The Hong Kong Geriatrics Society Newsletter

The Hong Kong Geriatrics Society

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Editorial

Yes. We are talking about the future of Geriatrics again. Interestingly, one can also find discussions on similar issues in the BGS newsletter recently. For some reason, this topic keeps on coming back to us every few years. May be we are just a specialty that keeps on looking for its identity. You probably recalled that it was actually not too long ago when my predecessor Dr CK Mok talked about our future in this column.

Dr CB Law has convened a series of Young Geriatricians Forum on behalf of the council to discuss the future of geriatrics in Hong Kong. And more specifically, what the HKGS can do for the future of geriatrics. Dr Law has summarized the discussion in his article which will certainly raise more discussion. Why "Young" Geriatricians Forum? See if you can find the answer in Dr Law's article. "Young" or "Old", the future belongs to all of us, so make sure your voice get heard.

Tony Ko,
Editor

Message from the President

Dr. Chan Hon Wai Felix

This is the third term I am serving as President of the Hong Kong Geriatrics Society and I always view it as a privilege to write a short message to fellow members in the Newsletter. The new council was elected on 21 June 2008. We would like to express our gratitude to our two retiring council members, namely Dr. MH Chan and Dr. TM Shea for their tremendous contribution to HKGS, and a warm welcome to Dr. CB Law and Dr. KK Mo to join our workforce. Both Drs. Law and Mo had served the council in the past and we are all delighted to see them making a come-back.

The activities of the Hong Kong Geriatrics Society have continued throughout the long summer. Our Society has been invited to participate in the Pilot Neighbourhood Volunteer Program organized by the Elderly

Commission and the Labour & Welfare Bureau. Kick-off ceremonies have taken place starting in Kowloon Central, followed by HK South, Central & Western districts etc and the program will eventually cover 19 districts in total. Thanks to the "volunteer work" of HKGS members who have contributed to the various training programs (which were carried out on weekends and after-hours).

As President of HKGS, I participated in a press conference organized by CADENZA: A Jockey Club Initiative for Seniors on 2 September 2008, together with Professor Jean Woo, Professor Timothy Kwok, Dr. Elsie Hui and Dr. Patsy Chau in which the results of a large scale study on the factors affecting the choice of institutionalization by older patients and carers were released. I seized the chance to emphasize the need for comprehensive geriatric assessment for every older person applying for formal long term care. The press conference was well attended by China Daily, Hong Kong China News Agency, HK Economic Times, Ming Pao, Oriental Daily, Radio Television HK, South China Morning Post and Ta Kung Pao.

One of our first and foremost tasks of the Council this year is to reinstate our Young Geriatricians' Forum. Two sessions were convened by Dr. C B Law on 13 and 21 October at Princess Margaret Hospital and United Christian Hospital respectively. As I have mentioned before, although we are still the largest group among the sub-specialties in Medicine, the growth-spurt has declined and we are now facing challenges in recruiting young blood and reaffirming the importance of our discipline in public and private sectors in striving for better health in old age. Although there were just over 20 participants (among around 120 fellows), we have had very fruitful discussions which I hope will be turned to actions in the near future. Moreover, we would very much like to hear from the "silent minority" – those who could not make it to the two sessions. You are most welcome to drop me (or Dr. C B Law) a line via email.
In October, we had 2 internationally renowned experts to share with us their experience in post-graduate education, namely Professor Stephen Allen from Bournemouth, who spoke to us on "Update on the status of specialty training in geriatric medicine in UK" and Dr. Roger Wong from Vancouver, speaking on "Educational innovations in post-graduate geriatric medicine in Canada". Their insightful talks and practical tips are most relevant to our recent discussions at the Young Geriatricians' Forum.

The third scientific meeting of the Asia-Pacific Network of Geriatricians was held from 13-16 November in Bali Indonesia. Dr. M F Leung and Dr. Bernard Kong led a small group of HK delegates to attend the meeting. In addition, Prof. Neil Barnes from the UK has given an update on the clinical management of COPD in his lecture in November 2008, and a seminar on Parkinson's Disease by Prof. Yoshi Mizuno from Japan will be organized in February 2009.

