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Paediatrics

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1. Smith RD, Yokoyama H, Averill DB et al. Reversal of vascular hypertrophy in hyperten sive patients through blockade of angiotensin II receptors. JASH 2008; 2 (3):165-172.

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Contents

The Cover Shot

This photo was taken at the Trakai Medieval Festival when I travelled to the Trakai Peninsular Castle, Lithuania on 13 June 2010. The cloudy and rainy day was not good for taking landscape photographs. So I turned my focus to any person and anything I met.

Taking portraits about kids and colourful objects is a booster to my positive energy, strengthening my inner being even under unfavourable conditions. The best predictors of happiness are internal, not external. Developing the inner strength and happiness are mostly useful throughout life. Children's outward signs of being happy or unhappy are real and easy to read. They are our future and have the right to get a bright and colourful life. Our love, care and role modelling are the most important factors that help their social and emotional growth. Let's grasp their world, feel their signs and bless them. Blessed are all those who make these dreams come true.

The picture was taken with a Canon 5D MkII/ Sigma 70-300mm F4-5.6 DG OS.

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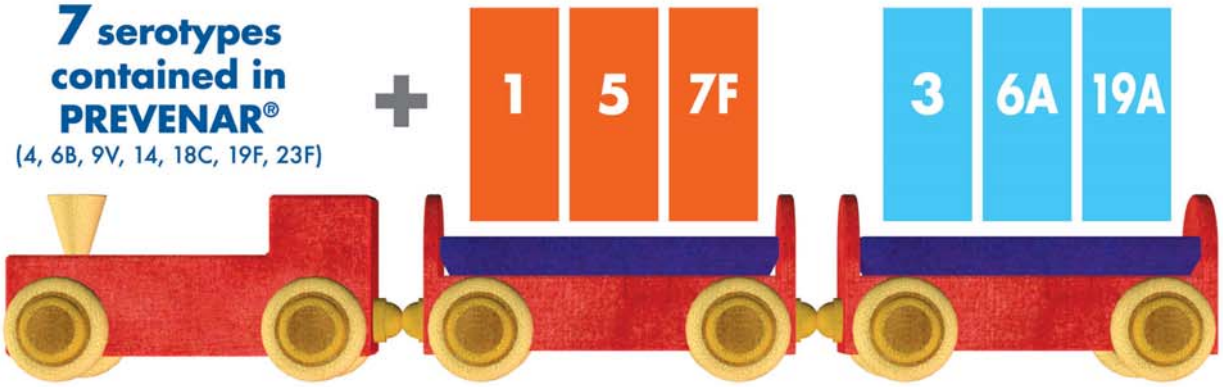

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Reference: **1.** Hong Kong Prescribing Information, version: October 2009.

PREVENAR 13® ABBREVIATED PRESCRIBING INFORMATION : 1. TRADE NAME: PREVENAR 13® **2.PRESENTATION:** A homogeneous white suspension for injection. **3. INDICATIONS:** Active immunisation for the prevention of invasive disease, pneumonia and acute otitis media caused by Streptococcus pneumoniae in infants and children from 6 weeks to 5 years of age. **4. DOSAGE:** I.M. only. For more dosage information, please refer to the full package insert. **5. CONTRAINDICATIONS:** Hypersensitivity to the active substances, to any of the excipients or to diphtheria toxoid. As with other vaccines, the administration should be postponed in subjects suffering from acute, severe febrile illness. However, the presence of a minor infection, such as a cold, should not result in the deferral of vaccination. **6. WARNINGS & PRECAUTIONS:** Not for intravascular administration; should not be given to infants or children with thrombocytopenia or any coagulation disorder that would contraindicate intramuscular injection, unless the potential benefit clearly outweighs the risk of administration; only protect against S. pneumoniae serotypes included in the vaccine, and not for protecting against other microorganisms that cause invasive disease, pneumonia, or otitis media; may not protect all individuals receiving the vaccine from pneumococcal disease. Children with impaired immune responsiveness may have reduced antibody response to active immunisation. Limited data have demonstrated that Prevenar 7 valent (three-dose primary series) induces an acceptable immune response in infants with sickle cell disease with a safety profile similar to that observed in non high-risk groups. Safety and immunogenicity data are not yet available for children in other specific high-risk groups for invasive pneumococcal disease (e.g., children with another congenital or acquired splenic dysfunction, HIV infected, malignancy, nephrotic syndrome). Vaccination in high-risk groups should be considered on an individual basis. Specific data are not yet available for Prevenar 13. Children younger than 2 years old should receive the appropriate-for-age Prevenar 13 vaccination series. The potential risk of apnoea and the need for respiratory monitoring for 48-72h should be considered when administering the primary immunisation series to very premature infants (born ≤28 weeks of gestation), and particularly for those with a previous history of respiratory immaturity. For vaccine serotypes, protection against otitis media is expected to be lower than protection against invasive disease. Antipyretic treatment should be initiated according to local treatment guidelines for children with seizure disorders or with a prior history of febrile seizures and for all children receiving Prevenar 13 simultaneously with vaccines containing whole cell pertussis. **7. INTERACTIONS:** Can be given with any of the following vaccine antigens, either as monovalent or combination vaccines: diphtheria, tetanus, acellular or whole cell pertussis, Haemophilus influenzae type b, inactivated poliomyelitis, hepatitis B, meningococcal serogroup C, measles, mumps, rubella and varicella; Different injectable vaccines should always be given at different injection sites. **8. PREGNANCY AND LACTATION:** Not intended for use in adults. **9. SIDE EFFECTS:** Decreased appetite; pyrexia; irritability; any injection-site erythema, induration/swelling or pain/tenderness; somnolence; poor quality sleep; injection-site movement impairment (due to pain); apnoea in very premature infants (≤28 weeks of gestation). **Reference:** HK LPD version CDS 4.0 Oct 2009. **Date of preparation:** MAY2010 **Identifier number:** PR13-0510.

