The Hong Kong Geriatrics Society Newsletter

The Hong Kong Geriatrics Society
c/o Department of Medicine, Yan Chai Hospital
7-11 Yan Chai Street, Tsuen Wan, NT, Hong Kong
Tel: (852) 24178383 Fax: (852) 24116536
Website: http://medicine.org.hk/hkgs

Nov 2003 issue

Editorial

Coming to the end of the year - a time for reflection and to look forward. Our President reported the very successful running of the DipComGer course, co-orgainsed by HKGS and HKU. This laid down a very solid foundation for closer future co-operation between community physicians and us. We heard from BGS that UK was actually taking the same steps as ours. It is interesting to note that both places actually pursue this issue independently but both reaches nearly the same stage of the scene. It appears that we are developing our specialty along some sort of universal pathway and is a correct one. Switching from UK to our motherland China, the account written by Dr. Sheng Bun's on his Henan missionary visit is very worth reading. Surely, a lot more can be done for to develop geriatric care in our motherland. See if such enthusiasm could be lit up in more of our geriatrics colleagues. The timely book review by Dr. Chan MH would act both as a reminder of SARS in HKSAR and a mental preparation for its possible return. Though a bit in advance, I would like to wish you and your family a Merry X'mas and a much better Year of 2004. One last point, don't miss our annual outing on 14/12/03. Do look out for the circular!

Mok CK, Editor

On the relationship between Paediatrics and Geriatrics

Dr TK Kong

(The address by our President during the opening reception of the Board of Studies to postgraduates of the fourth course of the Postgraduate Diploma in Community Geriatrics at University of Hong Kong on 13 September 2003.)

It is my pleasure to address on this happy occasion whereby we are receiving another new batch of postgraduate students for this popular Postgraduate Diploma in Community Geriatrics, now in its fourth course.

I will take this opportunity to talk on the relationship between Paediatrics and Geriatrics. This week, I heard a remark by a nurse in an acute ward that "all elderly patients are just like children" in a somewhat disrespectful attitude. Every now and then, we encounter some medical and nursing professionals treating elders as children --- they cannot decide or give consent on their own, they need to be nursed with bedside rails up, they need to be nursed with napkins,... While Paediatrics and Geriatrics do share certain similarities and philosophy, such as the need for a holistic approach, and the vulnerability of the target patients to disease, drugs and adverse social factors (as exemplified by, for example, the failure to thrive syndrome), the analogy cannot be drawn too simplistically.

Geriatrics has been established as a new branch of medicine by its pioneers since the turn of the 19th century. Yet, its recognition with respect to service and education is in no way comparable to Paediatrics. The Hong Kong Geriatrics Society has always strived to promote and educate the public and our medical peers on the content and substance of Geriatrics. Last year, I was invited to talk on Geriatric Medicine and Geriatric Services in Hong Kong to medical professionals. After the talk, a paediatrician approached me for a copy of my lecture notes. While I was happy for his eagerness to learn more about geriatrics, I am a bit intrigued when he made the casual remark that "Geriatrics is antagonistic to Paediatrics." We are aware that some paediatricians are looking after both nurseries and residential care homes for the elderly in Hong Kong, and that DCH (Diploma in Child Health) has long been popular among general practitioners, while Dip Ger Med (Diploma in Geriatric Medicine) are scarcities. However, we cannot assume that a doctor with DCH is competent to look after elderly people, just as one assumes mistakenly that "elderly patients are like children". Clearly, there is a mismatch between what is required to serve the growing elderly population and the shrinking child population.

The time and resources allocated to the current teaching of Geriatric Medicine for undergraduates are insignificant when compared to those allocated to the teaching of Paediatrics. The rapidly ageing demographics and the postponement of serious illnesses until old age means that increasingly medicine outside of paediatrics and obstetrics is the medicine of old age. Thus postgraduates need to catch up with the growing body of knowledge in Geriatrics. It is for this reason that the Hong Kong Geriatrics Society and the University of Hong Kong organizes this Postgraduate Diploma in Community Geriatrics for primary care doctors. In other countries, e.g. the Untied States, training programmes in geriatric medicine have also been extended to organ specialists, like cardiologists and urologists.

