians: Pharmacological and Psychological Skills for Common Mood & Mental Disorders, Menopause, Andropause & Obesity (Session 2 – Cognitive-behavioural therapy for depression and anxiety disorder) <i>Ballroom, 2/F, Langham Hotel, 8 Paking Road, Tsimshatsui</i> | 3 | 15# | 10# | 2 | 2 | 3 | 1.5 | – | 2# | 11# | – | – | – | 3 | Ms. Connie Chiu Tel: 2599 8288 |
| 12 Sep 2004 (Sun) 2:00 – 5:00 pm | HKMA CME Programme, Queen Elizabeth Hospital HKMA Structured CME Programme at QEH (VI) - Orthopaedics <i>Lecture Theatre, G/F, Block M, Queen Elizabeth Hospital, Kln</i> | 3 | 3 | – | 2 | 2 | – | 1.5 | 2 | 1.5 | 1 | 1.5 | – | 3 | – | Members: \$50 Non-M: \$80 Tel: 2861 1979 |
| 12 Sep 2004 (Sun) 5:00 – 8:00 pm | CUHK – Dept of Medicine & Therapeutics CUHK Diploma Programme in Advanced Internal Medicine 2004-05 – Advances in the therapeutics of dermatology <i>Plaza Conference Centre, 35/F Central Plaza, 18 Harbour Road, HK</i> | 3 | 15# | 10# | 20# | 5# | 1 | | 2# | 18# | | | | | 18# | Ms. Isabella Fu Tel: 2632 3996 |
| 14 Sep 2004 (Tue) 1:00 – 3:30 pm | HKMA CME Programme Recent Advances in the Recognition and Treatment of Depression and Anxiety in General Medicine and Psychiatry <i>The Ballroom, 2/F, Langham Hotel Hong Kong, 8 Peking Road, Tsim Sha Tsui, Kowloon</i> | 1 | | | | | | | | | | | | | | Free of Charge Tel: 2527 8285 |
| 14 Sep 2004 (Tue) 10:00 – 11:00 am | PWH, Dept of Clinical Oncology/ HKCR Combined Head and Neck Meeting <i>A.K.C. Surgical Library, 4/F, Clinical Sciences Building, PWH</i> | 1 | | | | | | | | | | | | | | Diane Tel: 2871 8830 |
| 14 Sep 2004 (Tue) 4:00 – 7:00 pm | HKU – Centre on Behavioral Health Workshop on Psychotherapy and Counseling in Action: Live Demonstration for Professional Training (Session 13) <i>G/F, Pauline Chan Building, 10 Sasson Road, HKU, HK</i> | 3 | | | | | | | | | | | | | | Tel: 2589 0510 |
| 15 Sep 2004 (Wed) 12:30 – 1:45 pm | Our Lady of Maryknoll Hospital, Department of Medicine and Geriatrics Grand Round: Case Presentation <i>Training Room I, 1/F OPD Block</i> | 1 | | | | | | | | | | | | | | Tel: 2320 2121 |
| 15 Sep 2004 (Wed) 12:30 – 3:30 pm | Hong Kong Mood Disorders Center, The Joyful (Mental Health) Foundation A New Practical Course on Mood Disorders in Primary Care (Jul – Sept 2004) (Session 8) <i>Ballroom A, 2/F, Langham Hotel, Kln</i> | 2 | | | | | | | | | | | | | | Ms. Jamie Ho Tel: 2144 6996 |
| 15 Sep 2004 (Wed) 1:00 – 3:00 pm | HKDU Tuen Mun Study Group The Symptom-Free Asthmatic: Reality or Myth? <i>Gold Coast Yacht and Country Club, 1 Castle Peak Road, Castle Peak Bay N.T.</i> | 1 | | | | | | | | | | | | | | Tel: 2388 2728 |
| 15 Sep 2004 (Wed) 1:15 – 2:45 pm | Pamela Youde Nethersole Eastern Hospital Falls Prevention in the Elderly Series I – Risk Assessment and Common Causes <i>Lecture Hall (Room: PB.01.014), 1/F, Pathology Block, Pamela Youde Nethersole Eastern Hospital</i> | 1 | | | | | | | | | | | | | | Miss Amy Ng Tel: 2595 6887 |
| 15 Sep 2004 (Wed) 1:30 – 4:30 pm | United Christian Nethersole Community Health Service Intensive Psychotherapy Training Course for General Practitioners (Session 2) <i>United Christian Hospital – Block F, 1/F, Seminar Room 2</i> | 3 | | | | | | | | | | | | | | Fee: \$1,500 Dr. Joyce Tang Tel: 2172 0170 |
| 15 Sep 2004 (Wed) 1:45 – 3:15 pm | HKMA CME Programme Putonghua Certificate Course for Medical Practitioners (Session 3) <i>HKMA Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road Central, HK</i> | 1.5 | | | | | | | | | | | | | | Member: \$1,500 N-Member: \$1,900 Tel: 2527 8285 |
| 15 Sep 2004 (Wed) 2:00 – 3:00pm | HA – Tuen Mun Hospital Community Medical Program: Electrophysiological Study and Radiofrequency Ablation for Cardiac Arrhythmias <i>Discussion Room (D1002), 1/F Main Block, TMH</i> | 1 | | | | | | | | | | | | | | Ms. Anita Au Yeung Tel: 2468 5777 |
| 15 Sep 2004 (Wed) 2:15 – 3:15 pm | Hong Kong Doctors Union Consultations in Dermatology: Identifying & Treating Skin Abnormalities (Video Cassette Session) <i>Room 901, Hang Shing Bldg., 363-373, Nathan Road, Kln</i> | 1 | | | | | | | | | | | | | | Tel: 2388 2728 |
| 15 Sep 2004 (Wed) 2:30 – 3:30 pm | PWH, Dept of Clinical Oncology/ HKCR Topic Review <i>Lecture Room, Dept of Clinical Oncology, PWH</i> | 1 | | | | | | | | | | | | | | Diane Tel: 2871 8830 |
| 15 Sep 2004 (Wed) 6:30 – 9:00 pm | CUHK – Centre for Emerging Infectious Diseases Certificate Course in Common Viral Infections (XIII) <i>Kai Chong Tong, School of Public Health, Prince of Wales Hosp</i> | 2 | | | | | | | | | | | | | | Ms Rebecca Tsui Tel: 2252 8812 Fax: 2635 4977 |
| 15 Sep 2004 (Wed) 7:00 – 9:30 pm | 青草地全人發展中心 精神病治療與輔導研討會 – Mental Disorders in childhood <i>九龍彌敦道574-576號和富商業大廈9樓·青草地全人發展中心</i> | 2.5 | | | | | | | | | | | | | | Registration fee is required Tel: 2771 1370 |

* 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

Your comments to the HKMA CME Bulletin are mostly welcome. Please send your opinion to **Dr. Choi Kin, CME Bulletin Co-ordinator**, at cme@hkma.org.

Pfizer (Neurontin)