THE FEDERATION OF MEDICAL SOCIETIES OF HONG KONG

香 港 醫 學 組 織 聯 會

Annual Scientific Meeting 2013

Obesity Related Disorders: An Emerging Epidemic

Date : 23 June 2013 (SUN) **Time : 9:30AM - 4:30PM**

Ballroom, 3rd Floor, Sheraton Hotel, 20 Nathan Road, Tsim Sha Tsui

All health professionals welcome

Programme

09:30-09:40	**Opening Ceremony** Officiating Guests Dr. Wing-man KO, BBS, JP (Secretary for Food and Health) Prof. Tai-fai FOK (Vice-President of Hong Kong Academy of Medicine)	
Session I: Exercise, Nutrition and Obesity Issues Chairmen: Dr. Regina CHING & Dr. Mario Wai-kwong CHAK		
09:40-10:00	Mr. Gordon CHEUNG	The Evolutionary Origins of Obesity - Any Hint for Public Health Actions?
10:00-10:20	Ms. Sally POON	A Comprehensive Dietary Approach to Obesity Management
10:20-10:40	Ms. Jenny NG	Exercise and Obesity
10:40-11:00	Dr. Vanessa NG	Dangers of Self-medication to Treat Obesity
11:00-11:15	Q&A	
11:15-11:30	Break	
Session II: Adult Obesity Chairmen: Dr. Ben FONG & Dr. Jane CHAN		
11:30-11:50	Prof. Bernard CHEUNG	Obesity - A Common Cause of Hypertension
11:50-12:10	Dr. Benjamin WONG	Risk Factors and Updated Management of GERD
12:10-12:30	Dr. Annie KUNG	Obesity and Type II Diabetes: Cause and Effect
12:30-12:40	Q&A	
12:40-13:40	Luncheon	
Session III: Obesity, Sleep and CNS Chairmen: Dr. Yin-kwok NG & Dr. Maureen WONG		
13:40-14:00	Prof. Yun-kok WING	Obesity - Does Sleep Play a Role?
14:00-14:20	Dr. Jamie LAM	Obesity and Obstructive Sleep Apnea
14:20-14:40	Dr. Mario CHAK	Epilepsy and Obesity
14:40-14:50	Q&A	
14:50-15:00	Break	
Session IV: Paediatric Obesity (Room AB) **parallel symposium* Chairmen: Dr. Aaron YU & Dr. Sik-nin WONG		
15:00-15:20	Prof. Alice KONG	Obesity and Diabetes in the Youth- What You Should Know?
15:20-15:40	Dr. Chung-mo CHOW	Fatty Liver in Children: An Overview
15:40-16:00	Dr. Phyllis KL CHAN	Adolescent Eating Disorder: Updates on Diagnosis and Management
16:00-16:10	Q&A	
Session V: Surgical Treatment of Obesity (Room C) **parallel symposium* Chairmen: Dr. Chi-wai MAN & Dr. Chun-on MOK		
15:00-15:20	Prof. Kwok-wai NG	Bariatric Surgery for Obesity
15:20-15:40	Dr. Peter PANG	Post-bariatric Truncoplasty
15:40-16:00	Dr. Chun-on MOK	Vaser Liposuction and Abdominoplasty for Abdominal Obesity
16:00-16:10	Q&A	
Session VI: Obesity and Dyslipidaemia Chairman: Dr. Raymond LO		
16:10-16:30	Prof. Brian TOMLINSON	Obesity and Dyslipidaemia: Can Medication Outweigh Lifestyle?

Welcome Message

The Federation of Medical Societies of Hong Kong has been established since 1965, and serves as the umbrella organisation of our medical, dental, nursing and allied health professional societies of Hong Kong. Our membership is steadily increasing, and to date we have a total of 134 members. The Federation aims to promote the fraternity and development of our professionals, for the betterment of the health and well-being of our population. Our Annual Scientific Meeting has been contributing over the years towards continuous medical education, 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 bilateral scientific meetings have been held together with the Chinese Medical Association both locally and in mainland. Last year we have organised a joint scientific meeting with Macau colleagues on the topic of Brain Health, which was also very well received.

This year, we have chosen a very important theme for our Annual Scientific Meeting: “Obesity-related Disorders: an Emerging Epidemic”, which is truly an escalating health concern involving 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 subject. We are most privileged to have distinguished speakers and chairmen from various disciplines to share with us their expertise and insight. We are also most grateful for our officiating and distinguished guests for their precious time and support, in alerting our health professionals to the obesity issue. Heartfelt thanks are given to the organising committee and secretariat, in planning and ensuring the meeting to be a success. The kind sponsorship from our industry partners needs to be duly acknowledged.

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

Dr. Raymond See-kit LO

President
The Federation of Medical Societies of Hong Kong

Welcome Message

Similar to any international cosmopolitan city, the prevalence of Obesity has become a public concern in Hong Kong. Nowadays, obesity not only affects adult but it has also started to affect very young children. The global epidemic of Obesity is worrying. Irrespective of medical or allied health professionals, we can no longer overlook this problem. People usually believe that obesity is due to unhealthy high fat diets and lack of exercise. However, there is increasing evidence show that obesity could be related to sleep deprivation, endocrine and psychiatric disorders. Obesity can lead to numerous chronic systemic diseases such as: fatty liver, obstructive sleep apnoea, cardiovascular diseases and metabolic syndrome and is a threat to people's long term health.

We have gathered here in this meeting many of the most eminent experts from Hong Kong who are taking care of people with obesity, they include: pediatricians, adult physicians, gastroenterologists, endocrinologists, cardiologists, psychiatrists, respirologists, surgeons, dietitians and physiotherapists. They have all dedicated most of their time to the clinical care of patients with either obesity or obesity related disorders. They are going to share with us some of the current understanding of various contributing factors of obesity and also give the audience advice on ways to prevent and manage obesity and various obesity related disorders. I have no doubt that this will be an informative, exciting medical event to encourage the interflow of medical knowledge from different medical and allied health professionals.

Dr. Mario Wai-kwong CHAK

Chairman, Annual Scientific Meeting 2013

Congratulatory Message

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

The rising trend of overweight and obesity is largely attributable to the lifestyles of unhealthy dietary habits, the wide availability of high fat and sugary foods and the lack of physical activity. Medical research indicates that unhealthy lifestyles directly accounted for the rising trend of many non-communicable diseases, such as heart disease, diabetes and cancers.

With a view to improving the health of the public, the Government has all along been playing an active role in promoting healthy lifestyles. The Department of Health published "Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases" in October 2008 to set out the principles and key elements for the prevention and control of non-communicable diseases, including overweight and obesity. We have set up a Steering Committee on Prevention and Control of Non-Communicable Diseases with relevant experts, various stakeholders and professional and community leaders to deliberate on and oversee implementation of the work strategy. In order to address the pressing issue of obesity, a Working Group on Diet and Physical Activity has been established under the Steering Committee to focus efforts and it published the "Action Plan to Promote Healthy Diet and Physical Activity Participation in Hong Kong" in 2010.

