

The Hong Kong Geriatrics Society Newsletter



The Hong Kong Geriatrics Society

c/o Clinical Services Division, Wong Chuk Hang Hospital,
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Website: <http://medicine.org.hk/hkgs/>

FEB 2005

President : Dr. Kong Tak Kwan
Vice-President : Dr. Chan Hon Wai
Honorary Secretary : Dr. Kong Ming Hei
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Ex-Officio : Dr. Au Si Yan

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Dr. Kwok Chi Yui
Dr. Chu Leung Wing

Dr. Wong Chun Por
Dr. Leung Man Fuk
Dr. Mok Chun Keung

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Honorary Auditor : Mr. Eddy S B Wong

Editorial

Apology for the delay of publishing this issue of newsletter. The Chinese New Year holiday is being one of the excuses. Our council members, especially our President, were very busy these two months, making connections between East and West (council news & president's address). If you missed the two recent inter-hospital meetings on the interesting subjects of "Sex" and "Falls" of elders, you can read the reports in this issue. Please mark in your diary our coming ASM and AGM at 18th June and take out your camera to shoot prize-winning photos for us (photo-competition again).

Wish us all a very prosperous Year of the Roosters!

Mok CK, Editor

President's Message

From connecting with geriatricians in Glasgow and China to... evaluating elderly health care

Dr TK Kong

Dear Colleagues,

November 2004 had been a busy month for me because of two consecutive visits to Glasgow and China. I, together with our past president SY, visited the Royal College of Physicians and Surgeons of Glasgow in preparation for the setting up of the Diploma in Geriatric Medicine (Glasgow) in Hong Kong this June. We gained experience through examining in the revised structured DGM examination, which was well planned, standardized and organized. Immediately upon my return, I flew to Hainan to join my colleagues in participating in the Domestic and Overseas Chinese Conference on Geriatrics hosted by Chinese Geriatrics Society. Glasgow has been the cradle of geriatricians in the United Kingdom, and also the favourite overseas training centre in geriatric medicine for our pioneers in geriatrics in Hong Kong. Our visit was warmly received by Dr. Iain Lennox, Professor David Stott, and Dr. Brain Williams, who retold past memories of his time with the

young geriatricians from Hong Kong in those days. China, with over 100 million people aged above 60 in 2000, and nearly treble this number by 2025, ranks first in the World in aged and ageing. It is thus natural for us to establish contacts with the Chinese Geriatrics Society, and the Hainan Conference served to enhance sharing of geriatric medicine and services with our mother country. Our China visit was warmly welcomed and received by Professor Ke-Ji Chen, President of the Chinese Geriatrics Society. Both Professors Stott and Chen will be visiting us in June and enlighten us by speaking in the coming Annual Scientific Meeting.

In both the Glasgow and China visits, I was invited to speak on geriatric medicine in Hong Kong, in which I outlined to them its background, development, current status, as well as future challenges. I was asked interesting and thought-provoking questions, one of which was on the relatively high institutional rate (7%) of elders (aged over 65) in Hong Kong. It is time for us to reflect on this. Are our elders

more dependent, or are their medical and rehabilitative needs too readily thought to be "social" and responded with institutional care? The Canadian geriatrician, Professor Kenneth Rockwood, has commented on a common mistaken "solution" in modern health care to address the complexity of the frail old: instead of getting to grips with how service is provided, they want the frail old people to go away, to some more "appropriate" place, an example is "gomer", which stands for "Get out of my Emergency Room." It is timely that Currie,¹ in his recent editorial, called for a whole-system approach to the care of the frail old presenting acutely. Hong Kong is proud of its rapidly declining infant mortality rate over the past fifty years. Do we have an indicator to convince ourselves that we are similarly excelling in the field of elderly health care, that we are not just increasing the length of life, but rather its depth?

¹Currie C. Accident, emergency, or what? Age Ageing 2005;34: 6-7.



