THE FEDERATION OF MEDICAL SOCIETIES OF HONG KONG

香 港 醫 學 組 織 聯 會

Annual Scientific Meeting 2014

Care for Our Older Population

Date: 1 June 2014 (Sunday) **Time:** 09:30 AM - 09:30 PM

Venue: Ballroom, 3rd Floor, Sung Room I-II & Ching Room, 4th Floor, Sheraton Hotel, 20 Nathan Road, Tsim Sha Tsui

Programme

09:30-09:45	**Opening Ceremony** **Officiating Guests** Dr. Wing-man KO, BBS, JP, Secretary for Food and Health Mr. Matthew Kin-chung CHEUNG, GBS, JP, Secretary for Labour and Welfare	
09:45-10:45	**Plenary Session** Chairmen: Dr. Raymond See-kit LO, Prof. Jean WOO & Dr. Chun-kong NG	
	Mr. Richard YUEN, JP	Quality Ageing – Integrating Medical and Elderly Services
	李小鷹教授	中國國內老人醫學發展
	尹香君醫師	老年化社會對醫療制度的挑戰及機遇
10:45-11:45	**Session I: New Guidelines on Cardiovascular Diseases and Diabetes in application for Older People** Chairmen: Prof. Bernard Man-yung CHEUNG & Dr. Tak-kwan KONG	
	Prof. Chu-pak LAU	Update on Hypertension: Blood Pressure Goal and Management of Refractory Hypertension
	Prof. Juliana CHAN	Risk Stratification and Personalized Care in Diabetes
	Prof. Kathryn TAN	How to Make Sense of the New Cholesterol Guidelines
11:45-11:55	Q&A	
11:55-12:55	**Session II: Luncheon Symposium on Vaccination** Chairman: Dr. Mario CHAK	
	Dr. Thomas Man-kit SO	How can we Prevent Herpes Zoster and its Complications
12:55-13:55	**Session III: Advance in Surgical Operations in Older People** Chairmen: Dr. Chi-wai MAN & Dr. William MENG	
	鄭民華教授	微創手術於老年的應用
	Dr. Chi-wai MAN	Urological Problems in Older People
	張抒揚教授	老年患者外科手術風險綜合評估與對策研究
13:55-14:05	Q&A	

	Session IVa: Geriatric Stroke Chairmen: Dr. Wai-man HUNG & Dr. Chen-ya HUANG		**Session IVb: Geriatric Diseases** Chairmen: Dr. Sai-kwing CHAN & Dr. Ruby LEE	
14:05-15:05	Dr. Mang-ho YUEN	Hyperacute Treatment of Ischemic Stroke in Geriatric Patient	Dr. Vincent LEE	Common Retinal Diseases in the Elderly and Recent Advances in Management
	Dr. Dawson FONG	Geriatric Stroke - a Surgical Perspective	Prof. Michael TONG	Hearing Problems in the Older Population
	Dr. Pui-wai CHENG	Update on Endovascular Treatment of Stroke	Dr. Philip LEE	Functional Rehabilitation of the Edentulous Elderly with Dental Implants
15:05-15:15	Q&A		Q&A	
15:15-15:30	Break			

15:30-16:30	**Session Va: 3Ds - Dementia, Depression and Delirium** Chairmen: Dr. Yin-kwok NG & Dr. Chun-bon LAW		**Session Vb: Ageing - Related Aesthetic Medicine** Chairmen: Dr. Sau-yan WONG & Dr. James LUK	
	Prof. Linda LAM	Diagnosis and Assessment of Dementia in the Community	Dr. Kingsley CHAN	Skin Ageing and The Use of Botulinum Toxin
	Dr. Wai-chi CHAN	Recent Advances in the Management of Late Life Depression	Dr. Lai-shan CHIU	Management of Skin Pigmentation in Elderly: Diagnosis and Laser Applications
	Prof. Timothy KWOK	Detection and Management of Delirium	Dr. Daniel LEE	Tissue Filler : Which to Use
16:30-16:40	Q&A		Q&A	
16:40-17:30	Break			

17:30-18:00	**Cocktail Reception** Venue: 4/F, Sheraton Hotel
18:00-19:00	**Session VI: Round Table Discussion** **安老服務及院舍於香港的未來發展** Future Development on Elderly Services and Residential Care Homes in Hong Kong Chairmen: Dr. Raymond See-kit LO & Dr. Chun-kong NG Venue: Ching Room, 4/F, Sheraton Hotel **Panel discussants:** 國家衛生計生委家庭發展司巡視員 許梅林女士 中華人民共和國民政部社會福利和慈善事業促進司老年人福利處 孫文燦 副處長 Prof. Sophia CHAN, JP, Under Secretary for Food and Health Dr. Che-hung LEONG, GBM, GBS, OBE, JP Chairman of the Council, The University of Hong Kong Prof. Alfred CM CHAN, BBS, JP Chairman, Elderly Commission Prof. HON Joseph Kok-long LEE, SBS, JP, PhD, RN Legislative Councillor (Health Services) Miss Mee-tim CHOW, Assistant Director of Hong Kong Sheng Kung Hui Welfare Council

Session VII: Joint Dinner Symposium
Theme: Visual Impairment and Falls in Older People
Time: 19:00-21:30
Venue: Sung Room I-II, 4/F, Sheraton Hotel
Organizers: The Federation of Medical Societies of Hong Kong
The College of Ophthalmologists of Hong Kong
The Hong Kong Ophthalmological Society
Chairmen: Dr. Mario CHAK and Dr. Vincent LEE

19:00-20:00	Dr. CHOW Pak Chin, JP	Cataract Surgeries – What are the New Challenges?
	Dr. Nancy Shi-yin YUEN	Advances in Diagnosis and Management of Glaucoma
	Dr. Raymond See-kit LO	Fall Preventions in Older People
20:00-20:10	Q&A	
20:10- 21:30	Dinner	

Welcome Message from the President

It is my greatest pleasure to welcome you to our Federation's Annual Scientific Meeting 2014. This year, we are honoured to have distinguished speakers from our mainland to join us at our meeting. We are especially privileged to have the support from 中華人民共和國國家衛生和計劃生育委員會，中華人民共和國民政部，中國疾病預防控制中心慢性非傳染性疾病預防控制中心老年病室 and 中華醫學會． Our annual meeting will prove to be a valuable platform for our local and mainland experts to share expertise with our fellow colleagues, and to reinforce linkage for further collaboration.

We have chosen "Care for Our Older Population" as our scientific meeting theme for 2014. The ageing population is a pressing issue for us in China and Hong Kong, and requires our urgent attention and concern. Our generations of older citizens in the years to come will reshape not just our health and social care delivery, but also the world economy. Public misconception that our elderly are an unavoidable burden to society must be challenged. Old age dependency can be reduced in part with better prevention and management of geriatric conditions. Timely implementation of health and social policies is now much needed to facilitate ageing well and dying in place of choice for our society. All our senior citizens should have access to the best of care and comfort that they deserve. The success of our society which we enjoy today will not be possible without their lifelong contribution.

I hope you will find today's scientific programme to be educational and insightful. It is also a splendid occasion to co-organise the dinner symposium with the College of Ophthalmologists and the Ophthalmological Society, in celebration of their 20th and 60th anniversary respectively. Once again, on behalf of the Council of the Federation of Medical Societies of Hong Kong, I would like to give our heartfelt thanks again to our officiating and distinguished guests, speakers, discussants and chairmen, for their precious time and contribution. Acknowledgments are also due to our capable and dedicated Programme Committee and the Secretariat, and to our sponsors for their generosity which helped make the meeting a success.

I look forward to welcoming you and wish you a very pleasant Sunday meeting.

Dr. Raymond See-kit LO

President
The Federation of Medical Societies of Hong Kong

Welcome Message from the ASM Chairmen

As we all realised, population ageing become an inevitable problems in Hong Kong. In order to face with this challenge, the Federation of Medical Societies of Hong Kong has chosen “Care for Our Older Population” as the theme of this year Annual Scientific Meeting. Up to now, ageing is still full of myths and we are lack of full understanding. Hence, geriatric diseases are amongst the most challenging condition in medicine. The majority, if not all, of the sufferers still await effective treatment saving them from severe disabilities or eventual mortalities. With the tremendous advances in geriatric medicine and related translational research, we have a better understand not only the underlying pathophysiology of various geriatric diseases, but also how our body and organs degenerate, when we get old, how to prevent and deal with various degenerative diseases related to ageing. There is unquestionable significant breakthrough in both medical and surgical treatments in various geriatric diseases in recent decades.

We have gathered here in this meeting many of the most eminent experts from Hong Kong, and Mainland China in field of various diseases in ageing population: Cardiologists, Endocrinologists, Psychiatrists, Neurologists, Neurosurgeons, Dentists, Dermatologists, Urologists, Radiologists, Ophthalmologists, Geriatricians, Plastic and ENT Surgeons, and Clinical Experts in Infectious Diseases etc. They all have dedicated most of their time in the clinical care to elderly patients with different types of diseases. They come with expertise in their respective medical field, and are going to share with us some of the current understanding of various ageing related diseases, both medical and surgical. I have no doubt that this will be informative, exciting medical events to encourage the interflow of medical knowledge in this region. Firstly, I would like to thank China Medical Association as supporting organization to this year Annual Scientific Meeting. Secondly, I would like to thank in advance all local speakers and chairmen as well as experts from Mainland China to participate this event, and also various medical experts and health care administrators to spare their valuable time to join the round table discussion and offer their expert opinions in Future Development on Elderly services and Residential Care Homes in Hong Kong. Furthermore, we also thank The College of Ophthalmologists of Hong Kong and The Hong Kong Ophthalmological Society to co-organize the dinner symposium of “Visual Impairment and Falls in Older People”. Finally, we also thank our secretariat at the Federation, without whom this meeting would not have been possible.

Dr. Mario Wai-kwong CHAK
Co-chairman, Annual Scientific Meeting 2014

Welcome Message from the ASM Chairmen

Hong Kong has one of the highest average life expectancies in the world, which in some ways is surprising because of the strenuous pace of life and the high population density. The secret to the longevity may perhaps lie in the high standard of healthcare in Hong Kong, due to recurrent funding and infrastructure investment by the government, the dedication of health professionals and carers, and the eagerness to embrace new developments and improvements in healthcare. The Federation of Medical Societies of Hong Kong, as an umbrella organisation, has an important role to play in bringing together health professionals with diverse expertise to share with each other their knowledge and skills, with the ultimate goal of making the whole population of Hong Kong healthier. Thus, the Annual Scientific Meeting of the Federation has a theme each year that reflects health issues important to the community. This year, the theme we have chosen is the Elderly. This theme is particularly appropriate not just because of the ageing population and the ongoing lively debate in society about how to care for the growing elderly population in Hong Kong, but also because this theme calls for the involvement and contribution of the full range of members in the Federation.

This year's conference programme is exceptionally rich, covering topics from dermatology to ophthalmology. The invited speakers, all renowned experts in their fields, will give talks that should be immensely relevant to clinical practice and care of the elderly in Hong Kong. A highlight of this year's programme is the roundtable discussion in which experts and policy makers exchange their insights into the care of the elderly.

Our Annual Scientific Meeting this year is greatly enhanced by the participation of many guests and visitors from outside Hong Kong. This year, we are particularly fortunate and honoured to have the support of the Chinese Medical Association. Our distinguished guests from Mainland China will share with us the experience of medical developments and healthcare reforms in China. As many Hong Kong elderly live in Mainland China and many Mainland Chinese live or settle in Hong Kong nowadays, closer ties and continuous dialogue between the two health systems are necessary and important.

May I wish our participants a very fruitful conference; and to our guests from outside Hong Kong, may I wish you also a very enjoyable stay in Hong Kong!

Prof. Bernard MY CHEUNG
Co-chairman, Annual Scientific Meeting 2014

Congratulatory Message

Mr. CY LEUNG, GBM, GBS, JP
Chief Executive of the Hong Kong Special Administrative Region

In the space of less than 200 years, Hong Kong has evolved from a small fishing village into a major cosmopolitan city with a high international ranking in various aspects such as economic freedom, financial and economic competitiveness, quality of life and life expectancy.

Such achievements are attributable to the contributions of our diligent, creative and result-oriented citizens who strive hard to improve their livelihood and make Hong Kong a better place to live. Today, Hong Kong faces an impending challenge of an ageing population. The proportion of our population aged 65 or above will surge from 14 per cent at present to 30 per cent by 2041.

