The Hong Kong Geriatrics Society Newsletter

The Hong Kong Geriatrics Society

c/o Department of Medicine, Pamela Youde Nethersole Eastern Hospital
3 Lok Man Road, Chai Wan., Hong Kong
Tel: (852) 25956899 Fax : (852) 25153182
websites: http://www.medicine.org.hk/hkgs/
http://www.hkgs.org.hk

August 2005 Issue

Editorial

Welcome to read the first issue of HKGS Newsletter for the new council years. Also welcome the many "young" new faces in the council which will certainly inject new energy to HKGS. The first big issue faced by the new council is the response to "Building a Healthy Tomorrow" document from HMDAC and our Society is invited to reply. Members should reflect on the proposal and expressing your view, on behalf of the older patients and the geriatric profession, is much needed. There were recently some interesting articles on vitamin and elderly health. As traditional wisdom has told us – both "too much" and "too little" are no good. The first DGM (Glasgow) was successfully conducted in Hong Kong under the auspice of HKGS. From the photos of the event, the examiners did enjoy the examination (and the hospitality of HKGS) very much! This sets a very good start for the HKGS to get more involved in international geriatric field. Congratulation!

Mok CK, Editor

President's address

(Abbreviated report of President's Address, Annual General Meeting of the Hong Kong Geriatrics Society, 18 June 2005)

Dr TK Kong

Promotion of Professional Education, Training, Standard, and Research

The HKGS has facilitated the setting up of an overseas center for Diploma in Geriatric Medicine (Glasgow) in Hong Kong, the first such examination being completed on 14 June 2005 in Princess Margaret Hospital. The fifth course of the Postgraduate Diploma in Community Geriatrics was completed in June 2005, and the sixth course will start in September 2005 with instruction manual provided by the HKGS. On training in gerontological nursing and upgrading the skills of health care workers in elderly care, the Society continues to collaborate and advise the Institute of Advanced Nursing Studies of the Hospital Authority and the Education and Manpower Bureau of the HKSAR respectively, with new courses starting this year. The HKGS contributed professional views on dementia management in The Consensus Programme on Improving the Quality of Life for Asian People with Dementia (QoLDEM) Focus Group Meeting organized by the Hong Kong Psychogeriatric Association on 16 April 2005. To promote the interest and active participation of our members on various geriatrics syndromes and care, more Special Interest Groups have been formed this year: Cerebral aging, Chinese Medicine, Continence Care, Falls, Infections, Medical Ethics, Nutrition, Sexuality in elderly. With more and more of our resource (Journal, Newsletter, Publications and Position Statements, SIGs) uploaded to the HKGS website, its popularity has increased tremendously in the past year. The HKGS has acquired a third website to accommodate the increase in storage space required

Provision of professional advice to the public

The HKGS has issued our position statement to the Law Reform Commission's Decision-making and Advance Directives Sub-committee in September 2004 on Advance Directives in relation with Medical Treatment. The HKGS participated in the Health Talk of RTHK from 5 Oct to 30 Nov 2004, and has responded to on-line telephone interviews on the topics of elder abuse and dementia from TVB and RTHK. The HKGS has provided expert witness to the coroner in January 2005 on a

deceased care home resident with maggots in the mouth, confirmed to be Chrysomya Bezziana.

Scientific meetings and programmes for continuing medical education

Besides our regular monthly inter-hospital geriatric meeting, the Society has organized scientific meetings and symposia on care home accreditation, falls, COPD, as well as the Annual Scientific Meeting on 18 June 2005, with Drs. LW Chu, IC Law, and Prof. Alfred Chan speaking in the healthy ageing symposium, and our invited Glasgow colleagues from RCPSG, Prof. David Stott and Dr. Iain Lennox speaking on "Cognitive Decline in Older People" and "the 'New" Diploma in Geriatric Medicine (Glasgow).

International Exchange and Sharing in Geriatric Medicine

Dr TK Kong gave a talk on "Geriatrics Medicine in Hong Kong" at RCPSG in Glasgow in a mini-symposium organised by the RCPSG in the week of DGM in Nov 2004. Seven members of the HKGS attended the Domestic and Overseas Chinese Conference on Geriatrics in Hainan, hosted by Chinese Geriatrics Society 21-24 Nov 2004. Four papers were presented including an invited plenary note by our president. Prof Leon Flicker, President of the Australia Society for Geriatric Medicine, invited the HKGS for an informal dinner meeting in Shatin on 26 April 2005, with the aim to set up a network in Geriatric Medicine in the Asia-Pacific region. The Council of HKGS had a luncheon meeting with Professor Ian Philip, National Director of Older People's Services, on 11 May. 2005 and shared with him his expereince in UK in facilitating joint medical and social care of older people within the National Service Framework in UK.