FULL PRESCRIBING INFORMATION IS AVAILABLE UPON REQUEST.

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Editorial

Dr. Edwin CL YU

Editor

Dr. Edwin CL YU

The Medical Diary has formed a medical platform, being well filled with reviews and updates from medical experts and covering management of many diseases. Honoured to be the editor of this issue, I fill the available space with articles on our other medical ideology - health. Well acquainted with our specialties brought up from hospital medicine, we doctors have often relied our work on health on institutions and organisations. Some may pursue this ideology by playing a part in such organisations to promote a subject topic, often of environmental and sometimes of personal concern. It is hoped that the array of articles in this issue will be able to highlight the direction what basic roles in health doctors can play in their direct contact with patients. This may not be glamourous but would fulfil our passion to be good doctors.

Child health and learning is taken as the ground for discussion here. Child health in Hong Kong is well advanced with due respect to the many pioneers and workers in the paediatric field. The paediatric circle is well within international specialists and the statistics on diseases and health in children are about their standards. However, it still worths much concern since the ideal objective may yet be far distant.

We started with the hope to build a future generation by growing and developing every child into their full potential to become healthy productive adults. In Hong Kong, attention has often been drifted to global standards of practical concern for worldwide child health problems like emergent infections and malnutrition, but this may be lower ideals for persons in more developed cities. We often forget that health is for living. Our work with our patients often lacks a committed part in building up a life from physical, social and mental well-being. Sitting in the accreditation panel for the course for Master of Science in Personal Health Management (Chinese Medicine) that the Hong Kong Baptist University developed this year, I confirmed the great market for the need of the lay, as there are many people more than ready to join such programmes. The message is that many are in need for direct supervisory management for personal development of better health.

On this topic of Health and Learning in children, I have asked, from our field of paediatrics, doctors well known for working on child health. Dr Sophie SF Leung discussed the primary concern for nutrition. Dr MY Cheng and Ms. Viviana Cheng, a psychologist, discussed on learning. The meaning of health in general and as positively achievable by our direct contact to each patient is raised. Some health processes are discussed.

Not sure if our colleagues and specialists in western medicine would welcome this topic and be easily fed up, I put these articles in a few as appetisers. From this, if given the encouragement from the profession to further move forward, more volumes could be expanded on the many facets of what we can do, complemented with useful practices that can be borrowed from alternative medicine. All with a hope that our younger doctors would not be bewildered to pursue just an ever narrower and sharper specialty.

Hope you enjoy the articles.

Eating and Growing Less Than Expected

Dr. Sophie SF LEUNG

MBBS (HK), MD, MRCP (UK), FRCP (UK), FHKAM (Paediatrics), FHKCPaed
Specialist in Paediatrics

Dr. Sophie SF LEUNG

This article has been selected by the Editorial Board of the Hong Kong Medical Diary for participants in the CME programme of the Medical Council of Hong Kong (MCHK) to complete the following self-assessment questions in order to be awarded one CME credit under the programme upon returning the completed answer sheet to the Federation Secretariat on or before 31 August 2010.

In spite of the increasing prevalence of childhood obesity in Hong Kong, there is still a persistent general complaint by parents that their infants or children are not eating or growing as much as they have expected. They worry that their offspring might suffer from 'malnutrition'! Much of this complaint arises because of a misunderstanding about the physiology of children's growth. These parents believe that if their children can eat more, they should grow 'better'. But the fact is: it is usually the growth needs of the individual that determine the energy needs! So what are the growth needs?

Growth Velocity Falls Rapidly in the First Year

Parents are happy to see the rapid weight gain of newborn infants, even though it may be too much. However, the rate of weight gain decreases rapidly with age in the first 6 months[3] (Fig. 1). This may coincide with a fall in daily milk intake as observed in bottle-fed babies. And at about 6 months, it is obvious that babies' arms and feet become less chubby. Some parents may try to force feed their babies hoping to reverse such phenomenon but the babies refuse to comply! This forms the basis of frustration in some parents and perhaps in the babies as well!