The effective tackling of overweight and obesity requires collaboration and concerted efforts of the Government, the healthcare professionals and various stakeholders in the community. The Federation of Medical Societies of Hong Kong's dedication of "Obesity-related disorders: an emerging epidemic" as their meeting theme this year will contribute tremendously to the multi-sectoral effort in addressing this important public health issue. I wish all experts a fruitful discussion at this excellent platform for exchange and development of knowledge and skills.

Dr KO Wing-man
Secretary for Food and Health

Congratulatory Message

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

It is my great pleasure to congratulate and thank the Federation of Medical Societies of Hong Kong for organising the Annual Scientific Meeting 2013 with the theme of "Obesity-Related Disorders: An Emerging Epidemic". This event provides an excellent platform for the sharing of professional knowledge and raising public awareness on this important issue.

Obesity is a major public health concern worldwide. It is a significant risk factor for many chronic diseases such as diabetes mellitus, cardiovascular diseases, cancers and obstructive sleep apnoea. Obesity threatens people's health and creates an enormous burden on our society, leading to reduced quality of life, reduced productivity, ill health and premature deaths. The Department of Health is committed to combatting this obesity epidemic and addressing this through life-course-approach programmes to promote healthy lifestyle.

To effectively manage the emerging epidemic of obesity and its related disorders, health care professionals across disciplines and sectors will continue to be our closest allies. The synergy generated from our collaborative efforts will enable us to tackle this epidemic successfully. Through this Annual Scientific Meeting, I trust that participants would share valuable knowledge and gain new insights in dealing with this world wide problem.

May I wish the Meeting every success and all participants an inspirational experience.

Dr Constance CHAN
Director of Health

Congratulatory Message

Dr. Donald LI
President, Hong Kong Academy of Medicine

The public is seeking more and more information regarding health-related issues and is seeking knowledge of measures that can be taken to improve their health. While there are many channels available to obtain information on these issues, there is no guarantee that the information is correct or that it is scientifically valid. The Annual Scientific Meeting of the Federation of Medical Societies of Hong Kong offers an excellent platform to deliver correct information to the public. This year, the topic is "Obesity-Related Disorders", which I am sure many people are concerned with and will find very interesting. In Hong Kong's increasingly busy society, there are changes in people's lifestyles that have led to convenience becoming a priority for people when making food choices. More and more people choose to consume fast food. This has a strong correlation with obesity and other related metabolic disorders, and is unfortunately a trend becoming prevalent in the younger generations, and amongst children.

Research shows that insufficient sleep can be a major contributing factor to weight gain. Long working and or studying hours have meant that more and more people do not get enough sleep. Under such circumstances, normal bodily functions are impaired at a cellular level because the body has not been given adequate recovery time that sufficient sleep would otherwise provide. Coupled with poor food choices, these two ingredients formulate a recipe for obesity and its related diseases.

The Annual Scientific Meeting will cover much more details about the underlying causes of obesity-related disorders as well as counter-measures that can be taken; it is sure to attract a lot of attention.

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 I am sure the meeting will arouse more public attention about obesity-related disorders leading to living a healthier life.

Dr. Donald Li
President
Hong Kong Academy of Medicine

Abstracts

The Evolutionary Origins of Obesity - Any Hint for Public Health Actions?

Mr. Gordon Chi-leung CHEUNG

B.Sc.(Hons), M.Phil., Pg.D. Diet., Cert. Chi. Med., R.D. (UK)

President, Hong Kong Nutrition Association

Mr. Gordon Cheung is the President (2012-13) of the Hong Kong Nutrition Association. He is currently working as Dietitian in the Hospital Authority and part-time teaching posts in the School of Professional and Continuing Education of the University of Hong Kong (HKU SPACE). He is also the member of the Taskforce on Nutrition Labelling Education and the Taskforce on the Code of Marketing of Breastmilk Subsititues of the Hong Kong SAR government.

He received his first degree in Food and Nutritional Science in the University of Hong Kong. He completed the postgraduate training in Hong Kong and obtained the Master of Philosophy together with the Postgraduate Diploma in Dietetics in 2003, as well as the Certificate in Chinese Medicine in 2009. He has also started the postgraduate study in Paediatric Dietetics jointly organized by the University of Plymouth and British Dietetic Association in UK, and completed a short clinical attachment in the GOS Hospital for Children in London. Previously he served for Hong Kong SAR government as research officer from 2003 to 2006, and worked as part-time lecturer in the University of Hong Kong from 2006 to 2008.

The current obesity epidemic, spreading from the industrialized nations to the rest of the world, is deeply rooted by the interaction of biology and culture over the long period of human revolution. An evolutionary analysis identifying factors favouring the capacity for fat deposition, therefore, may provide cues in the development of preventive public health strategies

Early hominid evolution was characterised by adaptation to a more seasonal environment, when selection would have favoured general thriftiness, which favoured the increased energy store for uncertainty in energy availability. During the millions years of human evolution, however, the needs to fight against food scarcity and high level of physical activity were relatively rare. During the encephalisation, humans evolved the complex genetic and physiological systems to confront with starvation and reserve body fat. The technological advancement also increased energy consumption and reduced physical workout. The development of agriculture, the labour-saving machinery and transportation in the industrialization of the last century further eliminated starvation and heavy manual work. Eventually, the capacity of fat accumulation, the major adaptive feature of human in the evolution, becomes increasingly maladaptive in the modern obesogenic environment with minimal uncertainty of energy (food) provision and less physical efforts.

Many studies have suggested that the weight gain in fetal life, infancy, childhood and adolescence, together with the gestational diabetes were associated with obesity at the later stage of life. The early-life nutritional programming has been proposed, and hypothesized that the maternal nutritional status during gestation and lactation provides “information” to the offspring on the nature of the external environment, which remains incorporated into offspring phenotype beyond the gestational and lactating period. It provides of evolutionary discordance with the genomic changes failing to catch up with the change in environment (maternal diet and feeding practices).

Enlightened by the evidences through the course the human evolution, the life-course approach should be adopted to tackle this upcoming tide of “Globesity”. Our “weapons” include the strengthened antenatal education on maternal diet, comprehensive care of gestational diabetes, adequate support of breastfeeding, parental education to rectify the proper expectation on child’s growth, family- and school-based nutrition education for school-age children and regulatory control(s) of obesogenic factors among the local society.

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Abstracts

A Comprehensive Dietary Approach to Obesity Management

Ms. Sally Shi-po POON

Registered Dietitian (UK), Accredited Practising Dietitian (Australia), BSc, MND

Private Dietitian, Part-time Dietitian at the United Christian Hospital
Chairman, Hong Kong Practising Dietitians Union

Ms. Sally Poon is a private dietitian as well as a part-time dietitian under the United Christian Hospital. She is the current Chairman of Hong Kong Practising Dietitians Union (2012-2014) and the Executive Committee of Hong Kong Nutrition Association (2011-2013). Sally completed a Master degree in Nutrition and Dietetics at the University of Sydney in 2007, where she conducted her master research project on Glycaemic Index values of McDonald's meals in Australia under the tutelage of Professor Jennie Brand-Miller. Before embarking on the master course, Sally completed her Bachelor Science degree in Nutrition at King's College London in 2005. She has also completed a Sports Nutrition Course for Dietitians at HKU SPACE in 2010.