Finally, may I urge you to continue supporting our Society by applying for life-membership for full members which was introduced at the Annual General Meeting in 2007.

I look forward to meeting you at our coming academic meetings, as well as in our long awaited annual outing, which will be led by our new council member, Dr. KK Mo this year!

Council news

Dr Wu Yee Ming Jimmy
Hon. Secretary, HKGS

1. Annual Scientific Meeting 2009
Dr. Bernard Kong has kindly agreed to be the chairman of the organizing committee of ASM 2009. Dr. Loar Mo and Dr. CB Law will also be members of the future organizing committee.
The date for ASM 2009 is tentatively 20/06/09.

2. Examination Centres of DGM / PDCG 2009
QEH and TKOH were proposed to be the centres hosting DGM / PDCG examinations 2009. The tentative examination date are 16/6/09 (Tue) at QEH and 17/6/09 (Wed) at TKOH.

HHH will serve as standby centre.

3. An updated Chinese pamphlet on "老人專科醫學"
The Council endorsed the 老人專科醫學 leaflet which will be printed and circulated by the Department of Health.

4. Promotion of Geriatric Medicine
Dr. MF Leung suggested that the Society may consider operating a hotline open to the public for the purpose of promotion of our Society's image. Private geriatricians may also be invited to answer the hotline.

6. Upcoming Scientific Meeting
A lecture on Parkinson's disease is arranged on 23/02/09 with Prof Yoshi Mizuno as speaker.
The Council proposed Dr. James Luk to be the chairman of the meeting.

7. Pilot Neighbourhood Active Ageing Project (左鄰右里積極樂頤年)
Dr. Felix Chan reported a collaborative program organized by the Elderly Commission and Labour & Welfare Bureau involving HKGS. The program has commenced in July in Kowloon Central. Dr. Chan will co-ordinate the invitation of speakers in the Volunteers' Training in different districts.

8. Project of micturition disorder in elderly stroke patients
Dr. MF Leung reported that all HA hospitals with rehabilitation beds have joined the program except for SH and TWH. The research project is awaiting Ethics Committee approval.

9. CADENZA sponsored study
The Faculty of Medicine of the CUHK and the Faculty of Social Sciences of HKU collaborated in a study in which around 1,400 elders in HK West & NT East were interviewed to give their views on aged home preference. Dr. Felix Chan was present as President of HKGS together with other co-investigators.

10. XIXth International Association of Gerontology and Geriatrics World Congress of Gerontology and Geriatrics
The congress will be held in Paris 5th -9th July 2009. Drs. Felix Chan, MF Leung and TK Kong had submitted three separate symposium proposals to the organizing committee. The Council agreed that the Society will support members who will be presenting in the accepted symposia.

The HKGS Council 2008-2009

The Hong Kong Geriatrics Society Annual Scientific Meeting 2008

Dr Lo Kwun Man
Alice Ho Miu Ling Nethersole Hospital

The Hong Kong Geriatrics Society Annual Scientific Meeting 2008 was successfully held on 21 June 2008 in the Sheraton Hotel Hong Kong.

We were most honoured to have Dr SV Lo, Director of Hospital Authority in Strategy & Planning as our officiating guest of honour, to share with us the strategic direction of development in geriatric services from the perspective of Hospital Authority. Dr Lo delivered his speech and stated that the Hospital Authority was in the process of developing new service delivery models that would facilitate "ageing in place ", enhance the community care and reduce the incidence of avoidable hospitalisation by integrating preventive, primary and community healthcare services. There are three levels of care in the healthcare model in achieving the goal. The first level is to encompass preventive care and patient empowerment for self care that aim at keeping our elderly healthy. The second is to strengthen the role of family doctor in managing chronic diseases and enhancing interface between primary and secondary care. Last but not the least is to adopt a multi-sector collaboration approach with community partners to support patient care outside hospitals. Dr Lo once again called upon the service of Geriatricians in helping to accomplishing the challenging task.