After examiners' dinner in RCPSG on 16 Nov 04: Drs. Lennox, MacDonald, Prof. Stott, Drs. SY Au, Christine Howe, TK Kong (from left to right)

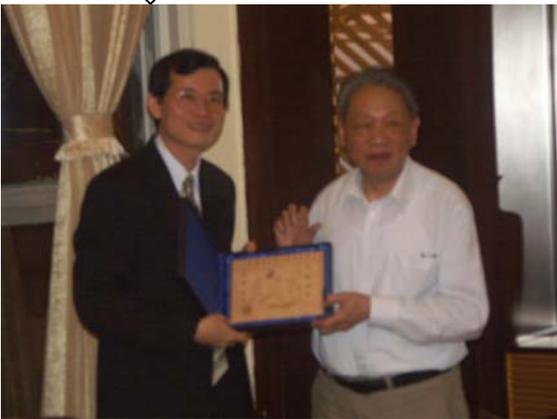
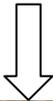


In lecture hall of RCPSG after mini-symposium on 18 Nov 04: Dr. Lennox exchanging souvenirs with TK Kong.

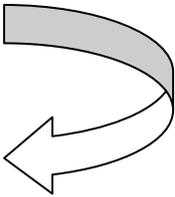


In RCPSG after mini-symposium on 18 Nov 04: Drs. Lennox, TK Kong, Brian Williams (from left to right)

Prof. Ke-Ji Chen (President of Chinese Geriatrics Society) receiving souvenir from TK Kong after the conference on 22 Nov 04



Delegates of HKGS (Timothy Kwok, Raymond Lo, TK Kong, MH Chan, Bernard Kong, CF Ko, MF Leung) with officials of Chinese Geriatrics Society after the conference on 22 Nov 04.



Local News

According to the estimation from the psychogeriatric team of Shatin Hospital, there are **5% (40000) of HK elders aged > 65 suffer from depression**. Only around 8000 of them are under the care of the psychiatry services of the Hospital Authority and only a very minimal number of them are cared by the private sector. These figures show that elders suffering from depression seldom ask for help. In fact, most of them are not aware that they suffer from depression and they usually attribute the mood problem and discomfort to normal aging. The Hospital Authority has been providing “**Psychogeriatric Fast Track Clinic**” service at the Prince of Wales Hospital since 2002. Up to now this service has help more than 700 patients and over 90% of them found the service useful. (Ming Pao Daily News 6/12/2004)

The Chairperson of the Association for the Rights of the Elderly expressed that there had been **little coordination between different elderly services** in the community. Elders or their caregivers were not aware of where to get assistance when they faced with crisis. He suggested that there should be an “Elders Crisis Centre” where elders could receive immediate and comprehensive assistance when they faced with crisis. (Ming Pao Daily News 15/11/2004)

An online survey about “**sex in the elderly**” interviewed 2237 elders from 1st October 2004 to 15th January 2005. Over half of them reported that they had decline in sexual performance and over 20% had decrease in sexual interest. Also, there were misbelieves about sex in our older population. Over half of our elders believed that elders should not have sexual activity and about 10% thought that sexual activity in old age would affect their health. Radio Television Hong Kong has set up a web page for elders on sex matters. (Oriental Daily News 21/1/2005)

A local survey done by the Hong Kong Family Welfare Society studied 744 elders and found that all of them had **chronic painful conditions**. 80% had pain for over one year and 60% for over three years. Most elders (80%) were emotionally disturbed by the chronic painful condition and about 30% even had suicidal ideas. (Oriental Daily News 29/10/20004)

A study jointly done by the microbiology department and community medicine department of HKU found that in the year 1996 to 1999, about 1073 patients died from medical diseases complicating **influenza** per year (heart and lung disease, pneumonia, chronic obstructive airway disease and ischemic heart disease). Elderly over 65 years old had the highest death rate. Influenza vaccination could reduce hospital admission due to influenza or complicating pneumonia disease by about 40% and also could reduce death rate by 50%. (Apple Daily, 1/1/2005)

Foreign News

The February Nosokinetics News is published online at <http://www2.wmin.ac.uk/coiec/Nosokinetics21.pdf>

The first international conference on nosokinetics would be held in Adelaide, South Australia, in April 2006. Confirmation of venue and dates would be available in the next newsletter.

