

The Hong Kong Geriatrics Society Newsletter



The Hong Kong Geriatrics Society

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Websites: <http://www.fmskh.org.hk/hkgs>, <http://www.hkgs.org.hk> ; <http://www.hkgerisoc.org/>

May 2007

President	: Dr. Chan Hon Wai Felix	Council	Dr. Wong Chun Por	Dr. Ko Chi Fai
Vice-President	: Dr. Chan Ming Houng	Members :	Dr. Leung Man Fuk	Dr. Ko Pat Sing Tony
Honorary Secretary	: Dr. Kong Ming Hei Bernard		Dr. Kwok Chi Yui	Dr. Wu Yee Ming
Honorary Treasurer	: Dr. Shea Tat Ming		Dr. Luk Ka Hay James	
Ex-Officio	: Dr. Kong Tak Kwan			

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

Editorial

Our Annual Scientific Meeting will be held in about a month's time. As in previous years, this year program is both exciting and stimulating; and certainly a wide range of audience will be attracted. You'll be able to have a glance of the program in our newsletter.

In this issue of the newsletter, there were also news from our Fall SIG as well as an article from Dr James Luk about his recent participation in the Scientific Meeting of the Canadian Geriatrics Society. Dr Chun Man Chan and Dr Pui Yuk Chui have also given us a brief review on the 2007 World Congress on Ageing and Dementia in Chinese Communities held in Hong Kong recently.

See you in the coming annual scientific meeting

Tony Ko, Editor

Message from the President



Dr. Chan Hon Wai Felix

Although we often take pride in recognizing Geriatric Medicine as one of the largest subspecialties in Medicine locally, our "growth spurt" has now come to a halt. The etiology, as in the case of most geriatrics syndromes, are multiple! Uncertainties related to the upcoming health care reform, promotion prospects in the public hospital system, opportunities (or the lack of opportunities) in the private market, the attraction of hands-on "high-tech" procedures in other sub-specialties, are

just a few of the causes of the dwindling number of trainees in the last couple of years. Moreover, we are desperately short of academic geriatricians, to take the lead in conducting cutting-edge research in Geriatrics.

In occasions when I discussed with colleagues on why they have chosen Geriatric Medicine as their career, it is not uncommon that they remembered a role model of a senior geriatrician who is compassionate, competent, holistic and dedicated to care for older people.

For those of us who are trainers, I certainly wish that we could all live up to the example and standard set by our mentors and past office bearers of the HKGS.

In order to attract more young people to develop an interest in care for older people, the Council have set up scholarship prizes, one for each of the two medical schools, to facilitate medical students to undergo elective period in Geriatric Medicine overseas. Both universities have now accepted

our proposed sponsorship. Dr. LW Chu of Queen Mary Hospital and Prof. Timothy Kwok of Prince of Wales Hospital have kindly accepted our invitation to be the students' advisers of the University of HK and the Chinese University of HK respectively. With the introduction of the sponsorship, we are hoping to "catch them young" and sow seeds in their hearts by facilitating medical students' earlier exposure to reputable academic as well as service geriatric units.

The examination season is now approaching – the Post-graduate Diploma in Community Geriatric Medicine of the University of Hong Kong, the Diploma in Geriatric Medicine of the Royal College of Physicians and Surgeons of Glasgow and the Higher Specialist Training exit examination will all be held in the next

two months. I would like to pay tribute to Dr. S Y Au/ Dr. C K Mok of Tuen Mun Hospital, Dr. C Y Ip of Caritas Medical Centre, and my colleagues of Fung Yiu King Hospital for hosting these examinations.

Furthermore, the highlight of our Society's functions, the Annual Scientific Meeting will be held on 16 June 2007. You will see in the provisional program that the ASM 2007 will feature a symposium on Advance Directive, a much debated hot topic, as well as a symposium on Nutrition and Metabolic Disorders in Old Age. Thanks to Dr. M H Chan and his team of enthusiastic organizing committee members for putting up such a well balanced scientific program of academic interest and local relevance..

Since taking up the Presidency last year, I have learnt much more about Geriatric

Medicine as well as time management, than ever in my career, not merely in organizing events and convening meetings, but also in personally experiencing a fall and fracture with its consequent disabilities myself at the end of last year; organizing care for my grandfather with dementia and a hip fracture in March, and handling very delicate family dynamics associated with a close friend's recent diagnosis of metastatic carcinoma.

