

The Hong Kong Geriatrics Society Newsletter



The Hong Kong Geriatrics Society

c/o Department of Medicine, Pamela Youde Nethersole Eastern Hospital

3 Lok Man Road, Chai Wan., Hong Kong

Tel: (852) 25956899 Fax : (852) 25153182

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

Oct 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

Hope that all of you have enjoyed your summer holidays. In the last few months, besides the stock market, we often heard from the media talking about what the government will do to help the underprivileged elderly. And if something is going to be done, where the resources will go. In many aspects of elderly care, the boundaries between medical and social care may not be that clear cut and we geriatricians certainly need to work closer with our counterparts in the social service sector.

Apart from social service, there are also many areas where Medicine meets other professionals. Our society has recently made an official response to the Law Reform Commission about the consultation paper on the enduring power of attorney and the paper can be found in our newsletter.

Tony Ko, Editor

Message from the President



Dr. Chan Hon Wai Felix

The activities of the Hong Kong Geriatrics Society have continued through out the summer months. Shortly after the Annual General Meeting, we have already organized two symposia – the first one on Current Treatment of Alzheimers' Disease with over 120 participants in July and a second one on Nutritional Aspects in Residential Care Homes for the Elderly with over 250 participants in September. Please watch out for upcoming events including an evening symposium on Optimizing Long Term Treatment of Depression & Anxiety on 28 September and Parkinson's Disease on 15 October 2007.

One of the local hot topics in recent months is "End of Life Care". As a responsive society with the best interest of older people being our utmost concern, we have submitted our position statement to the Law Reform Commission on the consultation paper on Enduring Power of Attorney. A copy of the paper can be found in our website: <http://www.hkgerisoc.org/pressrelease.htm>. Thanks to Drs. T K Kong, Y M Wu and members of our Ethics Special Interest Group in the preparation of this position statement. Negotiation between the Royal College of Physicians & Surgeons of Glasgow and the University of Hong Kong is now going on with a common direction

of setting up a conjoint clinical examination for the Diploma in Geriatric Medicine (Glasgow) and the Post-graduate Diploma in Community Geriatrics (HKU). I am pleased to report that the Registry of the University of Hong Kong has already agreed, in principle, to this conjoint arrangement. The role of the Hong Kong Geriatrics Society, as a professional body, is a facilitator and promoter of this "marriage" which will hopefully foster more interest in post-graduate education in Geriatric Medicine locally, the Mainland and in South-east Asia among family physicians as well as internists. The 8th Asia/ Oceana Congress of Gerontology & Geriatrics (AOGG) in

Beijing is fast approaching. I am glad that there will be more than 10 delegates from our Society participating in the conference and our Society will be responsible for three invited symposia on Common Medical Problems in Residential Care Homes for the Elderly. Our Beijing visit will also be a good

opportunity for us to meet up with our friends of the Asia Pacific Network formed last year in Hai Nan, China. As geriatricians, we often ask our patients when the Mid-Autumn Festival is (the Chinese version of the Abbreviated Mental Test). I do hope you are not so much plunged in your

work that you need to be reminded of this festive season on the 25 September 2007. May I wish you joy and laughter in this coming Mid-Autumn Festival !

*Dr Chan Hon Wai Felix
September 2007*

Council news

Dr Bernard Kong
Hon. Secretary, HKGS

1. Update on overseas conference sponsorship

International Association of Gerontology and Geriatrics World Congress and Asia/Oceania Regional Congress of Gerontology and Geriatrics are accepted as sponsored events

2. Life member ship

In the 2007 AGM/EGM, life membership was accepted with a membership fee of \$2000

3. DGM/PDCG exam updates

Proposal of merging DGM and PDCG was under consideration. The exam will be held in 17-19 June 2008 with RH, AHNH +/- QEH as the exam centre

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. 8th Asia/Oceania Regional Congress of Gerontology and Geriatrics