Obesity is an emerging problem in Hong Kong not only in adults but also among children and adolescents. Obesity results from a combination of sedentary lifestyles and poor dietary habits superimposed on a latent genetic susceptibility to weight gain. An effective obesity intervention requires a multidisciplinary approach including nutrition education, physical activity and behaviour modifications, with or without pharmacotherapy as an adjunctive treatment. In adults, weight loss of 5-10% body weight which is maintained for at least 12 months is considered as effective and this can be achieved by generating an energy deficit below requirements as well as learning the behaviours to sustain it. Since standard care requires face-to-face contacts and can be time consuming, web-based weight loss interventions may have the potential to achieve outcomes similar to other lifestyle treatment options. When these approaches fail to produce clinically significant weight loss, bariatric surgery should be considered for Asian patients with a BMI over 37 kg/m2, or over 32 kg/m2 in the presence of diabetes or two other obesity-related co-morbidities. Surgery represents only one point in the continuum of care for the obese patient. The long term outcome of bariatric patients relies on their adherence to lifetime dietary and physical activity changes under a comprehensive team approach. Dietitian plays a crucial role in assessing, monitoring and counselling patients before and after bariatric surgery in order to improve adherence and reduce the risk of nutrient deficiencies.

Treatment for childhood obesity should involve the whole family and include nutrition education, physical activity and behavioural modifications. Mind, Exercise, Nutrition, Do it (MEND) Programme is a multi-component, community-based, healthy lifestyle intervention designed for overweight and obese children aged 2-4, 5-7, 7-13 and their families in the UK. This programme has high attendance and retention rates and produced positive changes in physical, behavioural and psychological outcomes.

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Abstracts

Risk Factors and Updated Management of GERD

Ms. Jenny Yuen-yee NG

RPT, MSc, PDPT

Physiotherapist, Cardiopulmonary Specialty Group, Hong Kong Physiotherapist Association

Ms. Ng is a Physiotherapist working in Grantham Hospital. She was a Former Chairlady of Cardiopulmonary Specialty Group, Hong Kong Physiotherapy Association and was an Honorary Lecturer of Department of Rehabilitation Sciences, The Hong Kong Polytechnic University. After graduation as a physiotherapist in 1981, she obtained the Post-registration Certificate in Peripheral Manipulative Therapy in 1991, Hong Kong Polytechnic. She completed her Master of Science in Training (Leicester University, UK) through distance learning at the SPACE, HKU in 1995. She was recognized by the American College of Sports Medicine as a Certified Clinical Exercise Specialist and was Former Workshop Director, Practical Examiner of the ACSM Clinical Exercise Specialist Workshop Hong Kong.

The rapid increase and great health impacts of obesity has become a global problem. Physical inactivity, overweight and obesity have adverse influence on a number of cardiovascular risk factors and are the root causes of metabolic syndrome. There were 44% of diabetes, 23% of ischaemic heart disease, 7–41% of certain cancers attributable to overweight and obesity (WHO 2010). Waist circumference associates with increased disease risk, morbidity, mortality and is independent of BMI. The prevalence of overweight and obesity goes up with age.

Obesity results from an imbalance between energy intake and energy expenditure. When we take in more dietary energy than we can consume, the excess is stored in the body as fat. An energy deficit approach (a negative balance of 3500 kcal is required for a weight loss of an average of 1 lb. of fat) for weight loss is recommended. Slower weight loss (not more than 2 lbs per week) better preserves lean body mass and allows better adherence to lifestyle changes. Total energy deficit of 500-1,000 kcal/day should be achieved through a combination of decreased energy intake and increased energy expenditure. Diet control associated with exercise produced a 20% greater initial and sustained (1-year) weight loss than diet control alone (Curioni & Lourenco 2005). Exercise prevents the decrease in basal metabolism that takes place when weight loss is achieved by a low energy diet alone. Moreover, physical activity reduces the intra-abdominal, i.e. visceral adipose tissue relatively more than diet control, even the weight loss is minor. Exercise for weight loss targets at 300 kcal or more (about 60 minutes or more of moderate physical activity) daily, i.e 2000 kcal or more weekly (ACSM).

Successful weight loss includes setting realistic goal, tailor-made exercise prescription, pre-participation screening with various personal considerations as well as lifestyle changes. The 5-10% weight loss has been shown to be associated with improvement of health-related risk factors (ACSM). Since obesity is closely related to osteoarthritis, cardiovascular disease, diabetes, hypertension, osteoporosis; efforts are needed to aid those trying to lose weight to incorporate appropriate levels of physical activity into their weight loss strategy. Researchers have found significant relationships in exercise self-efficacy according to regularity of exercise and frequency of exercise (Shin, Jang & Pender, 2001). Self-efficacy enhancement strategies and readiness of behavior change are important to motivate people with low exercise self-efficacy to enroll into an exercise program, persist in adhering to the duration and frequency required to have weight loss effects. Weight maintenance requires permanent changes in exercise and diet habits and exercise is believed to play an important part. Weekly energy expenditure of up to approximately 2500 to 2800 kcal may be needed to prevent weight gain (about 60-90 minutes moderate physical activity daily) and facilitate long term weight control. Stay active at any size has significant beneficial effects on health (ACSM). Supportive environments and communities are fundamental in shaping people's choices and preventing obesity. Curbing the global obesity epidemic requires a population-based multisectoral, multi-disciplinary, and culturally relevant approach (WHO, 2010).

Dangers of Self-medication to Treat Obesity

Dr. Vanessa Wan-sze NG

MBChB(CUHK), MRCP(UK), FHKCP, FHKAM(Medicine)

Specialist in Endocrinology, Diabetes & Metabolism

Dr. Ng graduated from the Chinese University of Hong Kong and completed her fellowships training at the Prince of Wales Hospital, Hong Kong. She also had her overseas training as post-doctoral fellow on obesity management and diabetes care at the Antwerp University Hospital in Belgium and Diabeteszentrum in Bad Lauterberg of Germany in 2008.

Dr. Ng is a specialist in Endocrinology, Diabetes and Metabolism currently working in the Department of Medicine & Therapeutics, the Prince of Wales Hospital. She is also the Deputy Medical Director (Honorary) of Asia Diabetes Foundation and Deputy Medical Director (Honorary) of Yao Chung Kit Diabetes Assessment Centre, The Chinese University of Hong Kong and in-charge of the Outreach Program "To Raise Awareness And Improve Lifestyles For Prevention of Chronic Diseases" in health screening of Hong Kong citizens to raise awareness on early detection of diabetes and chronic diseases in the community with more than 4000 citizens benefited from the program already.