(Talking about diagnosing delirium in older people ...)

This is the heart of the joy of geriatrics: to take something that might seem frustrating, like an apparently uncooperative ‘poor historian’, and to recognize in that circumstance a means of being able to help. Being able to help is why most people become doctors. Showing that they can help means that we need not do badly by delirious patients and by those who care for them.

Rockwood K. Need we do so badly in managing delirium in elderly patients?[comment]. *Age & Ageing*. 2003 32(5): 473-4

Hong Kong Geriatrics Society
Annual Scientific Meeting 2005
Free Paper Presentation
CALL FOR ABSTRACT

One of the objectives of the Hong Kong Geriatrics Society is to encourage conduction of quality scientific research and clinical studies in our local community. There will be a free paper presentation session in our coming Annual Scientific Meeting 2005, to be held on **18 June 2005** (Saturday). All submitted papers will be assessed by an expert scientific panel. Selected participants will be invited to present their papers in the Meeting. The panel will select the three most outstanding papers, to be awarded the Dr Chan Sik Prize, the Dr Ng Yau-Yung Prize and the Dr Ng Ngai-Sing Prize.

Participants may submit any number of papers, but only one prize will be awarded to any one participant each year. This year we have relieved the "3-year rule" so you can still participate even if you have received any of these awards in the past three years. The decision of the selection panel will be final.

The deadline for abstract submission is 9 April 2005.

Please mail or e-mail your abstract to:

Dr Szeto Sze Lok Samuel
Senior Medical Officer
Department of Medicine and Geriatrics
Kwong Wah Hospital
25 Waterloo Road, Yaumatei, Kowloon
Tel: 23322311
E-mail: sszeto@netvigator.com

Abstract format:

1. Title: a clear and brief title that indicates the nature of the study
2. Name and initials of all authors (please underline the presenting author)
3. Name of the institution
4. The content of the abstract should include:
 - Introduction
 - Objective
 - Method
 - Result
 - Conclusion

The length of abstract content should not exceed **300** words with a font size not smaller than **9**.

Organizing Committee members:

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Dr H C YUEN	Secretary	Tuen Mun Hospital
Dr B C TONG	Treasurer	Princess Margaret Hospital
Dr Carolyn KNG	Member	Ruttonjee Hospital
Dr James LUK	Member	Fung Yiu King Hospital
Dr S L SZETO	Member	Kwong Wah Hospital
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Dr P M FUNG	Member	Kowloon Hospital
Dr Maria TANG	Member	Shatin Hospital
Dr Stephen WONG	Member	Pamela Youde Nethersole Eastern Hospital
Dr T K YIM	Member	United Christian Hospital

Report on inter-hospital geriatric meeting

Common sexual problem in elderly (28-1-05) by Dr. CP Wong, RH

Reported by Dr. Lam WS

Dr Wong gave an ice-breaking lecture on this “forbidden” topic. He is the chairman and also the only member (at the moment) of our SIG on sexuality in the elderly. Abysmal sexual belief in the medical profession itself (eg. erectile dysfunction is mainly a psychological problem) may affect the quality of life of our clients.

He described the sexual changes during ageing and the common problems including dyspareunia, intracoital incontinence (associated with stress incontinence) and erectile dysfunction (ED). Actually 80-90% of ED is organic and vascular causes with diabetes mellitus and neurological causes being the main causes. Peyronie’s disease (penile bands / plaques) is not uncommon in Hong Kong and is treatable by operation. Drug-related ED should be watched out for, culprits include anti-hypertensive drugs such as beta-blockers and methyldopa, alcohol, cimetidine and psychiatric drugs. Generally, neither fantasy nor direct stimulation could trigger erection in vascular causes of ED. Direct stimulation but not fantasy can trigger erection in neurological causes of ED.