Our new council

(Back row, right to left)
Dr Alfred YUEN
Dr T M SHEA
Dr M F LEUNG
Dr Timothy KWOK
Dr L W CHU
(Front row, right to left)
Dr Bernard KONG (Hon. Secretary)
Dr Felix Chan (Vice President)
Dr TK Kong (President)
Dr TC Wong (Honorary Treasurer)

(Absent)
Dr C P Wong, Dr M H Chan, Dr James Luk

SIG membership application

To Dr. Kong Ming Hei, Secretary, HKGS

c/o Department of Medicine, Pamela Youde Nethersole Eastern Hospital, 3 Lok Man Road, Chai Wan., Hong Kong. Tel: (852) 25956899 Fax : (852) 25153182
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.

Invitation for Paper Submission Journal of The Hong Kong Geriatrics Society

To: all members

JHKGS would like to invite members to submit articles or studies that related to geriatric practice. We are one of the best platforms to share experience and achievements particularly in HK to sharpen our knowledge and enlighten the practices.

Examiners for the first overseas Diploma in Geriatric Medicine (Glasgow) held in Princess Margaret Hospital in Hong Kong on 14 June 2005, organized by the Royal College of Physicians and Surgeons of Glasgow, coordinated by the Hong Kong Geriatrics Society

From left to right: Drs. Ng Yau Yung (local examiner), MacDonald (Glasgow examiner), Iain Lennox (Glasgow examiner & DGM registar), Professor David Stott (Glasgow examiner & Professor of Geriatric Medicine, Glasgow University), Leung Man Fuk(local examiner), Au Si Yan(local examiner), Kong Tak Kwan (local host examiner). Lam Tai Pong (local examiner)

Front row (left to right): Professor David Stott (Glasgow examiner & Professor of Geriatric Medicine, Glasgow University), Drs.MacDonald (Glasgow examiner), Iain Lennox (Glasgow examiner & DGM registar), Kong Tak Kwan (local host examiner).
Back row (left to right): Dr. Chan Ming Houng (observer), Ms. Nancy Chow (Cluster and Hospital General Manager (Administration), Mr. Tony Leung (actor), Mr. TL Leung (actor) , Drs. Ng Yau Yung(local examiner) , Lily Chiu (Cluster and Hospital Chief Exectuvie) , Au Si Yan (local examiner) , Leung Man Fuk (local examiner), Chu Leung Wing (observer), Lam Tai Pong(local examiner), and Lum Chor Ming (observer)

An enjoyable evening in the Jumbo Floating Resturant
(left to right): Drs. MacDonald, Chan HW, Au SY, Dr. & Mrs., Dr. Iain Lennox, Prof David Stott, Dr.s Mok CK, Leung MF, Wong CP.

Tips for training in Geriatric Medicine

Christopher Lum

I have been very busy in the past 2 weeks, both for maintenance of SH services and as examiners for various training programs (DGM, PDip Com Geri (HKU), HKCP Geri Exit Exam and Annual Assessment). There are personal feelings that I would like to share with you, with a will that we can make improvement on certain areas.

Before each examination, I was briefed by the senior examiners that these were geriatrics examination, and we should focus on "geriatrics", but not "medicine for patients who was age > 65". Questions subsequently asked involved geriatrics giants, clinical scenarios (common medical conditions yet with multiple background pathologies that interact and led to the then presentation / or as red-herring) and assessment tools. To me, these are fair and essential questions, as well practical day in day out scenarios for elderly care.

My impression is that some candidates did not know enough on the assessment tools. He / she might just cited that they used certain tools in their own settings. The candidate was then asked about details of the specific tool (e.g. MMSE, TUGT, BMI) which he / she claimed to have been using it at his / her own setting. But then when asked on what the tool is, how is it being done, what is / are the advantages and limitations of the tool, and the interpretation / implication of it in elderly, candidates appeared to have inadequate knowledge on it. Of course, some know more than the other.

