

The Hong Kong Geriatrics Society Newsletter



The Hong Kong Geriatrics Society

President : Dr. Kong Tak Kwan
Vice-President : Dr. Wong Chun Por
Honorary Secretary : Dr. Mo Ka Keung
Honorary Treasurer : Dr. Wong Tak Cheung
Ex-Officio : Dr. Au Si Yan

Council Members : Dr. Chan Ming Houng
Dr. Ip Chiu Yin
Dr. Kwok Chi Yui
Dr. Chu Leung Wing

Dr. Chan Hon Wai
Dr. Leung Man Fuk
Dr. Mok Chun Keung

Honorary Legal Advisor : Mr. C K Chan
Honorary Auditor : Mr. Eddy S B Wong

May 2002, Issue

Editorial

Welcome our new President Dr. Kong Tak Kwan. As mentioned in his speech after his election, we wish him having the courage, endurance and wisdom to lead our Society to face the new challenges of the coming years. We also welcome Dr. Mo Ka Keung, our new secretary, who has already begun the busy work of running the Society. In this issue, we have the interview of Professor Jean Woo who should be very familiar to our members. One can see how Professor Woo achieved success in both the academic field and the provision of public medical service. There is abundance to read in the Editors' Choice, Local and Foreign news and the anti-aging issue in Geriatrics Update. One very important point to note is the invitation by our new President to join hand in hand with the social welfare sector to fight against Elderly Abuse. This is considered as the "new" Geriatric Giant. Dr. Kwan Yiu Keung, our previous publication subcommittee member, has resigned and we would like to thank him for his significant contribution in the publication of our newsletter in the past years.

Mok Chun Keung, Editor

Publication subcommittee:

Chairman:
Dr. Mok Chun Keung

Committee members:
Dr. Leung Ho Yin
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Time of change, time for change



Dear Colleagues,

I must confess that taking up the presidency of the Hong Kong Geriatrics Society is no easy undertaking for me. I have been reflecting on my divided roles and commitments among my family, vocation, profession, and religion. Thanks to the encouragements from my colleagues and my wife, I finally take up the challenge with a wish to do something for the betterment of the specialty and the patients served.

I owed to those who have gone before me for their upbringing into this intellectually challenging and emotionally rewarding specialty. I am conscious of the efforts of my predecessors who have strived to preserve the identity of the Society in stormy climates. Thanks to their pioneering efforts, the Hong Kong Geriatrics Society has grown from an initial membership number of 19 in the year of 1981 to the current figure of 154. The Society has its own peer-reviewed Journal, a smart Newsletter, a web-page with international links, annual scientific meetings; as well as been advising the Hong Kong College of Physicians on higher specialty training in geriatric medicine, collaborating with the Hong Kong University in the training of Community Geriatrics for family doctors, and organizing certificate courses on Gerontological Nursing.

The firm foundations laid down by our predecessors have much facilitated us building on our strength. But there is no complacency here. Misunderstandings and mis-beliefs concerning the role of geriatric medicine still prevail. In a time of economic difficulty, the aged are most vulnerable to be marginised. In the words of Mother Theresa, "the biggest disease of today is not leprosy or tuberculosis, but rather the feeling of being unwanted." Ageism may extend beyond the aged to those helping the aged, including our specialty. In this challenging era, our Society has to be proactive in facing the flux of changes. We have to unite to speak with a single voice to represent our views; to uphold our mission that the proper medical care of elderly people requires special attitude, knowledge and skills; and to educate our medical fraternity, the general public and policy makers about the content and substance of geriatrics.

Photo 2. The new council 2002/3 of the HKGS (right to left): (back) Drs Chan HW, Kwok T, Mok CK, Chan MH (front) Mr CK Chan (Legal advisor), Drs Chu LW, Au SY, Kong TK (President), Wong CP (Vice-President), Leung MF, Ip CY (absent -Mo KK, Wong TC)

Connecting among a family of 154 is no easy matter. How well do we know each other? What happens to those who are silent and inactive, and why? The figure of 154 will only become a tower of strength if every member has a sense of belonging and is actively participating. Notwithstanding diversified views and needs of the members, we do share core values. There is a Chinese saying, "Changes have to start from ourselves." Let's work together in a spirit of openness to further enhance the image and identity of the Society for the betterment of our elderly patients. Let's work together with all the people (be they the medical fraternity, be they the gerontological professionals, be they the general public, ...) who are willing to recognize, care for and help the person inside the elderly patient.