The name Geriatrics is recommended by a paediatrician. In 1909, Nascher created a special branch of medicine that he called "geriatrics", a name recommended by his friend, Dr. Jacobi, who has managed to get paediatrics accepted as a specialty after a long struggle. "Geriatrics, from geras, old age, and iatrikos, related to the physician, is a term I would suggest... to emphasize the necessity of considering senility and its diseases apart from maturity and to assign it a separate place in medicine." In Nascher's first book on Geriatrics in 1914, he points out that the term "second childhood" is erroneous and discusses on the differences between childhood and old age.

The human life span has been extended as a result of the success of Paediatrics and public health. It would be we medical professionals to contribute to adding life to these gained years by equipping ourselves with the appropriate knowledge, skills and attitude in geriatric medicine. In the saying "all elderly people are like children", it would be good if we love our elders as we love our children; if we treat our elderly patients with care as paediatricians treat their children, but do not assume that they are the same.

The big picture – elderly care and ageing

Three important websites that provide a useful over view of elderly care and ageing on a global scale:
1). **www.un.org/ageing/documents.htm**
(Proceedings of the 2nd World Assembly on Ageing 2002)
2). **www.census.gov/ipc/www/publist.html**
(A Aging World 2001)
3). **www.cdc.gov/nccdphp/conference/archive/conf15/index.htm**
(Abstract proceedings of the 15th National Conference on Chronic Disease Prevention and Control 2000)
(Age and Ageing. 2003; 32:3:355)

Local News

After the outbreak of SARS in Hong Kong, it was noted that in the community, probably the group most vulnerable to infection were older people living in residential care homes. The Hospital Authority was conducting a pilot project of **one elderly nursing home one doctor (Visiting Medical Officer Program)** and invited private practitioners to collaborate with CGAT to provide medical care in nursing home. It aimed to give proper infection surveillance, early treatment and to decrease hospital admissions of the elderly residents. (HK Economics Daily 25/8/2003)

As the population in China is ageing and there are now over one hundred million people over the age of 60 in China (10% of the whole population), this is a huge potential market for **elderly toys**. Actually old people's toy has developed its market in other developed countries - 30% of their toys markets are directed to old people. Those 'intelligent pets' with voice recording function, IQ games and models toys are quite popular in the elderly toy market. (HK Economics Daily 2/9/2003)

The Rent Allowance for Elderly Scheme (RAES) will be terminated. RAES was launched as a pilot scheme in August 2001 to give elderly applicants an arrangement to draw cash rent allowances to lease private accommodation in lieu of public rental housing (PRH) allocation. However, the Housing Authority's Subsidized Housing Committee agreed on 25 September 2003 to phase out the pilot RAES. Existing beneficiaries, upon expiry of the current private leases, can opt for PRH units or cash rent allowances provided that they still meet the prevailing eligibility criteria. (HK Housing Authority website)

Council News

- The Council is currently exploring on the project of joint diploma examination with the Royal College of Physicians and Surgeons of Glasgow and the possibility of holding Diploma in Geriatric Medicine examination in Hong Kong as an overseas center. Please pay attention to the ongoing development if you are interested.

- The coming social activity will include hiking and taking meal together. The date is scheduled on 14th Dec 2003. Please note the coming announcement and do join for an enjoyable event.

- The Annual General Meeting cum Annual Scientific Meeting 2004 is scheduled on 19 June 2004. Please mark your calendar for this important function.

- **The membership subscription for 2003/04 is already overdue. Some of you have not paid the membership fee for the previous years too. Please send a cheque of the appropriate amount ie HK$200 per year for regular member and HK$100 per year for associate member to our Hon. Treasurer Dr. Wong Tak Cheung c/o Department of Medicine, Tsang Kwan O Hospital, Tsang Kwan O at your earliest convenience. Eligibility for our Society's activities including conference sponsorship and social activities need to be paid-up members. If you have any enquiries about your paid-up status, you can approach our Hon. Treasurer, Dr. Wong at 22080585.**

- We welcomed our new members: Dr. Leung Chi Shing (CMC), Dr. Yeung Chui Yan June (KWH), Dr. Kok Ching (KWH), Dr. Chui Pui Yuk (KWH), Dr. Wong Wai Hong (KWH), Dr. Ho Wan Sze Wency (SH) and Dr. Wong Tze Wing (TPH) were accepted as regular members. Dr. Ho Chu Sek and Dr. Yeung Man Chow were accepted as associate members