The Government together with our healthcare practitioners must work hand-in-hand to deliver more and better services to the elderly to maintain their high quality of life and ease the healthcare burden on the next generation. The Government is committed to initiatives and programmes that promote early screening, a healthy lifestyle, lifelong learning and active ageing. We also strive to provide quality and cost-effective long-term care services in line with our policy of promoting "ageing in place as the core, institutional care as back-up". We will continue to implement a host of measures to enhance elderly care on all fronts and to foster an inclusive and caring community where our seniors can age with grace and dignity.

Hong Kong is proud of its highly efficient healthcare system underpinned by dedicated healthcare professionals. The Annual Scientific Meeting 2014 of the Federation of Medical Societies of Hong Kong is a valuable opportunity for experts to exchange views and insights on elderly care so that we can fully meet the challenges of an ageing population. I wish all participants a successful and fruitful Annual Scientific Meeting 2014.

(C Y Leung)
Chief Executive
Hong Kong Special Administrative Region

Congratulatory Message

Dr. Wing-man KO, BBS, JP
Secretary for Food and Health

Hong Kong is a miracle. In a small piece of land of slightly over 1000 square kilometres lies a vibrant and cosmopolitan world-class city with more than seven million people calling it home. With minimal natural resources, the success of Hong Kong is built on its human resources – a community of hardworking, resilient and creative citizens who have created for Hong Kong one ground-breaking achievement after another, continuously raising the city up on the international stage. Our people are our treasure.

However, like many developed countries, our population is ageing rapidly. By 2041, every three in ten of our population or close to 2.6 million of our citizens will age 65 or above. In tandem with this phenomenon comes associated challenges to the society at large, and to the healthcare sector in particular. The rise in the number of patients with chronic illnesses and the increasing need for healthcare attention all push up the society's demand for healthcare services.

The Government will continue to invest in developing the needed services to improve access, affordability and quality of aged care. Besides infrastructural developments, we are growing our pool of healthcare professionals to ensure the continued delivery of appropriate and high-quality care. We also seek to provide more diversity and choices. With measures like the Elderly Health Care Voucher scheme and other public-private partnership programmes, we provide additional choices for our seniors to make use of the personalized healthcare services from the private sector.

The implementation of our many programmes and initiatives would not have been possible without the dedication of our healthcare practitioners. I am particularly pleased to see that our professionals are working hand-in-hand with us to address the upcoming challenges, and the organization of this year's Scientific Meeting with focus on care for our elderly is a vivid example. I thank all of you for your contributions to the health of the Hong Kong community and the Federation for organizing this Scientific Meeting, and wish to take this opportunity to wish you all an enriching time.

Dr KO Wing-man, BBS, JP
Secretary for Food and Health

Congratulatory Message

Mr. Matthew Kin-chung CHEUNG, GBS,JP
Secretary for Labour and Welfare

香港醫學組織聯會二零一四年度科學會議

澤老扶廉

勞工及福利局局長張建宗

Congratulatory Message

Dr. Constance Hon-yee CHAN, JP
Director of Health

I would like to congratulate the Federation of Medical Societies of Hong Kong for organising the Annual Scientific Meeting 2014 with the theme of "Care for Our Older Population".

Like many other economies, Hong Kong is facing an ageing population. In 2013, the number of elderly people aged 65 and above stood at about one million, representing 14% of our population. According to the latest projection, the number of elderly people will increase to 2.56 million by 2041, representing 30% of our population.

The government is mindful of the immense challenges posed by a rapidly ageing population. Indeed, the Chief Executive delivered his 2014 Policy Address earlier this year with "Care for the elderly" as one of his policy priorities.

On the health front, we have mapped out a long-term primary care development strategy and implemented a number of measures. These include developing reference frameworks in relation to the preventive care for older adults and specific chronic diseases, and exploring different primary care delivery models through various pilot projects. An example is the Elderly Health Care Voucher Scheme. With greater emphasis on preventive care, we aim to reduce the overall burden on society caused by chronic diseases and decrease utilisation of secondary and tertiary levels of healthcare. To facilitate early identification of risk factors and to promote healthy ageing, we launched a two-year Elderly Health Assessment Pilot Programme in 2013 in collaboration with non-governmental organisations by providing protocol-based, subsidised health assessment.

Effective promotion of the well-being of our older population builds upon strong intersectoral collaboration. I am confident that this Meeting will be an excellent opportunity to exchange views and experiences, and build networks to strengthen the care for our older population. I wish the Meeting every success and all participants a fulfilling and rewarding experience.

Dr Constance CHAN
Director of Health

Congratulatory Message

Prof. John LEONG
Chairman, Hospital Authority

It gives me great pleasure to offer my congratulations to the Federation of Medical Societies of Hong Kong on organising its Annual Scientific Meeting 2014.

Hong Kong enjoys a high average life expectancy compared to many other places in the world. However, coupled with a decline in our city's fertility rate in recent years, improved longevity has led to an ageing population. According to current projections, close to one-third of people in Hong Kong will be aged 65 or above by 2041, with the percentage of elderly people as a proportion of the total population rising to 30% from 13% today. This change in our city's demographic profile, along with the growing incidence of complex chronic diseases, will have a significant impact on the future demand for healthcare services in Hong Kong.

With its theme of 'Care for our Older Population', this year's Annual Scientific Meeting will provide attendees with valuable information and insights through active discussion and analysis of a diverse range of issues relating to the management of disease in elderly people.

I offer my heartfelt gratitude to the Federation for its continued efforts to raise the standards of geriatric medicine in Hong Kong, and extend my best wishes for even greater success in its endeavours to promote high-quality scientific research and the advancement of medical skills and knowledge in the years ahead.

John C Y Leong
Chairman
Hospital Authority

Congratulatory Message

Dr. Donald LI
President, Hong Kong Academy of Medicine

On behalf of Hong Kong Academy of Medicine, I would like to extend my heartiest congratulations to the Federation of Medical Societies for organizing the 2014 Annual Scientific Meeting. This meeting will provide an opportunity for healthcare workers and experts to gather together to deliberate critical issues in medicine as well as learn from each other.

Longer life expectancy and lower mortality rates have led to an aging population. Hong Kong people are in fact amongst the longest living people in the world. By 2041, it is expected that almost one in three Hong Kong's population will be aged 65 or above.

This year's theme, "Care for Older Population" is a most appropriate one to address the global phenomenon of aging populations. As people live longer, the likelihood of developing age-related chronic illnesses also increases. Common chronic diseases in the elderly include cardiovascular diseases, cancer, stroke, diabetes, etc. Pain and disability associated with chronic conditions can diminish the quality of life of the elderly. Multiple co-morbidities are also becoming more and more common.

Facing the challenges of an aging population, public health efforts to promote health and functional independence are critical strategies in helping the elderly stay healthy. Primary care doctors play an important role in providing care and support for the elderly.

Early adoption of a healthy lifestyle is the key to improve physical and psychosocial well being. To achieve healthy aging, we need a well-balanced diet in low cholesterol and fat, do regular exercises, take advantages of clinical preventive services, maintain social interactions, etc. A multi-disciplinary healthcare team approach is essential for holistic comprehensive care.

We are indeed grateful for the Federation to take the lead in organizing these meaningful meetings engaging different healthcare professionals. I am sure that, through the collective wisdom of all those attending the annual scientific meeting, new ideas and strategies will be generated to enhance the quality of elderly care in Hong Kong.

May I wish you a successful meeting with fruitful discussions.

Dr. Donald Li
President
Hong Kong Academy of Medicine

Congratulatory Message

Prof. Alfred Cheung-ming CHAN
Chairman, Elderly Commission

I would like to extent my congratulation to the successful organisation of Annual Scientific Meeting 2014 of The Federation of Medical Societies of Hong Kong, It is also my honour to celebrate with you the 20th anniversary of the College of Ophthalmologists of Hong Kong and 60th anniversary of Hong Kong Ophthalmological Society.

In view of the heightening challenges brought by population ageing, it is a great pleasure for me to be included in the assemble of medical professionals to address the essential care needs for our older population.

Pathogenic defectiveness in visual ability is common amongst older citizens, which has significantly hampered their independence and autonomy. For 20 and 60 years respectively, both the College of Ophthalmologists of Hong Kong and Hong Kong Ophthalmological Society have continued to dedicate efforts in the proliferation of the standard of ophthalmic practice as well as the raising public awareness and understanding on common and major eye diseases.

Hong Kong is now one of the places having the longest living population in the globe, no doubt such an achievement in 'adding years to life' is owed to our medical advances. However, a tougher challenge ahead is in 'adding life to years' which demands collaborations from all professions, all sectors and all ages. The intellectual and experimental exchanges in the Annual Scientific Meeting will undoubtedly contribute to the better wellbeing of elderly such that longevity can be celebrated.

I truly believe that The Federation of Medical Societies of Hong Kong, jointly with the College of Ophthalmologists of Hong Kong and Hong Kong Ophthalmological Society, will carry on being the guardians of health and wellbeing of our older people. Please join me in the congratulations on their anniversaries and successes.

Prof. Alfred Cheung-ming CHAN
Chairman, Elderly Commission

Acknowledgement

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Abstracts

Quality Ageing – Integrating Medical and Elderly Services

Mr. Richard Ming-fai YUEN, JP
Permanent Secretary for Health, Food and Health Bureau

Mr. Yuen graduated from the University of Hong Kong in 1980 with a Bachelor degree in social science. He joined the Hong Kong Government in the same year as an Administrative Officer. Mr. Yuen has served in many different bureaux and departments during his career.

His recent postings include the Commissioner of Insurance between 2003 and 2006 and Commissioner of Customs and Excise from 2007 to 2011. Mr. Yuen has been the Permanent Secretary for Health since September 2011.

When we look at the impact of an ageing population, the attention is inevitably on the financial sustainability of the public health system. While cost is no doubt an important element; there are other, equally important, dimensions to the challenge. Longevity, combined with advances in medical technology, has brought a fundamental challenge to the concept of providing public hospital service: public hospitals are designed and operated with a primary focus on providing and performing medical procedures; it is not adapted to the management and provision of care for chronic diseases, which has become a main challenge of an ageing population. New thinking is needed in society and in the public healthcare system to tackle the tsunami of ageing – how it should respond to the exponential growth in age-related diseases, provide better care for elderly with chronic conditions, and focus more on palliative care and end-of-life care. We need a paradigm shift - medical care should be provided not only from the operation of public hospital point of view but also from the point of view of the elderly who are receiving and are depending on the public system for the care they need. In the presentation, we will discuss and explore how care providers - Government, society, public hospitals, elderly homes and elderly service providers - could work together and promote synergy and quality care and quality ageing for the elderly.

Abstracts

Geriatrics in China — Serious Challenges and Coping Strategies

Prof. Xiao-ying LI

President, The Gerontology Society, Chinese Medical Association
Professor and Chief Physician, Department of Geriatric Cardiology, Chinese PLA General Hospital

Professor Li got a Master Degree at Shandong Medical University in 1982. She was appointed as Professor and Chief Physician for the Department of Geriatric Cardiology at Chinese PLA General Hospital since 1992 and Director of Geriatric Cardiology since 1996.Over the years, Prof. Li has engaged in clinical cardiovascular diseases in elderly, health care and research work, accumulated rich experience in elderly cardiovascular diseases. She has edited 13 books and published over 200 papers in international & local medical journals.

Currently, Prof. Li is President of Gerontology Society of Chinese Medical Association, Vice-chairman of Cardiovascular Branch of Chinese Pathophysiologic Society, Vice- chief Editor of Chinese Journal of Geriatric Heart Brain & Vessel Diseases and Vice-chief Editor of Chinese Journal of Geriatrics.

The serious challenge of geriatrics in China is ageing population. The population of the elderly (≥60yrs) was more than 200 million in 2012. In particular, the percentage of chronic geriatric diseases in elderly population was large. The prevalence of chronic diseases of them was to 43.8%: Hypertension 120 million, Dyslipidemia 120 million, Diabetes 50 million, Osteoporosis 50 million, Dementia 8 million and Stroke 7 million.

The accomplishments on current status of geriatrics in China include development of research in longevity and ageing, guidelines for preventions and treatments of geriatric diseases, founding and development of geriatric societies and associations, journals, postgraduate education in geriatrics and gerontology. However, the gaps are necessary to be bridged: special titles and certifications for geriatrics have not been established, the research direction does not well focus on geriatric syndrome, the quantity of geriatric hospital and the department of geriatrics in general hospital are not enough for the increasing elderly population in China.