Drs SY Au, Bernard Kong, CM Lum, MF Leung, CY Yip, Elsie Hui, YM Wu, Felix Chan, Prof Jean Woo and Prof Timothy Kwok will be delegates of HKGS to attend the conference. Drs Elsie Hui, YM Wu, Felix Chan, Prof Jean Woo and Prof Timothy will speak respectively in 3 symposia on Management of Medical Problems in Residential Care – “Quality Improvement”, “Mental Health Needs”, and “Health Care Needs in Residential Care”

5. Annual Outing

The annual outing of our society is provincially re-scheduled to a later date

6. Interhospital geriatrics meeting (IHGM) and Geriatric subspecialty training

A new format of IHGM was adopted with HPT and SIG presentation. The first cycle of IHGM will start in October 2007-10-03

7. Joint symposium

5 July 2007

HKGS, HK College of Psychiatrist and HK Neurological society

“Treatment strategy of clinical symptoms in Alzheimer’s Disease” by Prof Rachele Doody

15 September 2007

HKGS and Society for the Aged (SAGE)

“ Nutritional Aspects in Residential Care”

28 September 2007

HKGS, HK Society of Biological Psychiatry and the HK Society of Psychiatrist

“Beyond DSM-IV: Optimizing Long Term Treatment of Depression and Anxiety” by Prof Raymond Lam

15 October 2007

HKGS and HK Neurological Society

“Dopamine Agonist in the treatment of Parkinson’s Disease” by Prof Peter LeWitt

President's Address

Annual General Meeting

16th June 2007

I took up the esteemed position as the President of the Hong Kong Geriatrics Society on 17th June 2006 in the midst of the glamour of the Silver Jubilee of our Society. In my speech as the new President at the Annual Dinner, I high-lighted how I viewed the future directions of our Society, which could be summarized by “PRAISES”: upholding our “Professionalism”, encouraging “Research”, supporting “Advocacy” for the welfare of older persons, introducing “Innovations” for new models of care, reviving our “Special Interest Groups”, promoting “Education” and fostering “Synergy” among our fellow members. This acronym has always been my constant reminder during my term as President.

In face of health care reform, health and social care for older people have attracted increasing attention in the government and the media. As a specialist society for better health in old age, we are pleased to have our voices heard in the Legislative Council, as well as in local newspapers with a wide readership including the Hong Kong Standard (“Stemming the dwindling pool” on 24th July 2006) and the South China Morning Post (“Age-old Dilemma” on 8th August 2006). Our members have continued the drive to promote health education by our voluntary participation as guest speakers in RTHK1’s radio program “精靈一點”. Familiar voices of our Society’s members were heard on air from 11th August to 29th September 2006 on topics which included gastroenteritis, influenza, stroke, dementia, incontinence, osteoporosis, malnutrition, falls and syncope in older people.

At our first Council Meeting last July, one of the top agenda items was on how we should make well use of our savings over the past few years. The need for funding training and development of our younger members naturally became our focus of attention. It was unanimously agreed that grants should be set up to sponsor members to actively participate in recognized international geriatrics conference, with priority given to trainees in Geriatric Medicine. In order to attract more young people to develop an interest in care for older people, the Council have established annual scholarship prizes, worth HK\$10,000 each, for the two medical schools in Hong Kong, to sponsor medical students to undergo elective periods overseas in Geriatric Medicine. With the introduction of the scholarships, we are hoping to “catch them young” by sowing seeds in their hearts and facilitating earlier exposure to reputable academic as well as service units. The future of Geriatric Medicine lies in the hands of the younger generation of geriatricians. The composition of the Council this year has been made up of an unprecedented number of “young turks” – the senior medical officers and associate consultants.