I would like to end with the words of the theologian, Rheinhold Niebuhr, "May the Lord give us the grace to accept with serenity the things we cannot change, the courage to change the things which should be changed and the wisdom to distinguish one from the other."

Dr. Kong Tak Kwan
President, HKGS

Photo 1. Dr Kong Tak Kwan,
President, HKGS

Geriatric Portraits

Extending Geriatrics by Generative Intelligence – an interview with Professor Jean Woo

Visit and essay by Dr Shirley PS Ip

Success of a Scientific Genius

Professor Jean Woo is the leading expert in the field of Geriatric Medicine research in Hong Kong. Apart from her impressive observational ability to identify excellent research topics, she always frames her research questions in an intellectually stimulating way and makes excellent use of data. A genuine curiosity is what drives her to seek answers to her satisfaction. She is keen to pursue broad specialties such as Geriatric Medicine and loves learning new things. She finds writing research reports creative as well as a good way of promoting Geriatric Medicine. Her superb generative intelligence has resulted in publishing of her works in countless scientific publications and has led her to unique effectual heights such as chairperson and director of innumerable centers, committees and large scale research projects. She is currently Professor of Medicine, and Chairperson of the Department of Community and Family Medicine at the Chinese University of Hong Kong (CUHK).

Directions of Research

Professor Woo's team has completed numerous practical works on the effectiveness of health service delivery, nutrition, epidemiology as well as the role of prevention and burden of diseases and studies of individual diseases such as dementia, osteoporosis and Parkinson's disease. Innovative projects currently on-going are health services research focusing on improving the quality of nursing homes, telemedicine in community centers as well as, with the input from health economists, costs of diseases. She suggests disease-based research, study of service delivery models, and quality of care and quality of life as promising areas for further studies.

Extending Geriatrics

1. Education on Gerontology and Geriatrics

For education provided to be effective it must be broad and inter-departmental. CUHK has always intensely appreciated the importance of Geriatrics. Towards this end, the **Center for Gerontology and Geriatrics** was founded four years ago. As an inter-faculty collaboration, it covers Biological Gerontology, Social Sciences, Geriatric Medicine, Psycho-geriatrics and nursing services. Cross disciplinary views are secured from a wide spectrum of health care personnel. The encouraging results achieved have been the solving of multiple problems at nursing homes or community centers by candidates exposed to various disciplines. This has not only alleviated the fragmentation problem in many settings, but one-stop services are being created in the community. In the undergraduate curriculum, teaching of communication skills and ethics is strengthened in addition to the well-established module in Geriatrics. Professor Woo supports the training of physician trainees by the Hong Kong College of Physicians to refine further good development in the field. When it comes to personal development, Professor Woo has favored keeping up comprehensively at acute and non-acute settings in order to prevent limiting herself to a narrow range of clinical experience. Job provisions are workable on a rotational basis or simultaneous on a dual position as in her case. She maintains that community services have direct benefits on hospitals. As evidenced by convincing figures on the costs saved and significant scientific data, these services reduce the acute and unplanned hospital admissions.

Photo 3. Prof. Jean Woo and Dr Shirley PS

2. Service Development of Geriatric Medicine of the New Territories East (NTE) Cluster

Competent geriatricians hold the keys to endeavor modern problem highlights. Readmission, premature discharges, non-specific diagnosis, revolving door syndrome, under-nutrition, multiple problems and fragmentation of services are a few of these problems. Others include complex problems, mental problems, barriers to recovery, compartmentalized views in the community as well as tension on prevention and the rising number of elderly and nursing homes. These problems are causing deterioration in basic patient care. Good quality basic care is more essential than high-tech services. Geriatricians provide momentous expertise on the fundamental care of patients. The sound management by geriatricians of needs-related services, patient basic care, and demand responsive development programs are of utmost importance to meet the challenge of heavy workloads brought about by high numbers of elderly. Some examples of the consequential contributions are pre-discharge planning, education and training provided to the multi-disciplinary team, audit forums on falls and pressure sores as well as community teams, collaboration with other subspecialties, and supervising family physicians in infirmaries. Moreover, the advocacy element of geriatricians is of prime need at the hospital level. Telemedicine and primary geriatric care are methods being explored in NTE to solve the serious problems faced by a large number of old age home residents.