Future tasks of geriatrics in China include the research direction will well focus on geriatric syndrome, management guidelines for chronic geriatric diseases and construction of national database of multiple center geriatric studies. The research areas in the future will contain completely basic and translational medical research, clinical studies in geriatrics, preventative medicine for the geriatric, education in geriatrics and geriatric institution systems.

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Pfizer Corporation Hong Kong Limited
18/F., Kerry Centre, 683 King's Road, Quarry Bay, Hong Kong
Tel: (852) 2811 9711 Fax: (852) 2579 0599
Website: www.pfizer.com.hk

References: 1. Prevenar 13® (Pneumococcal polysaccharide conjugate vaccine (13-valent, adsorbed)) Prescribing Information. Pfizer Corporation Hong Kong Limited. (HK LPD version December 2011). **2.** Pollard, A.J. et al. Maintaining protection against invasive bacteria with protein–polysaccharide conjugate vaccines. Nature Reviews. Immunology. 2009;9;213-220. **3.** Prevenar 7 (Pneumococcal polysaccharide conjugate vaccine (7-valent, adsorbed)) Prescribing Information. Pfizer Corporation Hong Kong Limited: Version (20April 2009). **4.** Synflorix detailed prescribing information. MIMS. http://www.mims.com/Hongkong/drug/info/Synflorix/Synflorix%20vaccine%20inj?type=full#PP. Accessed on Nov1, 2012. **5.** WHO position paper on 23-valent pneumococcal polysaccharide vaccine. Weekly epidemiological record. 2008;83:373-384.

PR13V12062P/OCT

Abstracts

Update on Hypertension: Blood Pressure Goal and Management of Refractory Hypertension

Prof. Chu-pak LAU

MD, MBBS, FRCP, FRACP, FHKAM (Medicine), FHKCP
Honorary Clinical Professor, Cardiology Division, Department of Medicine, The University of Hong Kong

Prof. Lau is Honorary Clinical Professor, Department of Medicine, Queen Mary Hospital, University of Hong Kong, and is Honorary Consultant of Hospital Authority and Kwong Wah Hospital. He graduated in the University of Hong Kong in 1981 and received cardiology training in St. George's Hospital Medical School, Department of Cardiological Sciences, London, U.K. His main interest is in cardiac arrhythmias and implantable device therapy. He has published over 500 international papers, 28 chapters in cardiology textbooks, a medical textbook for medical student entitled "Problem-based Medical Case Management" and edited an international textbook on cardiac arrhythmia entitled "Clinical Cardiac Pacing, Defibrillation and Resynchronization Therapy". Professor Lau is past president of Hong Kong College of Cardiology and World Society of Arrhythmia, and a council member of Asia Pacific Heart Rhythm Society. He is the chairman of APHRS & CardioRhythm 2013 Annual Scientific Symposium in 3-6th October 2013 in Hong Kong.

The age related increase in systolic blood pressure (BP) is associated with significant cardiovascular complications, particularly stroke. Meta-analyses of landmark trials involving subjects > 60 years old have confirmed the benefit of therapy of systolic hypertension in the elderly, and recent trials have also documented benefit in treating the elderly > 85 years of age.

Previous hypertension guidelines have been based significantly on expert consensus. This is especially the case in the level of BP to initiate medical therapy, the target BP to achieve, and the choice of antihypertensive medications. The recent European Society Guideline (2013) and the 2014 US Eight Joint National Committee (JNC8) Guidelines have now largely used high quality randomized control trials (RCT) as the basis of recommendations. In particular, the JCN8 recommends BP level to initiate therapy is now set at ≥ 140/90 mmHg for adults and ≥150/90 mmHg for those ≥ 60 years. The target levels of BP are respectively < 140/90 and < 150/90 mmHg. A level of < 140/90 mmHg is recommended in the presence of diabetes, chronic kidney diseases, prior myocardial infarction or stroke. A thiazide-like diuretic, calcium channel blocker, angiotensin converting enzyme inhibitor or angiotensin receptor blocker can be used as first line medication. Importantly, it is more important to initiate the therapy and achieve the therapeutic target, rather than the agent used to achieve these.

Depending on the population studied, 10-15% of hypertensive patients are treatment-resistant. Relevant evaluation includes the use of ambulatory BP to exclude white coat hypertension, careful history taking to assess compliance and alcoholism. Evaluation of secondary causes of hypertension such as renal artery stenosis, obstructive sleep apnoea and adrenal tumors using renin-aldosterone ratio and urinary catecholamines collection may elucidate a potentially remediable secondary cause of hypertension.

Abstracts

Risk Stratification and Personalized Care in Diabetes

Prof. Juliana CN CHAN

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Professor Juliana Chan is Chair Professor of Medicine and Therapeutics, Director, Hong Kong Institute of Diabetes and Obesity, Clinical Research Management Office, International Diabetes Federation Centre of Education (IDFCE) at the Chinese University of Hong Kong Prince of Wales Hospital. She is a clinician scientist graduated from UK with accreditations in endocrinology and clinical pharmacology and training in psychiatry. Since 1995, she and her team have initiated a series of interlinked projects including epidemiology, genetics, clinical trials and care models to define the causes and consequences of diabetes and translate evidence to practice. She is a member of an NIH funded Global Consortium and Asia Genetic Epidemiology Network to discover causal genes in type 2 diabetes and steering committees of multicentre clinical trials in diabetes. She is leading the Joint Asia Diabetes Evaluation (JADE) Program which advocates the use of information technology, collaborative care and protocols to stratify risk and personalize diabetes care in Asia. She has supervised 50 postgraduate students/fellows/scientists and co-authored in 500 articles with over 9000 citations and 20 book chapters. Her team has received multiple awards including the Chinese Women Physicians Association Intercontinental Innovation Award in Clinical Research and the Best Hospital Authority Team.

Diabetes is due to complex interactions amongst (epi) genetic, lifestyle, environmental and other yet to be identified factors. The onset of diabetes complications is associated with organ dysfunction which may reduce the individual's ability to counter perturbations in their metabolic, vascular and renal status. While the UKPDS has demonstrated the benefits of glycemic control on all diabetes-related clinical outcomes, albeit requiring continuing escalation of therapies due to progressive deterioration of beta cell function, the recent blood glucose lowering megatrials have demonstrated the importance of individualizing treatment goals in order to maximize benefits and minimizing harms in our use of multiple medications to achieve glycemic goal. On the other hand, the Steno study has highlighted the importance of controlling multiple risk factors to reduce cardiovascular disease while the event rates in randomized clinical trials are becoming very low due to protocols and monitoring. It is also increasingly evident that patients with diabetes often have negative emotions including depression which may affect their self care behaviors and treatment compliance. Despite the proven benefits of many drugs in clinical trial settings, there is considerable clinical inertia and treatment non-compliance with many subjects undiagnosed, untreated or suboptimally treated in real practice. In a recent metaanalysis, quality improvement initiatives targeting at patient education and system change had the greatest effect size in reducing blood glucose, blood pressure and blood cholesterol. Given the lifelong nature of chronic disease, education is the cornerstone in diabetes management. To this end, there are now studies showing that by redesigning the clinic setting and using protocols, processes and team may better engage and empower patients and care providers to make informed and shared decisions with improved clinical outcomes. The next challenge is to systematically collect the evidence to demonstrate the cost effectiveness of these models in order to inform the public, policymakers and payors to formulate a financing scheme appropriate to the setting to prevent the preventables.

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Abstracts

How to Make Sense of the New Cholesterol Guidelines

Prof. Kathryn TAN
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Sir David Todd Professor in Medicine, Department of Medicine, The University of Hong Kong

Professor Kathryn Tan is currently the Sir David Todd Professor in Medicine at the University of Hong Kong. She is also an Honorary Consultant and Deputy Chief of Service of the Department of Medicine at Queen Mary Hospital. Her main research interest relates to lipid disorders and lipoprotein metabolism, as well as the pathogenesis of atherosclerosis and diabetic vascular complications.

The recently released guidelines of the American College of Cardiology and the American Heart Association (ACC/AHA) for the management of cholesterol in 2103 differed substantially from the previous National Cholesterol Education Program Adult Treatment Panel III guidelines and the existing guidelines in Europe and Canada. The new guideline focuses on atherosclerotic cardiovascular disease (ASCVD) risk reduction, and there is a major paradigm shift in changing from the recommendation of an LDL cholesterol-target centered treatment to an approach of identifying statin benefit groups. The guideline identifies four high-risk groups with the greatest benefits from statin therapy: namely those individuals with pre-existing ASCVD, those with primarily LDL cholesterol elevations ≥ 190 mg/dL (~ 4.9 mmol/L), those age 45-75 years with diabetes and LDL cholesterol 70-189 mg/dL (~1.8-4.9 mmol/L) without clinical ASCVD, and those age 40-75 years without clinical ASCVD with an LDL cholesterol 70-189 mg/dL (~1.8-4.9 mmol/L) and a 7.5% or greater 10-year ASCVD risk. The recommendation to treat with either moderate or high intensity statin (without any LDL cholesterol targets) is based on the estimated cardiovascular risk of the individual. Global ASCVD risk in primary prevention is determined using the new Pooled Cohort Equations derived from data based on 5 National Heart, Lung, and Blood Institute-sponsored longitudinal population cohorts of African Americans and non-Hispanic white men and women. The new ACC/AHA guideline has generated much controversy and the potential implications of adopting the new ACC/AHA guideline and their limitations will be discussed.

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Abstracts

How can we Prevent Herpes Zoster and its Complications

Dr. Thomas Man-kit SO

MBBS (HK), DTM&H (LOND), FHKCP, FHKAM (MEDICINE), FRCP, MRCP (UK)
Specialist in Infectious Disease, Private practice

Dr. So is a Specialist in Infectious Disease in private practice. His clinical services include hospital and clinic management of various infections and particularly those of the travel-associated, the immunocompromised, the HIV-infected, the critically ill and for the resistant pathogens.

He is currently President of The Hong Kong Society for Infectious Diseases, Board Member and immediate-past Chairman of Specialty Board in Infectious Disease, Hong Kong College of Physicians, Honorary Clinical Assistant Professor in the Department of Medicine and Therapeutics, The Chinese University of Hong Kong, Hong Kong. He worked for The Hong Kong Medical Association as member of Advisory Committee on Communicable Diseases and Public-Private Interface Vaccination Task Force from 2010 onwards. He has been elected as the Executive Committee Member of The Federation of Medical Societies of Hong Kong since Dec 2013.

After completion of undergraduate medical education in the University of Hong Kong, he pursued postgraduate study and training in Internal Medicine, Infectious Disease and Tropical Medicine in London and Birmingham of the United Kingdom and in Harvard Medical School of the USA. He worked in the Department of Medicine & Geriatrics and Infectious Disease Centre of Princess Margaret Hospital as a general and infectious disease physician for over 20 years before private practice. He has been the Principal Investigator in Asian Network for Surveillance of Resistant Pathogens [ANSORP] in Hong Kong from 2000 to 2012 with research focus on antimicrobial resistance and therapeutics. His publications include topics of community acquired pneumonia, hospital acquired pneumonia, invasive pneumococcal infection, pneumococcal resistance, pneumococcal vaccine, Severe Acute Respiratory Syndrome (SARS) and SARS-Corona Virus, immunomodulatory therapy of chronic hepatitis B and traveller's infection.

Herpes zoster (HZ), or simply called "zoster" or shingles, results from reactivation of the varicella-zoster virus (VZV) latent in sensory ganglia since the time of primary varicella infection (chickenpox). In Hong Kong over 90% of children were infected with VZV by 8 years of age. The age-specific incidence of HZ is highly consistent between developed countries. About 20–35% of individuals living in developed countries will develop HZ at some point in their life. Most cases of herpes zoster occur after the age of 50 or in immunocompromised persons. Aging is highly related to the incidence of HZ due to the waning of cellular immunity.

HZ is characterized by a unilateral, vesicular cutaneous eruption with a dermatomal distribution. The most significant clinical manifestations are acute neuritis and, later, postherpetic neuralgia (PHN) which frequently results in disordered sleep, chronic fatigue, anxiety, and severe depression. Recent data indicated that the zoster associated pain may persist for months or even years after the rash has healed, diminishing the patient's quality of life and functional capacity to a degree comparable to that in diseases such as congestive heart failure, myocardial infarction, diabetes mellitus type 2, and major depression. Although treatment options are available for HZ and PHN, the pain associated with HZ or PHN once established is difficult to treat. Prevention and treatment for HZ and PHN present a significant unmet medical need.