The Scientific Program this year focussed on Community Geriatrics Care and Endocrinology in Old Age. The symposium was sparked off by Mr Peter Chan, Chief Project Administrator of the CADENZA project, who introduced us to this novel community care project for the elderly in Hong Kong. CADENZA stands for "Celebrate their Accomplishment; Discover their Effervescence and Never-ending zest as they Age". It is a HK$380 million five- year project supported by the Hong Kong Jockey Club Charity Trust. It started in 2006 and aimed at:

(1) Revolutionizing the way society views its elders
(2) Promoting innovative approaches in improving the quality of life and quality of care of the elderly, including better interface between health care and social services
(3) Training different levels of professionals, formal and informal caregivers
(4) Encouraging academic leadership in gerontology.

We are not alone in facing the challenge of the Community Care model for the elderly. Dr Primrose from Aberdeen, Scotland shared with us his invaluable experience in the Challenges of Community and Care Home Provisions. It is not surprising to know that the UK government's strategy for the elderly service is to encourage the adoption of "Care in the Community "model. Dr Primrose shared with us the difficulties he encountered and how the support networks struggled to deliver this model of care in UK. He acknowledged the rising demand of acute medical and geriatric services and the pressure on in–patient facilities. However, Community social support resources supplemented by Primary Health Care teams could be the direction in managing most illnesses and chronic diseases in the community.

In the second part of the symposium, we were honoured to have Professor Alan Sinclair to enlighten us on the Critical and Emerging Aspects of Geriatric Diabetes. Professor Sinclair is one of the WHO Experts in Diabetes who has carried out the largest case controlled studies on the effect of DM on functional impairment (including cognitive impairment in elderly diabetic patients). He explored the special characteristics of Type 2 Diabetes in older people (co-morbidity, polypharmacy and non-compliance) and focussed on how various management and treatment approaches needed to be tailor-made for the elderly. He further elaborated on the likelihood of hypoglycaemia limiting the achievement of tight glycaemic control in many older people. Frailty and other disabilities may lower the aspiration of vascular-protective treatment goal in the elderly.

Our local Endocrinology expert, Professor Clive Cockram from the Chinese University of Hong Kong went on updating us on the Thyroid and Pituitary Disorders in the Elderly. Professor Cockram, first of all, guided us through how to distinguish between disease-specific and age-related changes in Endocrinology in the elderly. He further elaborated in his lecture on how to interpret thyroid function tests and the possible complications of anti-thyroid drug therapy in the older subjects.

The symposium could not have gained the enormous applause without the participation of Dr Michael Stone from the Bone Research Centre of Cardiff University UK. His lecture on the advances in the Management of Post-menopausal Osteoporosis was remarkably comprehensive. Different modalities of treatment options were presented. Major landmark clinical trials were analysed and highlighted in the lecture. If it was not for the calls of the hungry stomachs, many in the audience would not have realised it was the end of the scientific meeting.

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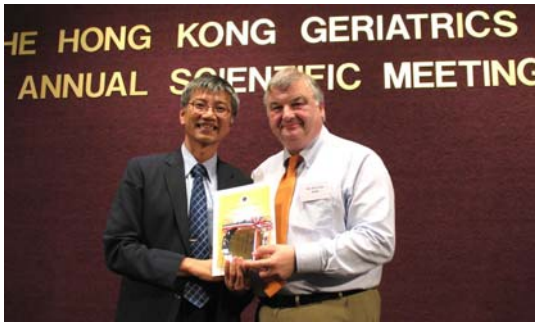
The Hong Kong Geriatrics Society thanks our fellows and participants for their continual support to the meeting and also expresses our gratitude to the organising committee chaired by Dr MH Chan for holding such a successful conference.



Dr. CM Lum and Prof. Alan Sinclair

Dr. TK Kong and Dr. Primrose

Dr. Michael Stone

Symposium on the Clinical Management of COPD

Dr Liu Kin Wah
Shatin Hospital

On November 7th, 2008, the Hong Kong Geriatrics Society held a continuous medical education seminar on the management of chronic obstructive pulmonary disease (COPD) to give its members the most updated information related to COPD and its treatment. Chaired by Dr Bernard Kong, our Society's Vice President, Professor Neil Barnes, Consultant Respiratory Physician from the London Chest Hospital, United Kingdom was invited to be the speaker. The seminar was well-attended with over sixty of participants. Here are the seminar key takeaways on the aims and goals of COPD treatment: 1) improving symptoms, 2) preventing exacerbations, and 3) reducing mortality.