The fragmentation problem has been lessened by training nurse practitioners (backed up by teams headed by geriatricians) to work with high risk residents in Homes. Hopefully, the Community Nursing Service will change its agenda to work together with the Nurse Specialists in the Community Geriatric Assessment Services. Professor Woo strongly advocates a re-distribution of the knowledge of Geriatric Medicine to hospitals and community institutions lacking in emphasis on Geriatrics. However, since all geriatricians hold second subspecialty jobs, the time and manpower has been stretched beyond its limits. Therefore, she highly recommends creating new geriatrician posts in these hospitals and settings to fulfill the elementary needs. As the chief geriatrician of the cluster, she is actively participating in three committees, namely medical services, rehabilitation and community outreach services

3 New Knowledge Extension of Geriatrics

Her knowledge and skills of Geriatrics make Professor Woo an exceptional head of the **Department of Community and Family Medicine** in three ways. Firstly, while emphasizing a vigorous service component in research and education of the department, experience in organizing Geriatric services has rendered her additional insights and therefore advantages. Secondly, her epidemiological studies of Geriatric problems have substantial impact on the field of Community Medicine and thus form a great research area. Thirdly, the approaches of Family Medicine are overlapping concepts of Geriatrics. For example, holistic understanding, philosophies of palliative care, techniques of home visits as well as shared education targets of primary care physicians and a common pressing urgency to orientate family physicians to problems of the elderly. Professor Woo strongly wishes to influence the undergraduates so that they will have a mind receptive to the community and its needs as they enter their careers. The opening of the **School of Public Health** earmarked a new developmental milestone for the CUHK. There are many parallels between public health and geriatric medicine. Firstly, it has adopted a broad approach as one may admire in Geriatrics. It expands the comprehension of complicated health issues of an individual to a population at large. Secondly, it is from the notion of prevention of chronic diseases prevalent in the elderly that the idea of launching a healthy aging campaign has arisen. Thirdly, the theses of prevention, health promotion, burden of diseases, nutrition, and psycho-geriatrics are generalized to a wider scope.

The above are some of Professor Woo's brilliant inspirations and immeasurable achievements, the magnitude and depth of which has made the weight and potential value of Geriatrics in Hong Kong readily accepted and recognized.

Geriatrics Update: Anti-aging strategy (Dr. SS Lee, YCH, Inter-hospital meeting (NT) in Mar 02)

Aging is a universal process that began with the origination of life about 3.5 billion years ago. Aging changes can be attributed to development, genetic defects, the environment, disease, and an inborn process. With improvements in general living condition and medical care, average life span approaches plateau values of around 76 years for males & 82 years for females. However, lengthening the maximum life span, which is limited to around 90-100 years, is generally agreed to be much more difficult. Many theories have been advanced to account for the aging process. No theory is generally proven, including the free radical theory of aging & the neuroendocrine theory which are increasingly discussed currently.

