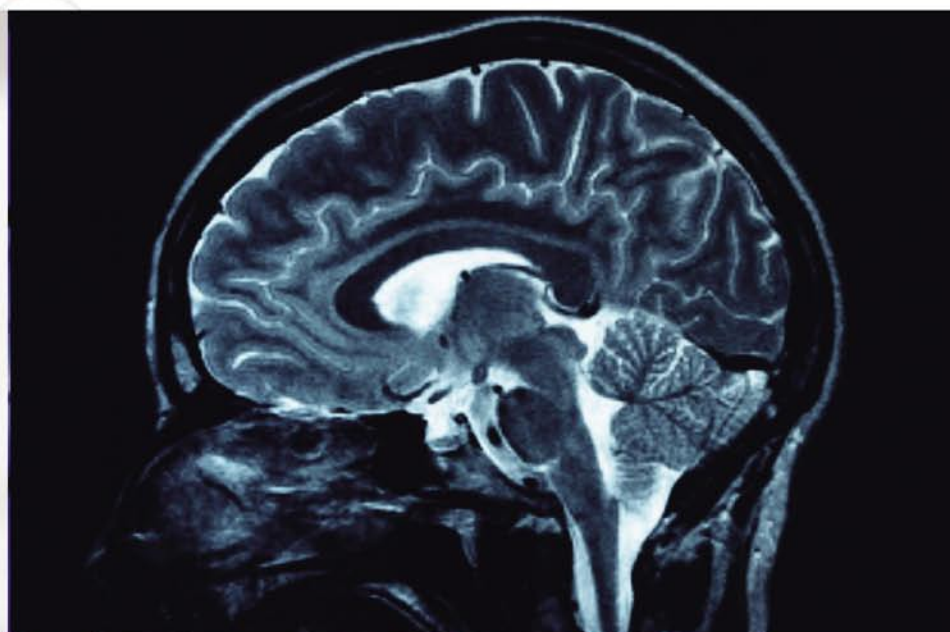


JOINT ANNUAL SCIENTIFIC MEETING OF
THE FEDERATION OF MEDICAL SOCIETIES OF HONG KONG
AND MACAU PHYSICIAN ASSOCIATION OF PUBLIC HOSPITAL

Brain Health

MACAU FORUM OF HOSPITAL MEDICINE 2012



Parkinsonism

CPR

Pain

Stroke

Hypertension

Sleep

Epilepsy

Mental health

Brain Death

Neurorehabilitation

主辦:



贊助:



JOINT ANNUAL SCIENTIFIC MEETING OF
THE FEDERATION OF MEDICAL SOCIETIES OF HONG KONG
AND MACAU PHYSICIAN ASSOCIATION OF PUBLIC HOSPITAL

Brain Health 2012

Macau Forum of Hospital Medicine 2012

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Macau Forum of Hospital Medicine 2012

澳門醫院醫學論壇 2012

Joint Annual Scientific Meeting of

The Federation of Medical Societies of Hong Kong

& Macau Physician Association of Public Hospital

Program at a Glance

Date: 14:00-22:00, June 16, 2012

Venue: 1st Floor, Mandarin Oriental Macau Hotel 澳門文華東方酒店一樓宴會廳

	Hall 1	Hall 2
14:30 - 14:40	Opening Speech	
14:40 – 16:45	Session I Neuroscience Symposium	
16:45 – 18:00	Session II Hospital Forum	Session III Rehabilitation Symposium
18:00 – 19:15	AMHFPM Member Annual Assembly Meeting 2012	Session IV Sleep Symposium
19:30 – 22:00	Session V Keynote Speech & Gala Dinner	

Date: 09:00-13:00, June 17, 2012

Venue: 1st Floor, Mandarin Oriental Macau Hotel 澳門文華東方酒店一樓宴會廳

	Hall 1	Hall 2
09:00 – 09:50	Session VI Mental Health Symposium	Session VIII Neurology Symposium
09:50 – 11:00	Session VII Children Mental Health Symposium	
11:00 – 14:30	Session IX GSK Symposium	

Macau Forum of Hospital Medicine 2012

澳門醫院醫學論壇 2012

Joint Annual Scientific Meeting of

The Federation of Medical Societies of Hong Kong

& Macau Physician Association of Public Hospital

Agenda

Date: 14:00-22:00, June 16, 2012

Venue: 1st Floor, Mandarin Oriental Macau Hotel 澳門文華東方酒店一樓宴會廳

14:30 - 14:40	Opening Speech	Dr. Wa Hou TAI
Session I Neuroscience Symposium Chairmen: Dr. Dawson FONG & Dr. Ka Ming CHAN		Venue: Hall 1
14:40-15:00	Management of Spasticity in Cerebral Palsy Children	Dr. KY YAM
15:00-15:20	Revascularisation of Brain	Dr. KF FOK
15:20-15:40	Multidisciplinary Management of Brain Metastases: Macau Experience	Dr. Wa Hou TAI
15:40-16:00	Focal Epilepsy in Adulthood	Dr. Howan LEUNG
16:00-16:20	Oral Facial Pain-mixed Somatic and Neuropathic Pain	Dr. Carina CF LI
16:20-16:30	Q&A	
16:30-16:45	Coffee Break	
Session II Hospital Forum Chairmen Dr Wai Seng Lei, & Dr Ki Man PAI		Venue: Hall 1
16:45-17:00	A New Trend on Automated Environmental Decontamination	Ms. Ivy Chan
17:00-17:15	Triage Protocol of Emergency Service	Dr. Hoi Ip Leong
17:15-17:30	Management of Thalassemia in Macau	Dr. Ka Hung Yung
17:30-17:45	Termination of Resuscitation	Dr. Tam Fei Chang
17:45-18:00	Q&A	
Session III Rehabilitation Symposium Chairmen: Mr. Samuel YC CHAN & Pui I LEE		Venue: Hall 2
16:45-17:05	Advance in Clinical Management of Spasticity	Dr. Leonard SW LI
17:05-17:25	Recent Advance of Occupational Therapy Treatment in Hemiplegic Upper Extremity	Dr. Kenneth FONG
17:25-17:45	Integration of Chinese and Western Medicine in Neurorehabilitation	Prof. Dahong ZHUO
17:45-17:55	Q&A	
Session IV Sleep Symposium Chairmen: Prof. Godfrey CF CHAN & Iek Long LO		Venue: Hall 2
17:55-18:15	Insomnia - Does It Matter?	Dr. Joyce SP LAM
17:15-18:35	Obstructive Sleep Apnoea and Excessive Sleepiness	Dr. Jamie CM LAM
18:35-19:05	Management of Insomnia and the Use of Hypnotic Medication	Dr. Sik-chuen TING
19:05-19:15	Q&A	
Session V Keynote Speech & Gala Dinner		Venue: Hall 1
19:30 - 20:00	Controversies in Brain Death	Dr. Dawson Fong
20:00-22:00	Welcome Speech & Gala Dinner	Dr. Raymond LO

Macau Forum of Hospital Medicine 2012

澳門醫院醫學論壇 2012

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Date: 09:00-13:00, June 17, 2012

Venue: 1st Floor, Mandarin Oriental Macau Hotel 澳門文華東方酒店一樓宴會廳

Session VI Mental Health Symposium

Chairmen: Dr. YK NG & Dr. Chi-weng HO

Venue: Hall 1

09:00-09:20	Management of Generalized Anxiety Disorder	Dr. Willy CH WONG
09:20-09:40	Early Identification and Management of Acute Psychosis	Dr. Bruce KT CHAN
09:40-09:50	Q&A	

Session VII Children Mental Health Symposium

Chairmen: Dr. Wai-kwong CHAK & Kin Mui IEONG

Venue: Hall 1

09:50-10:10	Common Child Mental Disorders	Dr. Tony TS LAI
10:10-10:30	Autism in Macau, What Course to Follow?	Dr. Pui-i LEE
10:30-10:50	Q&A	
10:50-11:00	Coffee Break	

Session VIII Neurology Symposium

Chairmen: Dr. Raymond LO & Mang Chi VAI

Venue: Hall 2

09:00-09:20	Thrombolysis in Acute Stroke	Dr. Wing-chi FONG
09:20-09:40	Imaging of Stroke and Other Neurodegenerative Disease	Dr. Ki WANG
09:40-09:50	Q&A	
09:50-10:10	Treatment of Dementia	Prof. Timothy KWOK
10:10-10:30	Management of Neuropathic pain in Macau	Dr. Hung Ping Li
10:30-10:50	Q&A	
10:50-11:00	Coffee Break	

Session IX GSK Symposium

Chairmen: Dr. Chi-wai MAN & Dr. Pui-i LEE

Venue: Hall 1

11:00-11:20	Paediatric Refractory Epilepsy: Any Recent Breakthrough in Management?	Dr. Wai-kwong CHAK
11:20-11:40	Management of Parkinson's Disease	Dr. Nelson YF CHEUNG
11:40-12:00	Depression – A Short Update	Dr. Yin-kwok NG
12:00-12:10	Q&A	
12:10-12:20	Closing Remark	Dr. WK CHAK
12:30-14:30	Lunch	

Welcome Message

The Federation of Medical Societies of Hong Kong has been established since 1965, and serves as the umbrella organisation of currently 129 medical, dental, nursing and allied health professional societies of Hong Kong. The Federation aims to promote the fraternity and development of our professionals from various disciplines, for the betterment of the health and well-being of our population. Our Annual Scientific Meeting has been contributing steadily over the years in this regard, introducing to our members and colleagues the advances in different fields ranging from rehabilitation, elderly care, to stem cell, cancer therapy and infectious diseases. It is also our interest to link up with our fellow professionals outside Hong Kong, and notably bilateral scientific meetings have been held together with the Chinese Medical Association both locally and in mainland.

It is indeed a cherished opportunity that the Annual Scientific Meeting of the Federation this year is to be held jointly with Macau Physician Association of Public Hospital. Much friendship has already been nurtured between the Hong Kong and Macau professionals, and it is most encouraging that further collaboration can be achieved through this joint effort of the two organisations. The theme chosen for the joint scientific meeting is on Brain Health, a very worthy topic which covers different specialties and disciplines. There have been significant advances in this field, and it is timely that a scientific meeting can be devoted to this important aspect.