Obesity is a common disorder. People strive for effective methods to achieve weight reduction. Often they forget that the most effective and healthy means remain sensible dieting and regular physical exercise. Drugs often appear to be a more convenient alternative without their risks appreciated.

Currently approved weight reduction medications reduce body weight by various means – central appetite suppressant to reduce oral intake (e.g. lorcaserin, phentermine + topiramate) and pancreatic lipase inhibitor to reduce dietary fat absorption from the gastrointestinal tract. Both groups of drugs can reduce body weight by altering the energy balance within our body.

Thyroid hormones to increase body metabolism, diuretics and laxatives to lose body fluids and banned medications like sibutramine are drugs commonly misused by the public to lose weight. Although these drugs often appear to be effective rapidly, they are inappropriate for the treatment of obesity. They all carry their own risks, some of which are serious and even potentially fatal. Dangers and dreadful consequences of self medication to treat obesity and proper weight reduction program will be discussed.

Abstracts

Obesity- A Common Cause of Hypertension

Prof. Bernard MY CHEUNG

PhD (Cantab), FRCP (Lon), FRCP (Edin), FHKCP, FHKAM(Medicine)
Sun Chieh Yeh Heart Foundation Professor in Cardiovascular Therapeutics
Division of Clinical Pharmacology and Therapeutics
Department of Medicine, University of Hong Kong

Prof. Bernard Cheung was educated at Sevenoaks School and the University of Cambridge, England. He was a British Heart Foundation Junior Research Fellow at Cambridge before taking up lectureships at the University of Sheffield and the University of Hong Kong. In 2007-2009, he held the chair in Clinical Pharmacology and Therapeutics at the University of Birmingham, England. Prof. Cheung is the Sun Chieh Yeh Heart Foundation Professor in Cardiovascular Therapeutics and heads the Division of Clinical Pharmacology and Therapeutics in the Department of Medicine of the University of Hong Kong. He is also the Director of the Institute of Cardiovascular Science and Medicine, as well as the Medical Director of the Phase 1 Clinical Trials Centre.

Prof. Cheung's main research interest is in cardiovascular diseases and risk factors, such as hypertension and the metabolic syndrome. He is a principal investigator of the Hong Kong Cardiovascular Risk Factor Prevalence Study. He has published over 200 papers and 11 book chapters, and is the Chief Editor of Open Diabetes and the World Journal of Hypertension.

Hypertension is a major risk factor for stroke, heart attacks, heart failure and kidney failure. Its detection and control are therefore major public health issues. Since 1995, we have been following a cohort of about 3000 adults in the Hong Kong Cardiovascular Risk Factor Prevalence Study (CRISPS). To our alarm, the prevalence of hypertension has been increasing in recent years. In CRISPS, it increased significantly from 18.1% to 39.4%, even after adjusting for age and sex. The increase was particularly evident among men below the age of 40. Interestingly, the rise in blood pressure correlated with an increase in waist circumference, while the body mass index has not changed. This is consistent with our previous finding that the waist circumference, or waist-hip ratio, correlates more closely with cardiovascular risk factors such as blood pressure and blood glucose than body mass index. It also supports the concept that hypertension is part of the metabolic syndrome. In Asia, central or abdominal obesity is an important cause of hypertension and diabetes, which are more closely related than previously realised. In CRISPS, 58% of people with diabetes had raised blood pressure, while 56% of people with hypertension had dysglycaemia.

Genome wide association studies have revealed many genes each of which influences blood pressure. Therefore, multiple mechanisms and complex pathways regulate blood pressure. We and others have found that genes and biomarkers related to obesity and inflammation, such as adiponectin and C-reactive protein, are frequently associated with hypertension.

Obesity raises blood pressure by a number of mechanisms. In obesity, the cardiac output rises in proportion to oxygen and perfusion requirements. Abdominal obesity leads to increased peripheral vascular resistance, which might be related to activation of the sympathetic nervous system as well as the renin-angiotensin system. Activation of these systems results in sodium retention and rise in blood pressure. Chronic elevation in blood pressure causes structural changes in the kidney and a decline in renal function, leading to a vicious circle.

In order to prevent the rise in blood pressure, people in the community must embrace a healthy lifestyle and make changes to their diet and leisure activities. We have identified snack foods as an important factor associated with obesity, and not eating vegetables, fruits and fish as a risk factor for diabetes. In an analysis of about 2000 elderly subjects from the Guangzhou Biobank Cohort, more physical activity was associated with a lower waist circumference.

The prevalence of hypertension increases with age, which means that lifestyle changes must be started early in life, that is, from childhood onwards, if we are to reduce the burden of hypertension and the related cardiovascular diseases in our future generations.

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Abstracts

Risk Factors and Updated Management of GERD

Dr. Benjamin CY WONG

DSc (HK), MD (HK), PhD (HK), MBBS, FHKCP, FHKAM(Medicine), MRCP(UK), FRCP(London, Edinburgh, Glasgow)

Specialist in Gastroenterology and Hepatology

Dr. Benjamin Wong is a specialist in Gastroenterology and Hepatology in private practice. He is also an Honorary Clinical Professor at the University of Hong Kong. He graduated from the University of Hong Kong in 1989, and served as Professor from 2005 and then Simon Lee Endowed Professorship in Gastroenterology in 2008. He was honored the First Class Award of State Scientific and Technological Progress Award of China in 2008. He has also received the Outstanding Young Researcher Award in 2002, and the Outstanding Researcher Award in 2006 from the University of Hong Kong.

His major research interests are Helicobacter pylori-related diseases, gastro-esophageal reflux disease, and prevention and screening of gastric and colon cancer.

Dr. Wong has published 20 book chapters, 352 original articles and 323 conference proceedings. He is the editor emeritus of the Journal of Gastroenterology and Hepatology, a council member of the Asian Pacific Association of Gastroenterology, and Immediate Past President of the Hong Kong Society of Gastroenterology.

Gastro-oesophageal reflux disease (GERD) is a common disease in the western world, affecting 10% to 30% of the population. Recently endoscopic studies and symptom-based surveys have shown that reflux disease is more common in Asia than previously recognized. The population prevalence of at least weekly symptoms of GERD in Asia was reported as 2.5% in Hong Kong[1], 3.1% for China[2], and 3.5% in Korea[3]. At least two prospective studies reported an increasing prevalence of GERD in Asia.

Prevalence of reflux esophagitis was found to be lower in Asian population than western countries. Most studies were case series of data from endoscopy centers, and might overestimate the true prevalence of reflux esophagitis in the general population. Figures varied between 3.8% to 16% in some of the larger series. Reflux esophagitis also tends to be milder in Asia. The vast majority of Chinese patients with esophagitis seems to have low-grade esophagitis, whereas this proportion is just over half in the USA. The prevalence of Barrett's esophagus was even lower in Asian population, ranging from 0.06% to 4.6%[4]. Again the variation in classification and grading of reflux esophagitis and the definition of Barrett's esophagus among studies made direct comparison of data difficult.

One of the most important risk factor for GERD is obesity. Other risk factors include increasing age, male gender, alcohol, smoking and ethnicity. The prevalence of GERD correlated well with obesity in western population, and may account for the increasing prevalence of GERD in Asian countries.