This message would not be complete without me expressing my gratitude to all the Council Members, especially Dr. T K Kong, our immediate past president, for their continuing support and guidance, without which life would certainly be in much chaos during the past year.

Council news

Dr Bernard Kong
Hon. Secretary, HKGS

1. Update on sponsorship to members for attending overseas academic conference

- Sponsor members (who have been a paid-up member for at least 1 year) to attend overseas geriatrics meeting, i.e. American Geriatrics Society, British Geriatrics Society, Canadian Geriatrics Society, Australia and New Zealand Society for Geriatric Medicine (up to 80% of the total cost). Granting of sponsorship will be subjected to availability of funding and priority will be given to Higher Specialist Trainee in Geriatric Medicine.
- Only for active participation
- Upper limit HK\$20,000

Procedure of application

- Members will inform the Hon Secretary about their intention of active participation.
- Send a copy of the abstract to the Hon Sec.
- Inform the Hon Sec if the paper has been accepted and submit formal application and budget.
- Hon Sec will inform the council for final approval.
- Hon Sec will inform applicant on the final decision of the council

2. DGM/PDCG exam updates

PDCG exam will be held on 12th and 13th June 07 in CMC, FYK

DGM exam will be held on 14th June 07 in TMH

3. Sponsorship award to medical students

Both HKU and CUHK have accepted the sponsorship proposed by HKGS to sponsor medical students to have elective clerkship in overseas geriatrics institutions. Dr LW Chu and Prof T Kwok would act as advisers to HKU and CUHK medical students wishing to apply for the sponsorship.

4. Annual Outings

The annual outing of our society is provincially scheduled in early July. Details will be announced shortly.

5. Promoting public awareness of geriatric medicine

The council has proposed to develop pamphlets on geriatric medicine and common geriatrics problems for distribution to the public in future.

It was also recommended to fund/commission surveys related to elderly care and welfare of the elderly. A sum of HK\$250,000 will be reserved for this purpose for the coming 3 years

6. Best Published Asian Journal of Geriatrics and Gerontology (AJGG) Paper Award

12 papers contributed by HKGS members to AJGG will be reviewed by a panel of judges to select the Best Published AJGG Paper Award. The Award will be presented in the coming Annual Dinner to be held on 16 June 2007.

2007 World Congress on Ageing and Dementia in Chinese Communities

*Dr. Chun Man Chan, Dr. Pui Yuk Chui, Specialist in Geriatric Medicine
Tai Po Hospital*

2007 World Congress on Ageing and Dementia in Chinese Communities was held in Hong Kong from 7-10 March 2007. Local and overseas distinguished speakers were invited to share their experience on care of patients with dementia. It addressed a wide range of topics from biomolecular aspect of neurodegeneration, early detection of dementia, advance in neuroimaging and treatment, to psychosocial and holistic care for patients with dementia.

Professor Ronald C. Peterson from the Alzheimer's Disease Research Center, Mayo Clinic College of Medicine is a reputable international scholar in the field of Alzheimer's dementia and mild cognitive impairment. In his lecture, Professor Peterson gave us a comprehensive review on epidemiological studies on mild cognitive impairment and stressed on the magnitude of the problem of impending dementia. On the last day of the congress, Professor Peterson also enlightened us on the treatment of Alzheimer's disease and mild cognitive impairment.

Professor Clifford R. Jack has worked closely with Professor R.C. Peterson and other members of the Mayo Alzheimer's Disease Research Center. They have done tremendous works on studying structural and functional MRI, diffusion spectroscopy for patients with Alzheimer's disease. Professor Jack highlighted the new advances in nuclear medicine-based probes for amyloid plaques and plaques entangles in assisting diagnose and staging dementia.

Professor Glen E Smith is a professor of Psychology working in the Department of Psychiatry and Psychology of Mayo Clinic. Professor Smith founded and directs the Mayo Psychometric Research Resource which supports behavioural research throughout the Mayo research community. He emphasized the normative neuropsychology, neuropsychology of MCI and AD, and the use of cognitive measures in dementia differential diagnosis.