1) Improving symptoms

- Bronchodilators, smoking cessation, and pulmonary rehabilitation help improve symptoms
- On the use of bronchodilators, the Global initiative for Chronic Obstructive Lung Disease (GOLD) guidelines suggest:

a) Long-Acting β_2 Agonists (LABAs) are recommended when short-acting bronchodilators are not adequate;
b) LABAs are more convenient than short-acting bronchodilators (SABAs) with fewer daily doses;
c) Even patients who do not show a significant FEV1 response to SABAs may benefit symptomatically from LABA therapy;
d) Salmeterol, formoterol, and tiotropium bromide all have significant impact on patients' health status, with salmeterol having shown to significantly improve lung function.

2) Preventing exacerbations

- Options include smoking cessation, flu vaccination, use of inhaled steroids, LABAs, long acting inhaled anticholinergics, and pulmonary rehabilitation.
- On the use of LABAs, studies have shown that combination of salmeterol and fluticasone reduces mean rate of moderate/severe exacerbations by 30% compared with placebo. When used alone, fluticasone and salmeterol reduce the mean rate of moderate/severe exacerbations by 24% and 23% respectively; suggesting that combination therapy is more effective than respective monotherapies in preventing exacerbations.

3) Reducing mortality

- Smoking cessation, flu vaccination, lung volume reduction surgery (in highly selected patients), long term oxygen therapy in hypoxic patients and drug therapy help reduce mortality in stable COPD patients.
- With drug therapy, the **TO**wards a **R**evolution in **C**OPD **H**ealth (TORCH) study showed that salmeterol/fluticasone combination could reduce mortality, and was associated with a 17.5% relative risk reduction, and a 2.6% of absolute risk reduction in mortality. The reduction in mortality was due to the reduction of both cardiovascular and respiratory deaths. In addition to the reduction of mortality, the TORCH study confirmed previous study results that compared with the individual components and placebo, salmeterol/fluticasone combination significantly improves lung function, reduces exacerbations, improves quality of life and reduces rate of FEV1 decline, and has no adverse effects on bones.

In summary, management of COPD, in particular in the elderly, is a topic of increasing interest since ageing is associated with important anatomical, physiological and psychosocial changes that may have an impact on the disease. Recent interest has focused on airway inflammation in pathogenesis of COPD. Geriatricians play an important role in looking after COPD patients with their multiple co-morbidities. While keeping abreast with the use of updated evidence-based therapies, we should continue cherishing our fundamental role in performing comprehensive geriatric assessment for our patients and ensuring co-ordination of care.

References:

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3. TORCH Study Group. Eur Respir J 2004; 24: 206-210.
4. Calverley PM, Anderson JA, Celli B, Ferguson GT, Jenkins C, Jones PW, Yates JC, Vestbo J; TORCH investigations. Salmeterol and fluticasone propionate and survival in chronic obstructive pulmonary disease. N Eng J Med 2007 Feb 22; 356(8):775-89.

Geriatrics Training in Hong Kong and London

Dr Ruth Akiyo Mizoguchi
Charing Cross Hospital, London

I am currently a special registrar (SpR) in the care of the elderly department at Charing Cross Hospital in London. I would like to share my experiences during my year working as a Medical Officer in Hong Kong.

I should start off with a short introduction about myself: I am Japanese, but born and brought up in Hong Kong. At the age of 17 I left Hong Kong to study at Tokai University of Medicine in Japan. During this time, I was selected to go to London for a 3 month period of training – a period in which I became so enamoured by London I decided to move and work there. To do this, I chose an accelerated training programme at Charing Cross & Westminster medical school for 3 years. Following graduation I began work within the National Health Service

The UK system of training is currently in a period of change – with a greater emphasis on early specialisation. I am currently completing the 'Calman' training scheme – a training scheme originally established to provide at least 5 years of training as a SpR in a particular speciality in several hospitals within a defined region. Doctors are eligible for specialist training only after completing a minimum period of general training and obtaining the appropriate post-graduate degree – MRCP for physicians. During the 5 years of specialist training there remains a commitment to general internal medicine, in addition to the chosen medical speciality. At the end of this, SpRs go on to apply for a consultant position – similar to a 'staff' post in American styled systems.