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A live attenuated zoster vaccine (Zostavax) has been proven to be effective at reducing the incidence of HZ and PHN. This vaccine is indicated for prevention of HZ and PHN and for reduction of acute and chronic zoster associated pain among individuals 50 years of age or older. Current zoster vaccine can be administrated subcutaneously preferably in the deltoid region. The vaccine was generally well tolerated; the most frequent adverse events at the injection site were erythema, pain or tenderness, swelling, and pruritus. Minimum potency of each dose is at least 14-times the potency of varicella vaccine. Zoster vaccine is designed to boost up VZV cell-mediated immunity (CMI) which is a major determinant of the risk and severity of herpes zoster.

A randomized, placebo-controlled trial, conducted among 22,439 individuals aged 50–59 showed that the zoster vaccine was effective at reducing the incidence of HZ and the burden of illness by 70% and 73%, respectively among these younger subjects. Another randomized, double-blind, placebo-controlled trial, conducted among 38,546 adults aged ≥ 60, also showed that it was effective at reducing the incidence of HZ and PHN by 51% and 67%, respectively. In addition, the vaccine significantly reduced the burden of illness, a composite measure of incidence, duration and intensity of pain by 61% ($p<0.001$). These results suggested that early vaccination is recommended for younger individuals (i.e. > 50 years of age), the vaccine efficacy at preventing HZ decreased with older age at vaccination, but was similar for the burden of illness and prevention of PHN across the different age groups. Furthermore, the zoster vaccine significantly reduced the burden of HZ-related interference with activities of daily living in the overall population of vaccinees, as well as in individuals who developed HZ. A continuation of follow-up of 14,000 subjects from phase III trial, vaccine efficacy was statistically significant for the incidence of HZ and the HZ burden of illness through 5 years. However, more research is needed to estimate the duration of protection through long-term follow-up.

In US, ACIP recommends routine vaccination of all persons aged >60 years with 1 dose of zoster vaccine since year 2008. CDC suggests that persons with a reported history of zoster can be vaccinated because repeated zoster has been confirmed in immunocompetent persons soon after a previous episode. Herpes Zoster vaccine can be administered concomitantly with inactivated influenza vaccine using separate syringes. In addition, persons with chronic medical conditions (e.g. chronic renal failure, diabetes mellitus, rheumatoid arthritis, and chronic pulmonary disease) can be vaccinated unless those conditions are contraindications or precautions. This vaccine is contraindicated to persons with weakened immune system because of current AIDS or another disease that affects the immune system, treatment with drugs that affect the immune system, such as prolonged use of high-dose steroids, cancer treatment such as radiation or chemotherapy.

Abstracts

Applications of Minimally Invasive Surgery in Older People

Prof. Min-hua ZHENG

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Professor, Department of General Surgery, Ruijin Hospital Affiliated to Shanghai Jiao Tong University, School of Medicine

Professor Min-hua Zheng assumes the chief surgeon of Department of General Surgery, Ruijin Hospital, Shanghai Jiao Tong University School of Medicine. He is also the Director of Shanghai Minimally Invasive Surgery Center and President of Chinese Society of Laparo-Endoscopic Surgery (CSLES), standing Committee Member of Endoscopic and Laparoscopic Surgeon of Asia (ELSA),and Councilor of International Federation of Societies of Endoscopic Surgeons (IFSES). As one of the leading experts in minimally invasive surgery of gastrointestinal cancer, Prof. Zheng has been long engaged in clinical and research work. He serves as chief editor of Journal of Laparoscopic Surgery, deputy chief of Asian Journal of Endoscopic Surgery, Chinese Journal of Digestive Surgery, Chinese Journal of Minimally Invasive Surgery and corresponding editor of International Journal of Surgery, etc.

Older people account for a disappropriate percentage of surgical patients. Because of limited physiologic reserves and increased comorbid illness, surgery in this age group is associated with increased mortality, morbidity and prolonged hospital stay. In traditional open surgery, this situation is worsened by adverse events caused by large incisions, such as postoperative pain, longer recovery periods, potential wound infection and incisional hernias. The minimally invasive, image-guided surgeries, including laparoscopic, endoscopic, robotic and catheter-based surgeries, have enabled the introduction of surgical instruments through very small incision/punctures, or, in case of endoscopic surgery and natural orifice transluminal surgery (NOTES), an incisionless operation. Currently, “minimally invasiveness” has already become an established concept on medical practice in a wide range of specialties. For neoplastic diseases, which is a common event in older people, laparoscopic surgery triumphs over open surgery in short-term outcome (reduced pain, earlier rehabilitation and shorter hospital stay) while achieves similar long-term tumor recurrence rate with open surgery—evidence was supported by large multicenter prospective randomized clinical trials. Although initial concerns on the possible adverse hemodynamic stress on the limited cardiopulmonary reserve were raised, studies demonstrated laparoscopic surgery was a safe option for elders. To sum up, in this stimulating time in the field of surgery, the concept and the practice of minimal invasiveness will hold great promise to alleviate pain, ensure safety and optimize treatment results for our elders.

Abstracts

Urological Problems in Older People

Dr. Chi-wai MAN

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Dr. Man is Consultant Urologist and Chief of Service of Department of Surgery at Tuen Mun Hospital & Pok Oi Hospital, Chairman of the Specialty Group in Urology Services and Deputy Chairman of the Coordinating Committee of Surgery within the Hospital Authority of Hong Kong. He is a member of the Board of Examiners for the joint Urology Examination of the Royal College of Surgeons of Edinburgh, UK, and the College of Surgeons of Hong Kong. He is a Past President of the Hong Kong Urological Association and currently serves as Honorary Secretary of the College of Surgeons of Hong Kong. He is Chairman of the Urology Board and Executive Committee Member of the Federation of Medical Societies of Hong Kong and Hong Kong Society of Endourology.

Urological problems are becoming more important as people are living longer. The incidence of urological malignancies, such as prostate cancer and bladder cancer, increases with age. However, the elderly is generally less able to stand major curative operations for cancers. The advantage of treating or even diagnosing early prostate cancer in the elderly is in doubt. Even palliative treatment with hormones for prostate cancer runs higher risk in the elderly for osteoporotic fractures and cardiovascular events. Benign prostatic hyperplasia is a problem of ageing men and causes troubling urinary symptoms. However, age related detrusor change is also a main factor of bladder dysfunction that affects both sexes. Nocturia, in particular, reflects abnormal function of the bladder as well as systemic problems of cardiac failure, renal impairment and endocrine deficiency, all being common in the aged. Elderly men are susceptible to androgen deficiency, metabolic syndrome and runs higher cardiovascular risk. These translate into sexual problems including erectile dysfunction and even secondary premature ejaculation. Such sexual problems are usually good opportunities to implement a healthier lifestyle in men. In the elderly, incontinence of urine is common. The condition is stigmatizing and is disruptive to self esteem and social life. Effective treatments are available ranging from behavior adaptation to operations. Considerations in managing an elderly with a urological problem need to encompass much more factors other than the condition itself. The urologist is an important health advocate for the elderly so that they should no longer suffer urological problems in silence.

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Abstracts

Perioperative Risk Evaluation and Strategies in Geriatric Surgery

Prof. Shu-yang ZHANG

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Prof. Zhang is MD, Ph.D, FACC (Fellow of American College of Cardiology), Professor and Supervisor at the Department of Cardiology. She is also the Director of Clinical Pharmacology Research Center (CPRC) and has served as Vice-president at Peking Union Medical College Hospital (PUMCH) since 2011.She obtained her doctoral degree in clinic medicine, Peking Union Medical College (PUMC)in 1991 and continued her post-doctorate studies in interventional cardiovascular medicine at the Ochsner Health System (Ochsner Foundation Hospital) from 1995 to 1999 and promoted to chief physician and professor in 2004.She has rich experiences in diagnosis and treatment for various cardiovascular diseases, including rare and incurable diseases. She is the expert in screening, diagnosis and effective treatment of coronary heart disease, high pressure, dyslipidemia, diabetes and metabolic syndrome; great attention is attached to identification of potential multiple risks of high risk population; prevention and comprehensive metabolic factors are highlighted in Prof. Zhang's professional practice.

Currently, she is the Director of Association of Chinese female physicians, Vice-chairman of Cardiovascular Professional Committee of Association of Chinese female physicians, Member and Standing Committee of lots of Societies and Associations, as well as editors of more than ten medical Journals.

The demand for elective and emergent surgeries for the older patients is increasing. The elderly patients represent a heterogeneous branch of the population with specific physiological, psychological, functional and social issues that require individualised attention prior to surgery. Ageing processes, malnutrition, cognitive and sensorial impairment, psychological alterations and associated diseases may coexist. Changes in pharmacodynamics and pharmacokinetics due to ageing increase the incidence of unexpected reactions to medications, anesthesia and surgery. In order to ensure a safe perioperative period, we believe that a comprehensive and multidisciplinary preoperative assessment will be helpful to detect the multiple risk factors and comorbidities common in older patients, to assess functional status and simultaneously allow room for early preoperative interventions and planning of the intra- and postoperative period, to decrease the postoperative complications and improve the ability of living alone and the quality of life.

Abstracts

Hyperacute Treatment of Ischemic Stroke in Geriatric Patient

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Dr. Yuen graduated from The University of Hong Kong in 1992. He was vice-chairman of Frontline Doctor's Union and member of Allied Concern Group on the Standard of Medical Services in Hong Kong from 2011-2012. Moreover, he was member of Doctor Staff Group Consultation Committee (DSGCC) from 2010-2012. Currently, Dr. Yuen is Neurology Consultant, Union Hospital since 2013.

The hyperacute treatment of ischemic stroke has been evolved since 1996 because of Thrombolytic Therapy. Intravenous thrombolytic treatment becomes the standard treatment for acute ischemic stroke within 3 hours in international guidelines. However, the treatment strategy in Geriatric patient remains controversial because of proposed higher risk of bleeding complications. How neurologist decides treatment for geriatric stroke patient and how to select suitable thrombolytic candidate should be discussed in details.

Abstracts

Geriatric Stroke - a Surgical Perspective

Dr. Dawson To-sang FONG

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Past President, The Federation of Medical Societies of Hong Kong

Dr. Fong obtained his medical degree from the University of Hong Kong in 1979 and received further neurosurgical training in Canada and the United States in 1987-1988. He had been the Chief of Service and Consultant Neurosurgeon of the Department of Neurosurgery at Tuen Mun Hospital over 23 years and now he is a private specialist and a Clinical Associate Professor (Honorary), Department of Surgery, the Chinese University of Hong Kong.

He has been President of the Hong Kong Neurosurgery Society, the Hong Kong Stroke Society and the Federation of Medical Societies of Hong Kong. Currently, he is President of Hong Kong Stroke Fund.

Stroke is a rapid loss of cerebral or spinal function due either to occlusion of arteries supplying the central nervous system causing ischaemia or to a disruption of cerebrovascular integrity resulting in intracranial or intracerebral haemorrhage. Although in our clinical practice we know that it could affect individuals of all age groups, stroke is always perceived as a disease affecting mainly the senior population. Indeed from a surgeon's perspective, there are different considerations for strokes in the elderly.

If detected early, ischaemic stroke could be aborted and threats to the nervous system reverted. Haemorrhage in the central nervous system, if under proper care could be stabilized and secondary effect or damages limited allowing maximal rehabilitation. With the advent in medicine and intensive care, major surgery even in old age not only could save lives but also preserve quality of survival. But what is more important is not how potent we are with treating or reverting damages; it is the prevention that is worth looking at.

There are risk factors leading to strokes and may be warnings prior to the actual attack. The community should be widely educated to stay vigilant to such risks factors and effectively preventing strokes. Keeping the vascular system healthy since young is the key to effectively cutting down the prevalence of strokes in old age.

In this presentation, the author would like to introduce the spectrum of surgical strokes and the special considerations in the course of management peculiar to older individuals.

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Abstracts

Update on Endovascular Treatment of Stroke

Dr. Pui-wai CHENG

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Consultant Radiologist-in-charge, Scanning Department, St. Teresa's Hospital

Dr. Cheng is currently the radiologist-in-charge at Scanning Department in St. Teresa's Hospital. He graduated from Faculty of Medicine of University of Hong Kong in 1988. He obtained the fellowship of Hong Kong Academy of Medicine (Radiology) and Hong Kong College of Radiology since 1996.

He is a radiologist with special interest in neuroradiology. He has received overseas training in interventional neuroradiology in Oxford of UK and Stanford University of USA respectively. He actively engages in interventional neuroradiology in close collaboration with other specialists for multidisciplinary management of stroke patients.