Another candidate was asked on pressure sore management. The question was asked because the candidate said that it was one of the commonest skin problems seen in OAH. Yet when asked about the management of it, it seemed that he / she was quite blank.

On my return trip to SH after all these examinations, I ponder by myself and think what would have happened to my own trainees if similar questions were directed to them. At the end, I escaped myself from finding an answer to it. Rather I focus on what we should do (as trainers and trainees):

(I) For trainers:

(1) Being a Fellow does not mean that we have completed our training. We still have to update ourselves;
(2) We should try to arrange organised training programs for trainees. This includes not only rotational training or services, but also guiding trainees on reviews of various geriatrics topics;
(3) From work, I understand that we all encounter pressure on beds. Nevertheless, we should all try our best to focus on geriatrics practice. At least that should be the working practice when we are supervising a Geriatrics HPT (sound schizophrenic!?)

(II) For trainees:

(1) One should really buy a standard Geriatrics textbook and read through most of the important topics within these 3 years (I know trainees who do not have knowledge on what is / are common / standard Geriatrics textbook, not to mention acquiring one!!!);
(2) Organise among yourselves study group;
(3) Do attend the monthly inter-hospital Geriatrics meetings. Colleagues from other settings have done lots of work on its preparation. It serves as good appetizer and helps you to focus on certain aspects of the topic. It also gives you information on your (or even your bosses') blind spots;
(4) Do not just ask your team member to do whatever assessment tools on the elderly. You should do it by yourself, at least couple of times till you can do that without reading the instruction sheet. Without the practice, you will not be able to know how it is performed, what its structure / components are, and its limitations. You should also read up and understand why this particular tool is so chosen by your unit but not other tools;
(5) Your supervisor is somebody assigned to guide you. Do talk to your supervisor if you feel confused on the direction. Also, do not hesitate to discuss with him / her on your dissertation starting from idea generation and method.

I am not certain if I am a good supervisor myself. But supervising is a very dynamic process. If I have at certain time of point neglected my HPT, I hope he / she can alert me on it so that I can fulfill my job well. Trainee has an equally important role by taking the initiations.

The next round of the annual influenza vaccination program will be in November this year. The Department of Health is planning to **expand the free influenza vaccination coverage to all old age home staffs** and estimated that about ten thousand old age home staffs (in about 700 old age homes) will be having the free influenza vaccination in the coming round of the program. (Singtao Daily, 7/6/2005)

Local News

According to the Elderly Abuse Registry of the Social Welfare Department, there were a total of **329 cases of elderly abuse last year.** Sixty-one percent were physical abuse, 13% were psychological abuse and 21% mixed type of abuse. Most sufferers were elderly women (about 70%). Most of the abusers were patient's spouse (65%), followed by son (14%) and daughter-in-law (11%). The cases were mostly in Kwun Tong district (10%), followed by Sai Kung (9%) and Shatin (9%). (Oriental Daily News, 23/5/2005)

The Hong Kong Alzheimer's Disease Association together with the Hong Kong Polytechnic University is planning to develop a "**Voluntary Dementia Person Electronic Database System**". There are about thirty-three thousand dementia patients in Hong Kong and 17-63% of them have wandering behavior. With that electronic system, whenever there is a missing report of a dementia person, the electronic database system will sent out mobile phone and pager messages to volunteer searching teams and facilitate the searching of the missing dementia person. This project is still in the planning stage and hopes to launch next year with government's financial support. (Hong Kong Economic Times, 3/6/2005)

Study from the Centre for Health Protection found that **institutionalized elderly with influenza vaccination had fewer influenza symptoms, lower pneumonia rate and hospital admission rate** than those elderly without vaccination. They are now doing a telephone survey to determine the proportion of elderly having vaccination in the community level and the underlying reason for not being vaccinated. More than twenty thousand people had received free influenza vaccination last year and mainly include those elderly living in residential care home and people with chronic diseases. (Oriental Daily News, 4/7/2005)

Hong Kong is facing a rapidly aging population and an increasing burden on public health expenditure. According to the Government's statistics, only 40 % of the in-patients in HA patients were elders aged > 65 in 1996 whereas the figure rose up to 50.3% in 2003. It is also estimated that the cost of **each hospital admission of the elders accounts to HK$16300** which is 6 folds higher than the cost of admission of other age groups. To face with this burden the government will enhance the community supporting services for the elders aiming to encourage early discharge of the elders from the hospitals. (Mingpao Daily 22/5/2005)