Millions of thanks should be given to the organising committee and secretariat of the two organisations, in planning and ensuring the meeting to be a success. We are most privileged to have distinguished speakers and chairmen from Hong Kong, Macau and Mainland to share with us their expertise and insight. The kind sponsorship from our industry partners need to be duly acknowledged. Above all, heartfelt appreciations must be expressed for the warm hospitality received from friends and colleagues of Macau, allowing the meeting to be a very enjoyable and memorable event.

Finally, on behalf of the Executive Committee and Council of the Federation of Medical Societies of Hong Kong, may I wish everyone participating in this joint scientific meeting a most fruitful time, and we look forward to continue serving closely with you for our professions in the future.



Dr. Raymond SK LO

President

The Federation of Medical Societies of Hong Kong



Welcome Message

Up till now, human brain is still full of myths and we are lack full understanding. Hence, brain diseases are amongst the most challenging conditions in medicine. The majority, if not all, of the sufferers still await effective treatment saving them from severe disability or eventual mortalities. With the tremendous advances in neuroscience and related translational researchs, we have a better understand not only the underlying pathophysiology of various brain diseases, but also how our brain develop in the early age and how our brain degenerate when we get old. There are unquestionable significant breakthroughs in both medical and surgical treatments in various neurological diseases in recent decades.

We have gathered here in this meeting many of the most eminent experts from Hong Kong, Macau, and Mainland China in the field of brain diseases: Child and Adult Neurologists, Child and Adult Psychiatrists, Neurosurgeons, Anesthetists, Occupational Therapists, Rehabilitation experts etc. They all have dedicated most of their time in the clinical care to patient with different types of brain disease. They come with expertise in their respective medical field, and are going to share with us some of the current understanding of various brain diseases, both medical and surgical. I have no doubt that this will be an informative, exciting medical event to encourage the interflow of medical knowledge in this region. I would like to thank in advance all the speakers as well as Macau Physicians Association of Public Hospital to co-organize this event. And also thank our secretariat at the Federation, without whom this meeting would not have been possible.



Dr. Mario WK Chak

Co-chairman,
Education Committee

The Federation of Medical Societies of Hong
Kong



Welcome Message

時至今日，醫院醫學已發展成為一門涉及臨床醫學、管理學、經濟學和社會學的一門醫學科學，近年來醫院醫學迅速發展，澳門地區的醫院管理和診治水平亦與時俱進，然而，如何提升專科服務整體水準以改善治療質量、加強醫院之間和醫院內各個專科的合作、提高患者的滿意度和降低龐大的醫療開支等問題仍值得醫院工作者深入探討，為吸取國際上的先進經驗和加強同業們的交流，澳門公立醫院醫生協會自 2008 年起每年舉辦醫院醫學論壇，共同探討醫院醫學的發展方向和專科診治方法，成效顯著。

在澳門衛生局、澳門基金會和各界人士的大力支持下，“澳門醫院醫學論壇 2012”籌備工作已順利完成，本屆醫院醫學論壇的主題將探討大腦疾病診療新進展，澳門公立醫院醫生協會與香港醫學組織聯會合辦，邀得來自中國內地、香港和本澳共 30 多位專家學者就腦血管疾病、精神障礙、癲癇和腦腫瘤等神經系統疾病診治以及醫院管理、康復醫學等多個學科發表論文和分享臨床工作經驗，共同為提高本澳醫療服務水準出謀獻策。

衷心希望本次會議的成功舉辦能提升專科疾病的診治水準，促進澳門醫院醫學的發展。

李佩儀醫生

澳門公立醫院醫生協會會長

戴華浩醫生

澳門公立醫院醫生協會理事長

2012 年 6 月 16 日

Congratulatory Message from Secretary for Food and Health, HKSAR

The brain is the centre of the nervous system. Common impairment of nervous system and disease include stroke, epilepsy, dementia, neurodegenerative diseases and sleeping problems. This Annual Scientific Meeting is very timely in promoting brain health, especially in the context of our ageing population which becomes more prone to brain diseases.

In Hong Kong, public hospital care and treatment and over 90% of the in-patient services are provided by the Hospital Authority (HA). Over the past few years, HA has introduced various initiatives to enhance services in relation to brain health. To name but a few, the acute stroke service has been improved to benefit more patients. More than 90% of patients with acute stroke receive Computerized Tomography Scan within 12 hours of admission. As regards neurological services, all acute hospitals in HA have been providing effective thrombolytic therapy service. In addition, HA plans to implement the Transient Ischaemic Attack programme in several hospital Clusters in 2012-13 to provide patients with prompt treatment. Another priority area for our future focus will be neuro rehabilitation, and its related technology and services.

Hong Kong takes pride in its highly efficient healthcare system underpinned by dedicated healthcare professionals. To strive for the excellence of the healthcare services for persons with brain diseases, dedication and unrelenting commitment of our healthcare professionals is one of the key success factors. I believe that our medical services in relation to brain health will continue to scale new heights. I take this opportunity to wish the Annual Scientific Meeting 2012 of the Federation of Medical Societies of Hong Kong every success.

Dr York Y.N. CHOW, GBS, JP
Secretary for Food and Health



Congratulatory Message from the Chief Executive of the Hospital Authority

I am delighted to offer my warmest congratulations to The Federation of Medical Societies of Hong Kong on the holding of its Annual Scientific Meeting jointly organised with the Macau Physician Association of Public Hospital.

One of the most complex medical arenas is neuroscience, where physicians strive to unlock the mysteries of the brain and central nervous system. I am pleased to note that, in line with its organisational mission to encourage closer collaboration across the various sectors of the medical and healthcare community, the Federation is taking a broad perspective on the subject of brain health, covering areas ranging from brain metastases and degenerative conditions to depression and other aspects of mental health.

By bringing together distinguished experts from Hong Kong, Macau and Mainland China to explore these issues, the symposium will advance specialist knowledge and new ideas on diagnosis and treatments across the Greater China Region and beyond. It will also provide medical professionals a great opportunity to discuss ways to increase public awareness and understanding of brain health issues.

I wish the symposium every success and all participants fruitful exchanges in the discussions.



A handwritten signature in black ink, appearing to be 'P Y Leung'.

Dr P Y Leung
Chief Executive
Hospital Authority



醫院管理局
HOSPITAL
AUTHORITY

Congratulatory Message from President of Hong Kong Academy of Medicine

This year sees the Federation's Scientific Meeting being jointly held with Macau Physician Association of Public Hospital in Macau, an ideal location to gather experts from Hong Kong, Macau and Mainland China to deliver talks about various common brain diseases. This cross-regional meeting is certainly a good platform for medical professionals from different places to exchange their expertise and research about brain diseases. The two-day Scientific Meeting covers quite a wide array of brain health issues. It is a perfect opportunity for medical practitioners to glean insight on the latest research and treatment developments of brain diseases, and share it with the people that need it most.

On behalf of the Hong Kong Academy of Medicine, I wish the Federation of Medical Societies of Hong Kong a very successful Annual Scientific Meeting, and also thank them and the Macau Physician Association of Public Hospital for facilitating this event, which will surely mark the beginning of the next evolution of brain disease treatments worldwide.



A handwritten signature in black ink, reading "Raymond Liang".

Prof. Raymond Liang
President
Hong Kong Academy of Medicine



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¹ IMS Health December 2010

² HKAPI data December 2010

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Management of Spasticity in Cerebral Palsy Children

Dr. Kwong-yui YAM

M,B;B,S (HK), FRCS (Edin), FCSHK, FAMHK

Specialist in Neurosurgery



Current Job Position: Consultant Neurosurgeon, Department of Neurosurgery, Tuen Mun Hospital, NT, HK

Biography :

Dr. Yam obtained his medical degree from the University of Hong Kong in 1986.

He received neurosurgical training in Queen Elizabeth Hospital. Dr. Yam obtained the Fellowship of the Royal College of Surgeons of Edinburgh in 1991 and was accepted as a Fellow of the Hong Kong Academy of Medicine (Surgery) in 1993. He is currently working as the Consultant Neurosurgeon in Tuen Mun Hospital.

Dr. Yam is the president elected of the Hong Kong Neurosurgical Society.

Abstract :

Cerebral palsy (CP) is a neurological disorder encompassing a group of motor conditions that cause physical disability in the developing child. CP is a non-progressive condition caused by damage to the motor control centers of the developing brain and can occur during pregnancy, during childbirth or after birth up to age of three.

The incidence of CP in Hong Kong is around 3 per 1,000 live births. Spastic cerebral palsy is by far the most common type of cerebral palsy, occurring in 70% to 80% of all cases. Current treatments for spasticity include oral muscle relaxant medication, physiotherapy, orthotic devices, and repeated intramuscular injections of Botulinum toxin. Orthopaedic procedures include tendonotomy, tendon lengthening and osteotomy. Neurosurgical procedures like peripheral neurotomy, selective dorsal rhizotomy and continuous intra-thecal baclofen infusion. The spectrum of therapeutic interventions obviously suggests that managing spastic CP patients requires a multidisciplinary team approach.

In 1997, our department established the Selective Dorsal Rhizotomy (SDR) clinic. The team members include Physiotherapists from the hospital, Child Assessment Service of the Department of Health and special schools, Paediatric Neurologist and Developmental Paediatrician, Orthopaedic surgeon, Neurosurgeon and Urologist. The clinic provides a platform for multidisciplinary approach to spastic CP patients and their relatives.

We shall discuss on the approaches the Selective Dorsal Rhizotomy Clinic has adopted in managing children with spastic CP. The clinical outcomes and progress of the patients will be shared.

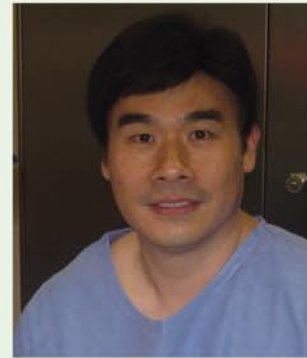
Children with spastic CP have complicated clinical problems. The interventions and treatment have to be timely and appropriate, a multidisciplinary team approach should be offered and this is the only way to achieve the best functional outcomes for this group of patients.