Endovascular interventional therapies play an increasingly important role in the management of stroke patients who suffer from intracranial haemorrhage or cerebral ischaemic infarction. The first part of this talk will focus on its role in haemorrhagic stroke through embolization of cerebral aneurysm or arteriovenous malformation. Endovascular detachable coil embolization is now considered the treatment of choice for certain type of aneurysm in the setting of acute subarachnoid haemorrhage. The second part of this talk will address the evolving application of vascular stenting and angioplasty in prevention of ischaemic strokes attributing to extracranial or, in some selected cases, intracranial arterial stenosis. In recent years, the management of acute ischaemic stroke due to large artery occlusion is enhanced by advances in mechanical thrombolysis with clot retrieval devices which can vastly improve the successful rate of timely recanalization. The importance of multi-parametric stroke imaging for tailoring appropriate therapy for acute stroke patient will also be highlighted in this presentation.

Abstracts

Common Retinal Diseases in the Elderly and Recent Advances in Management

Dr. Vincent LEE

MBChB (CUHK), FHKAM (ophth),FCSHK, FCOphth (HK), FRCS (Edin), PDip Epidemiology and Biostatistics (CUHK), MSc(Epidemiology & Biostatistics)
President, The Hong Kong Ophthalmological Society

Dr. Lee is President of The Hong Kong Ophthalmological Society and the Regional Secretaries of the Asia-Pacific Academy of Ophthalmology.

He is currently a senior partner at Dennis Lam and Partners Eye Center. He was Associate Professor of the Department of Ophthalmology and Visual Sciences of CUHK, a Consultant and Head of the Vitreo-Retina Team of the Prince of Wales Hospital. Dr. Lee holds two US invention patents for ophthalmic instruments. He has published more than 60 papers in international peer-reviewed journals and one book chapter. He received the "Ten Young Outstanding Persons Award" in 2009.

The most common causes of vision loss due to vitreoretinal diseases in elderly people are age-related macular degeneration (AMD) and diabetic retinopathy. Other common visual threatening diseases in the elderly include retinal detachment and retinal vein occlusion. The field of vitreoretinal disease and surgery has tremendous growth and innovation in recent years. This presentation highlights some of the new advance and current trends in management of vitreoretinal diseases.

The most important recent advance in the treatment of neovascular AMD is the development of antivascular endothelial growth factor (anti-VEGF) therapeutic agents that preserve and improve visual acuity by arresting choroidal neovascular growth and reducing vascular permeability. Anti-VEGF can also be used to treat macular edema related to diabetics and retinal vein occlusion, or assisting vitreoretinal surgery and laser therapy. Advancement in surgical instrument such as the suturless vitrectomy system, wide field operating system and chandelier light sources can enable vitreoretinal surgery to be done in a more efficient and safe way. Promising advances in the coming decade include pharmacologic vitreolysis and new methods of drug delivery to the posterior segment are also encouraging in treating common retinal diseases.

The advancement in retinal disease treatment is tremendous in the last decade. There are significant changes in the practice patterns of retina specialists.

Abstracts

Hearing Problems in the Older Population

Prof. Michael CF TONG

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Chairman, Hear Talk Foundation

Professor Michael C.F. Tong, a clinical professor and Head of Academic Divisions of Department of Otorhinolaryngology, Head and Neck Surgery, as well as the Associate Director of the Institute of Human Communicative Research at The Chinese University of Hong Kong, is specialized in the fields of otology, neurotology and skull base surgery. Paralleled with that, his interest has extended to the broader field of medicine – epidemiology and public Health especially in elderly health. Having led the clinical research team, he has numerous successful grants and over 130 publications, which has resulted in a national and international reputation of his Department in the field of general otology, cochlear and auditory brainstem implantation and nasopharyngeal cancer research. Development of new techniques of minimally invasive surgery in Otorhinolaryngology, head and surgery has also been his recent interest. Professor Tong has also visited regional centres regularly in the past 13 years to share his clinical and surgical experience in hearing implants. He has organized a number of international conferences and co-founded the World Chinese Academy of Otorhinolaryngology-Head and Neck Surgery that runs biennial meeting in different cities in greater China. Apart from teaching, research and clinical work, Professor Tong advocates community service to educate the public on health issues related to ear, nose and throat. As Founder, Honorary Secretary and Chairman of Executive Committee of a non-profit organization, Hear Talk Foundation, he enlists voluntary service from the professionals offering service to the underprivileged. The Foundation operates regular charitable missions to mainland China to provide free medical and surgical treatment to the poor.

The hearing pathway begins with the outer ear to the middle and inner ear. Thereafter sound energy is transmitted to the brain with electrical signals. Problems of the ear could either be with outer or the middle ear where the conduction of sound is impaired, or be with the inner ear and beyond associated with the so- called sensorineural hearing loss. The former, for instance otitis media, is common in the younger population but chronic conditions including cholesteatoma and otosclerosis should not be missed in the older population.

Among all causes of sensorineural deafness, presbycusis or age-related hearing loss is highly prevalent in the older population. In a screening study conducted in Hong Kong, 40% of elderly over the age of 60 had moderate or more severe hearing loss. The prevalence showed an increasing trend from around 15% in the 60 year-old to over 80% in the 80-year-old group. In the same study, hearing loss was also associated with depressive symptoms. Hearing loss causes physical handicap but the secondary effects of loss of communication might affect mental health.

Management of hearing loss is therefore important in maintaining a good-quality independent living in the older population. Medical advances in the past 50 years have achieved in a way that deafness can either be treated or rehabilitated through medical therapy, surgery, hearing aids and hearing implants. Treatment could be costly; it implies that the healthcare sector has to make all these treatment not only available but also affordable.

Abstracts

Functional Rehabilitation of the Edentulous Elderly with Dental Implants

Dr. Philip KM LEE

BDS,MDS (OMS), FFDRCSI, FRACDS, FCDSHK (OMS), FHKAM (DS)
Specialist in Oral and Maxillofacial Surgery
Immediate Past President, Hong Kong Association of Oral and Maxillofacial Surgeons

Dr. Lee is Immediate Past President of Hong Kong Association of Oral and Maxillofacial Surgeons. He is a fellow of the Royal Australasian College of Dental Surgeon, Royal College of Surgeon in Ireland, Fellow of the College of Dental Surgeons of Hong Kong and Hong Kong Academy of Medicine. He is a Specialist in Oral and Maxillofacial Surgery since 1995. Dr. Lee is now in private practice, he also actively involved in postgraduate teaching and is currently Honorary Associate Professor in oral and maxillofacial surgery both at the University of Hong Kong and School of Stomatology of the Shanghai Jiao Tong University; He is one of the Founder and Director of the Hong Kong Brånemark Osseointegration Centre and Dental Implant & Maxillofacial Centre of Hong Kong;. Dr. Lee also published widely in various topic in oral and maxillofacial surgery which included dental implant surgery, orthognathic surgery, oral and maxillofacial trauma and maxillofacial pathology.

Edentulism is a condition of being toothless at least in some degree, and is classified as partial or complete edentulism. Complete edentulism in the elderly is not uncommon and the most common reason of tooth loss in Hong Kong is chronic inflammatory periodontal disease.

Edentulism can have great impact in the patient self-esteem and general health status due to poor nutrition intake. In the past, various non-surgical conventional prosthetic treatments are used to restore masticatory function. Conventional prosthesis often can only provided limited function in complete edentulism due to physiological resorption of the alveolar ridges, which provide support and retention of the prosthesis. The function of these prostheses often deteriorates after a period of time. With the popularization of dental implant retained prosthesis, much better function could be provided to the edentulous patient and is becoming the standard of care to patient without teeth. However, when considering the surgical planning of elderly patient; consideration must be taken into account of the general health status, the bone volume and the design of the final prostheses. Both implant retained removable or fixed prostheses can provide adequate function in selected patient. Cone Beam CT and guided surgery can reduce the surgical trauma and improve the accuracy of implant placement. The treatment is not finished after fitting of the prostheses. Success of the treatment also depends on maintenance. Due to decrease dexterity of the elderly patient, oral hygiene measure might be difficult. A customized maintenance program will offer better monitoring of the patient's progress.

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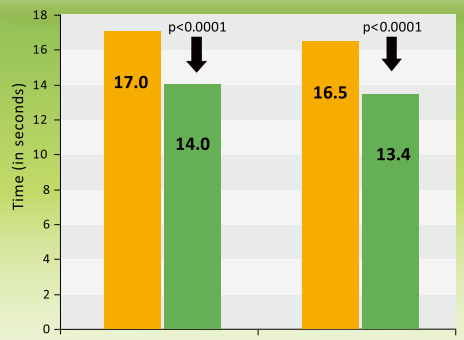
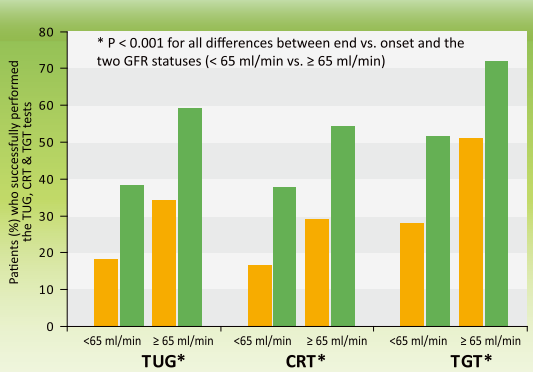


The average time (in seconds) used for the performance of the Timed Up and Go Test (TUG) and Chair Rising Test (CRT) at onset and end of the observation

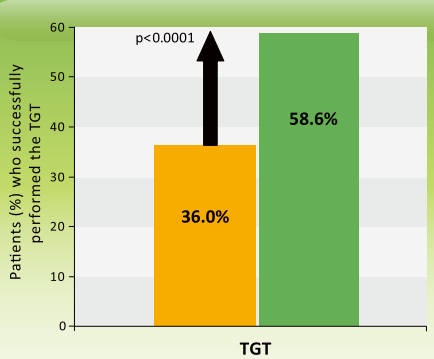
Remark: A mean increase of 2.6 sec. in the performance of the TUG results in a 24% increased risk for non-vertebral fractures. (Zhu et al J Bone Miner Res 2008; 23: S119)

Fig. 1



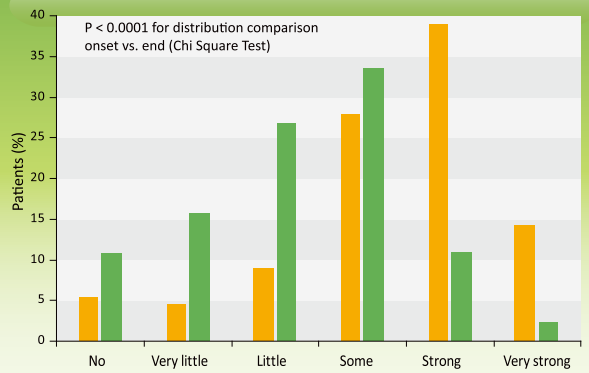
The percentage of patients (%) who successfully performed the Timed Up and Go Test (TUG), Chair Rising Test (CRT) and Tandem Gait Test (TGT) according to their GFR status (< 65ml/min; ≥ 65 ml/min) at onset and end of the observation.

Fig. 3



The percentage of patients (%) who successfully performed the Tandem Gait Test (TGT) with ≥ 8 steps at onset and end of the observation

Fig. 2



Patients grading their level of Fear of Falls at onset and end of the observation.

Fig. 4

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Reference: Schacht E, Ringe JD. Rheumatol Int (Sep 2010)
DOI 10.1007/s00296-010-1607-y

Abstracts

Diagnosis and Assessment of Dementia in the Community

Prof. Linda LAM

MB ChB, MRCPsych(UK),FHKAM(Psychiatry),MD, FRCPsych(UK)
Professor and Chairman, Department of Psychiatry, The Chinese University of Hong Kong

Professor Linda Lam is Professor and Chairman at the Department of Psychiatry of the Chinese University of Hong Kong. She graduated from the CUHK. Her main research interests have been psychiatric epidemiology and the assessment of cognitive disorders, identification of risk factors and early intervention for cognitive decline in late life. She has conducted large scale clinical trials on non-pharmacological interventions in Chinese older adults with mild cognitive impairments, including mind body exercise and structured lifestyle activity interventions.

Prof. Lam was the founding President of the Chinese Dementia Research Association and is now the President of the Hong Kong College of Psychiatrists. She serves on the Editorial Boards of many journals in Old Age Psychiatry and dementia. She is also grant reviewer for the local grant review boards, the Alzheimer's Association in the US and Alzheimer's society in UK.