To face with the **long queuing time of GOPD patients (mostly elderly)**, the Hospital Authority is considering the option of using telephone booking system for making GOPD appointment and to issue a longer duration of medications to patients with chronic illness. (Mingpao Daily 29/6/2005)

News from the HK Nurses Association of Gerontology (HKNAG)

1. A two-evening session course on Pulmonary Rehab. Program for Nurses in Old Age Home: the aim is to develop and foster the application of the knowledge and rehabilitative technique for pulmonary patients in pulmonary rehabilitation nursing. The dates & venue: 14/9/05 & 21/9/05 at RTSKH.

2. The 2nd Gerontological nursing Certificate Course for nurses working in Old Age Home will be organized in the coming winter. It is a three -day course. It is the first collaborated program run with Institute of Health Care of HA.

Further details is available in website: (www.hknag.com.)

Vitamin E and Donepezil for the treatment of Mild Cognitive Impairment (MCI)
NEJM 2005; vol 352; 2379-87

This double-blind placebo controlled study aimed to clarify whether treatment with vitamin E 2000 IU daily or donepezil 10mg daily for 3 years could delay the clinical diagnosis of Alzheimer's disease (primary endpoint) in subjects with the amnesic subtype of MCI. A total of 769 subjects were enrolled, and primary endpoint developed in 212. The overall rate of progression from MCI to primary endpoint was 16% per year. There was no significant difference in the probability of progression to Alzheimer's disease in the vitamin E group nor the donepezil group during the 3 years of treatment in comparison to that of placebo.

Randomised controlled trial of calcium and supplementation with cholecalciferol (vitamin D3) for prevention of fractures in primary care
BMI 2005; 330: 1003-6

An open randomized controlled trial involving 3314 women aged > 70 with at least one self reported risk factor hip fracture. The intervention group was given 1000 mg of calcium carbonate and 800 IU of cholecalciferol daily, together with general lifestyle advice on how to reduce their risk of fracture. The control group only received a leaflet with general advice on prevention of falls and on how to consume adequate calcium and Vit D from dietary sources. After a median follow up period of 25 months there was no significant difference in the clinical hip fracture rates (odd ratio for all fracture 1.01 CI 0.71-1.43, for hip fractures 0.75 CI 0.31-1.78). The study concluded that there is no evidence that calcium and vitamin D supplementation reduces the risk of fractures.

Editor's choice

Oral vitamin D3 and calcium for secondary prevention of low-trauma fractures in elderly people (Randomised Evaluation of Calcium Or vitamin D, RECORD): a randomised placebo-controlled trial
The Lancet 2005; 365: 1621-8

5292 elders aged > 70 (85% female) with a known history of low trauma osteoporotic fracture were randomized into four groups (800 IU vitamin D3, 1000 mg calcium as calcium carbonate, both or matching placebo only). After a median follow up period of 45 months, the groups did not differ in the incidence of all new fractures, fractures confirmed by radiography, hip fractures, death, numbers of fall or quality of life. The findings of this study do not support routine oral supplementation with calcium and vitamin D3 for the prevention of fractures.

A Vaccine to prevent Herpes Zoster and Postherpetic Neuralgia in Older adults
NEJM 2005; 352: 2271-84

The incidence & severity of herpes zoster and severity of postherpetic neuralgia increase with age in parallel to a progressive decline in cell-mediated immunity. This prospective RCT aimed to test whether vaccination against varicella-zoster virus(VZV) in the elderly could reduce these 2 problems. 38546 immunocompetent adults 60 years of age or older were followed-up for a median of 3.12 years. The intervention group was given an investigational live attenuated Oka/Merck VZV vaccine ("zoster vaccine") which was at least 14 times more potent than that of the usual Varivax(Merck), the vaccine currently licensed to prevent varicella. The result showed that the use of the zoster vaccine reduced the burden of illness due to herpes zoster (reflecting the incidence, severity, and duration of the associated pain) by 61.1%($p<0.001$), reduced the incidence of postherpetic neuralgia by 66.5%($p<0.001$) and reduced the incidence of herpes zoster by 51.3%($p<0.001$). The incidence of herpes zoster was 11.12 per 1000 person-years in the placebo group and that of vaccine group was 5.42 per 1000 person-years.