I have chosen medicine for the elderly as my specialist interest and this training focuses on the needs and problems of the elderly as well as providing training in general internal medicine. I was able to arrange a year of continued training in Hong Kong – primarily based at the Queen Elizabeth Hospital – as part of my 5 year specialist training.

Perhaps an important difference in training between the UK and HK is the difference in time spent as a junior doctor. The 5 year training programme in the UK can make it difficult to have sufficient exposure and experience in some specialties. The defined period of training, however can lead to more focussed training in order to overcome this potential shortcoming. Doctors in HK have a greater commitment to internal medicine and so adequate training in their speciality can take longer. Of course the exposure to internal medicine results in all extremely competent general physicians that can deal with most medical problems to a high level and are able to provide a more holistic level of medical care.

The new European working times for doctors limit periods of work without rest in the UK to a maximum of 52 hours in a 7 day period and so often medical teams work shifts. The ratio of NHS hospitals to patient population and recent emphasis on preventative medicine results in fewer admissions during the on-call period and the free access to these services often result in the earlier presentation of disease.

One of the first observations working in Hong Kong was that all the doctors and hospital staff were very dedicated and extremely hardworking - Doctors routinely work 6 days a week and receive their on-call rota with little notice – a difference to the 5 day week in the UK. In addition, the on-call periods were extremely busy with each doctor seeing 35+ patients in a 24 hour period, many of which are extremely sick. The team approach helps with the feeling of isolation on-call and allows for bonding of the team as 'good and bad times' are shared.

Despite the many differences between all the medical systems I have encountered there is no denying the dedication, professionalism and compassion shown by all the hospital staff I have been fortunate to work with, not just the doctors and nurses.

I would like to thank all the staff that helped me throughout my year in Hong Kong. In particular those who allowed me the opportunity to work in Hong Kong -Dr MH Chan, Dr TM Shea, Dr YF Mak, and Dr KF Tam. I have been very privileged indeed to have worked with them and thank them for all their teaching and support in what have been an unforgettable year in my career.

Update Course in Elderly Medicine – an International Course in Edinburgh

Dr Chiu Jong Ho
Princess Margaret Hospital

The Royal College of Physicians of Edinburgh is going to organize the Update Course in Elderly Medicine from 11th May 2009 to 15th May 2009. This course is primarily designed to appeal to non-UK based consultants, specialists and senior trainees in Elderly Medicine from around the world aiming at offering a valuable opportunity to discuss clinical issues in Elderly Care. In the past, similar course in Elderly medicine was called Advanced Course in Elderly Medicine. I attended the Advanced Course in Elderly Medicine held in May 2005 and it is my pleasure to share with you my experience in attending the course.

The five day course held in Edinburgh was certainly a memorable and fruitful experience for my training in the specialty of Geriatric Medicine. During the five days, selected clinical issues or topics were covered. Geriatric giants like falls and dementia as well as relevant topics such as osteoporosis, diastolic heart failure, infection in hospitalized elderly patients and diabetes mellitus were included. The course was conducted by means of lectures, illustrative case studies and small group discussions, which was truly interactive. Moreover, there were small group workshops every afternoon dealing with common and relevant communication challenges Geriatricians might come across in their clinical practice. Communication issues and scenarios such as difficult discharge, assessing capacity of elderly patients, end of life care and dealing with anger were explored and discussed. Although the course covered a variety of topics and clinical issues, the programme was nicely organized. Coffee, lunch, and afternoon tea times every day were great opportunities to discuss with the UK experts about the topics which had been covered as well as meeting geriatricians from all around the world.

The course faculty was somewhat like the Who's Who in Medicine. Some of the world's best-known names in Geriatrics, Psychiatry and Radiology can be found in this course. In fact, Edinburgh is a place with a long and brilliant history in Geriatric Medicine. Because of that, the Royal College of Physicians of Edinburgh had incorporated into the course a tour of the College building and a Medical walk around Edinburgh. The visit to the Museum of the Royal College of Surgeons in the evenings was most exceptional.