Sildenafil (Viagra) is effective in 66-95% of cases (50% successful rate only in cases of diabetes mellitus). Taking long-acting nitrate is an absolute contraindication because of a precipitated drop of blood pressure of 40-50mmHg. Sildenafil can aggravate bleeding haemorrhoid and is also contraindicated in haemophilia & retinitis pigmentosa patients. Taking Alpha-blockers are contraindicated for vardenafil and tadalafil. Alternatives for ED include internal penile pump, penile injection and vacuum device but the latter two are not well received by patients.

2 to 5.4 METS are need for performing sex intercourse. It is equivalent to walking 2 to 4 flights of stair without discomfort. Normal sexual activity can be resumed 4 weeks after myocardial infarction. Sex education is important. Safe sex is equally important in the elderly as the young. 10% (120 patients) of the AIDS patients in Hong Kong are aged >60. General advice for our elderly includes: adequate rest before sex, longer foreplay, more intense stimulation of genitalia, less physically demanding posture, usage of lubricant and visiting <http://sc88.eTVonline.tv>.

Fall prevention – can do and cannot do (25/2/05) by Dr. Mok CK, TMH

Reported by Mok CK, HKGS Fall SIG

NTWC Community Fall Prevention Program – preliminary data:

- Out of 298 community-living elders who underwent screening, one-tenth (30) were assessed to be of high fall risk requiring further specialist’s management; 169 and 99 were of medium and low risk respectively. TUGT was the most useful triage assessment tool. Covinsky Index was not helpful till the present juncture.

Literature Update (2004) on fall prevention in elders:

- The current EBM fall prevention strategy may not be effective in more frail elders: dementia patients [*JAGS* 2003; 51:627-35][*BMJ* 2003; 326:73-5] nor with longer period of Tai Chi training (48 wk) on physically frail ones [*JAGS* 2003; 51:1693-1701]
- No cheaper alternative method other than MMAI (multidisciplinary multi-factorial assessment & intervention MMAI) was effective: outreach visits by a pharmacist [*BMC Health Serv Res.* 2004 Apr 06; 4(1):6]; Low-intensity intervention [*JAGS* 2004 Apr; 52(4): 524-31] [*J Gerontol A Biol Sci Med Sci.* 2004 Oct; 59(10): 1062-7]; Mailing hip protectors to those at risk with instructions. [*Osteoporos Int.* 2004 Sep; 15(9):701-6. Epub 2004 Mar 03]
- However, some professionally led alternatives seemed to work: cognitive-behavioral learning led by Occ Tx with FU home visit [*JAGS* 2004 Sep; 52(9): 1487-94]; Specific balance-strategy training programs (workstation format for small groups) led by Physio [*Age Ageing* 2004 Jan;33(1):52-8]
- Correction of visual deficiency should be beneficial [*Ophthalmology.* 2004 May; 111(5): 857-62] [*Br J Ophthalmol* 2005, Jan; 89(1): 53-9]
- Vitamin D supplement + Ca supplement should work [*JAGS* 2004 Feb; 52(2):230-6] [*Age Ageing* 2004 Jan; 33(1): 45-51] [*JAMA* 2004 Apr 28; 291(16): 1999-2006]
- Fall prevention programs in hospital ward settings – effectiveness is still equivocal. [*BMJ* 2004 Mar; 328: 676-9] [*Age Ageing* 2004 Jul; 33(4): 390-5] [*JAGS* 2004 Mar; 52(3): 335-9]
- Useful new ideas: use of WalkAbout [*Arch Phys Med Rehabil.* 2004 Dec; 85(12):2067-9]; Wooden carpeted floors in OAH prevented hip fractures [*Age Ageing* 2004 May;33(3):242-6]
- Updates on Tai Chi from local studies: supervised Tai Chi 1.5 hr 6x/wk for 4 wk - balance improvement comparable to that of experienced Tai Chi practitioners [*Med Sci Sports Exerc.* 2004 Apr; 36(4):648-57]; Both Tai Chi practitioners & experienced golfers have better knee joint proprioceptive acuity and dynamic stability and comparable to those of young subjects. [*Med Sci Sports Exerc.* 2004 Apr; 36(4):658-671]