Among all anti-aging strategies, caloric restriction therapy is the one with the soundest scientific support. However its data is only limited to control trials in rodents. Although disease-focused trials of cell-based therapies with cell transplant or use of cell extract, such as haematopoietic stem cells transplant, are promising, no cell transplants have yet produced a documented & clinically significant improvement in biologic function in healthy elderly. The role of hormonal replacement therapy in aging still remains investigational. Maximum life span is certainly species-specific & understanding of DNA & RNA in association with aging & life span is the focus of new studies. More than 60 genes related to aging were identified in animal studies, but anti-aging therapies based on molecular genetics are still years away from being accepted. There is a growing acceptance of herbal & supplemental therapies as anti-aging treatment, though there is still no scientific evidence to support them. These include the use of numerous anti-oxidants, e.g. retinol, B-carotene, ascorbic acid & tocopherol and some diet supplements, e.g. garlic, green tea & ginkgo biloba. A prospective cohort study in Japan showed remarkable reduction of relative risk of lung, colon & liver cancers & low prevalence of both cardiovascular disease & diabetes in individuals who consumed over 10 cups of green tea per day. Mean age at death is also higher with increased consumption of green tea. More recently, pharmacological effects of ginkgo leaf extract are being studied & its use for its anti-oxidant properties, for a number of vascular problems & treatment of memory loss, dementia & macular degeneration is widely accepted.

In conclusion, there is still no particular anti-aging therapy showing significant improvement in life expectancy in elderly. Evidence indicates that adopting healthy lifestyles, which include eating a balanced diet, being physically active & abstaining from smoking as well as the availability of better health care, most likely contributes significantly to increased life span.



Report of the Annual Scientific Meeting (ASM) HKGS 2002

The ASM was held on the 27th March 2002 at the Sheraton Hotel after the 5th HKGS AGM. The two HKGS Research Grant Recipients (Drs FC Pang of TMH and CP Chung of QMH & FYKH) presented their internationally recognized works on Alzheimer's disease and detrusor problems respectively.

The highlight was the presentation by five short-listed young geriatricians of their outstanding free papers competing for the prestigious annual awards. The topics were on important clinical problems such as delirium, diabetic retinopathy, infective endocarditis, falls as well as dysphagia. The rigorous research methods and the useful interventional measures presented were impressive and stimulating. With a very high standard of all the research projects, the scientific panel (Drs Christopher CM Lum, Timothy Kwok, LW Chu and Francis CK Mok) found it difficult to judge. Finally the Awards winners were selected: Dr NS Ng Prize winner was Dr Kevin WY Tsang, Dr YY Ng Prize went to Dr Wayne HC Hu and Dr S Chan Prize given to Dr Gavin KW Lee (represented by Dr CT Sy). The attractive prize of a digital camera was awarded to Dr Tsang while the other two received pocket personal computers.

There was full participation of the audience and many questions were raised to the speakers. All members enjoyed the opportunity to interchange knowledge and views with colleagues. The organizing committee (Drs Carolyn PL Kng, Shirley PS Ip and James KH Luk) therefore considered organizing the ASM a gratifying experience and wished to further promote similar scientific exchanges in the future.

I can certainly say that when I see an elderly patient with legs wrapped tightly in a blanket, to this day Dr Warren is tapping me on the shoulder saying "movement, movement, how do you expect the poor soul to move".

(Mrs. Maureen Boots. Memories of Marjory Warren. BGS Newsletter Mar 2002)



Photo 4. HKGS Outstanding paper presenters 2002 answering questions from the audience, (right to left): moderators-Drs Shirley PS Ip and James KH Luk; speakers- Drs Wayne HC Hu (QMH & FYKH), Jennifer WW Myint (RH), Ronald ML Yip (KWH), CT Sy (PYNEH) and Kevin WY Tsang (TWEH)

Council News



Letter to Editor:

Public / private interface in Elderly Healthcare Services

On 15-16 April 2002, Ming Pao published two articles on the issue. The first article focused on the new Enhanced Home and Community Care Scheme (EHCCS) from the Social Welfare Department. There was comment that HA competed with private sectors in providing medical support to the elders under the scheme. The second article was an interview with the Hon. Lo WL on the issue. I agree that public / private interface is the direction to go, and means have to be explored. Yet, the two articles were very superficial and had not touched on the root problems / difficulties of public / private interface in elderly healthcare services. It also gave a delusion that HA was trying to monopolize the services. There seems to be some misunderstandings in the public about the Geriatric service. The HKGS may consider building a bridge between us professional and the public.

Dr. Lum Chor Ming, SH

The 5th Annual General Meeting of the Society was held at Sheraton Hong Kong Hotel & Towers, Sung Room on Wednesday, 27th March, 2002.