Professor Ezio Giacobini works in the Department of Rehabilitation and Geriatrics, University of Geneva Medical School in Switzerland and as an Adjunct Professor of Pharmacology, Psychiatry and Neurology at Southern Illinois School of Medicine, USA. He gave two lectures on "Future of Cholinergic Therapy in Dementia" and "Molecular Biological Basis of Future Therapy of Alzheimer". From the pharmacological point of view, he recommended that indication of cholinesterase inhibitor (ChEI) should be extended to other diseases or syndromes showing cholinergic deficit such as Lewy body disease, vascular dementia, Parkinson dementia, delirium, brain injury attention deficits and HIV dementia. Moreover, the dosage of ChEI can be increased in refractory case because the serum level of ChEI in standard dose is frequently in subtherapeutic level. In his second lecture, he enlightened us on the newest advance in treatment of Alzheimer's disease by targeting reduction of beta-amyloid in the

brain with use of immunization. Other novel treatment options are gamma and beta-secretase inhibitors, anti-amyloid aggregation therapy, anti-APO-E approaches, stem cell therapy, gene replacement therapy and growth factor therapy are under vigorous study.

Professor Sachdev had a discussion on mixed dementia. It is found that Alzheimer's disease and vascular dementia share many aspects in post-mortem and vascular etiology. His second lecture on "The Neuropsychiatry of Dementia" covered the etiology and the approach of management for different behavioural and psychological symptoms of dementia.

As with management of demented patients and their family, a multi-disciplinary approach cannot be over-emphasized. The Congress also covered different aspect of dementia care including, neuroscience, cognitive assessment, dementia care model, cognitive rehabilitation, traditional Chinese Medicine, ethical and medico-legal issues, palliative and long term care, and innovative therapy..

All in all, the congress had greatly widened our horizons in understanding dementia in Chinese communities. We apologize to the other distinguished speakers who had delivered their effort in the congress but their works cannot be described here

HKGS Annual Scientific Meeting 2007 Program

Time	Topic	Speakers
12:30 – 14:00	Registration and Lunch	
14:00 – 14:15	Welcome Addresses By:	Professor TF Fok (Dean, Faculty of Medicine, CUHK) Dr. MH Chan (Chairman, Organising Committee) Dr. Felix Chan (President, Hong Kong Geriatric Society)
14:15 – 15:15	<i>Symposium on Advance Directive – How can Hong Kong Advance?</i> Chair: Dr. CK Mok, Dr. James Luk Advance Medical Directive – How Clinical Practice May Change? Legal Aspect of Advance Directive in Hong Kong	Dr Derrick KS Au Ms Judy Cheung (Secretary, The Law Reform Commission of Hong Kong)
15:15 – 15:45	Tea Break	
15:45 – 16:45	<i>Free Paper Presentation</i> Chair: Dr Carolyn Kng, Dr SL Szeto	
16:45 – 19:00	<i>Symposium on Nutrition and Metabolic Disorders in Old Age:</i> Chair: Dr TK Kong, Dr MH Chan <ul style="list-style-type: none"> ● Causes and Management of Under-nutrition in Frail Elderly Patients – What Do We Know? What Don't We Know and Why Not? ● Blood Pressure in Older People ● The Risk Factors of Osteoporosis and Fractures on Older Men – Mr Os (Hong Kong) cohort study ● New Developments in the Treatment of Elderly Hypertensive Patients with Metabolic Syndrome 	Professor Jan Potter (Australia) Professor David Stott (UK) Professor Timothy Kwok Professor Brain Tominson
19:00 – 19:30	<i>Annual General Meeting</i>	
19:30 – 22:00	Annual Dinner HKGS Awards Presentation Free Paper Awards Presentation Entertainment	

Publication subcommittee:

Dr. Ko Pat Sing, Tony
Dr. Chan Chun Man, Jones
Dr. Lam Wai Sing
Dr. Leung Ho Yin
Dr. Lo Kwun Man
Dr Mak Ying Fai
Dr. Sheng Bun
Dr. Tsui Chung Kan

An enjoyable Spring gathering for the council hosted by our president



Exercise Program for Nursing Home Residents with Alzheimer's Disease: A 1-Year Randomized, Controlled Trial
JAGS 2007; 55(2): 158-165

A random controlled trial was conducted to use collective exercise program (1hour, twice weekly of walk, strength, balance, and flexibility training) in 134 nursing home residents with mild to severe AD. It led to significantly slower decline in ADL score in patients with AD living in a nursing home than routine medical care.

Vitamin B12 deficiency in the aged: a population study

Loikas S Koskinen P, Irjala K, Löppönen M, IsoahoR, Kivelä S-L, Pelliniemi TT
Age and Ageing 2007; 36(2):177-83.