Treatment of GERD is largely unsatisfactory in a recent Asian survey. There are unmed needs especially in 24 hour symptom control and nocturnal symptom breakthrough. New therapeutic agents is needed to overcome the shortfall.

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Abstracts

Obesity and Type II Diabetes: Cause and effect

Dr. Annie KUNG

MBBS, MD(HK), MRCP(UK), FRCP(Edin), FRCP (Lond), FRCP(Glas), FHKCP, FHKAM

Specialist in Endocrinology, Diabetes & Metabolism

Dr. Annie Wai-Chee Kung specialized in Endocrinology, Diabetes & Metabolism. She is a Private Specialist and Honorary Clinical Professor of University of Hong Kong. She was previously a Chair Professor of Department of Medicine, The University of Hong Kong and Director of Osteoporosis Centre, Queen Mary Hospital.

She has received numerous awards including Croucher Foundation Scholarship 1987; Young Investigator Award at 4th International Symposium on Osteoporosis 1993; Otsuka Prize , 12th International Thyroid Congress 2000; Sir David Todd Lecture Award, the Hong Kong College of Physicians 2000 and Global Leadership Award, International Society for Clinical Densitometry, 2010.

Her Professional Standing include Founding President, Osteoporosis Society of Hong Kong, Member, Scientific Advisory Committee, International Osteoporosis Foundation (2010-present), Member, Board of Directors, International Society for Clinical Densitometry (2002-2005), Chairman, Asia Pacific Panel, International Society for Clinical Densitometry (2007-2011), Member, Certification Council, International Society for Clinical Densitometry (2005-2006), Member, National Societies Committee, International Osteoporosis Foundation (2002-2009), Council Member, Asia and Oceania Thyroid Association (since 1995), Member of the Endocrine Society, USA (since 1989), Member of the Endocrine Society of Australia (since 1992) , Member of the American Thyroid Association (since 2002), Member of the American Society of Bone and Mineral Research (since 2002), Member, Publications Committee, American Thyroid Association (2004-2008), Member, International Council for the Control of Iodine Deficiency Disorders (ICCIDD) (since 2003), Advisor, Global Bone Consultant Board, Wyeth Pharmaceutical Company (2004-2010), Chairman, Board of Directors, Clinical Trial Centre, The University of Hong Kong(2006-2010).

Dr. Kung is an editorial board member for Journal of Clinical Endocrinology & Metabolism, Clinical Endocrinology, Thyroid, Osteoporosis International, Chinese Journal of Bone Mineral Research. She has published over 190 papers in international journals and book chapters.

Obesity has long been recognised as a major risk factor for type 2 diabetes. Worldwide, over 370 million people are suffering from diabetes, and 90% of these cases are type 2 diabetes. By the year 2030, there will be an estimated 550 million people with diabetes if this progression continues. Obesity-associated insulin resistance is a major risk for type 2 diabetes. Obesity develops as a result of altered energy homeostasis favoring fat storage. It is well known that lifestyle changes such as excessive consumption of food and lack of physical activity accounts for the large majority of individuals with obesity and diabetes. In the past decade, a large number of endocrine, inflammatory, neural, and cell-intrinsic pathways have been shown to be dysregulated in obesity. Many of these factors are interdependent, and it is likely that their interplay underlies the pathogenesis of insulin resistance and type II diabetes.

Obesity- Does Sleep Play a Role?

Prof. Yun-kok WING

FRCPsych, FHKAM (Psych)

Professor, Department of Psychiatry, The Chinese University of Hong Kong

Prof. Wing graduated from The Chinese University of Hong Kong, Hong Kong SAR, China. He is currently a Professor at the Department of Psychiatry and Associate Dean (Student affairs) of the Faculty of Medicine of the Chinese University of Hong Kong. He is also the Director of the Sleep Assessment Unit of Shatin Hospital. He has been the Honorary Chief of Service in the Department of Psychiatry in both Shatin Hospital and Prince of Wales Hospital since 2003.

Prof. Wing has diverse research interests including sleep medicine, psychiatric epidemiology and transcultural psychopharmacology. His major sleep research focus is on the epidemiology of sleep disorders in both general and clinical population. He was awarded the distinguished national award for Sleep Medicine Scientific Technological Advance in China by the Chinese Medical Doctor Association, China at 2010.

Prof. Wing has regular publications in international journals as well as an active involvement and contribution to the scientific communities, including his leadership service role in Hong Kong Society of Sleep medicine (Past President, HKSSM), Collegium Internationale Neuropharmacologicum (Local organizing Committee of biennial CINP symposium, 2010) and World Association of Sleep Medicine (Scientific Committee, WASM, 2011 and 2013).

Sleep plays role in metabolism. Disordered sleep has been found to be associated with obesity. Among all, sleep disordered breathing (SDB) has been one of the well known sleep disorders associated with obesity. Obesity could contribute to the symptoms, etiology and the complex consequences of SDB in both adult and childhood populations.[1-3] Apart from OSAS, sleep duration has also been reported to have a modulating role in body weight. Solid evidence on the association between short sleep duration and obesity has been established from children to older adults over the past two decades.[4,5] In school children, compensation of sleep during weekends/holiday was found to ameliorate the risk of childhood overweight/ obesity.[6] This finding suggested that sleep duration could be a potential modifiable factor for children obesity. With the pandemics of obesity and sleep curtailment, the role of sleep duration in body weight and physical health should be heightened. The association of obesity with other sleep disorders, such as insomnia, has also been found. Given the close association between obesity and disordered sleep, sleep assessment and treatment of disordered sleep could be important in the management of obesity.

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Abstracts

Obesity and Obstructive Sleep Apnea

Dr. Jamie LAM

B Sc (Med), MBBS (UNSW), MD (HKU), MRCP (UK), FCCP, FHKCP, FHKAM.

Associate Consultant, Queen Mary Hospital,
Honorary Clinical Assistant Professor, The University of Hong Kong

Dr. Lam is the President of Hong Kong Society of Sleep Medicine and a council member of American College of Chest Physicians (Hong Kong & Macau Chapter). She is currently working as an Associate Consultant in Queen Mary Hospital, and an Honorary Clinical Assistant Professor at the University of Hong Kong, actively involved in clinical services as well as research projects in respiratory and sleep medicine.

Obstructive sleep apnea (OSA) is the most common form of sleep disordered breathing that has emerged as a major health issue. It is a chronic condition of abnormal breathing during sleep, attributed to anatomical and functional abnormalities of the upper airway.

Obesity is a major risk factor for the development of OSA, and it is becoming a global epidemic in both children and adults. The prevalence of OSA among obese patients has been reported to exceed 30%, and 60-90% of adults with OSA are overweight, and the relative risk of sleep apnea from obesity with a body mass index >30 kg/m2 may be as great as 10.