The New Council (Directors of Hong Kong Geriatrics Society) 2002/03 was elected as follows:

President: Dr. Kong Tak Kwan

Vice President: Dr. Wong Chun Por

Hon Secretary: Dr. Mo Ka Keung

Hon Treasurer: Dr. Wong Tak Cheung

Ex-officio: Dr. Au Si Yan

Council Members: Dr. Chu Leung Wing, Dr. Chan Ming Houng, Dr. Ip Chiu Yin, Dr. Chan Hon Wai, Dr. Leung Man Fuk, Dr. Kwok Timothy, Dr. Mok Chun Keung

Hon Legal Adviser: Mr. C.K. Chan

Hon Auditor: Mr. Eddy S.B. Wong

LOCAL NEWS

The Christian Family Service Centre at Kwun Tong has established one of the few **sexual education and counseling services for elderly people** in Hong Kong. The service targets at elderly people aged 55 or above, providing resources and organizing activities to help them in solving their sexual and inter-personal relationship problems. The centre also runs a telephone hotline service (21912244) that operates from 2 pm to 5 pm every Monday through Friday.

(Ming Pao Daily News, 6/3/2002)

According to the data from the Elderly Commission, the number of Hong Kong elderly citizens, age 50 years old or above, living in Mainland China is increasing. In the next 5 to 10 years, the number of **Hong Kong elderly citizens living in Mainland China** is estimated to increase from 17,000 to 60,000. The Elderly Commission urged the government to review the elderly welfare benefits, so that those HK elderly citizens living in Mainland China for a longer duration (more than 180 days), could still enjoy their financial assistance benefits.

(Apple Daily, 27/1/2002)

The automated teller machine (ATM) machine, which is simple to operate for us, may not be so for the elderly. A local study showed that for elderly aged 60 to 79 years old, who had not gone through formal education, only 18.2% of them could operate the 'cash withdraw' function of the ATM machine successfully, and none could perform the 'transfer' function. In view of that, some local banks are making automated banking easier through its new '**Easy ATM service**', which offers simplified functions and shorter processes to complete ATM transactions. The results of the study suggested that the simplified ATM prototype was effective in enhancing ATM usage among the older population.

(Apple Daily, 14/12/2001)

In order to provide more residential care homes for the elderly, the government had proposed a new scheme to encourage private developers to incorporate purpose-built residential care home premises in their new developments. Under the scheme these residential care home premises will be exempted from calculation of gross floor area and assessment of premium of the development under lease modification, land exchange and private treaty grants. In return for gross floor area/premium concessions, the developer will have to pay the full cost of constructing the residential care home premises. These premises, once built, will become the properties of the developers but remain for the exclusive use of residential care homes only. The government aims to provide 6900 residential care home places in the coming 10 years by using the new scheme.

(Ming Pao Daily News, 12/3/2002)



A non-profit making organisation named **Cyber Senior Network Development Asso Ltd.**

was set up in 2001 by some IT personnel and social workers to encourage and educate the HK elders to use the cyber space. Those interested can visit their web site:

www.cybersenior.org.hk.

(Communication with the Association)

In order to fully develop the potentials of elderly people in the process of life-long learning, the HK Sheng Kung Hui Welfare Council organised a **College for the Elderly** in 1998. The first graduation ceremony in 1999 had more than 400 graduates. The Welfare Council has established 25 Elderly Education Centers in its Elderly Service Units and member organizations at various districts of HK. The response of the elderly has been excellent. Up to August 2001, the first two and a half year of the College, there had been 2,101 students registered and the total enrolments have numbered 101,093.

(Communication with HK Sheng Kung Hui Welfare Council)

Recent literature: Editors' Choice

Alcohol consumption and risk of dementia: the Rotterdam Study (Lancet 2002;359:281-86)

http://www.thelancet.com/journal/vol359/iss9303/full/llan.359.9303.original_research.19180.1

Just another study showing that light to moderate drinking may be beneficial. The Rotterdam Study is a prospective population-based study of 7983 individuals aged 55 years and older. In this article 5395 of the participants who did not have dementia at baseline and who had completed data on alcohol consumption were followed up for an average period of 6 years. It was found that light to moderate drinking (one to three drinks per week) was significantly associated with a lower risk of any dementia (hazard ratio 0.58 95% CI 0.38-0.90) and vascular dementia (hazard ratio 0.29 95% CI 0.09-0.93). The type of alcoholic beverage did not affect the association.