Cerebral Revascularization: Role of Extracranial-Intracranial (EC-IC) Bypass in Ischaemic Stroke

Dr. Kam-Fuk FOK

MBBS (HK), FRCS (Ire), FCS (HK), FHKAM (Surg)

Senior Medical Officer, Department of Neurosurgery, Tuen Mun Hospital, Hong Kong



Biography :

Dr. Fok is the Senior Medical Officer of Department of Neurosurgery, Tuen Mun Hospital, Hong Kong. He obtained his medical degree in University of Hong Kong in 1987. He obtained the Fellowship from the Royal College of Surgeon in Ireland, FRCS (IRE) and College of Surgeons of Hong Kong. FCS (HK) in 1993. Dr. Fok received further training in Department of Neurosurgery, Tuen Mun hospital and obtained the Fellowship from the Hong Kong Academy of medicine, FHKAM as specialist in Neurosurgery in 1997.

His current interest is focused on cerebral revascularization including the role of surgical intervention in ischaemic stroke and Moya Moya disease

Abstract :

It is considered controversial whether superficial temporal artery (STA) - middle cerebral artery (MCA) bypass affects the outcome of patients with ischaemic stroke. In this study we wanted to determine the role of cerebral revascularization in symptomatic patients with cerebral hemodynamic ischemia which is defined as a combination of steno-occlusive disease, inadequate collateral and loss of cerebrovascular reserve.

A total of 27 STA-MCA bypasses were performed on 27 consecutive patients from 2009 -2012. All patients demonstrated symptomatic stenosis/occlusion of carotid artery or its major intracranial branch verified by angiography. All 27 patients with a median age of 57 (42-75 years) were followed up over an average of 11 months (1-29 months). Perioperative stroke occurred in three patients, while two of them belongs to the group with crescendo TIA as presentation.. The overall perioperative morbidity of our case series was 11 % with no mortality. All of them had no further cerebrovascular events after surgery. 96 % of the bypass remained patent angiographically during the follow up period. Functionally, 70% (19 patients) of these patients demonstrated improvement in modified Rankin Scale (mRS) by 1 point or more

Although bypass surgery for occlusive cerebrovascular disease is still controversial, our study suggests both an improvement of functional status and a possible risk reduction for further cerebrovascular event after revascularization.

Focal Epilepsy in Adulthood

Dr. Howan LEUNG

MBBS, MRCP, FHKCP, FHKAM



Assistant Professor, Department of Medicine and Therapeutics, Chinese University of Hong Kong

Biography :

Dr. Leung graduated from University of London and thereafter completed his training in Neurology at the Chinese University of Hong Kong, Prince of Wales Hospital, Shatin, Hong Kong. He is currently Assistant Professor in Neurology at the Chinese University of Hong Kong and he also serves as honorary specialist in Neurology at Prince of Wales Hospital. He is also a part-time lecturer at the School of Pharmacy and Department of Orthopaedics and Traumatology.

He was certified in electroencephalography under the Asian Epilepsy Academy (ASEPA) and his specialist interest is in looking after patients with refractory epilepsy. In 2006, he undertook an additional elective study at the University of Bonn, Germany under the Henry CH Leung fellowship. His doctorate thesis was entitled "Multimodal investigations of patients with epilepsy". He was involved with the territory-wide publication of the Hong Kong Epilepsy Guideline in 2009 and research study with positron emission tomography under the SK Yee Medical Foundation in 2010.

Abstract :

Focal seizures in the adulthood represent an important facet of work by epileptologists. According to the latest International League Against Epilepsy (ILAE) guidelines focal epilepsy is conceptualized as seizures originating at some point within networks limited to one cerebral hemisphere. From an anatomical point of view, the epileptic foci may originate from within different lobar locations. Temporal lobe epilepsy stands the highest chance of receiving surgical intervention. Those with clear-cut lesions on magnetic resonance imaging such as mesial temporal sclerosis, temporal cavernous haemangiomas and temporal dysembryogenic neuroepithelial tumours are good surgical candidates who may theoretically achieve seizure freedom after surgical excision such as lesionectomy or anteromedial temporal resection. Frontal lobe epilepsy is generally considered to have an inferior surgical outcome although lesional cases may still be amenable to resection e.g. focal cortical dysplasia. The presurgical evaluation of refractory epilepsy consists of video electroencephalography, structural imaging and clinical neuropsychological testing. In patients in whom there is no definite lesion, but a hypothesis towards an epileptic focus can be formulated, additional presurgical evaluation including functional neuroimaging, Wada's test and intracranial electroencephalography may be judiciously performed. In a recent study, it was cited that refractory epilepsy patients are often referred on an average of 22 years after their diagnosis and more than 10 years after failure of 2 antiepileptic drugs. The early randomized surgical epilepsy trial (ERSET) showed that newly diagnosed intractable disabling mesial temporal lobe epilepsy plus medication resulted in lower probability of seizures during the 2-year follow-up period than continued medications alone. Early presurgical evaluation for potential focal epilepsy is therefore advocated as soon as failure of 2 or more drug trials is encountered.

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‡ Intracranial bleeding includes adjudicated hemorrhagic stroke, subarachnoid, and/or subdural bleeding.

§ Intracranial bleeding: dabigatran 150 mg BID (no. of events=38) vs. warfarin (no. of events=90).

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References: 1. Pradaxa® Prescribing information. 2. Connolly SJ et al. Dabigatran versus Warfarin in Patients with Atrial Fibrillation. *N Engl J Med.* 2009;361:1139-1151. 3. Connolly SJ et al. Newly Identified Events in the RE-LY Trial. *N Engl J Med.* 2010;363:1875-1876 supp appendix.

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Oral Facial Pain-Mixed Somatic and Neuropathic Conditions

Dr. Carina CF LI



MBBS, FANZCA, FHKCA, FHKAM, Dip.Pain Mgt

Consultant Anaesthesiologist, Pain Management Clinic, Division of Pain Medicine, Department of Anaesthesiology, Hong Kong Sanatorium and Hospital

Biography :

Dr. Li graduate from University of Hong Kong and underwent fellowship training in anaesthesiology in Queen Mary Hospital . She then received a Diploma of Clinical Acupuncture from the University of Hong Kong and also diplomate in pain management of the Hong Kong College of Anaesthesiologists. Dr Li further sub-specialized in regional anaesthesia and pain therapy and worked at the multidisciplinary Wasser Pain Center in the University of Toronto, Ontario, Canada in 2005 . She also had training in hypnosis, cognitive behavioral therapy and psychotherapy, providing holistic total person pain management. Dr Li is the founder of the multidisciplinary pain management program – SHINE (Self-Help Ignites New Expectations).

A frequent invited lecturer and researcher on the subject of chronic pain management, pain prevalence study, pain rehabilitation and ultrasound guided applications for pain therapy, Dr Li is the convener of Pain Alliance of Hong Kong Primary Care Foundation and council member of Hong Kong Pain Society . Dr. Li has contributed teaching on WHO Project for Updates in Rehabilitation for Rehabilitation doctors and professionals, The Chinese Association of Rehabilitation Medicine and The Hong Kong Society for Rehabilitation since 2010. Apart from being Faculty for the International Symposium on Spine and Paravertebral Sonography (ISSPS), Dr. Li is the Founding Convener for Multidisciplinary Musculoskeletal Ultrasound Symposium on Pain Management (MSK US PM) since 2010 www.hksh.com/mskuspm, which is supported by 8 Asian Pain organizations . She has organized and delivered teaching >40 lectures and workshops on Ultrasound applications for pain management in numerous international scientific meeting for anaesthesiologists, dentists, orthopaedic surgeons, rehabilitation, rheumatologists physician . Dr. Li has interest in providing voluntary field medical support hence she is also Honorary Medical Consultant, Hong Kong Multi-sports Association (HKMSA) and was the Mobilization Officer (Medical) and in the Medical and Professional Committee on Major Events of the Hong Kong Auxiliary Medical Service, Government of Hong Kong SAR 2008-2012.

Abstract :

Oral Facial Pain is difficult to manage and diagnose. The pain in the region often involves occipital and neck symptoms with mixed nociceptive and neuropathic presentations. Usually the clinical challenges were inconsistencies between the severity of the pain disability and the clinical presentations with negative investigations. With latest update and review on the pathophysiology in chronic pain, new pain mapping with functional MRI, there is better understanding of the neuro-functional connectivity between Nociceptive Trigeminal and cervical afferents with sensory input in the anatomical region of head, face, jaw and neck. Most chronic neuropathic pain involved process of release of multiple mediators with inflammation, leading to peripheral and central sensitization(Chronification of Pain) with functional and structural changes with plasticity in the nervous system. However, it was also found that pain, sleep and mood disturbances shared common neuromodulation pathways so that the clinical approach also has to be in a Total person in Bio-Psycho-Social approach.

With the advancement of ultrasound technology, peripheral nerves and tissues plane can be visualized at point of care clinic setting, allowing a new diagnostic tool for some difficult head and facial pain conditions.

Examples of Diagnostic / Therapeutic blocks(LA/ RFA) for Oral Facial Pain

1. Occipital Nerve block for Occipital Neuralgia and Atypical facial pain, Migraine.
2. Trigeminal ganglion block
3. Spheno-palatine ganglion block
4. Cervical plexus block- Atypical Trigeminal Neuralgia(ATGN)/ Facial Pain
5. Medial branch block for Cervical Facets in Cervicogenic headache and Atypical Trigeminal Neuralgia(ATGN)
6. Other peripheral nerve blocks for pain conditions related to post trauma (adhesions) nerve entrapments such as Supraorbital Nerve, Inferior alveolar nerve and Mental Nerve Block
7. Stellate ganglion block for chronic sympathetic maintained pain
8. Musculoskeletal Blocks: Trigger point injection / Lysis of adhesions by with choices of injectants : NS/ LA/ Steroid/ BOTOX, PRP

Multimodal Analgesia and Multi-disciplinary approach for different chronic head and facial Mixed Pain conditions will be briefly discussed.