Exaggerated plasma fibrin formation (D-Dimer) in elderly Alzheimer caregivers as compared to noncaregiving controls

Gerontology 2005;51:7-13

Caregivers for Alzheimer's disease have been linked to increased coronary heart events and overall mortality. A procoagulant state has been associated to chronic stress. In this study investigators compared the plasma levels of thrombin-antithrombin III, D-Dimer, von Willebrand factor, tissue-type plasminogen activator and plasminogen activator inhibitor 1 between 48 care-giving spouses of Alzheimer's disease patients and 20 controls. They found that D-Dimer level was significantly higher in the caregivers which might contribute to higher cardiovascular risk previously reported among Alzheimer's disease caregiver

Pet ownership and health in older adults: findings from a survey of 2551 community-based Australians aged 60-64
Gerontology 2005;51:40-47

Pet owners were found to have more depressive symptoms, poorer physical health, and higher use of analgesics in this community survey. These findings contradicted the common belief that owning a pet would have positive impact on physical and psychological health.

Breast Cancer Screening in Women Aged 80 and Older: Results from a National Survey
JAGS 2004; 52:1688-1695

This is a retrospective study by using data from a population-based survey in US. The objective is to estimate the national rates of mammography screening in women aged 80 and older and examine the relationship between health status and screening within the previous 2 years. Screening mammography, disease burden, and functional status were assessed using a questionnaire. 882 women aged 80 and older who responded to the 2000 National Health Interview Survey were included. 12.1 % were dependent in at least one activity of daily living. More than half received mammogram within the previous 2 years. Women dependent in at least one ADL were less likely to receive screening mammography than women without functional impairment (37% vs 55.9%, $P < 0.001$). Of 294 women likely to have life expectancies of less than 5 years because of poor health, 39.4% received screening mammography. The conclusion showed that nearly 40% of women very unlikely to be benefited from screening mammography because of poor health received the screening.

Population –based multidimensional assessment of older people in UK general practice: a cluster-randomised factorial trial
The Lancet 2004; 364: 1667

A cluster randomized factorial trial involving 106 general practices recruited through the UK MRC General Practice Research Framework. Eligible subjects were those elders aged > 75 under the care of the general practices. There were 43219 patients who participated in the study. They were randomly assigned to groups comparing (1) universal versus targeted assessment and (2) subsequent management by hospital outpatient geriatric team versus the primary care team. In the universal assessment group all participants received a brief multidimensional assessment followed by an in-depth assessment, whereas in the targeted group an in-depth assessment was offered only to those with problems established at the initial assessment. The primary endpoints were mortality, admissions to hospital and institutions and quality of life. After a 3 year follow up, there was no significant difference between the groups in terms of mortality, hospital or institutional admissions. There were significant improvements in quality of life resulted from universal assessment and from management by geriatric team.

SIG membership application

To **Dr. Kong Ming Hei, Secretary, HKGS**
c/o Clinical Services Division, Wong Chuk Hang Hospital, No.2, Wong Chuk Hang Path, Wong Chuk Hang, Hong Kong. Tel: (852) 24178383 Fax : (852) 24116536
I am interested in joining the following SIG of HKGS:

- Cognition and Cerebral Ageing SIG**
- Chinese Medicine SIG**
- Continence SIG**
- Falls SIG**
- Infectious Disease SIG**
- Medical Ethics SIG**
- Nutrition SIG**
- Sexuality and Older Adults SIG**

My personal details are:

Name:

Place of work:

Contact: e-mail _____ phone _____

Please notify the corresponding Chairperson of the SIG to contact me for future activities.