Population Ageing is associated with high prevalence of neurodegeneration and cognitive decline in every community. Neurocognitive disorders (dementia) is not only associated with significant disability and functional impairments, but also shortened survival. There is also a high burden of care. Early intervention with a multi-dimensional model should be carefully planned to optimize the functional and cognitive status.

At the early symptomatic (mild cognitive impairment or minor neurocognitive disorder) phase, a range of sensitive and specific assessment tools should be available for early disease identification at different service settings. Aggressive management of cerebrovascular conditions should also be emphasized. While approved drug for prevention of clinical disease has not been available, structured intellectual activities and physical exercise may help to maintain cognitive function and possibly attenuate the slope of cognitive decline.

For people suffering from major neurocognitive disorder, pharmacological treatments should be optimized for symptom control. Non-drug management would include functional training, behavioral management, respite and long-term care. As disease progresses into advanced phase, special attention should be paid to management of physical frailty and end-of-life care.

From personalized approach, it is important to follow the clinical course of illness with tailored made multi-modality intervention to fit individual needs at different phase of disease.

Abstracts

Recent Advances in the Management of Late Life Depression

Dr. Wai-chi CHAN

MBChB (CUHK), MRCPsych (UK), FHKCPsych, FHKAM (Psychiatry)
Clinical Associate Professor, Department of Psychiatry, The University of Hong Kong

Dr. Chan is a Clinical Associate Professor of Department of Psychiatry, The University of Hong Kong. He is also the Honorary Consultant & Team Head of Psychogeriatric Services at Queen Mary Hospital. After obtaining the fellowship of the Hong Kong College of Psychiatrists and the Hong Kong Academy of Medicine in 2000, Dr. Chan received training in international mental health at the University of Melbourne and Harvard Medical School respectively. His research interests include late-life depression, dementia, and psychiatric epidemiology.

He is currently the Chairman of Scientific Committee, The Hong Kong College of Psychiatrists. He also chairs the Scientific Committee of Chinese Dementia Research Association. Besides, Dr. Chan is the convenor of the working group of dementia of the Hong Kong Association of Gerontology, and a Member of the Task Force on Behavioural and Psychological Symptoms of Dementia, International Psychogeriatric Association.

Depression in older adults is highly prevalent. It is estimated that 11% of local older men and 14.5% of older women are having clinically significant depression. Late-life depression is associated with significant morbidity and an increased risk of both suicidal and non-suicidal death. However, it is often under-recognised and under-treated. Evidence shows that strategies such as collaborative care can facilitate timely identification of depressed older adults. The past decade has also seen emerging data supporting psychological, physical and drug strategies as effective treatment for late-life depression. During this talk, we will discuss the magnitude of the problem as well as recent advances in its treatment and prevention.

Abstracts

Detection and Management of Delirium

Prof. Timothy KWOK

MD, FRCP, MB.ChB.
Professor, Department of Medicine & Therapeutics, Prince of Wales Hospital, The Chinese University of Hong Kong

Professor Timothy Kwok had undergraduate medical education and postgraduate training in Geriatric Medicine in the United Kingdom. He joined the Department of Medicine & Therapeutics in the Chinese University of Hong Kong in 1994, and became professor in 2006. His main research interest has been on the prevention and care of dementia. Since 2004, he has been Director of the Jockey Club Centre for Positive, a day and respite centre for people with dementia. He has conducted clinical trials of vitamin supplements and cognitive training in the prevention of cognitive decline. He has also developed and evaluated different models of counseling for family caregivers of dementia.

His other research interests include osteoporosis, nutrition in old age, and health care services. He is the director of Jockey Club Centre for osteoporosis care and control.

Delirium is common in hospitalized older patients and is associated with adverse clinical outcomes. Its cause is typically multifactorial and could be relatively minor in those with chronic neurodegenerative conditions. The hallmark of delirium is an acute deterioration in cognitive function. Information on pre morbid cognitive functioning is therefore essential to diagnosis. The key clinical features are attention deficit, disorientation and disruption of arousal. A fluctuating pattern of symptoms and alertness is typical of delirium.

Delirium often leads to hyperactivity, but the hypoactive subtype is not uncommon and is commonly missed. The detection of delirium requires high level of suspicion from the attending doctors and nurses. Clear documentation of abnormal behavior or symptoms is important. Simple cognitive tests include questions on orientation to time, place, person, counting backwards and short term recall. Diagnostic algorithm like confusion assessment method (CAM) is useful for trained staff to detect delirium, especially the hypoactive type. But it is typically administered during working hours and may miss delirium which occurs at night only. A therapeutic ward environment prevents delirium, though its effect on the duration of delirium is not consistent. Treatment should be focused on the contributory causes e.g. infection, constipation, urinary retention. Neuroleptic drugs are effective in reducing delirium in the short term. Over sedation should be avoided. Physical restraints which are commonly used in Hong Kong should be avoided as they contribute to delirium and leads to deconditioning. Hypoactive delirium is difficult to treat and is associated with worse prognosis. Positive results from cholinesterase inhibitor, L dopa and methyphenidate have been reported in pilot trials. Residual cognitive impairment is common sequelae of delirium. Early detection and management of delirium may prevent or lessen residual cognitive impairment.

Abstracts

Skin Ageing and The Use of Botulinum Toxin

Dr. Kingsley CHAN

MBBS (HK), MRCP (UK), Dip Derm (Glasg), FHKCP, FHKAM (Medicine), FRCP (Glasg), FRCP (Edin)
Specialist in Dermatology

Dr. Kingsley Chan went on to study medicine at the University of Hong Kong. He received his basic physician training at the Queen Mary Hospital and his specialist training at the Social Hygiene Service, Department of Health.

He is currently a specialist in dermatology in private practice and a honorary consultant dermatologist of the Hospital Authority. In addition to seeing patients, Dr. Chan also plays an active role in research. He is the editor of two medical publications, the Hong Kong Medical Diary and the HKMA CME (Continuous Medical Education) Bulletin. Dr. Chan is also passionate about raising the awareness of dermatological diseases amongst the general public, through contributor to local television, radio and newspapers.

He also plays an active role in the public services. He is a council member of the Hong Kong Medical Association and the Federation of Medical Societies of Hong Kong.

Everyone gets old. Although skin ageing doesn't directly affect one's medical health, physical changes brought about by ageing can have a profound effect on one's mental health, self esteem and confidence. Two of the most common signs of aging are wrinkles and sagging. Botulinum Toxin is a neurotoxin that is medically used to relax the muscle and it now has extended application in aesthetic treatment of dynamic wrinkle by relaxing particular facial muscle to treat what is commonly known as "crow's feet".

Sagging is another common skin ageing problem for the elderly. Previously, sagging can only be improved by invasive operation. Nowadays, with the advancement of technology, a number of non-invasive options are now available to achieve skin-tightening and alleviate sagging.

Good understanding of mechanisms, indications, risks and complications for all these treatments are critical for good anti-ageing outcome.

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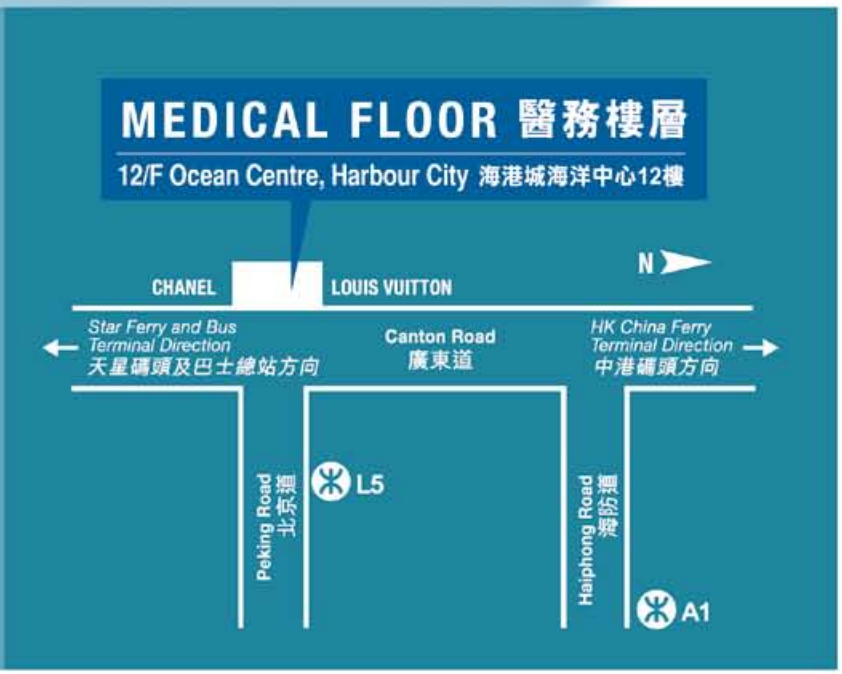

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Abstracts

Management of Skin Pigmentation in Elderly: Diagnosis and Laser Applications

Dr. Lai-shan CHIU

MBChB (HK), MRCP (UK), FHKCP, FHKAM
Specialist in Dermatology and Venereology

Dr. Chiu graduated from the Chinese University of Hong Kong. She is a fellow of the Hong Kong Academy of Medicine and the Hong Kong College of Physicians also. She was an Executive member of Dermatology Research Center, the Chinese University of Hong Kong from 2007-2011. Currently, she is Honorary Clinical Assistant Professor of the faculty of Medicine and Therapeutics, the Chinese University of Hong Kong.

The life expectancy has been increasing in recent decades. People are now looking for “healthy" ageing with increasing awareness in both physical fitness and a youthful appearance. Pigmentation is one of the hallmarks of ageing skin. Laser therapy or light base therapy is very useful in treatment of benign pigmented lesions in elderly. It is safe and effective if use appropriately. Ablative laser is an effective treatment for conditions like seborrhoeic keratosis and benign nevus. Pigment laser can selectively destroy pigment lesions while causing minimal damage to surrounding normal skin. It is the treatment of choice for solar lentigines. Intense pulse light is an alternative which is safer than laser treatment with less downtime and lower risks of post-inflammatory hyperpigmentation. Reduction of wrinkles and pores size, a more even skin tone are other expected treatment effects. Topical cream is the first line treatment for melasma. Instruction to use and expected side effects should be clearly explained to patient. Post treatment skin care such as sun protection and skin hydration should be emphasised throughout the consultation.

Treatment options should be tailored made to meet individual need and expectation. Careful history taking before treatment is particularly important for the elderly group as many of them may suffer from chronic medical illnesses and are taking multiple medications which may interfere with the treatment. Physiological factors such as longer healing time, declining immunity, susceptibility to infection and post-inflammatory hyperpigmentation in elderly should be taken into consideration. Sinister conditions such as lentigo maligna and melanoma should be considered in any irregular, variegated color or ulcerated pigment lesions. Detailed examination with appropriate investigative tools like dermoscopy, wood’s light or skin biopsy is important to establish the correct diagnosis.

Abstracts

Tissue Filler: Which to use

Dr. Daniel Tin-chak LEE

MBBS(HKU), FRCS(Edin), FCSHK, FHKAM(Surgery)
Private Practice
President, The Hong Kong Society of Plastic, Reconstructive and Aesthetic Surgeons
President, The Association for Integrative Aesthetic Medicine Hong Kong

Dr. Daniel Lee graduated from the Medical School of University in Hong Kong. He obtained his plastic surgery training in Hong Kong, United Kingdom and USA. He is a Fellow of the Specialty Board in Plastic Surgery of the College of Surgeons of HK. He is currently President of the Hong Kong Society of Plastic, Reconstructive and Aesthetic Surgeons and also President of the Association for Integrative Aesthetic Medicine Hong Kong. He is also a regular examiner for the exit examination in Plastic Surgery of the Plastic Surgery Board in Hong Kong. He is member of multiple international societies in Plastic Surgery.

He has given lectures and clinical teaching sessions in multiple local and international conferences in Plastic / Cosmetic Surgeries. Dr. Lee has been in private practice for over ten years and is currently Consultant Plastic Surgeon at the HK Adventist Hospital and Macau University of Science and Technology Hospital.

Tissue fillers have become the first line treatment to restore facial volume and contour. Ideal fillers should be Safe, Practical and with High Efficacy. Main emphasises will be focused on the above philosophy on the popular Biodegradable fillers: Hyaluronic acid, Poly-L-Lactic acid and Ca Hydroxylapatite. Insights on some of the permanent fillers and newer fillers will also be discussed. We have to understand the materials and their limitations, and choose appropriate fillers for a given anatomical region.