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Advance in Clinical Management of Spasticity

Dr. Leonard SW LI



MBBS(NSW), MRCP(UK), FACRM, FAFRM (RACP), FHKCP, FHKAM(Med.), FRCP(E), FRCP(London)

Head, Division of Rehabilitation Medicine, University Department of Medicine, Tung Wah Hospital and Consultant in Rehabilitation Medicine, McLehose Medical Rehabilitation Centre. UNIVERSITY APPOINTMENTS : Honorary Clinical Associate Professor, Department of Medicine, The University of Hong Kong and Adjunct Professor, Department of Rehabilitation Sciences, Hong Kong Polytechnic University

Biography :

Dr. Leonard S.W. Li is currently head of Division of Rehabilitation Medicine, the University Department of Medicine of Tung Wah Hospital. He is also Honorary Clinical Associate Professor of the University of Hong Kong and Adjunct Professor of the Department of Rehabilitation Sciences of Hong Kong Polytechnic University. He graduated from the Medical School of University of New South Wales, Australia in 1983. He was trained and accredited in both Neurology and Rehabilitation Medicine.

Locally, he was the Past President of Hong Kong Association of Rehabilitation Medicine and is the current President of Hong Kong Neurological Society. Internationally, he is elected to the position of President-elect of World Federation of Neurorehabilitation. His current research interest is in field of functional recovery after stroke and spasticity. He sits in the Editorial Board of several International and Chinese medical journals including Journal of Rehabilitation Medicine, Neurorehabilitation and Nerve Repair, International Journal of Rehabilitation Research, Chinese Journal of Physical Medicine and Rehabilitation, and Chinese Journal of Rehabilitation Medicine.

Abstract :

Spasticity is a common complication after upper motor neuron lesion such as in stroke, traumatic brain injury, multiple sclerosis and spinal cord injury. There are several different modalities for managing this clinical problem nowadays. A logarithmic approach is usually adopted, with routine physical stretching program as maintenance. To rule out noxious stimuli that could aggravate spasticity is also paramount important. Other than oral medications such as balcofen, there are treatment alternatives to manage focal or generalized spasticity. Focal injection by intramuscular botulinum toxin or motor point/nerve block by phenol could effectively reduce the spasticity of the injected muscle groups. Focal injection of botulinum toxin could be optimized with either EMG, electrical stimulation or ultrasound guided approach or a combination of them. With a generalized and severe spasticity, use of balcofen pump could be an option. In some cases, combined balcofen pump and focal injection could achieve better control of spasticity. A good evaluation before formulation of treatment program is essential. Occasionally, spasticity may be essential to maintain function and the reduction of it could cause clinical deterioration.

Recent Advance of Occupational Therapy Treatment in Hemiplegic Upper Extremity

Dr. Kenneth Fong



PD(OT), BSc(HS), PD(OSH), Cert(CMH), PgD(Biomech), MScHC(OT), PhD(Ed), OTR

Assistant Professor, Department of Rehabilitation Sciences, The Hong Kong Polytechnic University

Biography :

Dr. Fong is originally from the former Hong Kong Polytechnic when he completed his studies in occupational therapy before joining the public hospitals in Hong Kong for many years. He has extensive clinical experience in physical and cognitive rehabilitation especially training for persons with head injury and stroke. His current research interests lie on exploring the mechanism of training methods among patients suffered from brain injury, in particularly the integration of both cognitive and motor aspect to improve daily functioning, as well as use of assistive technology and environmental adaptations in neurorehabilitation. His areas of specialist consultancy are medico-legal evaluation for persons with traumatic brain injury. He is currently the Editor-in-chief of the Hong Kong Journal of Occupational Therapy (HKJOT), corresponding authors of many publications in neurorehabilitation journals, and member of a few sub-committees of the Hong Kong Occupational Therapists Board..

Abstract :

The functional recovery of the hemiplegic upper extremity after stroke is often slower than that of the lower extremity and is one of the greatest challenges faced by occupational therapists in helping patients to return to daily life. It is now clear that the phenomenon underlying constraint-induced movement therapy is that it repeatedly induces the use of the hemiplegic arm in "task-specific" functions and involves the upper extremities in "intensive practice", which may be the reasons behind the success of recent advances in arm training. These technologies provide occupational therapists to develop new opportunities in neurorehabilitation, but also induce challenges to our basic training to these new technologies, and re-visit their roles in the use of old treatment techniques, e.g. neurofacilitation, within occupational therapy practice. Recent development in neurorehabilitation shows some new approaches and technologies which appear to be promising, they include mirror therapy, repetitive bilateral arm training, and robot-aided exercise training, functional electric stimulation, new hand orthotics, spatio-cueing combined with hemiplegic arm activation, and use of virtual reality. These new technologies and approaches, however, may still require a number of costly therapy hours or expensive equipment which also raises the question of cost-effectiveness in rehabilitation. This presentation will review different kinds of new treatments for hemiplegic upper extremity with emphasis on its functional recovery and generalization to real-life, and discuss the ways to maximize treatment effects and induce changes to patients.

Integration of Chinese and Western medicine in neurorehabilitation

Prof. Dahong Zhuo

M.D



Professor and Consultant, Department of Rehabilitation Medicine, First Affiliated Hospital at Guangzhou

Biography :

Prof. Zhuo is a medical doctor and currently a professor of rehabilitation medicine at the Sun Yat-sen University (SYU), Guangzhou, China. Since 1984 Prof. Dahong Zhuo has been a member of the Expert Advisory Panel on Rehabilitation of the World Health Organization (WHO), and a director of WHO Collaborating Centre for Rehabilitation (located at SYU, China). He is the vice president of the Chinese Association of Rehabilitation for People with Disability, and the editor-in-chief of the Chinese Journal of Rehabilitation Medicine. Prof. Zhuo is also currently an honorary professor of the Hong Kong Polytechnic University.

In his long service as a physician and medical educator, Prof. Zhuo's major academic interest has been in medical rehabilitation and health promotion, especially combining the western and the oriental methods. He has published numerous textbooks, monographs and scientific articles. Among them, his "Chinese Exercise Book for Health and Longevity" has been translated into seven languages and published worldwide.

Abstract :

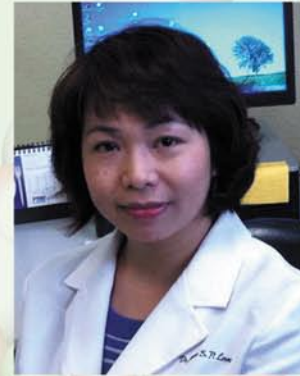
In the first part of his paper, the author identifies the strengths and value of Traditional Chinese Medicine (TCM) as compared with those of the Western Medicine (WM) in medical rehabilitation (MR). Then, the general clinical path of integrating TCM and WM in RM is summarized. When it comes to neurorehabilitation, the author points out that, in addition to the conventional WM rehab therapies, TCM is often used as important and effective complementary methods. For example, in the China's Guidelines for Stroke Rehabilitation (2011), TCM is recommended as effective in the treatment of hemiplegia, dysphagia and aphasia due to stroke. In particular, acupuncture is recommended to facilitate the recovery of the flaccid paralysis, and the Chinese style massage (Tui Na) and manipulation can be used to alleviate spasticity of the affected limbs. Acupuncture is also recommended in the comprehensive therapy of the bulbar paralysis. Besides, Chinese herbal medicine has been widely used for the elderly with cognitive dysfunction and depression due to stroke and the early stage or mild Alzheimer's Disease. In terms of Chinese style therapeutic exercises, Tai Chi and Chi Kung are regarded as valuable preventive measures to avoid the recurrence of stroke.

Insomnia: Does it Matter?

Dr. Joyce SP LAM

FHKCPsych

Associate consultant, Department of Psychiatry, Shatin Hospital



Biography :

Dr. Lam graduated from the Chinese University of Hong Kong and attained her fellowship in Psychiatry in 2007. Apart from general adult psychiatry, she also works in the field of Sleep Medicine. Her main research interests include affective disorders and sleep disorders, including insomnia, parasomnia and narcolepsy. She is co-author of over 30 papers published in international journals and she receives grants support from Health and Health Services Research Fund and Research Grant Committee.

Abstract :

Insomnia is defined as a complaint about sleep continuity and quality that has daytime repercussions. It is a common sleep disorder affecting all age groups across the globe, and carries significant health care burden and morbidities including reduced daytime alertness, fatigue, increased health care utilization, accident risk, reduced productivity and subjective quality of life.

Recent literatures suggested that insomnia has detrimental effect on both physical and mental health and there is a paradigm shift to conceptualize insomnia as a co-morbidity disorder rather than merely as a symptom of the physical/ mental disorders. Prospective studies found that insomnia predisposed to future development of depression, anxiety disorders, and alcoholism abuse. Persistent insomniac symptom was associated with future risk of relapse of depression. Apart from mental adversity, increasing attention has been recently focused on the medical consequences of insomnia. Medical illnesses, such as chronic pain, hypertension, impaired glucose tolerance and diabetes mellitus, and upper respiratory tract infections, were found to be associated with insomnia in both cross sectional surveys and longitudinal studies. In this lecture, the current literature on the course, the longitudinal psychiatric and medical outcomes of insomnia will be discussed.

Obstructive Sleep Apnoea and Excessive Daytime Sleepiness

Dr. Jamie CM LAM

BSc (Med), MBBS (UNSW), MD (HKU), MRCP (UK), FCCP, FHKCP, FHKAM I

Associate Consultant, Honorary Clinical Assistant Professor, Division of Respiratory Medicine,
Department of Medicine, Queen Mary Hospital, The University of Hong Kong, Hong Kong.



Biography :

Dr. Lam graduated from the University of New South Wales in Australia in 1996, and started her basic physician training in Sydney. She obtained her specialist qualifications in 2004, and underwent fellowship training in sleep medicine at the Woolcock Medical Research Institute in Sydney in 2006, and was awarded her MD in 2009.