Do you still believe that Vitamin B12 deficiency is a rare condition? That it is easy to diagnose because of the dramatic findings of macrocytosis. Or are you believers that Vitamin B12 deficiency is a common condition in the aged and methods to identify at risk group is yet to be found?

To address this issue, a cross sectional, population based study of 1048 subjects (65-100 years old) was carried out in Finland. Undiagnosed B12 deficiency was remarkably common in the aged population. Anaemia or macrocytosis did not predict this condition and no specific risk group for screening of known risk factors or clinical correlates could be identified. It seems that biochemical screening of unselected aged population is

A RCT of warfarin vs aspirin for stroke prevention in Octogenarians with AF (WASPO)

Rash A, Downes T, Portner R, Yeo WW, et al.
Age and Ageing Mar 2007; 36(2): 151-156

While trials have shown that warfarin can reduce stroke risk, audit results have shown that it is underused. On the other hand, warfarin is not without risk in the very elderly. As such, a randomised open labelled prospective study was carried out in 75 patients aged between 80-90 years for primary thromboprophylaxis for AF. They either received dose-adjusted warfarin (INR 2.0-3.0) or aspirin 300 mg.

There were significantly more adverse events with aspirin (13/39; 33%) than warfarin (2/36; 6%), $P=0.002$. 10/13 aspirin adverse events were caused by side effects and serious bleeding; there were three deaths (two aspirin, one warfarin).

With this result, though it seemed that there was an advantage of warfarin over aspirin in this population, the author also commented that the study was underpowered to reach statistical significance.

The study was accompanied by an editorial.

Editor's choice

Effectiveness of an influenza vaccine programme for care home staff to prevent death, morbidity, and health service use among residents: cluster randomised controlled trial

BMJ December 16 2006

22 intervention homes and 22 matched control homes were enrolled in this randomised controlled trials. Influenza vaccination was offered to staff in intervention homes but not in control homes. The primary outcome was all cause mortality of residents. Secondary outcomes were influenza-like illness and health service use in residents. It was found that there were significant decreases in influenza-like illness ($P = 0.004$) and mortality of residents in intervention homes. Similar decreases were also seen in consultations with general practitioners for influenza-like illness ($P = 0.008$), and admissions to hospital with influenza-like illness ($P = 0.009$). The authors concluded that vaccinating care home staff against influenza can prevent deaths, health service use, and influenza-like illness in residents during periods of moderate influenza activity.

Effect of 3-year folic acid supplementation on cognitive function in older adults in the FACIT trial: a randomised, double blind, controlled trial

Lancet 2007; 369: 208

818 participants aged 50-70 years with raised plasma total homocysteine but normal serum vitamin B₁₂ and folate level were randomized to receive 800µg daily oral folic acid or placebo for 3 years. The effect on cognitive performance was measured. After a follow up period of 3 years, the serum folate concentrations increased by 576% (95% CI 539 to 614) and plasma total homocysteine concentrations decreased by 26% (24 to 28) in participants taking folic acid compared with those taking placebo. The 3-year change in memory (difference in Z scores 0.132, 95% CI 0.032 to 0.233), information processing speed (0.087, 0.016 to 0.158) and sensori-motor speed (0.064, -0.001 to 0.129) were significantly better in the folic acid group than in the placebo group. The authors concluded that Folic acid supplementation for 3 years significantly improved domains of cognitive function that tend to decline with age.

Doll use in care homes for people with dementia
Int J Geriatr Psychiatry 2006;21:1093-1098

The Newcastle Challenging Behaviour Service had conducted a preliminary and descriptive study of doll use in dementia residents of an Elderly Mentally Ill Home. 13 out of 33 residents chose to use a doll and 1 chose a teddy bear. It is difficult to predict who will use the dolls / teddy bear. Over a 12-week period, there was an improvement across most of the domains assessed by staff (activity, interaction with staff and other residents, happiness and agitation). From the qualitative data, each resident appears to have formed his/her own unique bond with the doll.

Drawbacks included: 1. Over-possession of one's doll, removal of dolls from other residents and refused to separate with one's doll. 2. Arguments about ownership of the dolls. 3. Over-invested in caring for one's dolls and put the doll's interest before one's own well-being.