For the course in 2009, a single clinical topic will be focused each day, namely delirium and dementia, the ageing heart, frailty and loss in older people, cancer and the older person, the blood and the kidney. Places are limited to sixty and early application is advised. The Advanced Course in Elderly Medicine was an invaluable experience for me and I would like to recommend next year's Update Course in Elderly Medicine organized by the RCPE to my fellow colleagues in the specialty of Geriatric Medicine.

Further information regarding the course can be found on the RCPE website at:
http://www.rcpe.ac.uk/education/events/update-elderly-med-08.php
or by e-mailing Miss Christina Gray at: c.gray@rcpe.ac.uk

Report on Young Geriatricians Forum

Dr Law Chun Bon
Convenor

Two forums were held in October 2008 as an effort of the council to look into the future development of Geriatrics Medicine in Hong Kong. The term "Young Geriatricians Forum" was coined as the future is supposed to belong to the younger generation, though the forum were attended by both young and the "young at heart" geriatricians. The first forum was held in Princess Margaret Hospital, on 13th Oct. 2008 and the second forum was held in United Christian Hospital on 21st Oct. 2008.

The direction of development of Geriatric Medicine:
In the forum, there were many discussions on the direction of the specialty development. Many believed that our specialty should be a skill-mix specialty that excels in the management of a range of diseases and conditions that are of high prevalence and high impact on the health of elderly. Examples included diseases like stroke, dementia, Parkinsonism, osteoporosis, diabetes and conditions like dysphagia, spasticity, palliative care, wound care. There is a need to have a greater depth of understanding in the skills and knowledge and such skills and knowledge have to be assimilated into the training curriculum.

The practice of Geriatrics Medicine in Hong Kong has also evolved from mainly hospital based in the early days to a full range of practice from hospital to community. It's important that the service development can meet the needs of the community. New elderly delivery model and specialized service should be evolved to help healthcare providers to meet the challenge of the ageing population.

Training Curriculum:
There were different views in the forum regarding what constitutes an "ideal" training curriculum. However, most participants agreed that the current training content and structure needed to be updated to cope with increasing demand from sub-specialization. The strength of Geriatrics practice should be appropriately highlighted.

To complement what have been suggested in the development section, it's important to periodically revise the training curriculum to incorporate update and in depth knowledge and skill into our specialty. These changes will inevitably lead to adjustment in the specialist exit examination and the annual examination format to ensure that the desired core-competency areas being properly assessed.

What can the Hong Kong Geriatrics Society do?
In line with the directions of developing in depth skills and knowledge, participants in the forum suggested HKGS to sponsor SIG members to attend activities on target clinical topics. New skills and knowledge can also be disseminated through seminars, workshops and conferences organized by HKGS. Our society can also consider to organize workshops with other specialties on specific diseases and conditions.

Most participants felt that the voice of Geriatricians is under presented in the community. HKGS can promote our specialty by targeting on unmet needs / service gap in elderly care to raise our specialty profile amongst the public and other professional healthcare colleagues. Geriatricians should be known to others as specialists excel in the care of elderly. The process may involve liaison and soliciting support from other important community stakeholder in elderly care.

There will be more forums in December 08 and in early Jan 09. After that, a survey will be conducted on all Geriatrics fellows regarding the salient points that were mentioned in the forums. The results of the forum and the survey will be used to draft a white paper on the development of

Geriatrics for further discussion and follow up by HKGS council. Hopefully, this will lay a better foundation for our specialty's development.

Lastly and most importantly, we need to engage more young fellows to actively participate in the development process to paint a brilliant future for Geriatrics and the elderly we serve. Individual fellows can help by speaking out and participate in the coming forum and survey. Personal communication is also welcomed.