Dr. KK Mo, Hon. Secretary

Publication subcommittee:

Dr. Mok Chun Keung (Chairman)
Dr. Leung Ho Yin
Dr. Pang Fei Chau
Dr. Yu Kim Kam
Dr. Tsui Chung Kan
Dr. Ip Pui Seung
Dr. Sheng Bun

Editor's choices

A comparison of two feeding methods in the alleviation of diarrhoea in older tube-fed patients: a randomized controlled trial
Age and ageing 2003; 32: 388-393

A local study in Hong Kong to compare the effect of two feeding methods (continuous tube feeding Vs intermittent bolus feeding) on older tube-fed patients suffering from diarrhoea. Contrary to the common belief that continuous tube feeding may alleviate diarrhoea in tube fed patient, they could not find a significant difference in the median diarrhoea scores between the two feeding method. The author do not recommend routine switch to continuous pump feeding in the management of tube-fed patients suffering from diarrhoea.

The Prognostic Significance of Sub-syndromal Delirium in Elderly Medical Inpatients
JAGS 2003; 51:754-760

Sub-syndromal delirium is a condition in which a patient fails to fulfill all of the criteria for delirium but may exhibit one or more symptoms of delirium. A cohort study of 164 medical in-patients aged 65 and older who did not meet DSM-III-R criteria for delirium was reported. They were classified into 3 mutually exclusive groups. Patients with more delirium symptoms were associated with longer hospital stays, increased post-discharge mortality, more symptoms of delirium, and lower cognitive and functional level at follow up.

Effects of candesartan on mortality and morbidity in patients with chronic heart failure: the CHARM-Overall programme

Effects of candesartan in patients with chronic heart failure and reduced left ventricular systolic function taking angiotensin converting enzyme inhibitors: the CHARM-Added trial

Effects of candesartan in patients with chronic heart failure and reduced left ventricular systolic function intolerant to angiotensin converting enzyme inhibitors: the CHARM-Alternative trial

Effects of candesartan in patients with chronic heart failure and preserved left-ventricular ejection fraction: the CHARM-Preserved Trial
The Lancet 2003; 362: 759-781

A series of studies that were presented by the CHARM Investigators. The effects of the angiotensin-receptor blocker candesartan versus placebo in three subgroups of patients with chronic heart failure (patients with LVEF < 40% already taking or intolerant to ACE inhibitors, and patients with preserved LVEF) were assessed. A total of around 7500 subjects were recruited. The primary composite outcome in these studies was cardiovascular death or hospital admission for heart failure. Candesartan was found to significantly reduce cardiovascular deaths and hospital admissions for heart failure regardless of the LVEF and treatment at baseline. For those with chronic heart failure but preserved LVEF, candersartan had a moderate effect in reducing hospital admissions for heart failure but there was no significant reduction in cardiovascular death.

Randomised, double blind, placebo controlled cross over trial of sustained release morphine for the management of refractory dyspnoea
BMJ 2003; 327: 523-528

A randomized, double blind, placebo controlled cross over study with 48 opioid-naive subjects who suffered from dyspnoea at rest despite optimal treatment of the underlying disease. 88% of the subjects were COAD patients. They were given 4 days of 20 mg sustained oral morphine followed by 4 days of placebo or vice versa. There was a significant improvement in the dyspnoea score as well as the quality of sleep when the subjects were taking morphine.

Donepezil is Associated with Delayed Nursing Home Placement in Patients with Alzheimer's Disease
JAGS 2003; 51: 937-944

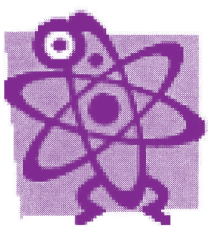
The aim of the study is to assess the relationship between donepezil treatment of Alzheimer's Disease patients and time to nursing home placement (NHP). It is an observational study in which patients previously were enrolled in one of three randomized double-blind, placebo-controlled clinical trials of donepezil and two subsequent open-label studies (total 1,115); 671 patients provided complete data for analysis. Comparison groups were defined by whether patients received an effective dose of donepezil for specific numbers of weeks during the double-blind or open-label trial phase in both phases, or in neither. The result showed a significant delay in NHP and conservative estimates of the time gained before NHP were 21.4 months for first dementia-related NHP and 17.5 months for permanent NHP. Long-term use of donepezil may help AD patients live longer in community settings, with consequent personal, social and economic benefits.