High Vitamin B12 level: A strong predictor of mortality in elderly inpatients
(Letters to the Editor). JAGS 2005: 53;5:917-8

High cobalamin levels have been found to be linked with serious, even life-limiting illnesses like leukemia, myeloproliferative disorders and metastatic cancer esp. involving the liver. An up-regulation of transcobalamin synthesis, inceased release of cellular cobalamin or decreased clearance of cobalamin form plasma may be the underlying mechamism. This study in Europe was performed by observing 488 consecutive elderly hospital admissions with B12 level checked and followed up for two years. Results: supranormal B12 level (>400 pmol/L) occurred in one-third of elderly hospitalizaed patients and was associated with a 4.48 times greater risk (95% CI = 2.14-9.89) of mortality in non-cancer patients within the following 90 days. . Cobalamin level may therefore be an essential parameter that should be included in severity-of-illness measures in all elderly inpatients.

Radical Prostatectomy Versus Watchful Waiting in Early Prostate Cancer
NEJM 2005; 352: 1977-84

The Scandinavian Prostate Cancer Group reported the 10-year result of the above-named study. From 1989 through 1999, 695 men (mean age 64) with early prostate cancer were randomly assigned to radical prostectomy or watchful waiting. Inclusion criteria included aged under 75 years, localized prostate cancer and a health status that would permit radical prostatectomy and a life expectancy of more than 10 years. The tumor had to be well differentiated to moderately well differentiated. 8.6% men assigned to surgery and 14.4% men assigned to watchful waiting died from prostate cancer. Radical prostatectomy significantly reduced disease-specific mortality (RR 0.56, p=0.01), overall mortality, and the risk of metastasis (RR 0.60, p=0.004), local progression (RR 0.33, p<0.001). The authors concluded that the absolute reduction in the risk of death from any cause after 10 years is small, but the reduction in the risks of metastasis and local tumor progression are substantial.

Clinical outcomes of salmon calcitonin nasal spray treatment in postmenopausal women after total hip arthroplasty.
Gerontology 2005; 51:242-252

Many patients suffered hip fracture could not returned to their pre-morbid functional state. Local peri-prosthetic bone loss and exaggerated bone turnover after fracture were among the many risk factors for poor recovery. In this randomized trial 76 postmenopausal women with recent total hip arthroplasty for fracture were divided into two groups, both received calcium and vitamin D supplement, while nasal spray calcitonin was added to one group for 12 months. Results shown that the group received calcitonin had significantly less bone turnover, loss of bone density and pain. Calcitonin also promoted the repair of hip fractures and was associated with a significantly less rate of re-fractures as well as peri-prosthetic ossifications.

Editor's choice

Is stroke unit care portable? A systematic review of the clinical trials
Age and Ageing 2005; 34(4): 324-330

Systematic review of controlled clinical trials that compared peripatetic systems of organised stroke care (stroke team care) with alternative hospital services. This meta-analysis included six clinical trials (1,085 patients); five trials (781 patients) compared stroke team care with conventional care in general medical wards and one trial (304 patients) compared stroke team care with a comprehensive stroke unit. Compared with care in general wards, stroke team care improved some aspects of the process of care but clinical outcomes were similar. Compared with a comprehensive stroke unit, stroke team patients were significantly less likely to survive (P <0.001), return home (P < 0.001) or regain independence (P < 0.0001). Most aspects of the process of care were also poorer than in the stroke unit. In conclusion, care from a mobile stroke team had no major impact on death, dependency or the need for institutional care.

Early assessment by a mobile stroke team: a randomised controlled trial
Age and Ageing 2005; 34(4):331-338
This study is to determine the impact on outcome of access to a mobile team during the acute phase of stroke among patients admitted to general wards. 308 patients admitted to one of two hospitals within 5 days of the onset of a clinically diagnosed stroke. Following admission, patients in the intervention arm were visited by members of a mobile stroke team who advised clinical staff on appropriate and timely investigation and management. They coordinated early input from therapy groups and identified those ready for transfer to the stroke rehabilitation unit. Patients in the control arm were not visited by the mobile stroke team. There was no statistically significant difference observed between study groups in mortality at 6 weeks nor at 12 months. There were also no differences observed between study groups in morbidity outcomes or health-related quality of life measured at 12 months. The trial was terminated before the necessary sample size was collected but findings suggest that the mobile stroke team failed to confer significant long-term mortality benefit compared with general ward-based care alone.