At present, she is an Associate Consultant working in Queen Mary Hospital, and also Honorary Clinical Assistant Professor at the University of Hong Kong, actively involved in clinical services as well as research projects in sleep medicine, with over 60 publications and a few book chapters. She is the Honorary Secretary of The Hong Kong Society of Sleep Medicine, taking part in accredited training in the field of sleep medicine and promotion of sleep health in the community

Abstract :

In obstructive sleep apnea (OSA), cycles of intermittent hypoxemia and re-oxygenation occur during sleep, which lead to poor sleep quality because of recurrent arousals and fragmented sleep. Thus, most OSA patients complain of excessive daytime sleepiness which adversely affects neurocognitive function, mood, memory, concentration and work performance. Besides, OSA patients are at increased risk for having motor car accidents. In a recent meta-analysis, it has been shown that the odds ratio for OSA subjects for having a car accident is 2.5. Excessive daytime sleepiness is a subjective perception among individuals. The severity of sleepiness does not necessarily correlate with the apnea hypopnea index. Sleepiness can be assessed with the commonly used Epworth Sleepiness Scale (ESS), and it has been validated in different languages. The most objective test to quantify sleepiness is the multiple sleep latency test (MSLT), which documents how long it takes for the subject to fall asleep during five naps at two-hour intervals electroencephalographically. The impact of OSA on the quality of life is found to be similar to that experienced by those with other chronic disorders of moderate severity as reported in the literature. Because of the excessive daytime sleepiness, it has been demonstrated that even patients with mild OSA may have difficulties carrying out their daily activities, and those with severe OSA experience the greatest deficits, with a 1.5-fold increased risk than those with less severe OSA. Therefore, it is important to have early recognition of this disease entity and to initiate effective Continuous Positive Airway Pressure (CPAP) treatment.

Management of Sleep Disorder and Coping with Irregular Working Hours

Dr. Sik-chuen TING

MBCChB, FHKCPsych, FHKAM(Psy)

Psychiatrist in private practice



Biography :

Dr. Ting has practiced in the field of mental health for 20 years. He was accepted to be the Fellow of The Hong Kong College of Psychiatrists and the Fellow of The Hong Kong Academy of Medicine (Psychiatry) in 2003. He is the Honorary Clinical Assistant Professor of The University of Hong Kong, Medical Consultant of the Hong Kong Professional Teachers' Union, Consultant of the TWG Hospitals Counselling Centre for Psychotropic Substance Abusers, and Consultant of Yuk Chi Resource Centre for mental handicap. He obtained master degree of Social Sciences (Criminology) of the University of Hong Kong in 2008. He is the former chairman of The Hong Kong Society of Psychiatrists 2008-2010.

Abstract :

Sleep disorder is the most common psychiatric problem affected 10-15% population. (Roth, 2005). Insomnia can be a primary sleep disorder, or secondary to many psychiatric and medical illnesses. Insomnia can be viewed either as a failure of sleep-promoting mechanisms, or as the consequence of hyper-arousal systems. Excessive arousal is associated with anxiety and excessive worrying about sleep. The poor sleep hygiene caffeine abuse and alcohol abuse are the major perpetuating factors. Clinician should identify the precipitating factors and educate about trigger factors of sleep and establish good sleep habits. Short term use of hypnotic medication could be benefit. However, chronic, long-term insomnia may not respond and increase the potential risk of dependence. Care should be taken to identify and treat depressive and anxiety disorders.

Irregular working hours is a major stress on worker. A study found increased attention errors in junior doctors working in intensive care settings dependent on number of hours worked per week (Lockley, 2004). Maintaining a good sleep is essential to health and well-being. However, when there are irregular working hours, a certain amount of planning is needed, so that the sleep debt is made up adequately and in time so that we function optimally every day. Understanding the basic regulation of sleep can help when forming a strategy to manage the disruption of routine these shifts cause.

Controversies of Brain Death

Dr. Dawson FONG

MBBS(HK), FRCS(Edin), FCSHK, FHKAM(Surgery)



Chief of Service and Consultant Neurosurgeon, Department of Neurosurgery, Tuen Mun Hospital, NTW Cluster, Hospital Authority

Abstract :

It took humanity many thousand years to realise that the brain is linked to the mind. With the thorough understanding of embryology, neurophysiology and neuroanatomy, we realise that the human brain basically evolves from the more primitive species around a brainstem structure with a much more sophisticated neocortex. We eventually learn the fact that consciousness, personality, insights, perception and motion – domains that represent an individual – all originate in the brain.

With the advent of mechanical ventilation in the mid-twentieth century, doctors were able to sustain the cardio-pulmonary system in patients after severe head injuries challenging the traditional definition of death. Later on as organ transplant gradually matured, a clear definition of death became ever more important. To harvest timely an organ from a truly dead patient for another needy one is a decision that encompasses not only medical but also legal and ethical issues.

No wonder, for the past 60 years, relevant scientists and clinicians around the world are still discussing and trying to have the best guidelines for the definition of brain death. In this presentation, the history, the evolution and controversies of this entity will be brought forward and discussed. The guideline for Hong Kong will also be shared.

Management of Generalized Anxiety Disorder

Dr. Willy CH WONG

MBBS(HK), MRCPsych, FHKCPsych, FHKAM (Psychiatry)

Associate Consultant in Psychiatry, Kwai Chung Hospital



Biography :

Dr. Wong is a specialist in psychiatry. He has obtained MRCPsych, FHKCPsych and FHKAM (Psychiatry). He is an associate consultant in adult psychiatry in Kwai Chung Hospital of the Hospital Authority, Hong Kong. He is a trainer in the Hong Kong College of Psychiatrists. Besides, he is also an honorary clinical assistant professor in Li Ka Shing Faculty of Medicine, The University of Hong Kong, and a part-time teacher in HKU School of Professional and Continuing Education. His clinical experience includes adult, psychogeriatric, community, learning disability and substance abuse psychiatry. He has been an active columnist in the Hong Kong newspapers and magazines. He has published and edited several Chinese books including 還須心藥醫, 智能障礙者之心理健康及精神疾病手冊(香港版), 情緒病診療室—破解人心的密碼 for public education.

Abstract :

Generalized Anxiety Disorder (GAD) is a common and prevalent psychiatric problem. It is characterized by excessive and unreasonable worry. According to the DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision), the clinical features include difficulty to control the anxiety, restlessness, easy fatigability, difficulty in concentration, irritability, muscle tension and sleep disturbance. Different diagnostic criteria use 6-month as the duration of symptoms. The onset of the disorder is typically between late teens and late twenties. Differential diagnoses such as other anxiety disorders, major depression, general medical conditions and substance abuse should be considered. Besides, there is a high rate of comorbid psychiatric disorders with GAD. Examples of comorbidity include mood disorders (major depression, dysthymia), other anxiety disorders (social anxiety disorder, panic disorder and agoraphobia), somatoform disorders etc. There are many treatment modalities for GAD. Cognitive behavioural therapy (CBT) is one of the psychological therapies with more evidence. CBT skills include relaxation training, cognitive restructuring skills, exposure and response prevention. For pharmacological therapy, benzodiazepines are commonly used for acute relief of symptoms while longer term treatment is put in place. Intermittent instead of continuous use of benzodiazepines is suggested because of the risk of dependence. Selective serotonin reuptake inhibitors (SSRIs) can be used as first-line medications. Serotonin and norepinephrine reuptake inhibitors (SNRIs), mirtazapine and pregabalin are other alternatives. There are other treatment modalities which have weaker evidence and examples include tricyclic antidepressants, buspirone and beta-blockers. There is also emerging data about the role of quetiapine in the management of GAD. Choice of treatment depends on many factors, including treatment history and patient preference. Anxiety symptoms often go unnoticed in primary care settings. Detection and adequate treatment of GAD is necessary because of the high prevalence rate and possible serious consequences. There can be significant distress, impairment of social and occupational functioning if the disorder remains untreated. This is expected to impose economic burden to the individual and the society. Therefore, early recognition and effective treatment are important.

Thrombolysis in Acute Stroke

Dr. Wing-chi FONG

MBBS, MRCP, FHKCP, FHKAM

Associate Consultant, Department of Medicine, Queen Elizabeth Hospital



Biography :

Dr. Fong obtained his medical degree from University of Hong Kong in 1993. He underwent his residency training in Internal Medicine in Caritas Medical Centre and Queen Elizabeth Hospital and he obtained a Membership from the Royal Colleges of Physicians of the United Kingdom in 1997. He received further training in Neurology in Queen Elizabeth Hospital and obtained Fellowship from the College of Physicians and Hong Kong Academy of Medicine in 2001. Dr Fong had undergone clinical attachment in Beth Israel Deaconess Medical Centre, Harvard Medical School in Boston for cerebrovascular disease.

His clinical interest is acute stroke therapy and he is currently the Director of the Acute Stroke Unit and Leader of the Acute Stroke Thrombolysis Team of the Queen Elizabeth Hospital.

Abstract :

Acute stroke is one of the main cause of mortality and the leading cause of disability of adult. Acute therapy for ischaemic stroke is limited until the benefit of intravenous thrombolysis is proven in the landmark NINDS stroke study in 1995. It showed that intravenous thrombolysis by recombinant tissue plasminogen activator within 3 hours from stroke onset is associated with 11 to 13% absolute increase in excellent functional outcome. The benefit is confirmed in subsequent meta-analysis and the treatment window is extended to 4.5 hour by ECASS III study. The effectiveness of the treatment is reproduced in registries of various countries. And it gradually becomes standard therapy of acute ischaemic stroke presented within the therapeutic window. However, the benefit of intravenous thrombolysis is limited by its low recanalization rate of major arterial occlusion. So intra-arterial thrombolysis or mechanical therapy is being developed and its benefit is shown in various studies of patients with severe ischaemic stroke syndrome. The recanalization rate had been reported to be around 60% to 70%.

Despite of the fact that intravenous thrombolysis is proven to be effective, its implementation in Hong Kong is limited by the narrow treatment window and the availability of expertise especially outside office hour. With the strong collaboration of various clinical departments, Queen Elizabeth Hospital had initiated the 24-hour intravenous stroke thrombolysis program in December 2008 and the outcomes are comparable with overseas data. Among 99 patients treated with intravenous thrombolysis, 38.4% of patients had achieved excellent functional outcome at 3 months after stroke. Symptomatic intracerebral haemorrhage developed in 7% of the patients. As a result, stroke thrombolysis can be safely and effectively implemented in the local Hong Kong setting.

Early Identification and Management of Acute Psychosis

Dr. Bruce KT CHAN

Specialist in Psychiatry, MBChB(CUHK), FHKCPsych, FHKAM(Psychiatry)

Private Psychiatrist



Biography :

Dr. Chan is a psychiatry specialist, who graduated from the Chinese University of Hong Kong. He had been practicing in local hospitals and now in private practice for almost 7 years. Further on with his education, he had been receiving training on hypnotherapy and other mental-healing therapies in Australia.