Cardiovascular morbidity and mortality in the Losartan Intervention For Endpoint reduction in hypertension study (LIFE): a randomized trial against atenolol

(Lancet 2002;359:995-1003)

http://www.thelancet.com/journal/vol359/iss9311/full/llan.359.9311.original_research.20400.1

A double blind randomised parallel group trial with 9193 participants aged 55-80 years with essential hypertension and LVH. Patients were given either losartan-based or atenolol-based antihypertensive treatment. The reduction in blood pressure was similar in both groups. Patients in the losartan group were found to have fewer cardiovascular morbidity and death than the atenolol group despite a similar reduction in blood pressure. Losartan is also better tolerated than atenolol.

Use of ramipril in preventing stroke: double blind randomised trial

(BMJ 2002;324:1-5)

<http://bmj.com/cgi/content/full/324/7339/699>

Result from the Hope study confirmed the effect of ramipril in reducing stroke. The study was a double blind randomised trial of 9297 patients with vascular disease or diabetes mellitus plus another additional risk factor. Patients were randomised to receive up to 10 mg of ramipril, 400 IU of vitamin E, both, or matching placebos. There was a significant reduction in the relative risk of any stroke by 32% in the ramipril group compared with the placebo group, and the relative risk of fatal stroke was also reduced by 61%. Significant fewer patients in the ramipril group had cognitive or functional impairment. The reduction in blood pressure was only modest.

Urinary Antispasmodic Use and the Risk of Ventricular Arrhythmia and sudden Death in Older Patients (J Am Geriatr Soc 2002, 50:117-124)

A retrospective cohort study sought to determine whether the use of urinary antispasmodics increases the risk of ventricular arrhythmias or sudden death. 4638 aged 65 and older subjects with a diagnosis of urinary incontinence were assessed. Filled prescriptions for oxybutynin (Ditropan), flavoxate (Urispas), hyoscyamine (Cystospas), and hyoscyamine sulfate (Cystospas-M) were used to define days of exposure to these drugs. There was no significant association between periods of use of urinary antispasmodics and the development of ventricular arrhythmias or sudden death.



Cardiovascular morbidity and mortality in patients with diabetes in the Losartan Intervention For Endpoint reduction in hypertension study (LIFE): a randomised trial against atenolol (Lancet 2002;359:1004-10)

http://www.thelancet.com/journal/vol359/iss9311/full/llan.359.9311.original_research.20405.1

A separate analysis of a cohort of 1195 patients with diabetes mellitus in the LIFE study. It showed again that patients in the losartan group had fewer cardiovascular morbidity and mortality than patients in the atenolol group despite a similar reduction in blood pressure. The protective effect of losartan was even greater in this cohort of patients with diabetes.

Assistive technology in elderly care

(Age and Ageing 2001; 30: 455-458)

New developments in assistive technology are to make an important contribution to the care of elderly people in institutions and at home. In this review article, the author has described a variety of assistive devices including community alarms, video-monitoring, health monitors, fall detectors, hip protectors, pressure mats, door alerts, movement detectors, dawn/dusk lights, smoke alarms, fire alarms, cooker controls and electronic calendars/speaking clocks. All these may improve older people's safety, security and ability to cope at home.

The Management of Depression in Older Nursing Home Residents (J Am Geriatr Soc 2002; 50:69-76)

An USA cross-sectional study covering 42901 residents aged 65 and older with depression documented as an active clinical condition on the Minimum Data Set (MDS) assessment found that 11% of the residents were identified as depressed. Of these, 55% received antidepressant therapy and among which 32% received doses less than the manufacturers' recommended minimum effective dose for treating depression, with residents on TCAs more likely to receive less than the recommended dose for treating depression. The oldest-old (> 85 years), black residents and those with severe cognitive impairment were the least likely to receive an antidepressant. In those treated, cardiovascular diseases were associated with an increased likelihood of SSRI use while women were less likely than men to receive an SSRI.