Dolls has been utilized with people suffering from dementia who are agitated or distressed, have communication difficulties, or withdrawn. Main approaches included: Reminiscence ("life like" dolls), promotion of bonding, sensory (touch) stimulation and enhance communication (express through a mediating object).

Update on the genetics of stroke and cerebrovascular disease 2006
Stroke 2007;38:216-218.

Collagen type IV α 1 mutation was identified in cerebral small vessel disease. Ischaemic white matter disease is also likely to have genetic components, in a multifactorial trait. An association was found between a haplotype in the vitamin K epoxide reductase complex subunit 1 gene and multiple cardiovascular endpoints.

Recent advances in stroke rehabilitation 2006
Stroke 2007;38:235-237.

Studies showed that integrity of corticospinal tract is critical for motor recovery within 4 weeks, irrespective of somatosensory system. Reorganization of function takes place during recovery, in the transcranial magnetic stimulation studies, regression of perilesional inhibition and intracortical disinhibition of the contralateral motor cortex was demonstrated. The identification of mirror neuron system may introduce new rehabilitation techniques (eg. motor imagination). Motor learning theory had lead to the development of constrain-induced movement therapy, neuromuscular stimulation, robotic interactive therapy and virtual reality etc..

Critical care and emergency medicine
Stroke 2007;38:225-228

Several studies showed that moving the triage point to prehospital phase in stroke care could greatly improved the eligibility for thrombolytic therapy, while education to public alone was not sufficient for the same purpose. The new high speed, multislice, helical CT scanners now allows emergency CT angiogram and perfusion study to be finished within short period, and such information may guide the choice of therapy (IA vs IV thrombolysis, presence of salvageable penumbra). Five RCTs on decompressive hemicraniectomy for severe MCA stroke is currently ongoing, all focused both on mortality and morbidity, the results should solve the long controversy in this devastating form of stroke. Authors of the landmark trial on tight glycemic control in surgical ICU patients published a subgroup analysis on their neurological patients showing the tight control group had significant fewer secondary neurological insults and a better functional outcome, this indirect evidence may suggest stroke patients should achieve a tight glycemic control at acute phase.

Editor's choice

Advances in emerging therapies 2006
Stroke 2007;38:219-221
On thrombolytic therapy:

Further evidence suggested IV thrombolysis is safe but still underused, and further evidence is needed for catheter related thrombolytic procedures. ECASS III and IST-3 are still ongoing to look at the extended window period for thrombolysis, which may be assisted by MRI perfusion/diffusion techniques. Studies on desmoteplase, a new thrombolytic agent, is still on-going. NXY-059, a free radical trapping agent, in combination with thrombolytic, had shown to reduce the poststroke disability and haemorrhagic transformation.

On secondary prevention:

ESPRIT confirmed the previous EPSP 2 findings that dual therapy of aspirin and extended release dipyridamole reduced vascular death or nonfatal stroke by 20%. CHARISMA found clopidogrel was no more effective than placebo in aspirin treated patients, and bleeding risk on combination therapy is excessive. A trend towards borderline improved outcome was present in subgroup analysis where patients were recruited because of stroke, but no conclusion could be drawn. SPARCL showed a 16% reduction in recurrent stroke in the group receiving high dose atorvastatin.

The 2007 Canadian Geriatrics Society Annual Scientific Meeting

Dr James Luk

Senior Medical Officer, Fung Yiu King Hospital

I attended the 2007 Canadian Geriatrics Society Annual Scientific Meeting (CGS ASM) which took place in Fairmont Banff Spring Hotel, Banff, Alberta, Canada from 19th April to 21st April 2007.

Just a year ago, the CGS had a highly successful meeting in Vancouver. This year, the meeting in Banff was also a success. It was well attended by geriatricians all over Canada. There were also geriatricians and doctors coming from the USA, UK and Australia. This year, the CGS ASM covered several important hot areas in geriatrics.

Mild cognitive impairment – Dr Ziad Nasereddine from Montreal shared with the audience the brief cognitive measure he developed with colleagues, the Montreal Cognitive Assessment (MoCA) test for the screening of MCI. The Chinese version of the MoCA has actually been developed and will be subjected to validation test in Toronto where there is a large Chinese population.

Dementia – Dr Howard Chertkow, a neurologist in Canada, reported in the ASM of the Third Canadian Consensus Conference on Diagnosis and Treatment of Dementia. During the session, assessment and management of cognitive impairment and dementia with particular emphasis on MCI were described in detail.