Two well-attended scientific evenings were held this year. The first one was a symposium in which Prof. Antonio Anzueto from Texas gave us a talk on “COPD – life to be continued” and Dr. Bernard Kong sharing his local experience on 13th July 2006, and a second evening lecture on the updated management of COPD by Prof. Antonio Vestbo from Manchester in which he high-lighted the newly revised GOLD guidelines (Global Initiative for Chronic Obstructive Lung Disease) on 22nd November 2006. Along the pipe-line will be a symposium on “Symptomatic treatments for Alzheimer’s Disease in clinical practice” on 5th July 2007 jointly organized by the Hong Kong College of Psychiatrists, the Hong Kong Neurological Society and HKGS, and another symposium on “Nutritional Aspects in Residential Care Homes for the Elderly” organized by the Society for the Aged (SAGE) and HKGS on 15th September 2007.

To develop an international outlook, not only have we maintained regular close contact with the British Geriatrics Society and the Royal College of Physicians and Surgeons of Glasgow, we are organizing three symposia on long term care at the 8th Asia Oceania Regional Congress of Gerontology to be held in October 2007 in Beijing with joint input from overseas partners including Prof. Leon Flicker, Dr. Chin Jing Jih, Dr. Lee Fatt Soon, Dr. Philip Pol, Dr. Sam Scherer, Dr. Roger Wong and Dr. Yau Weng Keong from Australia, Canada, Malaysia and Singapore. To follow up the link established at Kuala Lumpur last year in the formation of the Asia Pacific Network, a meeting of geriatricians of this network will be organized in Beijing over the weekend just before the Regional Congress.

Following the paper on “Building a Healthy Tomorrow – Discussion Paper on the Future Service Delivery Model for our Health Care System” in 2005, for which we have responded with a Position Statement, the government will be publishing another consultation paper on health care financing this year. The HKGS is committed to collect the view-points of our profession and prepared to speak up for the welfare and best interest of older people in Hong Kong. In the mean this, another consultation paper titled “Enduring powers of attorney” has been published by the Law Reform Commission of Hong Kong and our Society has been invited to submit our views. Members of Special Interest Group on Ethics, led by Dr. TK Kong, is now preparing our feedback.

With the merger of the Journal of the Hong Kong Geriatrics Society and the Hong Kong Journal of Gerontology, the new Asian Journal Gerontology and Geriatrics (AJGG) was first published in April 2006. The AJGG is committed to publish 3

issues per year and so far we have had a good number of submissions from authors both locally and overseas. To encourage more original work submitted by members of HKGS, an award named the "Best AJGG paper" will be presented at the Annual Dinner each year. Further, the Newsletter of our Society has taken up a face-lift since February with the change of a new editor-in-charge and editorial board members.

Our commitment to education and research continues with the running of the monthly inter-hospital geriatrics meetings, participation in the curriculum planning of the Institute of Advanced Nursing Studies in Gerontological Nursing, and taking up the positions as Honorary Advisor of the Hong Kong Nurses Association of Gerontology, and Advisory Committee Member of the "CADENZA" project (Celebrate their Accomplishment; Discover their Effervescence and Never-ending Zest as people Age) of the Hong Kong Jockey Club Charities Trust. Pre-retirement health talks were delivered to over 1,400 retirees of civil service in December 2006 and May 2007.

The seventh course of post-graduate diploma in Community Geriatrics jointly organized by the Family Medicine Unit of the University of Hong Kong and the HKGS was completed in June 2007. The third Diploma in Geriatric Medicine (Glasgow) examination was held in Tuen Mun this week. Thanks to the hard work and enthusiasm of the host examiners and registrars at Caritas Medical Centre, Fung Yiu King Hospital and Tuen Mun Hospital for the respective examinations.

This message would not be complete without my sincerest words of thanks to my senior and mentors, all the council members, members of the organizing committee of the ASM 2007, and long term colleagues and friends, including our Honorary Legal Advisor and Honorary Auditor, who have continuously supported the work of the HKGS. I have tremendously enjoyed working with our most dedicated office-bearers and members, united as a team to strive for the best interest of older people and a better future for Geriatric Medicine.

Dr. CHAN Hon Wai Felix
President
The Hong Kong Geriatrics Society

Hong Kong Geriatrics Society Response to Law Reform Commission Consultation Paper on Enduring Power of Attorney June 2007

*Dr Wu Yee Ming
Secretary Medical Ethics SIG*

The Hong Kong Geriatrics Society writes in response to the Consultation Paper on Enduring Powers of Attorney (EPA) released by the Law Reform Commission of Hong Kong in April, 2007.