Editor's choice

An In-service Evaluation of Hip Protector Use in Residential Homes
Age and Ageing 2005; 34(1): 52-56

873 residents from 47 homes were identified. Of these, 745 were considered eligible to wear protectors (86%) and 535 agreed to wear them after 1 week (72%). Compliance over 12 months was 78%. Most wearers wore protectors every day. At 3 months, 83% of demented compared to 73% of not demented residents ($P = 0.023$), 86% of always confused, 77% of sometimes confused and 72% of never confused ($P < 0.009$) and 82% of incontinent compared to 73% of continent residents ($P = 0.024$) were wearing hip protectors. There was a positive linear trend between the risk of falling and compliance ($P = 0.048$). The results suggest that there is a 48% chance of a resident wearing the protectors after 1 year. The higher compliance among those with dementia, confusion, incontinence and at high risk of falling supports the concept that hip protectors are worn by those at greatest risk of fracture.

Council News:

Dr Bernard Kong, Hon. Secretary, HKGS

1. Dr TK Kong And Dr SY Au were invited as examiners in DGM Glasgow from 15th to 19th Nov 04. Our President gave a talk on “ Geriatrics Medicine in HK” at the symposium organized by the RCPSG. There were 16 candidates with a passing rate of 75%. There were 4 stations for clinical part. 1) Chronic Disease (real patients) 2) Medical ethics 3) Communication and Mental State Examination – 2 patients 10 mins each 4) Computer run – slides with clinical photos. (Photos 1-3)

2. DGM (Glasgow) will be held in the 3rd week of June 2005 in Hong Kong. The Postgraduate Diploma in Community Geriatrics clinical examination will be held in the same week as DGM. DGM written would be held in May 05 at the British Council. Local examiners would be invited to mark the written paper on site together with the Glasgow examiners. It would only be one day of clinical examination, proposed to be on 14th June (Tues) at Lai King Building, PMH. Three Glasgow examiners would be coming; all three will be the examiners for the DGM - RCPSG (Prof Stott, Prof Macdonald, Dr. Lain Lennox) and one would be for the P dip CG (Dr. Lain Lennox). Local geriatricians would be invited to be examiners. At the closing date, there were more than 12 candidates. RCPSG would decide on the exact number of candidates for this first run of examination in Hong Kong. P dip CG will be held on the 15-16th June 2005 in PYNEH and UCH. Viva will be on 17th June 2004 .

3. ASM 2005: Sheraton Hotel Ball Room would be the venue. There would be 8-10 sponsors from pharmaceutical companies. Prof David Stott would be our keynote speaker. The organizing committee would decide on the Theme shortly. The Council had reached a consensus to lift the 3 years ban on previous winners to reapply. However, those who chose to submit papers would not be allowed on the vetting panel.

4. Prof Leon Flicker from the Australia Geriatrics Society would visit HKGS for an informal meeting. The proposed date would be 28-30th April. HKGS would explore the possibility of holding a local meeting for our members with Prof. Flicker.

5. Journal of HKGS: Prof T Kwok reported that he had received two papers so far. He would explore more collaboration with CGS and The HK Gerontology Association.

6. Report on Domestic and Overseas Chinese Conference on Geriatrics to be held in Hainan and hosted by Chinese Geriatrics Society 21-24 Nov 04: Seven members of the HKGS attended the conference including five council members - TK Kong, MH Chan, MF Leung, T Kwok, B Kong , R Lo and CF Ko (photos 4,5). Four papers were presented including an invited plenary note by our president. The feedback was very positive and HKGS would continue to maintain a regular dialog with CGS. It was proposed to invite Prof HK Chan (陳可冀教授) to our ASM05 and talk on Aging Problem in China. TWGHs would explore the possibility of inviting Dr. Yu (于普林醫生) to speak on the epidemiology of Fall in Mainland China. Prof T Kwok would explore the possibility to invite CGS to submit medical papers to the HKGS journal.