Heart Failure – Dr George Heckman, a Canadian geriatrician and cardiologist, shared with the audience the Canadian Cardiovascular Society Consensus Conference recommendations on heart failure update 2007. This consensus covered comprehensively including prevention, management, and the use of biomarkers.

Frailty – The 2nd International Working Meeting on Frailty and Aging was reported by Dr Howard Bergman who is the president of the CGS 2006-07.

Delirium – a symposium of delirium was held in which Dr David Conn and Dr Dorothy Baker talked to us about the Canadian approach on delirium management and guideline.

Falls – Dr David Hogan reported the outcome of fall prevention program in Calgary. In addition, Dr Wendy Cook and Dr Ken Madden shared with us the fall assessment and fall intervention outcome in Vancouver BC.

Poster

I presented the poster with title: “**Functional outcome and its predictors in Chinese older patients after rehabilitation from acute illnesses**”. Since this is the only abstract from Asia and with Chinese as research subjects, many geriatricians who needed to take care of Chinese patients showed interest in this poster.

Meeting old friends

I met Dr Roger Wong, a geriatrician from Vancouver, Professor Ian Cameron and Dr Susan Kurlle from Australia.

Next CGS ASM

The next ASM will take place in Montreal, Quebec. (10th -12th April 2008)

Acknowledgement

I would like to thank the HKGS for sponsoring me to attend the 2007 CGS ASM.



Dr James Luk and his poster in the 2007 CGS ASM



The Fairmont Banff Spring Hotel, Venue of the 2007 CGS ASM

8th Asia/Oceanic Regional Congress of Gerontology and Geriatrics

A symposium on "Clinical Problems in Residential Care" has been provisionally accepted by the Scientific Committee. Prof. Leon Flicker (Perth), Dr. Philip Poi (Malaysia), Dr. WW Yau (Malaysia), Dr. Jih Chin (Singapore), Dr. Sam Scherer (Melbourne) & Dr. Roger Wong (Vancouver) will be joining our HK delegates consisting of Prof. Jean Woo, Prof. Timothy Kwok, Dr. Elsie Hui, Dr. Wu Yee Ming, Dr KC Chiu and Dr Felix Chan to speak on a variety of topics including transition from acute care to residential care, malnutrition, falls prevention, use of restraints, medication incidents, incontinence, ethical issues & infection control. For members interested in the congress, details can be found in the website www.aog2007.org.

Fall SIG quarterly meeting report

Date: 15/5/07 Time: 6pm to 7:15pm

Venue: KWH

Attendance: Drs Mok CK, Lum CM, Or KH, Wong Martin, Liu KW, Chan MH, Wu YM, Kong TK, Kong Bernard and Miss Lau Ada

1/. Dr. Wong Martin (KWH) presented his study on falls in streets at the catchments area of KWH. Elderly patients presented to A&E were identified. There was high rate of injury in this cohort including high fracture rate. Hot spots of falls in the YMT district were identified. The study idea came from a UK study conducted more ten years ago. This is probably the first of such study design in Hong Kong.

2/. Dr. Lum CM (SH) presented a study by CU Master student on studying the sensitivity, specificity, PPV and NPV of commonly used fall assessment tools (e.g. TU>, Functional reach test, BBS etc.) in predicting future falls in six months in common clinical settings. It was found that the history of fall in past six months played a significant part in predicting future falls while the addition of TU&G (cut-off point 22/23 seconds) might improve the prediction slightly.

3/. Dr. Mok CK presented the drafting of fall prevention guidelines in NTWC. The guidelines covered all care delivery areas of the cluster, including both out-patient & in-patient (acute, rehab & psychi) areas. A framework of fall prevention was provided. The use of screening scales had to be individualized according to the case-mix and setting of the area. Post-fall management included the uniform use of AIRS reports, requiring medical attention early for injurious falls (within one hour) and fall coordinator quarterly meetings.