Founded in 1981, the Hong Kong Geriatrics Society is the only local professional society of doctors practicing geriatric medicine. All hospital consultant geriatricians and professors in Geriatric Medicine are regular members of our Society. There are up to now 180 members with 42 associate members in the Hong Kong Geriatrics Society. Geriatricians are responsible for the management of acute and chronic illness, severe disability and terminal conditions in elderly people.

Our response stated in the following paragraphs will generally focus on the specific questions set out on page 39 of the Consultation Paper.

It is our opinion that the existing witness requirements for executing an EPA should be relaxed.

Medical witness for the purpose of certifying mental competence at the time of executing an EPA should not be removed. The onset of diseases, ill-health, physical and mental disabilities can often be the catalyst for an individual to consider the use of EPA whereby he is able to delegate legal authority to another. He may be bordering on mental incapacity or at least at some risk of incompetence by virtue of health reasons. The medical doctor would be the best person, under

the above circumstances, to assess the mental competence of the donor of EPA. In fact, during our day-to-day practice, doctors are often requested by bankers, insurers and solicitors to certify mental competence for their clients when in doubt. The medical witness requirement can minimize subsequent disputes as to whether the individual at the time of executing an EPA has the necessary decision-making capacity.

Another argument for preserving medical witness requirement is to be understood under the premise that personal care will be included in the scope of EPA. An EPA will most often apply where the donor is an elderly person and has gradually lost capacity to make decision for himself. His attending doctor has a strong role in

giving advice regarding the foreseeable level of personal care required in the future. An analogy can be drawn in respect to the proposed Model Form for Advance Directive where medical witness plays an important part in explaining to the person making the advance directive health care issues relevant to his decision making. The same rationale underpins our support for retaining existing medical witness requirement.

Notwithstanding our view to retain medical witness requirement for executing an EPA, we do not think that the medical witness should necessarily sign at the same time as the solicitor witness. As to the maximum period allowable between the time the medical witness signs and the time the donor and the solicitor sign, we propose 28 days.

The Hong Kong Geriatrics Society supports the concept of EPA and

encourages its widespread use. Greater publicity should be given to the concept of EPA. The Consultation Paper postulated that the low take-up rate of EPA was attributed to, inter alia, the unduly onerous requirement that a solicitor and a doctor be present together at the time the EPA is signed. However we believe that the lack of public awareness and understanding of the concept within community is the main substantial factor.

The form at Annex B should be adopted. As we contemplate that most individuals would like EPA to take effect only at the time the donor became mentally incapable, such an option restricting the powers granted to the attorney should be specifically articulated under point 5 'About Using this Form' Annex B, page 47 of the Consultation Paper.

Promoting personal autonomy is in line with the belief and value of the Hong Kong Geriatrics Society. The right of an individual to appoint an attorney should, in principle, be upheld to the extent that decisions in relation to personal care matters can also be included within the ambit of EPA. Yet, personal care matters are more directly related to the individual's welfare and often have public resources implications. Hence we think that the attorney should be subject to a review mechanism whereby an interested party can appeal to the court or a tribunal on the basis that the attorney, in exercising his powers, is acting against the best interests of the individual concerned or public interests at large. The attorney should abide by the notion that whoever is given power must also be made accountable and responsible.

The Hong Kong Geriatrics Society Annual Scientific Meeting 2007

Dr Lo Kwun Man

Alice Ho Miu Ling Nethersole Hospital

The 2007 Annual Scientific Meeting of the Hong Kong Geriatrics Society was successfully held on June 16 2007 in the Sheraton Hotel, Hong Kong.

We were honoured to have Professor TK Fok, Dean of Faculty of Medicine, Chinese University of Hong Kong to spark off with his welcome address. It was followed by the welcome speeches of Dr MH Chan, Chairman of the Organizing Committee and Dr Felix Chan, President of the Hong Kong Geriatrics Society.