Apart from clinical practice, Dr. Chan is passionate in writing. He has made his own publications on mental wellness. Furthermore, he is keen in promoting mental wellness through various media channels, including columnist of a local newspaper and guest speaker of a radio program. He is also an active seminar speaker for private corporates, government offices and other non-government organisations. These include Hong Kong Disneyland, the Law Society, MTR Corporation, Labour Department and Civil Services Bureau of the government.

Abstract :

The early detection of a rapidly developing psychotic episode may not be difficult. Patients are often noticed to have remarkable changes in their emotion and behaviours. They can have fears, rages, or even hostilities. They demonstrate various degrees of social withdrawal, argumentative and challenging behaviours, or even violence. Hallucinatory experiences and delusions are very common, and they are always feeling puzzled or angry about their distorted perception of the reality. Apart from the detection of psychotic symptoms, it is utmost important to assess the risk of self-harm and danger to the others, the depth of believes towards their delusions and the intensities of the emotions towards their hallucinations may play a very important role. While it may not be difficult to diagnose, management of an acutely psychotic patient can yet be extremely difficult. The obstacle is mainly to engage the patients for treatment.

Experiences told us that both the patients and their relatives might become very reluctant to accept the psychiatric treatments, or expecting some unrealistic, magical cure. Management of acute psychosis is starting from safety considerations and proper choice of drugs. Young and antipsychotic naïve patient can demonstrate peculiar responses or side effects towards the medications. Therefore, it is important to know the characteristics of different treatment agents and allow adequate time for gradual titration of the dosage. While as acute psychosis can also be caused by underlying medical conditions, or substance abuse, other treatments should be established accordingly. Psychotic disorder can be highly likely to relapse, continuing patient education and prevention measures should never be over-looked.

Imaging of Stroke and Other Neurodegenerative Diseases

Dr. Ki WANG

MBBS (HKU), FRCR (UK), FHKCR (HK), FHKAM (HK)

Consultant, Department of Imaging and Interventional Radiology,
Prince of Wales Hospital



Dr. Wang is a general radiologist with special interest in neuro-imaging of dementia, PET/CT and Nuclear Medicine. His main clinical focus is to combine magnetic resonance spectroscopy (MRS) and brain scintigraphy to differentiate aging from specific types of dementia.

Biography:

Dr. Wang is the Consultant Radiologist at Department of Imaging and Interventional Radiology in Prince of Wales Hospital. He is also the Honorary Clinical Associate Professor of Chinese University of Hong Kong.

Dr. Wang obtained his medical degree from the University of Hong Kong in 1991. He obtained the fellowship of Royal College of Radiologists (FRCR, UK) in 2000. Dr Wang is currently a fellow of Hong Kong Academy of Medicine (Radiology) and Hong Kong College of Radiologists since 2002.

Abstract:

The state of art neuro-imaging techniques opens the secret face of many neurological diseases. Of these imaging techniques, MRI and functional scintigraphy (PET, SPECT) help us to diagnose neuro-degenerative diseases as soon as possible. The advance in imaging of stroke enables clinicians to initiate appropriate treatment such as thrombolysis to salvage the damaged brain. Combining the MR spectroscopy and functional scintigraphy (PET and SPECT), differentiation of physiological aging and true dementia is possible even at initial presentation. Continuous research in neuropathology by PET scan such as dopamine neuro-transmission in Parkinson Disease and Amyloid Deposit in Alzheimer Disease not only reassure the clinical diagnosis, but also facilitate the clinicians to select the appropriate treatment strategy for the patients. Updated software in the processing of neuro-imaging allows the clinicians to read the images by themselves, thereby promoting mutual discussion and understanding of neuro-degenerative diseases for clinicians and radiologists. The current lecture aims at highlighting what information can be provided by neuro-imaging, so that clinicians can call imaging for help whenever necessary.



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- **Management of Brain Metastases**
Dr. Warren TAI

Rehabilitation & Pain

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Dr. Carina CF LI
- **Advance in Spasticity Management**
Dr. Leonard SW LI
- **Occupational Therapy in Hemiplegic Upper Extremity**
Dr. Kenneth FONG
- **Integration of Chinese and Western Medicine in Neurorehabilitation**
Prof. Dahong ZHUO

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Dr. Joyce SP LAM
- **Obstructive Sleep Apnoea**
Dr. Jamie CM LAM
- **Use of Hypnotic Medication in Insomnia**
Dr. Sik-chuen TING

Mental Health

- **Generalized Anxiety Disorder**
Dr. Willy CH WONG
- **Acute Psychosis**
Dr. Bruce KT CHAN
- **Depression**
Dr. Yin-kwok NG

Stroke

- **Thrombolysis in Acute Stroke**
Dr. Wing-chi FONG
- **Imaging of Stroke and Other Neurodegenerative Disease**
Dr. KI WANG

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Dr. Pui-i LEE

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Dr. Nelson YF CHEUNG

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- **Focal Epilepsy in Adulthood**
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Dr. Wai-kwong CHAK

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Common Child Mental Disorders

Dr. Tony TS LAI

MBBS (HK), FHKCPsych, FHKAM (Psychiatry)

Associate Consultant, Department of Child & Adolescent Psychiatry, Castle Peak Hospital



Biography :

Dr. Lai is the Associate consultant of the Department of Child & Adolescent Psychiatry at the Castle Peak Hospital. and Honorary Clinical Assistant Professor of the Department of Psychiatry, Department of Family Medicine at the University of Hong Kong. He is a blogger at healthyd.com.

Dr. Lai obtained his medical degree from the University of Hong Kong in 1991. He worked at the Department of Neurophysiology, King's College Hospital, London as a research fellow in 2004 on epilepsy surgery projects. He joins the Comprehensive Epilepsy Surgery Team in New Territories West Cluster of the Hospital Authority as a member in 2006. He is currently a Fellow of the Hong Kong Academy of Medicine (Psychiatry), and the Hong Kong College of Psychiatrists. He is the only psychiatrist approved by the Victoria Government of Australia on Psychiatric Impairment Assessment in Hong Kong.

Dr. Lai interests in Child & Adolescent Psychiatry particular in neuro-developmental aspects including Attention Deficit/Hyperactivity Disorder, Autistic Spectrum Disorder, Motor Tics Disorder, psychiatric assessment in epileptic patients, and psychiatric impairment assessment. His recent research is on the psychiatric outcomes of child and adolescent after epilepsy surgery.

Abstract :

ADHD is a common disease entity in child psychiatry. The prevalence of ADHD is approximately 3 to 10%. It is a complex disease and is biological in nature. It has variable presentation and a high rate of co-morbidity. Children with ADHD have symptoms of inattention, hyperactivity and impulsivity. The severity of the symptoms and the presentation may change with age. Problems of hyperactivity and impulsivity are commonly seen in younger children but inattention symptoms are more prevalence in adolescents with ADHD. Symptoms of ADHD may lead to adverse consequences not only on one's social but also educational, and family functioning. They have a higher risk of substance abuse and delinquency. It could manage effectively by the use of pharmacological and psychosocial treatment. Among various forms of medication, stimulant is the first line treatment with highest efficacy and tolerability. Non-stimulants could be used for patient with resistant symptoms or intolerance to stimulant. Therefore, early recognition, diagnosis and treatment are important for the well being of this group of patients

Dementia

Prof. Timothy CY KWOK

MD, FRCP (London), MB.CHB

Professor in Medicine (Geriatrics), Prince of Wales Hospitals, the Chinese University of Hong Kong

Biography :

Dr. Kwok graduated from University of Leicester in the UK and received specialist training in Geriatric and Internal Medicine in St George's Hospital in London before returning to Hong Kong, to join the Department of Medicine & Therapeutics in the Chinese University of Hong Kong (CUHK). He obtained his MD in 2004. He was promoted to professorship in 2006. For three years, he was chief of service of the Department of Medicine and Geriatrics in Taipo Hospital. He is director of Jockey Club Centre for Positive Ageing, a comprehensive care centre for people with dementia, and co-director of the Jockey Club centre for osteoporosis care and control. His research interests include dementia, nutrition, palliative care and health services. He is a council member of the Hong Kong Geriatrics Society.

Abstract :

Dementia is a major cause of disability and dependency in old age. Alzheimer disease (AD) is the predominant cause. Cholinesterase inhibitors are the drug of choice for early AD. They have been shown to have modest effects on cognition and behavior in AD patients. Gastrointestinal side effects are quite common in Chinese patients, especially at high doses. The transdermal preparation of Rivastigmine has the advantage of having less GI side effects.

Memantine is the alternative drug in moderate to severe AD. It works by modulating, protecting the N-methyl-d-aspartate receptors from the neurotoxic effect of over-stimulation by glutamate. It has modest cognitive benefits in moderate and severe AD, and may prevent and attenuate agitation and aggression. There is no therapeutic advantage in using cholinesterase inhibitors and memantine together.

Dementia is very commonly associated with neuropsychiatric symptoms e.g. delusion, agitation, aggression and behavioral problems e.g. wandering. Anti psychotic drugs may reduce agitation and aggression in the short term, but they are unsafe and probably ineffective in the long term. The newer atypical preparations have less Parkinsonian side effect.

Selective serotonin re-uptake inhibitors and anticonvulsants e.g. sodium valproate and carbamazepine may be useful in stabilizing mood and reducing agitation.

Lastly, cognitive stimulation and physical activity are effective in preserving cognitive function. Family caregiver training and support is important part of medical management as it is effective in reducing caregiver stress and may delay institutionalization.



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Refractory Paediatric Epilepsy: . Any Recent Breakthrough in Management?



Dr. Wai-kwong CHAK

MBBS (HKU), MRCP(UK), DCH (Ire), Dip Ger Med (RCPS Glass), PDipID (HKU), FHKAM(Paediatrics), FHKCPaed

Associate Consultant, Department of Paediatrics and Adolescent Medicine, Tuen Mun Hospital
Honorary Clinical Associate Professor, The University of Hong Kong

Biography :

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.