Abstracts

Cataract Surgeries - What are the New Challenges?

Dr. CHOW Pak Chin, JP

MBBS (HK), D.O (Ire), FRCS (Edin), FRCO (UK), FHKAM (Ophthalmology), FCOphth (HK)
Clinical Associate Professor (Honorary), Department of Ophthalmology and Visual Sciences, Faculty of Medicine, The Chinese University of Hong Kong
Honorary Associate Professor, Faculty of Medicine, The University of Hong Kong
President, The College of Ophthalmologists of Hong Kong

Dr. Chow Pak Chin was appointed as Justices of the Peace in 2013. Currently, Dr. Chow is President of The College of Ophthalmologists of Hong Kong and The Hong Kong Association of Private Eye Surgeons. In addition, he is Chairman of The Hong Kong Federation of Societies for the Prevention of Blindness since 2009 and Vice-president of The Hong Kong Medical Association.

Dr. Chow is Clinical Associate Professor (Honorary) at the Chinese University of Hong Kong and Honorary Associate Professor at the University of Hong Kong. His publications and professional papers were published in international congresses and journals.

Medical Science and technologies are ever progressing. This is especially so in ophthalmology. Cataract surgeries have evolved from Couching, Intracapsular Cataract Extraction (ICCE), Extra Capsular Cataract Extraction (ECCE), Intraocular Lens Implantation, Phacoemulsification to now the Femtosecond Laser assisted Phacoemulsification. The techniques, benefits and draw backs are presented. But the actual challenges are more than the techniques and technologies. They are about the justifications, financing, roles of drug and instrument companies in influencing our management of patients.

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1. Zinforo Prescribing Information Version: January 2013. 2. Frampton JE. Drugs 2013; 73: 1067-1094.

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Abstracts

Advances in Diagnosis and Management of Glaucoma

Dr. Nancy SY YUEN

MBBS(HK), MPH(HK), FRCS(Edin), FCOphthHK, FCSHK, DipMED(CUHK), FHKAM (Ophthalmology)
Specialist in Ophthalmology, The Hong Kong Ophthalmic Associates
Honorary Clinical Associate Professor, Department of Ophthalmology and Visual Sciences, Chinese University of Hong Kong
Vice-president, The College of Ophthalmologists of Hong Kong

Dr. Nancy Yuen is currently practising as Private Ophthalmologist in The Hong Kong Ophthalmic Associates.

She was the Consultant Ophthalmologist and Glaucoma sub-specialty head in Hospital Authority New Territories East Cluster and the Head of Department of Ophthalmology of Alice Ho Miu Ling Nethersole Hospital before she joined the private sector. She has sub-specialty interest in Glaucoma and has contributed to many developments within the field. These included surgical innovation in management of cyclodialysis and surgery for glaucoma in Hong Kong.

She is also very dedicated to training and professional development of ophthalmology both locally and overseas. She is Honorary Clinical Associate Professor of the Chinese University of Hong Kong and Part time Consultant in Hong Kong Eye Hospital. Dr. Yuen is fully committed to the development of ophthalmology in Hong Kong. She is currently the Vice President of The College of Ophthalmologists of Hong Kong and the Immediate Past President of The Hong Kong Ophthalmological Society.

In view of her contribution to the Ophthalmology field in Hong Kong, she is awarded the Distinguished Service Award of The Asia Pacific Academy of Ophthalmology in year 2011.

Glaucoma is a highly prevalent disease; it is the top blinding eye disease in Hong Kong. There was increased incidence and prevalence with age affecting up to 2 to 3% of adults aged over 40 and 10% in population aged 80 and over. Vision loss caused by glaucoma before diagnosis and treatment is irreversible, hence early and timely detection and treatment is very important. Glaucoma is an optic neuropathy with characteristic appearances of the optic disc and specific pattern of visual field defects that is associated frequently but not invariably with raised intra-ocular pressure (IOP), besides there are theory on impairment of vascular supply to the optic nerve that contribute to the progression of the disease.

It had been a common concept for years to quote IOP above 21 mmHg as abnormal. However, it was known that IOP fluctuate physiologically and will increase with age. Besides, there are increasing reports of glaucoma patients without raised IOP, hence there is no definite cut-off value for IOP to define a glaucoma patient nowadays. There are reports of high proportion of patients of up to one-third of all glaucoma patients in series having normal eye pressure.

The term Glaucoma does not encompass a single disease but include a spectrum of diseases which can be further classified according to presentation, specific eyeball structure and underlying causes of the glaucoma.

There are advances in Diagnosis including various vision test and structural test. Early diagnosis and treatment is very important to prevent blindness. Alertness to the category of normal tension glaucoma

can also help to pick up this growing group of patients. Complete evaluation is very important. The main assessment now included:

1. Risk factors assessment
    - Age
    - Ethnicity
    - IOP
    - Family history
    - High myopia
    - High hyperopia
    - Systemic vascular diseases e.g. hypertension and diabetes
    - Use of long term steroids
    - Sleep apnea, Raynaud's disease
    - Previous eye trauma
2. IOP – can be high or normal
3. Optic disc examination
4. Visual field examination with computerized automated visual field machine
5. Corneal thickness measurement in some cases
6. Other ocular imaging e.g. optical coherence tomography
7. Other systemic investigations e.g. neural imaging or cardiovascular assessment in selected cases of normal tension glaucoma

Urgent treatment is required in acute glaucoma. Long term eye pressure control will be required for chronic glaucoma. Treatment must be individualized. The success of treatment of glaucoma depends on the compliance and understanding and rapport with patients.

Various advances in medical, laser and surgical treatment for glaucoma including new eye drops, various laser options e.g. laser iridotomies, iridoplasty, selective laser trabeculplasty etc, surgical advances that improve safety and long term control of eye pressure e.g. various safe surgical system for trabeculectomy and Non Penetrating surgeries can be offered to patients.

For patients who failed conventional surgeries or for cases of recalcitrant glaucoma, other surgical option e.g. implantation of a glaucoma drainage device or destruction of ciliary body by means of laser may be employed.

Abstracts

Fall Preventions in Older People

Dr. Raymond See-kit LO

MBBS (Lond), MD (CUHK), MHA (UNSW), Dip Geri Med (RCPS), Dip Palliative Med (U Wales), MRCP (UK), FHKAM (Medicine), FRCP (Lond, Edin, Glas)
President, The Federation of Medical Societies of Hong Kong

Dr. Raymond Lo graduated from United Medical and Dental Schools of Guy's and St Thomas' Hospital in London, and received fellowship from Royal College of Physicians and Hong Kong Academy of Medicine. He is Honorary Clinical Professor of Dept of Medicine and Therapeutics, Chinese University of Hong Kong, and also holds visiting professorship overseas. Dr. Lo is currently serving as Consultant (Geriatrics and Palliative Medicine) and Chief of Service (Hospice) in New Territories East Cluster, Hospital Authority. Dr. Lo is the President of British Medical Association (HK), and President of the Federation of Medical Societies of Hong Kong.

For our older citizens, falls are not trivial and often lead to serious and devastating consequences to health and well-being. Falls and fragility fractures amount to much health care and socioeconomic burden and costs. Yet like with many conditions and diseases in geriatrics, falls can be preventable with the underlying causes remediable. While simple algorithms of fall risk assessment are easy to follow and can be practiced at hospital and clinic settings, a multidisciplinary approach is best for fall prevention and intervention. Advances in knowledge and practice have been made in the field of elderly fall prevention, and key messages will be summarised in this session.

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- ✔ Sustained vasodilation[1]
- ✔ Reduced peripheral vascular resistance[1]

References: 1. Ignarro LJ. Different Pharmacological Properties of Two Enantiomers in a Unique ß-Blocker, Nebivolol. Cardiovascular Pharmacology 2006;20:1S–13S. 2. Kamp O, Siebelink EC, Visser CA. Comparison of Effects on Systolic and Diastolic Left Ventricular Function of Nebivolol versus Atenolol in Patients with Uncomplicated Essential Hypertension. Am J Cardiol 2003;92:344–348. 3. Tzemos N, Lim PO & MacDonald TM. Nebivolol Reverses Endothelial Dysfunction in Essential Hypertension: A Randomized, Double-Blind, Crossover Study. Circulation 2001;104:511–514.

Abbreviated Prescribing Information

Nebilet® 5mg Tablets

Indications/ Hypertension: Treatment of essential hypertension. **Chronic heart failure (CHF)**: Treatment of stable mild and moderate chronic heart failure in patients aged 70 or over, in addition to other therapies.

Dosage and Administration: Hypertension: The usual dose is 1 tablet per day. The dose should be taken preferably at the same time of the day. Elderly patients and patients with a kidney disorder will usually start with ½ (half) tablet daily. **Chronic heart failure (CHF)**: The initial treatment starts with ¼ (quarter) tablet per day. This may be increased after 1–2 weeks to ½ (half) tablet per day, then to 1 tablet per day and then to 2 tablets per day until the correct dose is received. The maximum recommended dose is 2 tablets (10mg) a day.

Side effects: Most common side effects (1-10%): headache, dizziness, tiredness, an unusual, racing or tingling feeling, diarrhoea, constipation, nausea, shortness of breath, swollen hands or feet.

Precautions: In combination with other beta-blockers, antiarrhythmics, ischaemic heart disease, circulatory disorders, first degree heart block, diabetes, hyperthyroidism, chronic obstructive pulmonary disorders, psoriasis, allergen sensitivity.

Contraindications: Hypersensitivity, liver impairment, pregnancy and lactation, to coexist with other beta-blockers, cardiogenic shock, uncontrolled heart failure, sick sinus syndrome, second and third degree heart block, history of bronchospasm, untreated phaeochromocytoma, metabolic acidosis, bradycardia, hypotension, severe peripheral circulatory disturbances.

Please refer to full prescribing information for further information.

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Chairpersons

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Sun Chieh Yeh Heart Foundation Professor in Cardiovascular Therapeutics, Department of Medicine, The University of Hong Kong
Executive Committee Member, The Federation of Medical Societies of Hong Kong

Prof. Cheung read Medicine at Cambridge. He was a British Heart Foundation Junior Research Fellow at Cambridge before taking up lectureships in Sheffield and Hong Kong. In 2007-2009, he held the chair in Clinical Pharmacology and Therapeutics in Birmingham. Currently, he is the Sun Chieh Yeh Heart Foundation Professor in Cardiovascular Therapeutics, University of Hong Kong. He is also an Honorary Consultant Physician of Queen Mary Hospital, Medical Director of the Phase 1 Clinical Trials Centre, Director of the Institute of Cardiovascular Science and Medicine, and President of the Hong Kong Pharmacology Society. He is an Executive Committee Member of the Federation of Medical Societies of Hong Kong.

Dr. Mario Wai-kwong CHAK

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Honorary Clinical Associate Professor, The Chinese University of Hong Kong
Hon. Secretary, The Federation of Medical Societies of Hong Kong

Dr. Chak is the Associate Consultant at Department of Paediatrics and Adolescent Medicine in Tuen Mun Hospital. He is also the Honorary Clinical Associate Professor of The University of Hong Kong and The Chinese University of Hong Kong. Dr. Chak is the fellowship of Hong Kong Academy of Medicine (Paediatrics) and Hong Kong College of Paediatricians since 2002. Dr. Chak has been accredited to be the first fellow of Subspecialty of Paediatric Neurology and Developmental behavioural Paediatrician in 2013. Dr. Chak has special interest in Paediatric Epilepsy. He has received overseas training in EEG, Epilepsy and Epilepsy Pre-surgical Evaluation in British Columbia Children's Hospital in Vancouver, Royal Children's Hospital in Melbourne and Department of Epileptology, The University of Bonne in German respectively.

Dr. Raymond See-kit LO

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President, The Federation of Medical Societies of Hong Kong

Dr. Raymond Lo graduated from United Medical and Dental Schools of Guy's and St Thomas' Hospital in London, and received fellowship from Royal College of Physicians and Hong Kong Academy of Medicine. He is Honorary Clinical Professor of Dept of Medicine and Therapeutics, Chinese University of Hong Kong, and also holds visiting professorship overseas. Dr. Lo is currently serving as Consultant (Geriatrics and Palliative Medicine) and Chief of Service (Hospice) in New Territories East Cluster, Hospital Authority. Dr. Lo is the President of British Medical Association (HK), and President of the Federation of Medical Societies of Hong Kong.