7. Report on two symposiums:

A) Symposium of Falls – sponsored by International Company Ltd 30th November 2004 . Close to 200 members and invited guests attended.
Speakers:

Hospital Authority Community Projects on Falls Prevention Dr. Vivian Taam Wong, HAHO

Efficiency of D-Hormone Analogs on Falls and Fractures Prof. Erich Schacht

The Role of A Fall Support Group in Preventing Falls in Community Dwelling Older People – A Pilot Study Dr. CF Ko, PMH

Multidisciplinary Fall Prevention Programme for High Risk Fallers in the Southern District Mr. William Tam, Physiotherapist i/c, WCHH

B) Syposium on COPD – sponsored by Boehringer / Pfizer 13 December 2004. Over 120 members attended the symposium.

Speakers:

Maintaining Airway Patency for Improved COPD Outcomes in the Elderly. Prof. Peter J Barnes, UK

COAD – From Bench to Bedside Dr. Lum Chor Ming, SH

8. Report on Social gathering : over 40 members and families attended a relaxing day to 南生圍 (紅毛橋, 錦田河紅樹林, 鷺鳥和鷺林, 堤圍, 赤稜徑) on 5th Dec 04.

9. Dr. Bernard Kong had represented HKGS to act as an expert witness in the Coroner Court on Chrysomya bezziana infestation case which was widely publicized in the local media.

10. Dr Chiu John Jong-hoh (PMH) was welcome to be a new member of HKGS.

OVERSEAS TRAINING OPPORTUNITIES

Opportunities are now offered for attachment to The Department of Medicine for the Elderly or Department of Rehabilitation Medicine at Woodend Hospital, Aberdeen, UK. Those interested can contact Dr. Hamilton with the address below:

DR S J C HAMILTON

Consultant Physician

Department of Medicine for the Elderly

Woodend Hospital, Eday Road, Aberdeen, AB15 6XS

Admission Line Tel: (01224) 556311 Secretary Tel: (01224)

556513 Fax: (01224) 556339

Publication subcommittee:

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(Chairman)

Dr. Leung Ho Yin

Dr. Pang Fei Chau

Dr. Yu Kim Kam

Dr. Tsui Chung Kan

Dr. Sheng Bun

Dr. Lam Wai Sing

Local and Overseas Scientific Meetings

Name	Time & Place	Organizer	Contact
Faculty of Psychiatry of Old Age and International Psychogeriatric Association regional meeting	4/4/05-8/4/05 Rotorua New Zealand	Faculty of Psychiatry of Old Age (RANZCP) and International Psychogeriatric Association	www.ipa-online.net
BGS Spring meeting	14/4/05-15/4/05 Birmingham UK	British Geriatrics Society	www.bgs.org.uk
2005 Annual scientific meeting	20/6/05-22/6/05 Brisbane Australia	Australian Society of Geriatric Medicine	www.asgm.org.au
IPA's 12th International Congress	14/8/05-19/8/05 Stockholm Sweden	IPA	www.ipa-online.net
BGS Autumn meeting	5/10/04-7/10/04 Harrogate UK	British Geriatrics Society	www.bgs.org.uk

Inter-hospital Geriatrics Meeting (04-05) 6:00 pm – 8:00 pm

Venue: HAHO Room 205S (Light meal provided)