Obesity affects upper airway anatomy because of increased fat deposition in the neck region which in turn predisposes to upper airway collapsibility during sleep. Hormonal status and metabolic activity of adipose tissue may impact on sleep apnea susceptibility. Adipose tissue is metabolically active, it secrets humoral factors and adipokines that regulate the distribution of body fat.

Obesity and sleep apnea are associated with dysregulation of glucose and lipid metabolism, although the precise mechanisms are not clear. Visceral fat produces large amounts of pro-inflammatory cytokines which are thought to provoke inflammation, oxidative stress, cell adhesion and endothelial dysfunction, and hence, contributing to the development of atherosclerosis.

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Abstracts

Epilepsy and Obesity

Dr. Mario 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

Dr. Chak is the Associate Consultant at Department of Paediatrics and Adolescent Medicine in Tuen Mun Hospital. He 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 Bonne in German respectively.

He has been a certified ASEPA ASNA Electroenephalographer since 2009. He has been an invited speaker of Seizure management workshop in Chengdu organized by ILAE Asian Epilepsy Academy (15-16April 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.

Epilepsy patients are not exempted from obesity. On the contrary, there is increasing concern of the rising prevalence of obesity in epilepsy patients. Many epilepsy patients become obese with time. Apart from the contribution of the usual factors such as lack of exercise and unhealthy diet causing obesity in normal populations, there are specific factors such as: the anticonvulsants being used and the associated psychological and medical co-morbidities etc. that could significantly cause obesity in patients with epilepsy. During the talk, we will discuss the magnitude of this problem; what are the underlying contributing factors and how to manage these problems.

Obesity and Diabetes in the Youth - What You Should Know?

Dr. Alice Pik-shan KONG

MBChB, MRCP, FHKAM(Medicine), FRCP(Glasg), FRCP(Edin)

Associate Professor, Department of Medicine and Therapeutics, The Chinese University of Hong Kong

Dr. Kong received her medical degree from The Chinese University of Hong Kong and subsequently completed a residency in internal medicine and fellowships training at the Department of Medicine in Queen Elizabeth Hospital, Hong Kong. Dr. Kong also had her overseas training as postdoctoral fellow at the Division of Endocrinology, Department of Medicine at University of California, San Diego, United States.

Currently the Associate Professor of the Department of Medicine and Therapeutics of The Chinese University of Hong Kong, Dr. Kong also serves as the honorary Associate Consultant of Department of Medicine at Prince of Wales Hospital, Hong Kong.

Dr. Kong's research has focused on type 2 diabetes and obesity with particular focus on lifestyle factors and cardiovascular risk factors clustering in adults and adolescents. Her recent publications describe the epidemiology and associated cardiovascular risk factors in Hong Kong Chinese diabetic patients and in the youth population. She has published over 120 articles in international and local peer-reviewed journals.

A fellow of the Royal College of Physicians and Surgeons of Glasgow and Royal College of Physicians of Edinburg, United Kingdom and fellow of the Hong Kong Academy of Medicine, Dr. Kong also holds membership in other professional societies, including the American Diabetes Association. In 2007, she has received the Hong Kong College of Physicians Distinguished Research Award for Young Investigators.

In both adult and youth populations, the prevalence and incidence of type 2 diabetes are increasing worldwide, in conjunction with increased obesity rates and westernization of lifestyle. With longer duration of disease, children and adolescents with diabetes are at increased risk to develop micro- and macrovascular complications. It is imperative to diagnose and intervene early, achieve and sustain good metabolic control in these young individuals with early onset of diabetes. This talk aims to review the clinical predictors, diagnostic criteria of obesity and diabetes in the youth, as well as the recommendations of obesity and diabetes management in the youth populations.

Acknowledgement: The work presented in this talk are partially supported by grants from the Research Grant Council of Hong Kong (Ref No.: CUHK 4055/01M, CUHK 4465/06M, CUHK 467410 and CUHK 466711) and Health and Medical Research Fund from Food and Health Bureau (Ref No.:12110042).

Abstracts

Fatty Liver in Children: An Overview

Dr. Chung-mo CHOW

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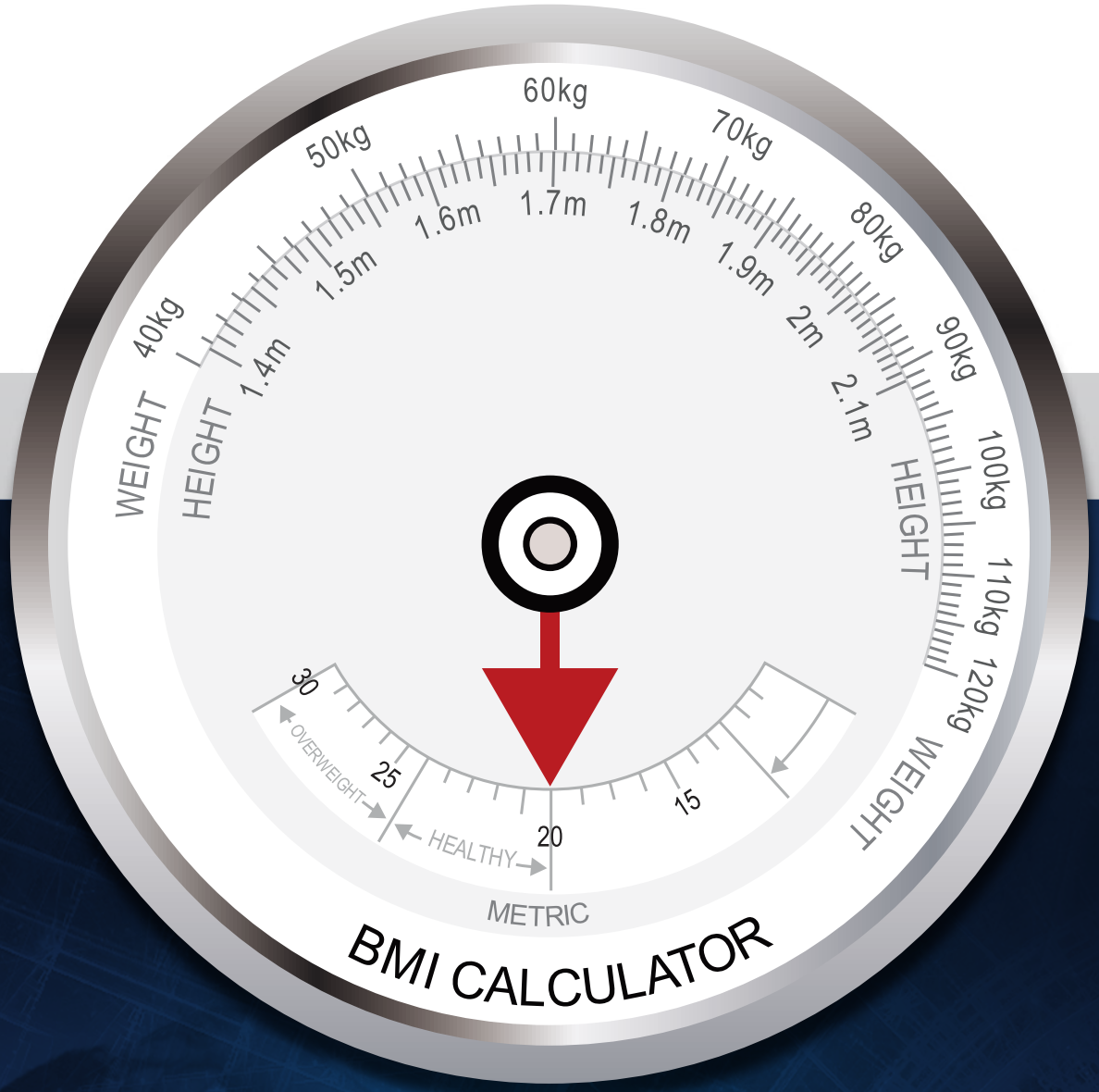
Associate Consultant, Prince of Wales Hospital