The Scientific Program this year started with a symposium on the clinical practice and Legal Aspects of Advance Directive in Hong Kong with lectures delivered by Dr Derrick KS Au and Dr Athena Liu. Dr Au drew our attention to the consultation paper published by the Law Reform Commission (LRC) of Hong Kong on Substitute Decision-Making and Advance Directives in relation to medical treatment in July 2004. That paper resulted in a final proposal in August 2006 on the use of the more specific term of Advance Medical Directive (AMD). The proposal would facilitate a person to make advance refusal of medical treatments, to instruct on the kind of life-sustaining treatments that should be withhold/withdrawn if and when he/she becomes mentally incapacitated, in three clinical situations namely: irreversible coma, persistent vegetative state and terminal illness. Dr Athena Liu from the Department of Law, University of Hong Kong elaborated further on the legal and ethical issues of AMD. The LRC recommended that advance directives should not be given legislative status; instead, it should suffice with wide promotion.

In the second symposium which focused on nutrition and metabolic disorder in old age, we were honoured to have Professor Jan Potter to enlighten us on the causes and management of under-nutrition in Frail Elderly patients. He went through the literature with us on the issue of nutritional problems of the elderly and the ways of treatment. He also discussed some of the challenging issues on how to translate the current knowledge into clinical practice in tackling these problems. Professor Potter's lecture was followed by a thought-provoking lecture by Professor David Stott on blood pressure in older people. Our local speakers Professor Timothy Kwok and Professor Brian Tomlinson also shared with us on the topic of male osteoporosis and new development in the treatment of elderly hypertensive patients with metabolic syndrome respectively.

The Hong Kong Geriatrics Society thanks our members and participants for their continual support to the meeting and also expresses its gratitude to the organising committee for holding such a successful conference.

Prof TF Fok and our President in the ASM



The Council of Hong Kong Geriatric Society 2007-2008



Joint symposium Symptomatic treatments for Alzheimer's disease in clinical practice by Professor Rachelle Doody

*Dr Lo Kwun Man
Alice Ho Miu Ling Nethersole Hospital*

The Joint symposium on the treatments for Alzheimer's disease was held on 5 July 2007 in JW Marriott Hotel, Hong Kong. It was co-organised by the Hong Kong Geriatrics Society, the Hong Kong College of Psychiatrists and the Hong Kong Neurological Society. Professor Rachelle Doody is the Director of Alzheimer's Disease and Memory Disorders Centre, Baylor College of Medicine, Effie Marie Cain Chair in Alzheimer's Disease Research. She delivered a lecture on the clinical update of Alzheimer's Disease.

Professor Doody started with an update on the clinical and neuropathological changes of the normal aging and Mild Cognitive Impairment (MCI). She introduced the Peterson Criteria in defining MCI in research setting. She agreed that it was often difficult to define MCI in clinical setting and there were no approved therapies for MCI. She then elaborated further on the clinical and neuropathological changes in Alzheimer's disease (AD) and the advances in neuroimaging in diagnosing AD. She highlighted that the American Academy of Neurology had recommended structural imaging to identify space occupying lesions in patients with cognitive impairment. The Medicare reimbursement has now accepted FDG-PET Scan for differentiating AD from Frontotemporal dementia (FTD)

She continued her lecture on the effectiveness of different modalities of AD treatment and discussed about the use of cholinesterase inhibitors in treating AD including the mechanism of Memantine in treating moderate to severe AD. In the end, she concluded with a review on the on-going clinical trials in the AD treatment and the new developments of different novel neuroprotective and glial modulating agents.

Dr CP Wong co-chaired the symposium on behalf of HKGS



Nutritional Aspects In Residential Care Home for the Elderly

*Dr Liu Kin Wah
Shatin Hospital*

A symposium co-organized by HKGS and Society for the Aged (SAGE) on Nutritional Aspects In Residential Care Home for the Elderly was held in Holiday Inn Golden Mile Hotel at Tsim Sha Tsui on 15th Sept 2007. Over 300 participants enjoyed an educational splendid afternoon.