Local News

Dr Roger Wong of Canada and Dr SC Allen of UK visited Hong Kong recently to share with us their experience in post-graduate medical education. Their lecture was well attended which was followed by very fruitful discussions. Dr Wong has further kindly invited the members of HKGS to attend the coming Canadian Geriatrics Society Annual Scientific Meeting in April 2009. The meeting will be held in Toronto, Ontario. The preliminary program and registration information can be found at the CGS websites:
http://www.canadiangeriatrics.com/ocs/index.php/cgs/CGS2009/schedConf/overvie

Overseas Scientific Meetings

Name	Time	Organizer	Contact
British Geriatrics Society Spring Meeting	1/4/09-3/4/09 Bournemouth, UK	British Geriatrics Society	www.bgs.org.uk
Canadian Geriatric Society Annual Scientific Meeting	23/4/09-25/4/09 Toronto, Ontario	Canadian Geriatric Society	http://www.canadiangeriatrics.com/ocs/index.php/cgs/CGS2009/schedConf/overview
American Geriatrics Society Annual Scientific Meeting	29/04/09-2/5/09 Chicago, US	American Geriatrics Society	http://www.americangeriatrics.org/news/meeting/2009/index.shtml
International Association of Gerontology and Geriatrics World Congress of Gerontology and Geriatrics	5/7/09-9/7/09 Paris, France	International Association of Gerontology and Geriatrics	www.paris2009.org
Australian &New Zealand Society for Geriatric Medicine Annual Scientific Meeting	7/9/09-9/9/09 Fremantle, Australia	Australian & New Zealand Society for Geriatric Medicine	www.asgm.org.au
4th EUGMS Symposium Palliative Care and End of Life Issues in Older Adults	17/9/09-18/9/09 Glasgow, UK	European Union Geriatric Medicine Society	www.eugms.org
British Geriatrics Society Autumn Meeting	7/10/09-9/10/09 Harrogate, UK	British Geriatrics Society	www.bgs.org.uk

Editor's choice

Effect of dimebon on cognition, activities of daily living, behaviour, and global function in patients with mild-to-moderate Alzheimer's disease: a randomised, double-blind, placebo-controlled study
Lancet 2008; 372 (9634): 207 - 215

A randomised, double-blind study on the efficacy of the drug dimebon, which shows neuroproctective effect, in the treatment of patients with mild to moderate Alzheimer's disease (MMSE 10-24). 183 patients were enrolled and were randomly assigned to oral dimebon 20 mg three times daily or matched placebo. At week 26 there was a significant benefit in ADAS-cog in the treatment group, and the treatment group also had significant improvement in ADAS-cog over baseline. The percentage of patients who had adverse event did not differ between the two groups. The authors concluded that dimebon was safe, well tolerated and improve the clinical course of patients with mild to moderate Alzheimer's dementia.

Aspirin and Extended-Release Dipyridamole versus Clopidogrel for Recurrent Stroke
NEJM 2008; 359(12): 1238 - 1251

The PRoFESS study group had published this randomized secondary prevention study including 20,332 patients who had recent (<90 days) ischaemic stroke. The subjects were followed for a mean of 2.5 years and the primary outcome was recurrent stroke. Recurrent stroke occurred in 9% of the subjects receiving aspirin 25mg + extended-release dipyridamole 200mg twice daily, compared to 8.8% of the clopidogrel 75mg daily group (hazard ratio 1.01; 955 CI 0.92 to 1.07). There was no evidence that either of the 2 treatments was superior to the other in the prevention of recurrent stroke. There were more major haemorrhagic events among the aspirin-dipyridamole group than among clopidogrel group (4.1% vs 3.65, hazard ratio 1.42; 95% CI, 1.11 to 1.83).

Lower Systolic Blood Pressure (SBP) Is Associated with Greater Mortality in People Aged 85 and Older.
JAGS 2008; 56: 1853 – 1859

Although there is strong evidence that people aged 60 to 80 benefit from pharmacological treatment of hypertension, the benefit of reducing blood pressure in those aged 85 and older is not well established. This is a population-based cohort study where half of all subjects aged 85 and all of those aged 90 and older (N=348) in one urban and 5 rural municipalities in Sweden were included.

It was found that low SBP, DBP & pulse pressure were all inversely associated with all-cause mortality within 4 years according to univariate analysis. In multivariate analysis, low SBP remained significantly associated with greater mortality. The correlation remained even after adjustment for antihypertensive treatment, pre-existing diseases (such as heart failure, stroke, recent MI, malignancies, dementia and high BMI) and functional level. There was a tendency toward a U-shaped mortality curve for the adjusted model, with SBP of 164.2mmHg (95% CI = 154.1 – 183.8 mmHg) being associated with the lowest mortality.