Dr. Chak obtained his medical degree from the University of Hong Kong in 1993. He obtained the fellowship of Hong Kong Academy of Medicine (Paediatrics) and Hong Kong College of Paediatricians since 2002.

Dr. Chak is a Paediatrician with special interest in 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 Bonn in Germany respectively.

He has been a certified ASEPA ASNA Electroencephalographer since 2009. He has been an invited speaker of Seizure management workshop in Chengdu organized by ILAE Asian Epilepsy Academy (15-16 April 2010). He is currently an international ASEPA ASNA EEG examiner. His main clinical focus is the management of patient with Refractory Epilepsy by medical, dietary and surgical treatment.

Abstract :

There is certain percentage of Paediatric Epilepsy patient whose epilepsy could not be easily control by medication. Apart from the frequent breakthrough seizure and various side effects of long term medication, they also have other problems including cognitive delay, inattention, behavioural problems and learning difficulties etc. The recent advances in long term Video EEG Monitoring and neuro-imaging provide us opportunities to better understanding in this group of patients and guide us the way to optimal treatment. In this talk, we would like to share the local experience of managing this group of patients. For example the use Long Term Video Monitoring, various imaging techniques including MRI and functional scintigraphy (PET, SPECT) to find out the epileptogenic focus/ lesion, hence allow surgical resection. For those refractory epilepsy patients who are not candidates for epilepsy surgery, dietary management may be an alternative treatment option for them. We would like to share with the audience seizure and cognitive outcomes of two groups of patient undergone either epilepsy surgery or ketogenic diet. The current lecture aims at highlighting the importance of alternative treatment modalities in managing patient with refractory paediatric epilepsy and how to select suitable patient to the optimal treatment modality to date.

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Management of Parkinson's Disease

Dr. Nelson YF CHEUNG

MBBS, MRCP, FHKAM (Medicine), FHKCP, Specialist in Neurology

Associate Consultant, Department of Medicine, Queen Elizabeth Hospital, HKSAR



Biography :

After obtaining his medical degree from the Faculty of Medicine, University of Hong Kong in 1992, Dr. Cheung underwent fellowship training in Neurology and Advanced Internal Medicine at the Queen Elizabeth Hospital. He further received his sub-specialized fellowship training in movement disorders from Dr. Stanley Fahn at the Center of Parkinson's Disease and Other Movement Disorders, Columbia University, New York in 2002. Dr Cheung is a key member in the deep brain stimulation program and built up the Integrated Deep Brain Stimulation Clinic for Movement Disorders with the neurosurgeons. He is actively involved in the Hong Kong Movement Disorder Society where he served as the first Honorary Treasurer in 2008-2009, Honorary Secretary in 2010-2011 and currently the Vice-President of the Society. He is the council member of the Hong Kong Neurological Society and the Hong Kong Brain Foundation and has been the co-organizer of various academic, patient and public educational activities like Monthly Neurological Clinical Meetings and Annual Scientific Meetings of the Hong Kong Neurological Society and the Brain Awareness Week of the Hong Kong Brain Foundation.

Abstract :

Parkinson's disease (PD) is a progressive, neurodegenerative disease. There is no known cure at this juncture. However, a lot of treatment options are now readily available. In this talk, we will discuss on several management issues. Firstly, should all PD patients be treated with medications once the diagnosis have been established, irrespective of the stage of the disease? There are several concerns, namely the cost, convenience and side-effects of the medications including the development of motor complications, the effects of patients' quality of life and potential compensatory actions of the medications on the neurodegenerative processes. Secondly, what medication(s) should we choose when we initiate treatment? Should we start on levodopa or adopt a dopamine-sparing strategy? Various medications with different mechanisms of action will be briefly introduced, including levodopa, dopamine agonists, COMT inhibitors, MAO-B inhibitors, anti-cholinergics and amantadine. A practical approach will be discussed. Thirdly, PD was initially described as a disease which impairs the motor functions of the patients. However, there are now over-whelming studies on the non-motor symptoms (NMS) of PD. The effects of NMS on PD patients are sometimes even more profound than the motor symptoms. Some of these symptoms should be treated with other medications. Lastly, what treatment approaches can we adopt for the management of motor complications refractory to the usual medications? We will focus on two treatment modalities – apomorphine pump and deep brain stimulation.

Depression – a Short Update

Dr. Yin-Kwok NG

MBBS (HK), FRCPsych, FHKAM(Psych), FHKCPsych, Specialist Psychiatrist

Consultant Psychiatrist, Kwai Chung Hospital



Biography :

Dr Ng is currently a consultant psychiatrist of Kwai Chung Hospital, Hong Kong SAR. He is a Fellow of the Hong Kong College of Psychiatrists, Hong Kong Academy of Medicine (Psychiatry) and the Royal College of Psychiatrists, UK. He is also a council member and Chairman of the Sponsorships Committee of the Hong Kong College of Psychiatrists and Honorary Secretary of The Federation of Medical Societies of Hong Kong.

Abstract :

Depression is common and can be debilitating, not only to the patients but also their carers. The disorder is often under-recognized, under-diagnosed and under-treated. Patients may ultimately die of suicide. In this short review, different presentations of depression, their common and not so common treatment methods will be talked about. Circumstances encountered in general practice environments will be emphasized, especially on side effects identification and when to refer to specialists.



US Patent 7680532

US Patent 7020514

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(1) Fuster V, Ryden LE, Cannom DS, Crijns HJ, Curtis AB, Ellenbogen KA, et al. ACC/AHA/ESC 2006 Guidelines for the Management of Patients with Atrial Fibrillation: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the European Society of Cardiology Committee for Practice Guidelines. * Circulation. 2006;114(7):e257-354.

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Multidisciplinary Management of Brain Metastases: Macau Experience

Dr Tai Wa Hou

簡歷

戴華浩，醫學博士，神經外科專科醫生，澳門公立醫院醫生協會理事長，澳門神經醫學會理事長，澳門中華新青年協會會長，澳門特別行政區行政長官選舉委員會委員（專業界別）。

1995 年畢業於廣州中山醫科大學臨床醫學系，隨後獲神經心理學碩士學位（2001）和神經外科醫學博士學位（2004）；1998 年起擔任仁伯爵綜合醫院神經外科專科實習醫生，先後到過北京天壇醫院、廣州中山大學附屬第一醫院和香港中文大學威爾斯親王醫院培訓深造，2004 年 9 月起任神經外科專科醫生，承擔著澳門地區神經外科疾病的診治工作和前線醫療工作，在各類雜誌發表學術論文超過 20 篇。

2003 年起參與青年工作，先後任澳門中華新青年協會副理事長（2005）、理事長（2009）和會長（2011）、澳門青年聯合會常務理事（2007）、副會長（2010），團結澳門各界青年，服務社會弱勢團體，帶領青年參與社會事務。

2005 年開始參與澳門公立醫院醫生協會的工作，先後任秘書長和理事長，多次統籌主辦國際醫療學術會議，致力提高公立醫院醫護人員的診治水準；帶領全體公立醫院醫生舉辦各種醫療普及教育講座，服務廣大市民；對特區政府公共醫療事務提出多項意見與建議，致力提升澳門公共醫療的素質。

2008 年創辦澳門神經醫學會，為首任理事長，凝聚本地神經醫學工作者，致力提高澳門地區神經科學水準，推廣腦血管疾病的社會防治和科普教育工作。

2008 年代表醫療界參選第三屆澳門特別行政區行政長官選舉委員會，獲選為專業界別委員。

Abstract :

Metastatic brain tumors are the most common intracranial neoplasms in adults , The incidence of brain metastases is 5.1/100,000 in Macau, which appears to be rising as a result of superior imaging modalities, earlier detection, and more effective treatment of systemic disease. Therapeutic approaches to brain metastases include surgery, whole brain radiotherapy (WBRT), stereotactic radiosurgery (SRS), and chemotherapy. Treatment decisions must take into account clinical prognostic factors in order to maximize survival and neurologic function whilst avoiding unnecessary treatments. The goal of this article is to review important prognostic factors that may guide treatment selection, discuss the roles of surgery, radiation, and chemotherapy in the treatment of patients with brain metastases, and present new directions in brain metastasis therapy under active investigation. This article also discuss the value of using prophylactic anticonvulsants.

In the future, patients will benefit from a multidisciplinary approach focused on the integration of surgical, radiation, and chemotherapeutic options with the goal of prolonging survival, preserving neurologic and neurocognitive function, and maximizing quality of life.

Concepts of Neuropathic Pain

Dr Li Hung Ping

Pain Management Team,
Consultant Anesthetist,
Department of Anesthesia, CHCSJ

Neuropathic pain is defined as “Pain initiated or caused by a primary lesion or dysfunction in the nervous system”, wherever damage at peripheral nerves, nerve roots, spinal cord or brain.

Differ from nociceptive pain, whether spontaneous or evoked, neuropathic pain may occur without activation of nociceptors, represents the presence of neurological dysfunction or pathology, whereas nociceptive pain occurs with an intact nervous system functioning normally. Current concepts in diagnosis and management of neuropathic pain will be discussed, focus on assessment of pain, understanding its pathophysiology and mechanisms, appreciating psychosocial factors leading to complex pain syndromes.

The key to successful management of neuropathic pain lies in the use of a multidisciplinary and multimodal approach. To be considered as a disease entity, neuropathic pain needs early management and intervention to reduce the risk of pain becoming chronic and destructive. The main treatment is systemic analgesics, supplemented by nerve blocks and neurodestructive procedures in selected patients. Pharmacological as well as minimally invasive pain management techniques will be discussed in the areas of acute, chronic and cancer neuropathic pain.