The symposium was opened with a speech by Mr. Peter Chan, Executive Director of SAGE (Hong Kong Society for the Aged). Then, our President, Dr. Felix Chan discussed on malnutrition among elderly in institution on how to recognize, screen and tackle the problem. He reminded us with an interesting mnemonic “MEAL ON WHEELS” which is a useful checklist for eliciting the causes of malnutrition: Medications, Emotional problems (depression), Alcoholism/anorexia of ageing /abuse, Late-life paranoia, Swallowing disorder, Oral problem, Nosocomial infections, Wandering and other dementia-related behavior, Hyperthyroidism/hypercalcaemic/hypoadrenalism, Enteric problem, Low-salt/low cholesterol diet and Stones.

Dr Chan’s lecture was followed by the lecture of Dr Patrick K C Chiu, associate consultant of Fung Yiu King Hospital. He shared with us his interesting interventional program of a novel nutritional intervention program for residents with Protein-energy malnutrition (PEM) with the addition of a nutritional supplement Beneprotein and vegetable oil. He found that the supplement was well-tolerated and effective in improving anthropometric measurement of elderly resident with PEM. There was, however, no significant improvement in clinical and functional outcomes.

Ms Carmela Lee, State Registered Dietitian, UK & Honorary Secretary of Hong Kong Nutrition Association stressed the special dietary requirement and needs of residents with Protein Energy Malnutrition. Ms. Ng Yan Yan, Nursing Officer of SAGE Quan Chuen Bradbury Home for the Elderly, shared her results of a comprehensive nutritional assessment of all the residents of the three care and attention home of SAGE. The cross-sectional data and consequent analysis revealed that 24.2% of residents are underweight (BMI <18.5Kg/m²) and 35.9% are overweight (BMI>23Kg/m²). Special dietary supplement including natural food supplement and dairy products were provided to those who were underweight. Fitness program and educational groups on healthy life style were organized for the obese clients.

Ms Doris Chan, Physiotherapist, SAGE Quan Chuen Bradbury Home for the elderly, was presented the result of an innovative exercise program which might be effective in management of obese elderly including education on nutrition and lifestyle changes and progressive resisted exercise with weighed vests in 25 obese institutionalized elderly. After a 16-week intervention of exercise 28% of subjects had a decrease in BMI and 56% of subjects had an improvement in physical function. On the other hand, Ms Sanny Cheung, occupational therapist, SAGE Ho Sin Hang Home for the Elderly, shared their findings of a 3 month intervention by providing training concerning their swallowing problems and seating program. 15 out of 33 elderly residents showed increase in BMI after the program.

Last but not least, Professor Timothy Kwok from Chinese University of Hong Kong presented the earnest ethical issue of non-oral feeding in a relaxing way from his speech. Although, the use of mean non-oral feeding is common among the frail elderly in the institutions, its evidence for such practices in prolonging life is weak. The ethical issue of the use of physical restraints to secure feeding tube, withhold or withdraw non-oral feeding, advance directive, uses of non-oral feeding in mentally-incapacitated resident were discussed.

The great success of the seminar was contributed by providing a platform for different parties sharing their experience in tackle the malnutrition of elderly. It hoped that subsequent similar meeting could be held very soon.

Mr. Peter Chan, CEO of HK Society for the Aged and Dr. Patrick Chiu in the symposium



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

Grading scale for prediction of outcome in primary intracerebral haemorrhages.
Stroke 2007;38:1641-1644

The authors in this study aim to modify the ICH score for outcome prediction in intracerebral haemorrhage. They derived a new scoring system (ICH grading scale) based on 378 ICH patients information, the items are similar to the ICH score, except two major changes. The first change is on age, which is categorized into three groups rather than two as in the ICH score. The second, or the most important modification, is the adoption of different scoring rules for the ICH volume in supratentorial and infratentorial haemorrhage. Comparing to ICH score, the new ICH grading scale showed higher sensitivity and specificity in the outcome prediction.