Date	Topic	Venue
18.03.05	6:00-7:00pm UCH 7:00-8:00pm HHH	HAHO 205S
22.04.05	6:00-7:00pm KWH 7:00-8:00pm PMH	HAHO 205S
27.05.05	6:00-7:00pm QMH 7:00-8:00pm TKOH	HAHO 205S
18.06.05	AGM/ASM	Sheraton Hotel
29.07.05	6:00-7:00pm SH 7:00-8:00pm TWEH	HAHO 205S
26.08.05	6:00-7:00pm TMH 7:00-8:00pm YCH	HAHO 205S
30.09.05	6:00-7:00pm KH 7:00-8:00pm CMC	HAHO 205S
28.10.05	6:00-7:00pm RH/TSK 7:00-8:00pm KWH	HAHO 205S
25.11.05	6:00-7:00pm PYNEH 7:00-8:00pm HHH	HAHO 205S
16.12.05	6:00-7:00pm ANHH 7:00-8:00pm FYKH	HAHO 205S
20.01.06	6:00-7:00pm PWH 7:00-8:00pm QEH	HAHO 205S
24.02.06	6:00-7:00pm TMH 7:00-8:00pm WCHH	HAHO 205S
31.03.06	6:00-7:00pm UCH 7:00-8:00pm TPH	HAHO 205S
28.04.06	6:00-7:00pm RH/TSK 7:00-8:00pm KWH	HAHO 205S
26.05.06	6:00-7:00pm SH 7:00-8:00pm PMH	HAHO 205S

Hong Kong Geriatrics Society – Membership application / Information update Form

A). Personal information for *membership application* or *information update*

Name	
Corresponding Address	
Current Practice (HA - Hospital Authority/ DH - Department of Health / PR - Private practice / HS - Hospital Service Department / HK - HKU / CU- CUHK / OT - Others)	“√” one of the following : <input type="checkbox"/> HA <input type="checkbox"/> DH <input type="checkbox"/> PR <input type="checkbox"/> HS <input type="checkbox"/> HK <input type="checkbox"/> CU <input type="checkbox"/> OT
Present post (e.g. MO, Cons, Prof. etc.)	
Hospital (working at)	
Department (working at)	
Home Address	
E – mail address	
Home Telephone	
Office Telephone	
Fax Number	
Basic Qualification (basic degree) and year	
Higher Qualifications and year	
Membership status to apply for or change	Please "√" either one below
<input type="checkbox"/> a) I am an accredited Geriatric Specialist according to the criteria of HK Academy of Medicine <input type="checkbox"/> b) I am currently under higher specialty training in Geriatric Medicine according to HKAM <input type="checkbox"/> c) I am a registrable medical practitioner in HK who is interested in Geriatric Medicine but the above two conditions do not apply.	
Membership: (Official Use)	Regular/Associate
Approved by council at: (Official Use)	

*Category a or b (Annual fee : \$200) - Regular member

Category c (Annual fee: \$100) - Associate member (No voting right nor right to be elected as council member)

For new application of membership, one has to be proposed by a **Regular Member of the Society:

Name of Proposer: _____ (Signature: _____)

B). I have the following publication/presentation of local studies / surveys in Geriatrics:

Title (Summary can be sent separately)	Journal index/ Name of meeting or seminar & dates

Please send this form to the following:

Dr. Kong Ming Hei
 Honorary Secretary, c/o Clinical Services Division, Wong Chuk Hang Hospital, No.2, Wong Chuk Hang Path, Wong Chuk Hang, Hong Kong

☺ ☺ ☺

C). Annual Fee for 2004/2005

Please send a cheque payable to "The Hong Kong Geriatrics Society"
 (Regular member: \$ 200 – 1yr; Associate member: \$ 100)

**Please tick if your want a receipt & your address: _____

Name : _____ Signature: _____ Date : _____

E-mail address: _____

Please send to : **Dr. Wong Tak Cheung, Honorary Treasurer, Hong Kong Geriatrics Society, c/o Dept. of Medicine, 1/F, Tseung Kwan O Hosp., 2 Po Ning Lane, Tseung Kwan O**