Foreign News in Geriatrics

British Geriatrics Society

“Old Habits Die Hard: tackling **age discrimination** in health and social care” was a recent King’ Fund report in UK. It showed that managers in NHS and social care organizations recognized the presence of age discrimination and agreed to eliminate it. The UK Government also has a clear policy for this. However one needs to clarify the exact meaning of age discrimination, how to identify it in practice and how to judge whether age related approaches to care are fair or



justified on other grounds. Those interested can go to the following address for a summary.
(www.kingsfund.org.hk/eHealthSocialCare/html/index.html)

Two interesting articles from nurses were published in the BGS Newsletter. One is “Memories of Marjory Warren” which gives an interesting account of the pioneer in Geriatrics, Dr. Marjory Warren from the viewpoint of a nurse who worked with her. The second is a “complaint” letter about the excessive use of steroid creams prescribed by doctors - worthwhile to take note of.
(BGS Newsletter Mar 2002)

Australian Society for Geriatric Medicine

The position statements no. 9 & 10 (dated October 2001) of the Society make suggestions on **residential aged care**. The 140,000 Australians currently living in Commonwealth subsidized residential aged care facilities have complex medical service needs as well as social needs.



At the sector level, need to avoid inappropriateness and duplication of a quality-directed funding system and an accreditation system by establishing an integrated funding and governance system. This can promote development of quality guidelines and outcome-based health care and provide the necessary professional skill-mix and educational programs. The Society have a major role in establishing a medical special interest group for education and training. Medical expertise should form an advisory body to re-channel current inadequate accreditation policies and procedures.

At the level of the facility, it is important for doctors to conduct peer review activities and develop multidisciplinary policy and procedures.

Regionally, specialist multidisciplinary services should establish supportive relationships with residential facilities to provide consultation on referral and for inter-professional integrated guideline development.

At policy level, the Society requests augmentation of the medical service model and collaboration between ministerial portfolios and sectors of the bureaucracy to bring the medical and sectoral stakeholders together. Strategic alliances should be formed to start the process of reform. Both “Centers of Excellence” and a more inclusive and decentralized network of multidisciplinary “Clinical Practice Units” should be established. Research is needed for many staffing and clinical management problems as well as to facilitate participation in international comparative studies.

For the future, facing unprecedented demographic changes, the Australians need a sustainable infrastructure and an ongoing review of providers’ capacity (especially not-for-profit ones) to accumulate capital. There is a need for the re-examination of bed provision formulas and early consideration of a “pre-funded” contribution system to secure long-term care financing.

Invitation from the President: The “New” Geriatric Giant

Dear Colleagues,

I wish to draw your attention to the Government’s recent initiative to look into the Elder Abuse problem. Some NGOs have been enthusiastic in tackling this issue. However, their elder abuse cases are characterized by the lack of geriatricians’ participation and involvement and their sources of referrals have seldom been from doctors.

Dr. Alex A Baker, a UK psychiatrist, first alerted the world the problem of Elder Abuse (he used the term “granny battering”) in 1975. However, as lamented in an article in 1999 in Geriatric Medicine, many elder abuse problems were still missed by doctors. Dr. Baker also warned that the removal of an elder from a familiar environment to hospital could do more harm.



I am writing to arouse your interest in this neglected “new” geriatric giant. I share with the views expressed in an Age and Ageing Commentary: ‘Elder Abuse’: The Case for Greater Involvement of Geriatricians (Age and Ageing 1995;24: 177-179). Like other geriatric giants, it is common but often missed so that only the tip of the iceberg is seen. Similar to the other geriatric giants (falls, incontinence,...), it is complex and requires careful diagnostic workup and interdisciplinary assessment. If you have encountered patients inflicted with this geriatric giant of “elder abuse” in your clinical career, please share with me. I am thinking of setting up an interest group for this challenging geriatric giant. Please let me know if you are interested.