Coexisting cerebral infarction in Alzheimer's disease is associated with fast dementia progression: applying the National Institute for Neurological Disorders and Stroke/Association Internationale pour la Recherche et l'Enseignement en Neurosciences neuroimaging criteria in Alzheimer's disease with concomitant cerebral infarction

J Am Geriatr Soc 2007;55:918-992

This local study from Princess Margaret Hospital studied the effect of silent cerebral infarction on dementia progression of Alzheimer's disease dementia. The retrospective cohort included 130 AD patients being followed up for an average of 30 months. Patients were divided into three groups according to the presence and distribution of silent cerebral infarctions in the initial brain CT. The primary endpoint was the loss of self independence, which was indicated by reaching a CDR score 3 or nursing home transition. The study found the group with infarctions fulfilling the published neuroimaging criteria for vascular dementia is three times more likely to reach the study endpoint when compared to the group without infarction, other independent predictors included high initial MMSE and the use of psychotropic drugs. Interestingly, the group with infarction but not to the degree of neuroimaging criteria showed a non-significant slower progression to endpoint as compared to pure AD. The investigators postulated a divergent effect of infarction on AD, a low ischaemic load may manifest the dementia symptoms at a lower Braak & Braak's stage of AD, and therefore apparently slower progression, but a heavy ischaemic load overweighed this effect and lead to fast progression.

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 justified.

Guidelines for early management of adults with ischaemic stroke

Stroke 2007;38:1655-1711

This is the official statement from American Heart Association/ American Stroke Association which replaced the old one released in 2003. In the new guideline, it emphasized the importance of pre-hospital triage and management of suspected stroke patients to facilitate the thrombolytic therapy in acute ischaemic stroke. Class I recommendation (with level B evidence) in this area includes activation of the emergency medical call 911, education programmes to public on the awareness of stroke, education programmes to medical professionals on thrombolytic therapy in stroke, assessment by ambulance crew for suspected stroke or the use of stroke algorithm, and the triage of suspected stroke patients to hospitals with thrombolytic service. On the stroke service delivery, the guideline promoted the concept of stroke centre (both primary, where most treatments, including thrombolytic, could be provided; and comprehensive, where endovascular intervention and aneurysm surgery could be offered), and the certification procedures, both are Class I level B. The investigations, imaging, blood pressure control and iv thrombolysis stay the same as the old guideline, and again there is no upper limit on age for iv thrombolysis (but cautious in above 75). Other general measures and management of complications are similar to then old version.

Editor's choice

Efficacy of aromatherapy (*Lavandula angustifolia*) as an intervention for agitated behaviours in Chinese older persons with dementia: a cross-over randomized trial

Amela WK Lin et al. Int J Geriatr Psychiatry 2007;22:405-410

This is a cross-over study of 70 Chinese older adults with dementia with clinically significant agitation in care and attention homes in Hong Kong. The patients were purposively selected. The cross-over intervention consisted of lavender inhalation for 3 weeks and sunflower inhalation for 3 weeks (as control), with a wash-out period of 2 weeks in between. Concurrent psychotropic medication was allowed without restriction. There was significant reduction in the severity of agitated behaviours Chinese version of Cohen-Mansfield Agitation Inventory (total scores decreased from 24.68 to 17.77) and Neuropsychiatric Inventory (total score decreased from 63.17 to 58.77). No adverse effect was reported.

Prescribing in Elderly People 1

Appropriate prescribing in elderly people: how well can it be measured and optimized ?
Lancet 2007;370:173-84 July 14 2007

Prescribing in Elderly People 2

The challenge of managing drug interactions in elderly people
Lancet 2007;370:185-91 July 14 2007

A series of 2 articles which address the problem of drug prescription in elderly people. The first articles focus on how to define and categorise appropriate prescribing and review the instruments that are available to measure appropriate prescribing. It also critically reviews recent randomized controlled studies on the effect of optimization strategies on appropriate prescription in elderly people. The second article discusses the approach to categorise drug interactions and the strategies in detecting, managing and preventing drug interaction.