Thrombolysis with Alteplase 3 to 4.5 hours after acute ischaemic stroke
NEJM 2008; 359 (13): 1317 - 1329

This randomized controlled study was conducted by The European Cooperative Acute Stroke Study (ECASS) investigators. It involved 821 acute stroke patients, excluding patients with haemorrhage or major infarction as detected by CT scan, clinically severe stroke with NIHSS >=25 and patients with a history of combination of old stroke plus diabetes mellitus. The aim was to test the efficacy and safety of alteplase administered between 3 and 4.5 hour after the onset of a stroke. The primary outcome was disability at 90 days. The result showed that more patients had a favorable outcome with alteplase than with placebo (52% vs 45.2%; odd ratio 1.34; 95% confidence interval 1.02 to 1.76; P=0.04). For symptomatic intracranial haemorrhage, 2.4% vs 0.2%; P=0.008). Mortality did not differ significantly between the alteplase and placebo groups (7.7% and 8.8%, respectively; P=0.68).

Dear members of the Hong Kong Geriatrics Society,

Collection of 2008 membership fees and update of information

The HKGS would like to collect the membership fee of existing members for the year 2008 and update our membership information. Please kindly take a few seconds to fill in the "Membership Renewal and Information Update Form" and send together with a cheque payable to "The Hong Kong Geriatrics Society" to:

Dr James Luk
SMO
(Hon. Treasurer)
Department of Medicine and Geriatrics
5th Floor, Fung Yiu King Hospital
9 Sandy Bay Road
Hong Kong

If you have already paid the 2008 annual fee, or you are a life member, please ignore the fee collection and just send in your information update sheet.

Thank you for your assistance.

Yours sincerely,

Dr James Luk
Honorary Treasurer,
The Hong Kong Geriatrics Society

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. Tam Cheuk Kwan

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.

THE HONG KONG GERIATRICS SOCIETY - MEMBERSHIP APPLICATION/RENEWAL/INFORMATION UPDATE

Name	English:				Chinese:	
Correspondence address:						
Current practice: (Please tick)	❒ Hospital Authority	❒ Depart. of Health	❒ Private Practice	❒ University of H.K.	❒ Chinese University of H.K.	❒ Others
Post (e.g. MO, SMO, Prof etc):						
Hospital (if applicable):			Department (if applicable):			
Email address:						
Telephone:	Office:		Mobile:		Fax:	
Basic qualification (basic degree) and year:						
Higher qualifications and years:						
Publications/presentation of local studies / surveys in Geriatrics: (please send an attached summary sheet)						

Membership status wish to apply for, renew or change (please circle):

A. I am an accredited Geriatric Specialist according to the criteria of HK Academy of Medicine (HKAM)
(Annual fee **HK$ 200** or Life membership **HK$ 2,000** – Regular member)

B. I am currently under higher specialty training in Geriatric Medicine according to HKAM
(Annual fee **HK$ 200** – Regular member)

C. I am a registered medical practitioner in HK who is interested in Geriatric Medicine
(Annual fee **HK$ 100** – Associate member with no voting right or right to be elected as council member)

Life membership in only available in category A

For official use only	Membership: Associate / Regular/ Life	Date of Admission:

NEW MEMBERSHIP APPLICATION SECTION

Application of new membership has to be proposed by a **REGULAR MEMBER** of the Society.

Name of the Proposer:	Signature

Please send this form and cheque to ***Dr YM Wu, (SMO), (Hon. Secretary), Geriatrics and Rehabilitation, Haven of Hope Hospital, 8 Haven of Hope Rd, Tseung Kwan O, Kowloon, Hong Kong SAR,China.***

MEMBERSHIP RENEWAL SECTION

Annual / Life membership fee: Please send this form together with a cheque (fee depends on the type of membership renew – please refer to the information above) payable to "**The Hong Kong Geriatrics Society**" to:

Dr James Luk (SMO), (Hon. Treasurer), Department of Medicine and Geriatrics, 5th Floor, Fung Yiu King Hospital, 9 Sandy Bay Road, Pokfulam, Hong Kong SAR, China.

Name:	Signature:	Date:

Version 1.3 James Luk