Aging and Arterial Blood Pressure Variability during Orthostatic Challenge
Gerontology 2003;49:279-286

In this experimental study, the investigators applied graded low body negative pressure challenge to 16 old healthy subjects and 16 younger adults to study their difference in arterial blood pressure stability. The method they used was the fast Fourier transform spectra analysis, which utilized the entire signal variance of the rhythmic blood pressure and heart rate oscillations. They extracted the low frequency spectral density to study the blood pressure variability. Larger decrease in systolic blood pressure and pulse pressure, accompanied by a less tachycardiac response, were observed in the older group when compared to younger group. The rate of increase in low frequency systolic blood pressure variability was significantly greater in the older group. The authors postulated this observed blood pressure instability in older group after central hypo-volumic challenge to the aged related decline in arterial-cardiac baroreflex function. They also suggested that with chronic exposure to orthostatic challenges the augmented blood pressure variability could increase the risk of end organ damage in elders.

NB: Those interested in spectral analysis please refer to the following article: Spectral analysis of blood pressure and heart rate variability in evaluating cardiovascular regulation: A critical appraisal. Hypertension 1995;25(6):1276-1286.

Photo taken after Dr. Allen's talk. From left to right:
Drs CY Ip, TP Lam, Cindy Lam, Stephen Allen,
TK Kong, Jean Woo, Felix Chan, Timothy Kwok



Examiner's dinner: a gathering of examiners from HKGS, HKU & UK, geriatricians from host examination centres, Council Members and past presidents of HKGS.

Foreign news

Development of GpwSIs (general practitioners with a special interest) in Geriatrics

The RCGP and BGS have developed a professional framework for a GP with Special Interest in Older People's services (GpwSI-OP). They worked in a complementary manner with existing geriatric and old age psychiatry services and in close collaboration with local consultant geriatrician led services. The diploma of geriatric medicine would be a channel to prove a GP's competency to take up the job. For details, please go to www.bgsnet.org.uk.

The article ('Living Will' Care Directions Update) described the new movement in legislation in UK concerning the issue, especially focusing on artificial nutrition. Some of the discussion points were well illustrated. For details, please go to www.caredirections.co.uk.
(GBS Newsletter Sep 03).

Dr. Stephen Allen from Bournemouth, UK talking on "Geriatricians - the next generation" during the HKGS interhospital geriatric meeting on 26.9.2003, during his visit to Hong Kong as external examiner of the HKGS-HKU Postgraduate Diploma in Community Geriatrics.

Book Review

The Tipping Point

by Malcolm Gladwell (ABACUS, ISBN0349114463)

'How Little Things Can Make a Big Difference'

Malcolm Gladwell wrote this book to enlighten the readers with the fact that some products, ideas and behavior can magically spread or "tip" extensively and tremendously within a short period of time. This is also relevant to an outbreak of communicable disease epidemic, like the recent SARS (Severe Acute Respiratory Syndrome) crisis. Illustrated by famous and real case studies, Gladwell attributed the 'tipping' to the cumulative and interacting factors categorized under 3 principle rules:the agent (or idea) itself, the transmitter and the context which relates to the environmental and circumstantial factors that promote the spread or contagion.

We have learned in the battle against SARS, though painfully, that a mutant virus came into contact with human subjects through a long-standing and popular eating culture of queer animals which might harbor the deadly virus but dressed up in superb delicacy. The failure of our orthodox public health information warning system left us unprepared in the early days of SARS in Guangdong, though we did learn that people across the border were buying vinegar and herbal stuff to protect them against an 'unknown but deadly infectious illness'. The open nature of our environment and our city's position as a busy international port have helped spreading the infections rapidly and widely to various places of the world in just days. Specific human transmitters like infected chronic renal failure patients were heavily loaded with the SARS virus. Others could present with atypical syndromes like the frail elderly people in residential homes who were even termed quite unfortunately as the 'invisible patients'. As a Geriatrician, I was very much disheartened by this ageist attitude towards these innocent victims who were blamed frequently as culprits of spreading the infection to those who were not aware of their non-specific presentation. The peculiar U-shape drainage tubes in an overcrowding estate with abnormal ventilation of droplets turned these estate buildings into 'death traps' for their residents. Our 'modern' hospital ward design, organization and management culture were almost destined to the failure of controlling and preventing the spread of highly infectious disease inside and outside our care settings. So hospital wards had became the 'breeding ground' and sources of outbreak of SARS in the community.