Combination of a cyclo-oxygenase-2 inhibitor and a proton-pump inhibitor for prevention of recurrent ulcer bleeding in patients at very high risk: a double blind, randomised trial

Lancet 2007;369:1621-26 May 12 2007

This study was conducted in Hong Kong. 441 patients who were taking non-selective NSAID for arthritis who were admitted with upper gastrointestinal bleeding were enrolled. They were given celecoxib together with esomeprazole 20 mg bd or placebo after treatment of their ulcers and eradication of *Helicobacter pylori*. The primary endpoint was recurrent bleeding during treatment or within 1 month of the end of treatment. The result shows that combination treatment with celecoxib and esomeprazole was more effective than celecoxib alone for prevention of ulcer bleeding. The 13-month cumulative incidence of primary endpoint was 0% in the combined treatment group and 8.9% in the celecoxib group.

Once-yearly Zoledronic acid for treatment of postmenopausal osteoporosis

Dennis M Black et al. NEJM 356;18 3 May 2007

This is a multicentre, randomized, double-blind, placebo controlled trial involving 3889 elderly women aged 65-89; BMD T score \leq -2.5 at femoral neck or a T-score of -1.5 or less, with radiological vertebral fracture. The intervention group was given yearly infusion of zoledronic acid for 3 years.

During the 3-year period, there were significantly less vertebral and hip fractures in the intervention group: 3.3% of intervention group had new radiological vertebral fracture versus 10.9% in placebo group. 1.4% of intervention group had hip fracture versus 2.5% in placebo group. Serious atrial fibrillation occurred more frequently in the zoledronic acid group (1.3% versus 0.5% in placebo group, $P < 0.001$). Most of the serious atrial fibrillation occurred more than 30 days after infusion in the treatment group.

Effect of angiotensin receptor blockade and antihypertensive drugs on diastolic function in patients with hypertension and diastolic dysfunction: a randomised trial

Lancet 2007;369:2079-87 June 23 2007

A randomized trial in which patients with hypertension and evidence of diastolic dysfunction were randomly assigned to receive Valsartan or matched placebo. Both groups also received other treatment for hypertension that does not affect the renin-angiotensin system to reach a target blood pressure of lower than 135/80 mmHg. The primary endpoint was change in diastolic relaxation velocity between baseline and 38 weeks as measured by tissue Doppler imaging. After 38 weeks it was shown that there was similar reduction in blood pressure in both groups as well as change in diastolic relaxation velocity. The authors conclude that lowering the blood pressure will improved diastolic function irrespective of the type of antihypertensive drugs used.

Editor's choice

Clinical course and prognosis of smoldering (asymptomatic) multiple myeloma

Robert A Kyle et al. NEJM 356:25 21 June 2007

The currently accepted definition of smoldering multiple myeloma requires a serum monoclonal protein of 30g per litre or more, 10% or more plasma cells in the bone marrow, or both in the absence of end-organ damage. It is far more likely to progress to active multiple myeloma or amyloidosis than monoclonal gammopathy of undetermined significance.

All patients (276) of smoldering multiple myeloma at Mayo Clinic between 1970 and 1995 were reviewed in this article. During 2131 cumulative person-years of follow-up, symptomatic multiple myeloma or amyloidosis developed in 163 persons (59%)

The cumulative probability of progression was 73% at 15 years. On multivariate analysis, the proportion of plasma cells in the bone marrow and the serum monoclonal protein level at diagnosis emerged as significant independent risk factors for progression.

Overseas Scientific Meetings

Name	Time	Organizer	Contact
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

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**
- Continenence SIG**
- Falls SIG**
- Infectious Disease SIG**
- Medical Ethics SIG**
- Nutrition SIG**
- Sexuality and Older Adults SIG**
- Long Term Care**

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

☐ ☐ ☐

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**