TK Kong, President, HKGS

Local and Overseas Scientific Meetings

Name	Time & Place	Organizer	Contact
Australian Society for Geriatric Medicine 2002 Annual Scientific Meeting	24/6/02 – 26/6/02 Darwin, Australia	Australian Society for Geriatric Medicine	www.asgm.org.au
IAG: European Section 6th European Congress of Clinical Gerontology	June 2002 Moscow, Russia	International Association of Gerontology	Lazebnik@aha.ru
7th National conference of Parkinson's disease and Parkinsonism	17/6/02 London	British Geriatrics Society	Info@mepuk.com
6th International Symposium on the Neurobiology and Neuroendocrinology of Ageing	21/7/02 – 26/7/02 Bregenz, Austria	Southern Illinois University School of Medicine, USA	www.neurobiology-and-neuroendocrinology-of-aging.org
Healthcare for older people course	31/8/02 – 13/9/02 Edinburgh, UK	Royal College of Physicians of Edinburgh	www.rcep.ac.uk/events.html
3rd National Conference on Falls and Postural Stability	6/9/02 London	British Geriatrics Society	Falls@hamptonmedical.com
BGS Autumn Meeting 2002	17/10/02-18/10/02 London, UK	British Geriatrics Society	Bgs@bhm.co.uk
IFA 6th Global Conference: Maturity Matters	27/10/02 – 30/10/02 Perth, Western Australia	International Federation on Ageing	congresswest.com.au/IFA
3rd European Congress of Biogerontology	8/11/02-11/11/02 Florence, Italy	Congress of Biogerontology	Info.fi.it/sigg
10th Annual Congress of Gerontology	30/11/02 Hong Kong	Hong Kong Association of Gerontology	www.hkag.org

Inter-hospital Geriatric Meeting 2002

(Territory wide) 5:30 pm - 7:00 pm

Date	Topic	Venue	Chaired by
28 th Jun 02	To be announced	HAHO 205S	Dr. TK Kong
30 th Aug 02	<i>To be announced</i>	HAHO 205S	Dr. CP Wong
25 th Oct 02	Community Services for elderly	HAHO 205S	Dr. MF Leung
13 th Dec 02	To be announced	HAHO 205S	Dr. KK Mo

(Remark: Contact person in HAHO is Miss Eliza Yuen Tel: 2300 6707)

(Regional - Hong Kong) 5:30pm - 7:00pm

Month	Topic	Venue	Chaired by
9 th May 02	Retention of urine in older patients	Conference Room, FYKH	Dr F Chan
12 th Sep 02	Anticoagulation in the elderly	Conference Room, 2/F, TWEH	Dr KH Wong
14 th Nov 02	Home based intervention for the elderly	C4, PYNEH	Dr YP Chan

(Regional - Kowloon) 5:30pm - 7:00pm

Month	Topic	Venue	Chaired by
21 st May 02	Clinical issues in long term care setting	Conference Room, 4/F, CMT Office, HHH	Dr TY Chui
23 rd July 02	Treatment of behavioural problem in the demented elderly	Multi-function room, G/F, Block D, QEH	Dr Paul Shea
24 th Sep 02	<i>To be announced</i>	Lecture Theatre, Wai Oi Block, CMC	Dr CY Ip
19 th Nov 02	Hyponatraemia in acute geriatric patients – why and what?	* Lecture Theatre, 10 th Floor, New Wing, KWH	Dr MH Chan

Limited carpark space A/V in KWH – 1st come 1st serve. Booking: 1 week in advance.

(Regional - New Territories) 5:30pm - 7:00pm

Date	Topic	Venue	Chaired by
31 st May 02	To be announced	TPH	Dr PS Ko
26 th July 02	To be announced	SH	To be announced
27 th Sep 02	Fall Clinic Review	TMH	Dr. SY Au
29 th Nov 02	The Ageing Mind	TPH	Dr David Dai

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. Mo Ka Keung Loar
 Honorary Secretary, c/o Department of Medicine, Yan Chai Hospital, 7-11 Yan Chai Street, Tsuen Wan, New Territories, Hong Kong

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C). **Annual Fee for 2001/2002**

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**