Foreign news

Nosokinetics News

August 2005 Nosokinetics News is published on line as follows:
http://www2.wmin.ac.uk/coiec/nosokinetics.htm
http://www.iol.ie/~rjtechne/millard/index0.htm (on-line archive)

BGS news (BGS Newsletter Jul 05)

A very reflecting article by Dr. Richard Lynham, a prominent UK Geriatrician, was published in July issue of BGS Newsletter. It composed of notes written by Dr. Lynham during his stay in hospital before his death from leukaemia. His emotions, gratitude and transient thoughts of euthanasia are very touching. His observation of medical and nursing service from a patient's point of view is very reflecting.

There is also our President, Dr. TK Kong's paper detailing the history of HKGS and the time honoured linkage to Geriatrics in Glasgow. Young colleagues should read this to know the "origin" of HK Geriatrics while senior colleagues would enjoy the "good old days".

Kozo Haraguchi, fastest 95 years old

"It was the first time for me to run in the rain and as I was thinking to myself, 'I mustn't fall, I mustn't fall,' I made it across the goal," Haraguchi told reporters.

Haraguchi had beaten the world record of 24.01 seconds for the 95 to 99 age group set by Hawaii-resident Erwin Jaskulski in May 1999.

Why is it, when the (excellent) Physios urge you to make a little progress each day, they all disappear for four days during Easter?

You can tell the pressure on resources when you go to X-ray at midnight.

Don't poo in your pants during nurse handovers – you could be stuck with results for an hour.

It's Murphy's Law that if 3 out of 5 nurses go for their break, every call button will be activated.

One of the worst problems is coping with 12 tablets, plus soluble tablets and liquid medication. High time the pharmaceutical industry made medication more user friendly for the frail patient.

Notes from Dr. Richard Lynham (when he was ill)
BGS Newsletter July 05

Local and Overseas Scientific Meetings

Name	**Time & Place**	Organizer	Contact
6th advanced postgraduate course in Geriatrics and Medical Gerontology	5/9/05 – 9/9/05 23/1/06 – 27/1/06 26/6/06 – 30/6/06 Switzerland	European Academy for Medicine of Ageing	vmontani@vtx.ch
Parkinson's Disease Masterclass 2005	14/9/05 – 16/9/05 15/3/06 – 17/3/06 UK	BGS	www.bgsnet.org.uk/meetings
BGS Autumn meeting	5/10/04-7/10/04 Harrogate UK	British Geriatrics Society	www.bgs.org.uk
5th International symposium of APPDA Conference	21/10/05-24/10/05 Melbourne Austrialia	The Asian & Pacific Parkinson's Disease Association (APPDA)	www.parkinsonsvic.org.au
4th International Congress on Vascular Dementia	20/10/05 – 23/10/05 Porto Portugal	4th International Congress on Vascular Dementia	www.kenes.com/vascular
EUGMS Symposium Geriatric Cardiology	21/10/05 – 22/10/05 Madrid Spain	EUGMS	www.eugms.org
2nd Asia-Pacific Conference on Health Promotion & 2nd International Conference on Tai Chi Chuan	5/11/05-6/11/05 PWH Hong Kong	CUHK WHO	www.cuhk.edu.hk/whoctr/hptc2005
AGS annual meeting 2006	3/5/06 – 7/5/06 Chicago USA	American Geriatrics Society	www.americangeriatrics.org/
8th International symposium on neurobiology and neuro-endocrinology of Aging	23/7/06 – 28/7/06 Bregenz, Austria	Geriatrics Initiative, Southern Illinois University School of Medicine	www.neurobiology-and-neuroendocrinology-of-aging.org/

Inter-hospital Geriatrics Meeting (05-06) 6:00 pm – 8:00 pm

Venue: HAHO Room 205S (Light meal provided)

Date	Topic	Venue
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 : □ HA □ DH □ PR □ HS □ HK □ CU □ 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
□ a) I am an accredited **Geriatric Specialist** according to the criteria of HK Academy of Medicine □ b) I am currently under **higher specialty training in Geriatric Medicine** according to HKAM □ 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 Cinical 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**