Dr. Chow is the Associate Consultant of Paediatrics at the Prince of Wales Hospital and has also been worked at the Pamela Youde Nethersole Eastern Hospital. He received his undergraduate training from the Chinese University of Hong Kong. He also obtained the H. M. Lui Memorial Fund Fellowship in 2008 with oversea training in hepatology at Paediatric Liver Centre, King's College Hospital, London. Afterwards, he had actively participated in the Hong Kong Society of Paediataric Gastroenterology, Hepatology and Nutrition as a council member since 2009. Currently, he is the honorary secretary of the society. His publications include food and aeroallergen sensitization, gastroenteritis, inflammatory bowel disease and different aspects of eczema.

Non Alcoholic Fatty Liver Disease (NAFLD)/ Nonalcoholic Steatohepatitis (NASH) are one of the leading causes of chronic liver disease in children. They are especially common in overweight or obese children. And even some patients may progress to severe fibrosis, cirrhosis, and end-stage liver disease. Because of lacking good screening tools, the prevalence in population may still be underestimated. There is also evidence that the histopathologic presentation of NAFLD/NASH in children is distinct from that of adults and may be associated with a worse prognosis. Also of concern is the medical therapy such as insulin sensitizers and anti-oxidant therapy that have shown improvement in liver histology in adults have not produced similar results when performed in the pediatric population. There are still a lot of questions need further studies.



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Abstracts

Adolescent Eating Disorder: Updates on Diagnosis and Management

Dr. Phyllis Kwok-ling CHAN

MB, BS(HK) University of Hong Kong, MRCP(UK),FHKAM(Psych), FHKCP

Consultant Psychiatrist, Head of Child and Adolescent Psychiatry and Psychotherapy,
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Dr. Phyllis KL Chan is Consultant Psychiatrist and Head of Child and Adolescent Psychiatry and Psychotherapy of the Department of Psychiatry of Queen Mary Hospital. She is Honorary Associate Professor of the Department of Psychiatry, LKS Medical Faculty of the University of Hong Kong.

She has undergone training in the Institute of Psychiatry in UK in Child and Adolescent Psychiatry and Eating Disorder. She is expert in adolescent eating disorders and has engineered the adolescent inpatient /day patient eating disorder programme, outpatient family therapy programme (Maudsley Model) and carer support group in the child and adolescent psychiatric unit of Queen Mary Hospital. She has taught extensively medical students, general practitioners and psychiatric trainee doctors and is currently Chairman of the Board of Examiners of the Hong Kong College of Psychiatrists.

The conceptualisation and the form of eating disorders have changed over time. Consequences of malnutrition on the brain is better studied. Anorexia nervosa has a neurodevelopmental model including genetic/ epigenetic, and early environmental factors as well as a culture bound model with heavy social media influence. Most anorexia nervosa cases have onset in adolescence. Detection is not the problem but engagement is.

Recent studies showed that targetted prevention programmes are effective and thus early intervention is important. NICE guidelines recommend family involvement in treatment. Adolescents have much better outcome than adult especially with family based treatment.

Abstracts

Bariatric Surgery for Obesity

Prof. Enders Kwok-wai NG

MBChB(CUHK), FRCSEd(Gen), FCSHK, FHKAM(Surgery), MD(CUHK)

Chief of Upper GI Division, Department of Surgery, Prince of Wales Hospital, Chinese University of Hong Kong

Prof. Ng obtained his medical degree from the Chinese University of Hong Kong in 1989. Shortly after completion of surgical training in 1993, he started committing himself on clinical research in therapeutic endoscopy, minimally invasive surgery and multi-modality treatment of oesophago-gastric malignancies. He obtained his higher degree of Doctor of Medicine from the Chinese University of Hong Kong in 1999. Over the years, Professor Ng was awarded the Young Scientist Research Prize in the 4th United European Gastroenterology Meeting (1994) and the Young Scientist Award in the 11th International Workshop on Gastroduodenal Pathology and Helicobacter pylori in Hungary (1998). He had been the winner of the Best Paper Presentation in the 3rd and the 5th Annual Scientific Meeting of the Hong Kong College of Surgeons. In 1996, he spent one year in the United States to work as a research fellow in the Vanderbilt University. Up to now, he has published over 150 articles in various international peer-reviewed journals.

Prof. Ng's interest has also extended into endocrine surgery, metabolic and bariatric surgery, as well as surgical nutrition in the last decade. He was the Founding President of the Hong Kong Society of Upper Gastrointestinal Surgeons for 2006 – 2010 and also the President of Hong Kong Society of Parenteral and Enteral Nutrition since 2007. He was elected the Council Member of the College of Surgeons of Hong Kong in 2007, and appointed as the Honorary Treasurer since 2010. He is also a founding council member of the Hong Kong Society of Medical Professionals, which is a non-profit making charity-based community serving organization to help the poor and sick in Hong Kong and South China.

Prof. Ng is now appointed the Associate Dean (Development) of the Faculty of Medicine, and also the Chief of Upper Gastrointestinal Division in the Department of Surgery, The Chinese University of Hong Kong.

Bariatric surgery is nothing new. It has been performed in over 10 million of morbidly obese patients worldwide since the last century. Long-term studies show the procedures cause significant long-term loss of weight, recovery from diabetes, improvement in cardiovascular risk factors, and a reduction in mortality of 23% from 40%. Before the laparoscopic era, this type of surgery used to carry a considerable risk of mortality and morbidities. However, with the betterment of anaesthetic technique, selective use of perioperative intensive care, and also adoption of minimally invasive approach, bariatric surgery has gained wider acceptance and is now becoming more popular in Asia.

With the economic boom over the past few decades, there is a fast growing trend of obesity in many Asian countries. What more important is that Asian populations are more diabetes-prone, with much earlier onset of hyperlipidemia, hypertension and their associated cardiovascular complications even given the same degree of BMI when compared to Caucasian. Some patients begin to suffer from metabolic syndrome with a relatively low BMI (eg. 30kg/m2). In the position statement of International Diabetes Federation released in 2012, patients are considered eligible for bariatric surgical intervention if they have a BMI between 30 and 35kg/m2, and HbA1c > 7.5% despite fully optimised conventional therapy, especially if other weight responsive co-morbidities are not achieving targets on conventional therapies. With regard to Asian's diabetes propensity, the action points are recommended to be lowered by 2.5 BMI point levels for Asian patients.