The latest investigation report by the panel of international health and medical experts appointed by the SAR Government addressed all the above issues and suggested strategies and measures to prevent and manage the probable return of SARS. The author of the Book has actually provided intuitive ideas in his conclusion section to help the readers to understand ways to tackle those crucial causative factors leading to 'tipping', so that we can manage the potential problem more effectively and efficiently. Looking back to SARS, scientists and clinicians are still looking for an effective vaccine and curative therapy against this 'super bug'. We probably need more time before we can witness the success in this aspect. We are still debating what, when and who will operate our proposed CDC which, as what Professor Sian Griffiths emphasized, would 'be able to defend our community with the capacity for war-time response - quick, rapid and well-informed[1]'. Infectious epidemics that claimed thousands of lives are well known in human history, and the lesson of SARS has taught us that modern technology and scientific advances in health care cannot guarantee their extinction. Unless we are really conscious of the many threats occurring in modern societies: hazardous life styles and traditions, the risk of economic growth and over-industrialization upsetting the ecology of microbial world, ignorant attitude that common sense is replaced by reliance on technology and official bureaucrats' failure to communicate early signs of risk and educate the whole community to learn to deal with risk etc, we can never learn the lesson and be prepared to prevent or fight our next battle successfully. Perhaps we should always remember the names of our colleagues, like Dr Tse Yuen Man and Mr Lau Wing Kai for their courage and sacrifice in the battle against SARS. Those names like Metropole, Amoy Gardens, Prince of Wales ..... etc should never be forgotten too as they are the 'tipping points' of SARS in the HKSAR!