Prof. Jean WOO

BA, MB BChir, MD, FRCP, FRACP
Professor of Medicine, Chairman, Department of Medicine & Therapeutics, The Chinese University of Hong Kong

Prof. Woo graduated from Cambridge University in 1974 and joined the Department of Medicine at the Chinese University of Hong Kong in 1985 as Lecturer, becoming Head of the Department in 1993 until 1999, Chief of Service of the Medicine and Geriatric Unit at Shatin Hospital from 1993 to 2012, and Chair Professor of Medicine in 1994. From 2000-06 she was Head of the Department of Community and Family Medicine, and from 2001-05 Director of the newly established School of Public Health. Currently she heads the Department of Medicine and Therapeutics, The Chinese University of Hong Kong, is Honorary Consultant of the Prince of Wales and Shatin Hospitals, Hospital Authority, and Honorary Professor, Faculty of Social Science, Hong Kong University. Her research interests include chronic diseases affecting elderly people, health services research, nutrition epidemiology, quality of life issues at the end of life, with over 650 articles in peer-reviewed indexed journals.

Dr. Tak-kwan KONG

MBBS(HK), MRCP(UK), FRCP(Lond, Edin, Glasg), FHKCP,FHKAM(Medicine)
Specialist in Geriatric Medicine and Internal Medicine

Dr. Kong is Consultant Geriatrician in the Department of Medicine & Geriatrics, Princess Margaret Hospital, since 1992, Consultant in-charge & Unit Head, Medicine & Geriatrics, Lai King Building, Department of Medicine & Geriatrics, Princess Margaret Hospital since 2001. He is the Cluster Clinical Coordinator in Community Geriatrics, Kowloon West Cluster, Hospital Authority since 2007 and Program Director, Integrated Discharge Support Program, Princess Margaret Hospital since2008. Dr. Kong graduated with his MBBS from The University of Hong Kong in 1980. He was a Commonwealth Medical Fellow in the Department of Geriatric Medicine of the University of Manchester, UK, from 1988–1989 under Professor John Brocklehurst.

Dr. Chi-wai MAN

MBBS (HK), FRCS (Glas), FRCS (Edin), Dip in Urology (London), FCSHK, FHKAM (Surg), Dip in Child Health (London), LL.B. (Beijing), Specialist in Urology, HK Medical Council
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Dr. Man is Consultant Urologist and Chief of Service of Department of Surgery at Tuen Mun Hospital & Pok Oi Hospital, Chairman of the Specialty Group in Urology Services and Deputy Chairman of the Coordinating Committee of Surgery within the Hospital Authority of Hong Kong. He is a member of the Board of Examiners for the joint Urology Examination of the Royal College of Surgeons of Edinburgh, UK, and the College of Surgeons of Hong Kong. He is a Past President of the Hong Kong Urological Association and currently serves as Honorary Secretary of the College of Surgeons of Hong Kong. He is Chairman of the Urology Board and Executive Committee Member of the Federation of Medical Societies of Hong Kong and Hong Kong Society of Endourology.

Chairpersons

Dr. William Chia-shing MENG

MBChB (CUHK), FRCS(Edin), FCSHK, FCSHK(General), FRCS(Surgery) (Edin), FHKAM (Surgery)
President, The Hong Kong Society for Coloproctology

Dr. Meng is the President of the Hong Kong Society for Coloproctology and Consultant Surgeon, Our Lady of Maryknoll Hospital. He completed his training in the Prince of Wales Hospital, Hong Kong and is one of the first of surgeons to pass the Exit Fellowship Exam of the Hong Kong Academy of Medicine and Royal College of Surgeons of Edinburgh. He went abroad for further training in London and Tokyo. In 2006, he was awarded the prestigious G. B. Ong Travelling Scholarship and spent his time in Japan and Germany. His main interest is in Minimal Access Surgery, Colorectal Surgery and Endoscopy.Dr. Meng is one of the first surgeons to perform Laparoscopic Colorectal Surgery in Hong Kong. He is also the leading figure in Transanal Endoscopic Microsurgery (TEM) in China. Dr. Meng is Honorary Clinical Associate Professor of The Chinese University as well as the University of Hong Kong.

Dr. Wai-man HUNG

MBBS(HKU),FRCS(Edin),FCSHK,FHKAM(Surgery)
Specialist in Neurosurgery
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Dr. Hung graduated from the University of Hong Kong in 1990. He became a specialist in Neurosurgery since 2003. Currently, Dr. Hung is in private practice as well as honorary consultant in Department of Neurosurgery of Tuen Mun Hospital. Dr. Hung's main interests in neurosurgery are tumor surgery, degenerative spinal diseases, neuro-rehabilitation as well as neuro-spasticity management. Dr. Hung is actively engaged in both clinical and educational activities among neurosurgical and spinal surgeon communities. Currently, he is the Exco committee member of the Federation of Medical Societies of Hong Kong, the Honorary treasurer of Hong Kong Neurosurgical Society; the Educational Officer of AOSpine international (East Asia Council); as well as the Honorary Treasurer of Hong Kong Spasticity Management Society.

Dr. Chen-ya HUANG

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Specialist in Neurology
Past President, The Federation of Medical Societies of Hong Kong

Dr. Huang is the President elect of Asia Pacific Stroke Organization, Clinical Professor, Department of Medicine at the University of Hong Kong and Chairman of Hong Kong Brain Foundation currently.

He is also the Past President of The Federation of Medical Societies of Hong Kong, the Hong Kong Stroke Society and the Hong Kong Neurology Society.

Dr. Sai-kwing CHAN

BDS (HK), FRACDS, FHKAM (Dental Surgery), FCDSHK(OMS)
Consultant Oral & Maxillofacial Surgeon, Queen Elizabeth Hospital
Vice-President (General Affairs & CPD), The College of Dental Surgeons of Hong Kong
1st Vice-President, The Federation of Medical Societies of Hong Kong

Dr. Chan is the Consultant Oral Maxillofacial Surgeon at the Oral Maxillofacial Surgery & Dental Unit in Queen Elizabeth Hospital. He is the Vice-President (General Affairs and CPD) of the College of Dental Surgeons of Hong Kong and the 1st Vice-President of the Federation of Medical Societies of Hong Kong. Dr. Chan graduated from the Faculty of Dentistry, the University of Hong Kong in 1985. He obtained the Fellowship of Hong Kong Academy of Medicine (Dental Surgery) and Fellowship of the Hong Kong College of Dental Surgeons (Oral & Maxillofacial Surgery) in 2000. Dr. Chan is a Specialist in Oral and Maxillofacial Surgeon working in an acute general hospital. Elderly patients are one of the groups that very often required dental and oral surgery care in a hospital setting due to other co-morbidities.

Dr. Ruby LEE

MBBS(HK),Diploma in Dermatology (Lond), FHKCFP, FRACGP, FHKAM(Family Medicine), Diploma in Epidemiology & Biostatistics,
Master of Public Health (CUHK)
President, The Hong Kong College of Family Physicians

Dr. Lee is the President of Hong Kong College of Family Physicians. She joined the College in 1994 and has chaired the Research Committee, the Quality Assurance Committee, and the Specialty Board. She has set up the HKCFP Research Fellowship when she chaired the Research Committee to promote research in family medicine by providing the successful candidate with protected time to develop research skills. She is also Consultant Family Physician of Elderly Health Service of Department of Health, Honorary Clinical Associate Professor of the University of Hong Kong, Chairman of Occupational Therapist Board, Council Member of the Hong Kong Academy of Medicine (HKAM) and WONCA Asia Pacific Region. Dr Lee's special interests are in elderly health, family medicine training and development. She has publications on elderly health, behavior change, consultation skills assessment, vocational training in family medicine, cancer screening and primary care.

Dr. Yin-kwok NG

MBBS(HK), MRCPsych , FRCPsych, FHKCPsych ,FHKAM(Psych)
2nd Vice-President, The Federation of Medical Societies of Hong Kong

Dr. Ng graduated from Hong Kong University and has been practicing psychiatry for over 30 years. He is Fellow of Hong Kong College of Psychiatrists, Hong Kong Academy of Medicine and Royal College of Psychiatrists. He is presently Consultant Psychiatrist in Kwai Chung Hospital and Chief of Service of Division One of Kwai Chung Hospital He is also Chairman of Sponsorships Committee of Hong Kong College of Psychiatrists and Second Vice President of The Federation of Medical Societies of Hong Kong.

Chairpersons

Dr. Chun-bon LAW

MBBS (HKU), FHKAM (Medicine), FHKCP (Geriatrics), CPHQ, FRCP (Edin), MRCP (UK), FRCP (Glas), FHKCP (AIM),
MSc (U Birmingham), FRCP (Lond)
President, The Chinese Dementia Research Association

Dr. Law graduated from the University of Hong Kong in 1985. He obtained his Hong Kong Academy fellowship in 1993. He was promoted to consultant geriatrician in Princess Margaret Hospital in 1996. His main interest of work has been around geriatrics: dementia, parkinsonism, osteoporosis, end-of-life care and community care services. Currently, he is President of The Chinese Dementia Research Association, Council Member of the Hong Kong Geriatrics Society, and Committee Member of the Hong Kong Bioethics Association.

Dr. James Ka-hay LUK

MBBS(HK), MSc (Experimental Medicine) (UBC), MRCP(UK), FRCP(Edin), FRCP(Glas), FRCP (Ire), FHKCP, FHKAM(Medicine)
Vice-President, The Hong Kong Geriatrics Society

Dr. Luk graduated from the University of Hong Kong and obtained his MBBS (HK) in 1989. He also received his MSc (Experimental Medicine) in the University of British Columbia, Canada in 1993. After obtaining his MRCP (UK) in 1996, he started to specialize in the field of Geriatrics Medicine. Dr. Luk is now the Honorary Clinical Associate Professor of Department of Medicine, The University of Hong Kong. He is also the Consultant of the Geriatric Department of Fung Yiu King Hospital and Division of Geriatrics, Queen Mary Hospital. Dr. Luk is currently the Vice President of the Hong Kong Geriatrics Society. He is also a member of the Institutional Review Board of Hong Kong West Cluster/HKU and editor of the Hong Kong Medical Journal and the Asian Journal of Gerontology and Geriatrics.

Dr. Sau-yan WONG

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Dr. Wong is Consultant Plastic Surgeon at the Prince of Wales Hospital. He is also Honorary Clinical Associate Professor of the Departments of Surgery of the University of Hong Kong and the Chinese University of Hong Kong. Dr. Wong is currently the Chairman of Plastic Surgery Board, HK College of Surgeons and was the immediate Ex-President of the Hong Kong Society of Plastic, Reconstructive & Aesthetic Surgeons. Dr. Wong is presently an Ex-Co member of the Federation of Medical Societies of Hong Kong. Dr. Wong also has studied law and is an Associate of the Medical Protection Society. Dr. Wong publishes in both medical and legal literatures.

Dr. Chun-kong NG

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Dr. Ng graduated from the University of Hong Kong, he is a physician trained in pulmonary medicine, with special interest in sleep medicine and non-invasive ventilation. Dr. Ng currently served as Associate Consultant in the Department of Medicine, Queen Elizabeth Hospital and as Honorary Clinical Assistant Professor of the University of Hong Kong. He is Fellow of the Hong Kong Academy of Medicine and Fellow of the American College of Chest Physicians. He acquired the degree on Master of Public Health of the University of Hong Kong in 2006. Dr. Ng is the vice President of the American College of Chest Physicians (Hong Kong and Macau Chapter), Chief Editor of the Hong Kong Thoracic Society Newsletter and Website Committee, member of executive committee of the Hong Kong Society of Sleep Medicine, and Asia Pacific Society of Respirology bulletin Hong Kong contact. Dr. Ng is the EXCO member and vice Chairman of the Education Committee of Federation of Medical Societies of Hong Kong.

Dr. Vincent LEE

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President, The Hong Kong Ophthalmological Society

Dr. Vincent Lee is the President of the Hong Kong Ophthalmological Society and the Regional Secretaries of the Asia-Pacific Academy of Ophthalmology.
He is currently a senior partner at Dennis Lam and Partners Eye Center. He was Associate Professor of the Department of Ophthalmology and Visual Sciences of CUHK, a Consultant and Head of the Vitreo-Retina Team of the Prince of Wales Hospital.
Dr. Lee holds two US invention patents for ophthalmic instruments. He has published more than 60 papers in international peer-reviewed journals and one book chapter. Dr. Lee received the "Ten Young Outstanding Persons Award" in 2009.

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