Reported by Mok CK
Convenor of Fall SIG, HKGS

Next meeting: 14/8/07 (Tue) – tentative; All HKGS members are welcome

Proposed topics:

1/. Revisit the Fall prevention guidelines of Geri Subcom HAHO – anything new since its publication (Dr. Wu YM, HHH)

2/. Post-fall investigation chart by nurses (Dr. Lum CM, SH)

Local News

Two sporadic cases of listeriosis. CHP received reports of two sporadic cases of listeriosis on April 17 and April 25, 2007 respectively. The first patient was a 90-year-old lady with history of nephrotic syndrome. She presented with fever, chills and rigor on April 13, was recovered and discharged after a course of antibiotic treatment in hospital. The second patient was a 91-year-old lady who presented with left knee pain and fever. She was hospitalized on April 16 and is in stable condition. Blood cultures of both patients grew *Listeria monocytogenes*. (Apple daily 4/5/2007)

SIG membership application

To **Dr. Kong Ming Hei, Honorary 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**
- Long Term Care**

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.

Overseas Scientific Meetings

Name	Time	Organizer	Contact
International Association of Gerontology and Geriatrics VI European Congress	5/7/07 – 8/7/07 St Petersburg, Russia	International Association of Gerontology and Geriatrics	www.onlinereg.ru/gerontology
Workshop: Advances in the Molecular Pharmacology and Therapeutics of Bone Disease Oxford England	10/7/07 – 11/7/07 Oxford, England	The National Association for the Relief of Paget's Disease	www.paget.org.uk
International Symposium on Paget's Disease	12/7/07 – 13/7/07 Oxford, England	The National Association for the Relief of Paget's Disease	www.paget.org.uk
Medicine, Ageing and Nutrition 2007	5/9/07 – 8/9/07 Adelaide, Australia	Australia Society of Geriatric Medicine and Internal Medicine Society of Australia and New Zealand	www.fcconventions.com.au/MedicineAgeingandNutrition2007
3rd symposium of the EUGMS – infection in Older people	28/9/07 – 29/9/07 Frankfurt, Germany	European Union Geriatric Medicine Society	www.eugms.org
8th Asia/Oceania Regional Congress of Gerontology and Geriatrics	22/10/07 – 25/10/07 Beijing, China	International Association of Gerontology and Geriatrics	www.aog2007.org
Fifth International Congress on Vascular Dementia	8/11/07 – 11/11/07 Budapest, Hungary	Joint symposium of the Austrian and Hungarian Neurological Societies	www.kenes.com/vascular
British Geriatrics Society Autumn meeting	21/11/07 – 23/11/07 Harrogate, Yorkshire, England	BGS	www.bgs.org.hk
23rd International conference of Alzheimer's Disease International: New Perspective, New Hope	10/10/07 – 13/10/07 Caracas, Venezuela	Alzheimer's Disease International	www.adi2007.org
4th Canadian Colloquium on Dementia	18/10/07 – 20/10/07 Vancouver, Canada	Canadian Academy of Geriatric Psychiatry, the Canadian Neurological Sciences Federation, the Canadian Geriatric Society, the Consortium of Canadian Centres for Clinical Cognitive Research, the Canadian Institutes of Health Research – Institute of Aging and the Alzheimer Society of Canada	www.ccd2007.ca
Geriatrics 2008 Congress	6/4/08 – 8/4/08 Antalya, Italy	European Union Geriatric Medicine Society, International Association of Gerontology and Geriatrics and International Institute on Ageing	www.geriatrics2008.org
2008 Annual General & Scientific Meeting of the Canadian Geriatrics Society	10/4/08 – 12/4/08 Montreal, Canada	Canadian Geriatric Society	www.canadiangeriatrics.org
British Geriatric Society Spring Meeting	23/4/08 – 25/4/08 Glasgow, UK	British Geriatrics Society	www.bgs.org.uk
2008 Annual Scientific Meeting American Geriatric Society	30/4/08 – 4/5/08 Washington DC, USA	American Geriatric Society	www.americangeriatrics.org
5th congress of the European Union Geriatric Medicine Society	3/9/08 – 6/9/08 Copenhagen Denmark	European Union Geriatric Medicine Society	www.eugms.org

Hong Kong Geriatrics Society – Membership application / Information update Form

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

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

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

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

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

Name of Proposer: _____ (Signature: _____)

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

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

Please send this form to the following:

Dr. Kong Ming Hei
 Honorary Secretary, c/o Department of Medicine, Pamela Youde Nethersole Eastern Hospital, 3 Lok Man Road, Chai Wan, Hong Kong

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C). Annual Fee for 2006/2007

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. Shea Tat Ming, Honorary Treasurer, Hong Kong Geriatrics Society, c/o Dept. of Medicine, Queen Elizabeth Hospital, Kowloon**