By Dr M H Chan

Reference:
1. The Sars Expert Committee Report, Government of HKSAR 20

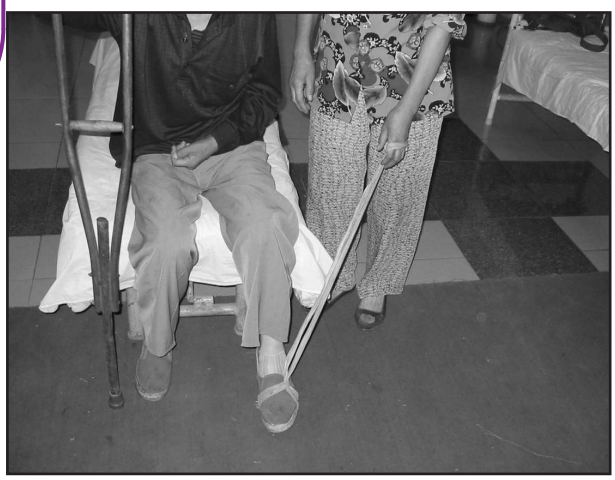
Member's corner

A missionary trip to Henan

What an experience! As doctors graduated and trained under the British tradition and work in 'the world city' Hong Kong, we are always curious about the healthcare situation in rural China and could hardly imagine the way of practice in those areas. We saw our orthopedics and ophthalmology colleagues going here and there in helping the rural patients on TV programs, and wondered whether there would a 'geriatrics' need that we could step in. The time came as we were called for. Together with Dr Matthew Ng and a group of brothers and sisters in Christ, we went to a village in Henan province and had medical missionary service there for few days. We had many patients came in with chronic diseases like DM, HT, stroke etc, similar to what we saw in Hong Kong. What surprised us was the enthusiasm they showed in the demonstrations given by our therapist colleagues. The concept of rehabilitation - to restore function, was very fresh to the disabled rural elders. They were so gratified to realize that remedies and rooms for improvement still existed even when their diseases were not curable. In poor rural villages, people still lived in extended families. Younger generation was always responsible for the care of the older generation, with no excuse. Even those with severe disabilities were discharged for home care. The hospital we served had a separate floor designed for nursing home purpose, but they received only two old ladies at the moment. The burden was therefore almost always put to the families, and there was little subsidence from the government. Without proper education and advice, both patients and families could suffer a lot from the physical demands of the disabling diseases, and many patients were severely depressed. Rehabilitation was not incorporated in the medical therapy of disabling diseases in rural hospitals. Most stroke patients did not have proper walking aids and few knew how to walk up and down stairs with a stick. However by their own intelligence we did see some home-made devices that resembled commode chair and anti-foot drop slings. Rehabilitation was time demanding. One or two sessions of demonstration and teaching obviously did not meet the purpose. We regretted that we could not follow up their progress but we were also excited that, with their highly supportive care-givers around, there was good prospect for community rehabilitation in this village. This short missionary experience enlightens us on the service need of the disabled rural patients and leads us to explore further a better care delivery model within their social and cultural context. Geriatricians' contribution can be influential.

(Members who are interested in Henan medical missionary service please contact His foundation at hisfound@his-foundation.org or www.his-foundation.org)

Sheng Bun & Sy Chung Tai



Patient's smart design of his anti-foot drop sling

A group photo of the Hong Kong team and local colleagues

Inter-hospital Geriatrics Meeting (03-04) 6:00 pm - 8:00 pm

(Amended Nov 03)

Date	Topic	Venue	Organiser
5.12.03	6:00-7:00pm Cardiac Rehabilitation in Older Adult Patients (KWH) 7:00-8:00pm The Clin. Manifestation of Vit B12 def. in Elderly (TPH)	HAHO Seminar Rm 1	Dr. Chan MH/ Dr. Miu KY Prof. Kwok CY
19.12.03	6:00-7:00pm Pending (WCCH) 7:00-8:00pm Pending (UCH)	HAHO 205S	Dr Kong MH Dr Leung MF
30.01.04	6:00-7:00pm Pending (PWH) 7:00-8:00pm Two elderly patients with recurrent loss of consciousness (OLMH)	HAHO 205S	Dr. Dai LK Dr. Lau ST
27.02.04	6:00-7:00pm Pending (QEH) 7:00-8:00pm Pending (QMH)	HAHO 205S	Dr. Shea TM Dr Chu LW
26.03.04	6:00-7:00pm Rehabilitation of Elderly with Arthritis (PYNEH) 7:00-8:00pm Pending (AHNH)	HAHO 205S	Dr Chan YP Dr Ko PS

Local and Overseas Scientific Meetings

Name	Time & Place	Organizer	Contact
The 7th Asia/Oceania Regional Congress of Gerontology	24/11/03-28/11/03 Tokyo Japan	International association of Gerontology	www.convention.co jp/7thaog
7th World Parkinson's Day International Symposium	6/12/03 - 7/12/03 Bombay India	India PDMDS WHO, MDS	www.parkinsonssocietyindia.com
11th Annual Congress of Hong Kong Association Gerontology	29/11/02 Ballroom, Langham Hotel, Tsimshatsui, Hong Kong	HK Association of Gerontology	www.hkag.org.hk
British Geriatrics Society Spring Meeting 2004	22/4/04-24/4/04 Derry/Londonderry UK	British Geriatrics Society	www.bgs.org.uk
The Inaugural Combined Rehabilitation and Geriatric Medicine 2004 ASM	27/4/04 - 30/4/04 Fremantle Australia	Australian Society for Geriatric Medicine	www.asgm.org.au
Canadian Geriatrics Society AGM and CME day	28/5/04 - 30/5/04 Toronto Canada	Canadian Geriatrics Society	www.cgs-scg.ca
Hong Kong Geriatrics Society ASM and AGM	19/6/04 Hong Kong	Hong Kong Geriatrics Society	www.hkgs.org.hk
6th World Congress on Aging and Physical Activity	3/8/04 - 7/8/04 Ontario Canada	International Society for Aging and Physical Activity	www.uwo.ca/actage/wcapa

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. 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

✂ ..... ✂ ..... ✂

C). **Annual Fee for 2003/2004**
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**