The choice of bariatric surgery is determined by the patient's degree of obesity, eating habit, presence of co-morbidities especially diabetes mellitus, and also tolerance to risk of the procedure. In general, restrictive procedures such as sleeve gastrectomy or gastric band plus plication are quite adequate for non-diabetic patients. However, for patients with diabetes- complicating obesity and poorly controlled hyperglycemia, bypass procedures should be considered as it may help modifying the gut hormone profiles and enhance glycemic control in addition to simple weight loss effect.

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Dr. Peter Chi-wang PANG

MBChB, FRCS(Ed), FHKAM (Surgery)

Plastic Surgeon in Private Practice

Dr. Pang graduated from the Chinese University of Hong Kong. He continued his training in the Prince of Wales Hospital Plastic Surgery Unit afterwards. He obtained FHKAM (Surgery) in 2002 and become a specialist in plastic surgery. He is now a plastic surgeon in private practice. He is Director of his clinic "Paragon Aesthetic Clinic", Director of the Plastic & Aesthetic Centre and the DHI Hair transplantation Centre of the Union Hospital.

There is an increase in bariatric procedure for massive weight loss in recent years. The dramatic change to torso, upper arm and thigh result in massive amount of loose skin. Functional problems following massive weight loss mostly relate to hanging skin and dermatitis. The post-bariatric condition presents an extreme form of traditional aesthetic and functional body contour issues. With the traditional liposuction, abdominoplasty cannot fully address these problems. Circumferential body lifts and new designs in the method of skin reduction are necessary to meet the upcoming conditions. It is particular important to discuss with patient about the balance of scar position and the resulting body contour. Postoperative complications are common and various degrees of wound dehiscence may up to 50%. Meticulous pre-operative planning, operative procedure and postoperative care are paramount for improving the satisfaction of the surgical outcome. Careful patient selection, pre operative explanation and education and understanding of expectation are critical to a good outcome.

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Abstracts

Vaser Liposuction and Abdominoplasty for Abdominal Obesity

Dr. Chun-on MOK

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

Specialist in Plastic Surgery

Dr. Mok is a plastic surgeon in private practice. He graduated from the University of Hong Kong in 1985. From 1994 to 1998, he was the Council Member of the Plastic surgery Specialty Board and also the Trainer of the Plastic Surgery Training Programme of the College of Surgeons of Hong Kong. He was also the President of the Hong Kong Surgical Laser Association from 2003 to 2009. Dr. Mok is currently the Editor-in-Chief of the Hong Kong medical Diary, Examiner of the Plastic Surgery Board Exit Examination of the College of Surgeons of Hong Kong.

His field of interest include Liposculpture, Facial Cosmetic Surgery, Laser Surgery and Breast Surgery.

Liposuction has undergone many important technical refinements. The combined use of smaller diameter cannulae, tumescent infiltration and ultrasonic fat emulsification techniques permit a large volume of fat removal and major contour changes with minmal blood loss and increased safety without blood transfusion in obese patients undergoing liposuction. A major liposuction under general anaesthesia may remove around 6 litres of emulsified fat.

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Abstracts

Obesity and Dyslipidaemia: Can Medication Outweigh Lifestyle?

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Obesity frequently results in dyslipidaemia, usually with increased triglycerides and decreased high-density lipoprotein (HDL) cholesterol and apolipoprotein (apo)-AI. The dyslipidaemia of obesity is related to accumulation of visceral adipose tissue resulting in the description of the "Hypertriglyceridaemic waist" which is a simple marker of the metabolic syndrome.[1] Increased supply of free fatty acids from the visceral fat results in greater secretion of triglyceride-rich very low-density lipoprotein (VLDL) particles from the liver and although low-density lipoprotein (LDL) cholesterol may not be substantially increased, the LDL is usually in the form of small dense particles and the total amount of apo-B-containing, proatherogenic lipoproteins is increased. In this situation, the LDL cholesterol level is not the best marker of cardiovascular risk related to lipids and it would be better to measure the apo-B or calculate the non-HDL cholesterol level. In fact, the apo-B:apo-AI ratio has been found to be the best lipid predictor in some observational studies. This pattern of dyslipidaemia is closely interrelated with insulin resistance and also with inflammation, which again is related to visceral adiposity and contributes substantially to atherogenesis.[2]

Obviously, the most appropriate management is to deal with the underlying cause by modification of the diet and increase in physical activity. Unfortunately, in most cases these measures fail to produce rapid improvement and in cases at high risk of cardiovascular events it is necessary to initiate lipid modifying treatment to produce a rapid reduction in cardiovascular risk. In most cases, the first line treatment should be a statin and the intensity of treatment should depend on the overall cardiovascular risk. Using the target of non-HDL cholesterol may be more appropriate than LDL cholesterol. Central obesity and each of the other components of the metabolic syndrome increase cardiovascular risk and it may be appropriate to intensify statin treatment to overcome this. In a post hoc analysis of the Treating to New Targets (TNT) study in patients with both coronary heart disease and the metabolic syndrome, the increased risk associated with the metabolic syndrome was significantly reduced by intensive therapy with atorvastatin 80 mg beyond that achieved with atorvastatin 10 mg.[3] Intensive statin treatment is associated with an increased risk of developing diabetes, usually in patients who are already predisposed to this, but the evidence from studies in patients with high cardiovascular risk clearly show the benefits prevail over this risk. Statin treatment will not correct all of the lipid abnormalities and the concept of residual risk has become popular. Lipid-related residual risks may be improved by other drugs such as niacin or peroxisome proliferator-activated receptor (PPAR) alpha agonists, such as fenofibrate. However, the evidence that these drugs reduce cardiovascular risk in all obese patients is lacking, although they may have a role in selected cases. Currently intensive statin treatment provides the best option to overcome the cardiovascular risk associated with the dyslipidaemia of obesity.

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of non-fatal MI + fatal CHD in patients with hypertension ($p=0.0005$)[1]	time-to-first occurrence of major CV events in patients with diabetes ($p=0.001$)[2]	of non-fatal MI in patients with CHD ($p=0.0001$)[3]	of major CV events in patients with CHD ($p<0.001$)[4]	of major CV events in patients with ACS ($p<0.005$)[5]

*Atorvastatin 80 mg vs. Atorvastatin 10 mg

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1. TRADE NAME. Lipitor® **2. PRESENTATION.** [illegible] **3. INDICATIONS:** [illegible] **4. DOSAGE:** [illegible] **5. CONTRAINDICATIONS:** [illegible] **6. WARNINGS & PRECAUTIONS:** [illegible] **7. INTERACTIONS:** [illegible] **8. PREGNANCY AND LACTATION:** [illegible] **9. SIDE EFFECTS:** [illegible] **Reference:** HK PI (JUN2008). **Date of preparation:** NOV2011 **Identifier number:** LIP1111
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