Four-Level Triage System in Emergency Department

Dr Leong Hoi Ip

Department of Emergency CHCSJ, Macau

Abstract :

過去十年隨著澳門博彩業的急劇增長，引入大量外地僱員。另一方面澳門出生率的不斷上升，澳門地區常駐人口已達六十多萬。此外人口老化問題日益嚴重，對本澳醫療體系帶來巨大壓力，其中急症室為重災區。過去十年本院急診求診患者增長達百分之八十以上，在高峰時段候診人數可達八十人以上。因此如何合理分流病患，把急需救治的患者快速、準確地篩選出來十分重要。隨著急診患者的不斷增加，過去本院使用的 3 級分流系統已無法應付實際需要。因此本院以原來的 3 級分流系統為基礎，參考鄰近地區的急診分流系統，制定 4 級分流系統已應對未來所需。

With the rapid growth of the Macau gambling industry over the past decade, a large numbers of foreign employees are imported. On the other hand, the Macau birth rate continues to rise and Macau resident population has reached more than 600,000. In addition, a problem of aging population is increase seriously. It creates a huge pressure to the health care system and the hardest-hit area is Accident and Emergency Department. A & E patients in our hospital has grown more than 80 percent in the past decade and the numbers of waiting list at the peak of rush hours are up to more than eighty people. Therefore, how to triage patients to the urgent need for treatment with rapid, accurate screening is very important. With the continuous increase in emergency patients, the hospital used three-level triage system has been unable to meet the actual needs. Four-level triage system which is based on the current three-level triage system and referenced by the emergency triage systems in neighboring areas would be developed to deal with future needs.

Thalassemia Management in Macau

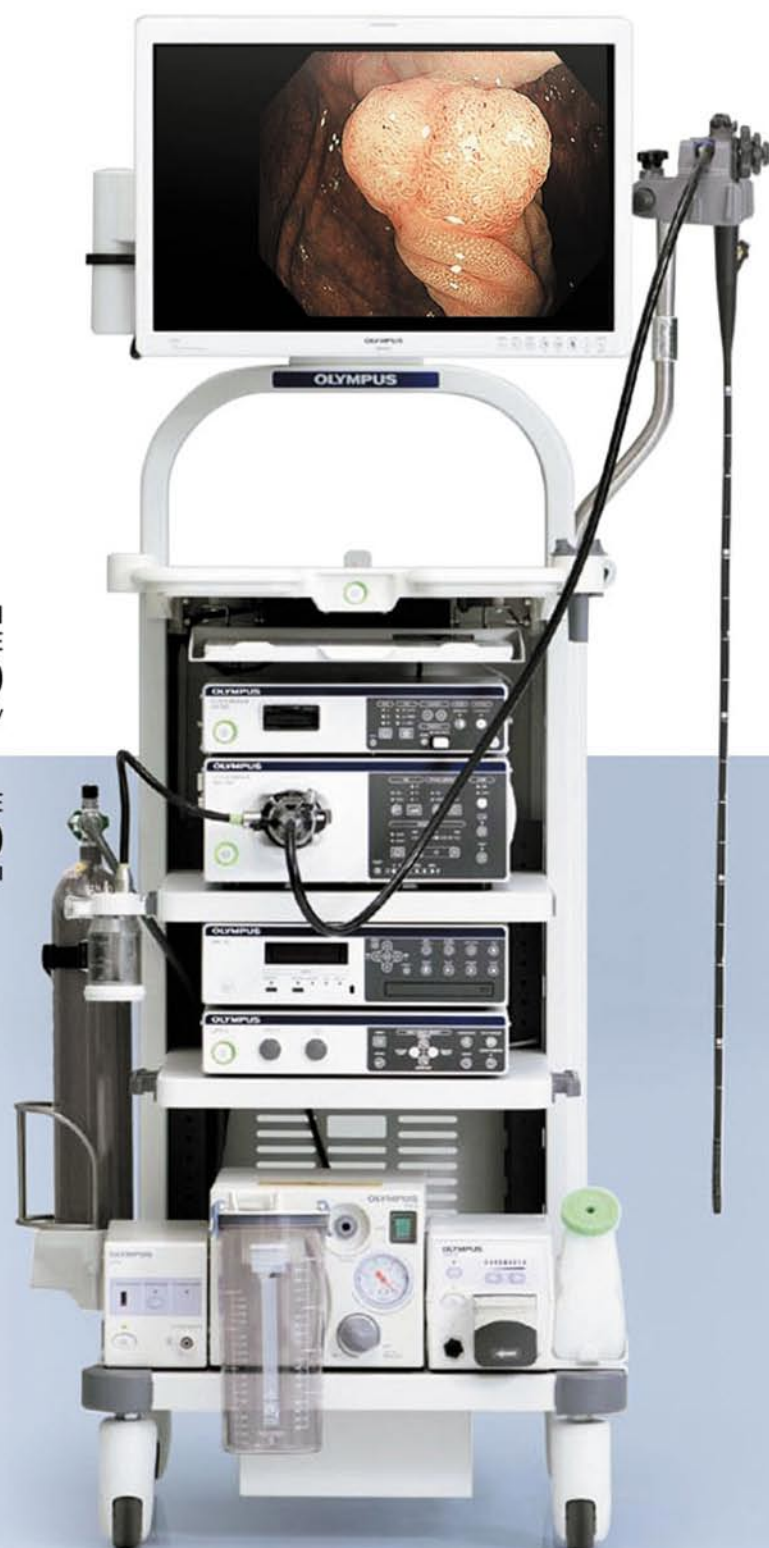
Dr Yung Ka Hong

Consultant Hematologist
Department of Hematology
CHCSJ, Macau

Abstract :

The thalassemias are a group of inherited autosomal recessive hematological disorders that cause hemolytic anemia because of the decreased or absent synthesis of a globin chain. In severe form of thalassemia, patients may need long term blood transfusion and iron chelation therapy, which will also cause certain complications during their lives. Therefore, antenatal screening and education for thalassemia has played a vital role in prevention of thalassemia major. In this presentation, an overall picture of thalassemia including epidemiology, pathophysiology, laboratory investigations and managements will be introduced, followed by our practice here in Macau.

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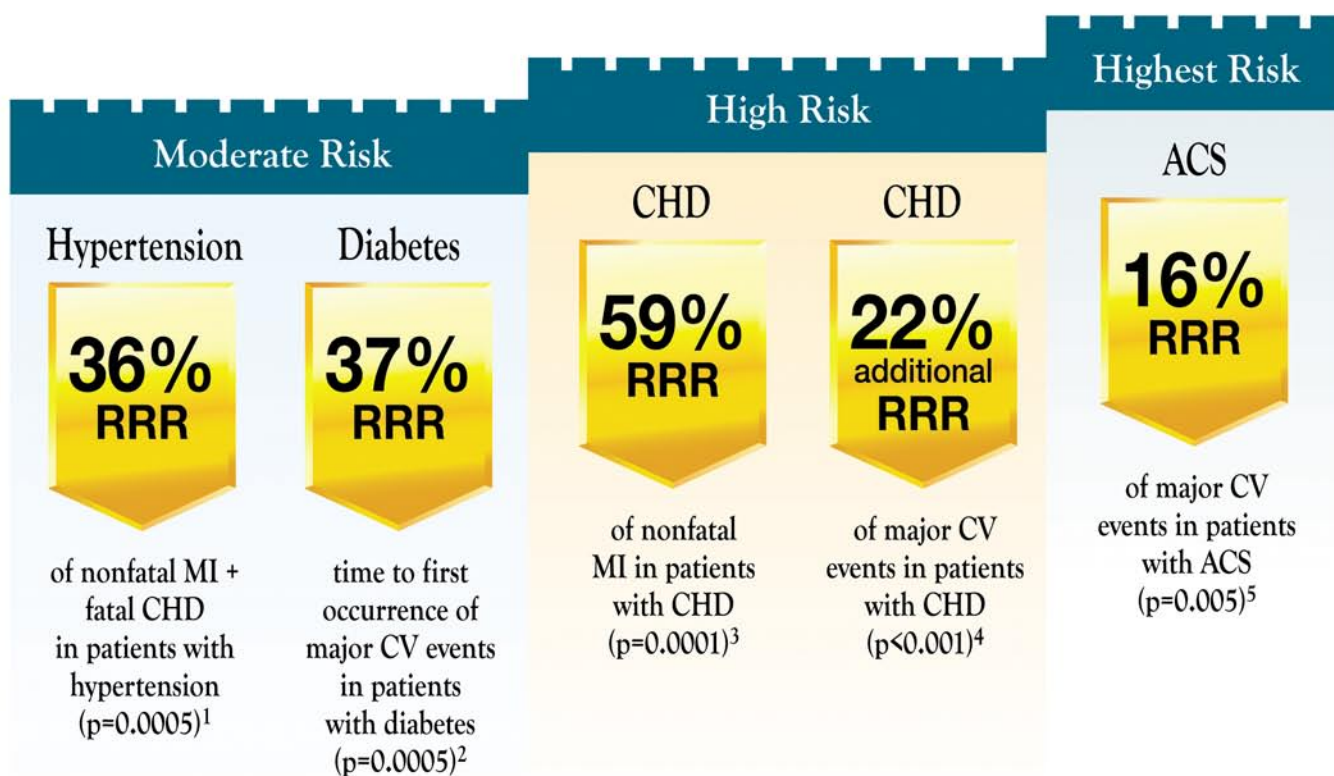


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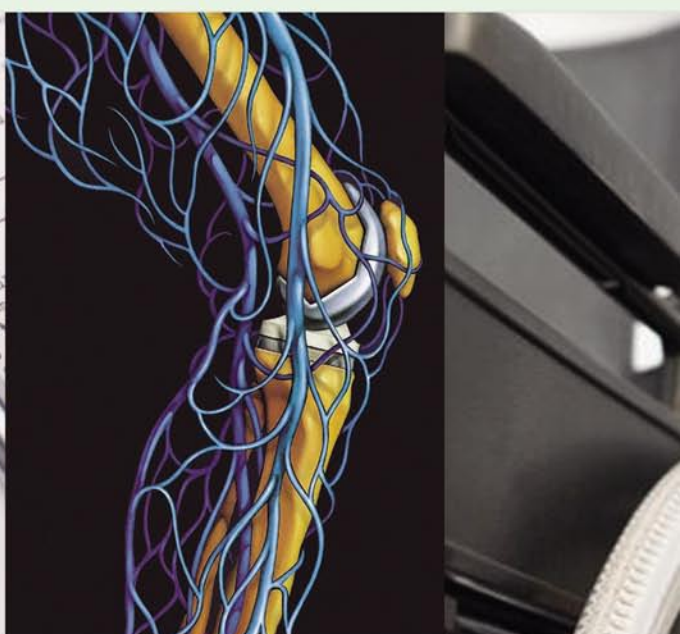
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