In cases where the babies are fully breast-fed, this might raise the concern if the mothers can produce adequate milk or if the babies are showing a need for artificial milk formula supplementation!

Parents should relax to allow babies to be fed on demand, no matter breast-fed or bottle-fed. It is nature's design to enable babies to grow more rapidly in the first two months after birth and to store up some energy intake as subcutaneous fat. After 3-4 months, some of the fat would be transformed into energy, as reflected in the decline of skinfold thickness (Fig. 2). Skinfold thickness is at the lowest in childhood at one year old, an age when babies begin to acquire the skill to walk around and explore the surrounding. Parallel to the decreasing growth velocity in the first 6 months, energy requirement (or milk intake) per body mass was observed to decrease from 121 kcal/kg at day 7 to 85 kcal/kg at 6 months[4]. This phenomenon is physiological and is for the benefit of the babies' development.

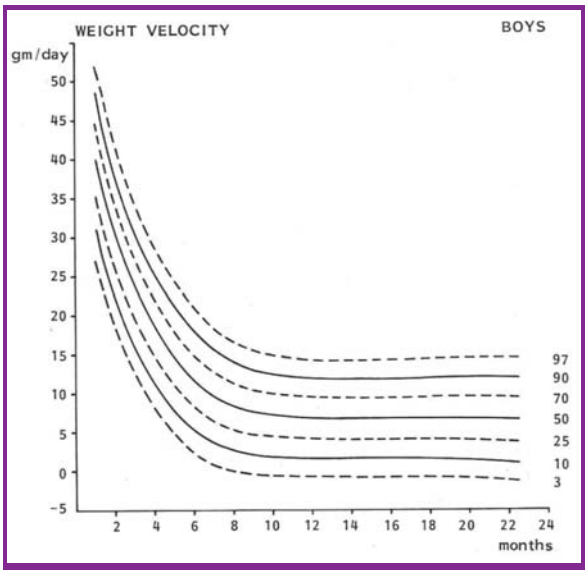

Fig. 1 Weight velocity of boys (birth to 2 years) in Hong Kong, shown as percentile curves

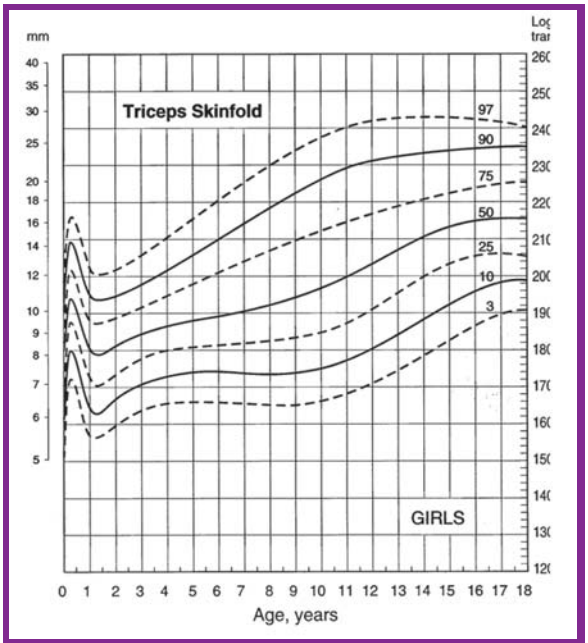

Fig. 2 Triceps skinfold thickness of girls (birth to 2 years) in Hong Kong, shown as percentile curves

Physiological Downward Crossing of Percentiles

Bottle-fed babies are more prone to be overfed leading to an excessive rapid growth in the first 2 months. Thereafter, a self regulation of intake occurs with a decrease in milk intake. Previous observations showed that one-third of healthy infants showed a decrease in milk intake at 2-4 months and this again is a physiological phenomenon.

When this self regulation occurs, there may be a downward crossing of percentiles in the weight chart. This might arouse much concern particularly for those who belong to the below average or the small body size. This is not nutritional failure to thrive or psychosocial deprivation.

Baby boy Wong was born at full term with a birth weight of 3 kg. He was bottle-fed. Starting at 3 months, he drank less milk in spite of forcing by the parents. He had very little weight gain and his parents were very anxious. His weight fell gradually from the 25th percentile to the 3rd percentile at the age of 9 months when he was already taking solid food. He ate well and his weight remained at the same percentile even at 2 years. His length was all along growing along the 3rd percentile (Fig.3). His mother and grandmother are both of small body size (3rd percentile when plotted at 18 years).

His growth pattern is typical of genetic smallness. Physiological crossing upward and downward percentile in the first six months is a common phenomenon in normal healthy babies[7].

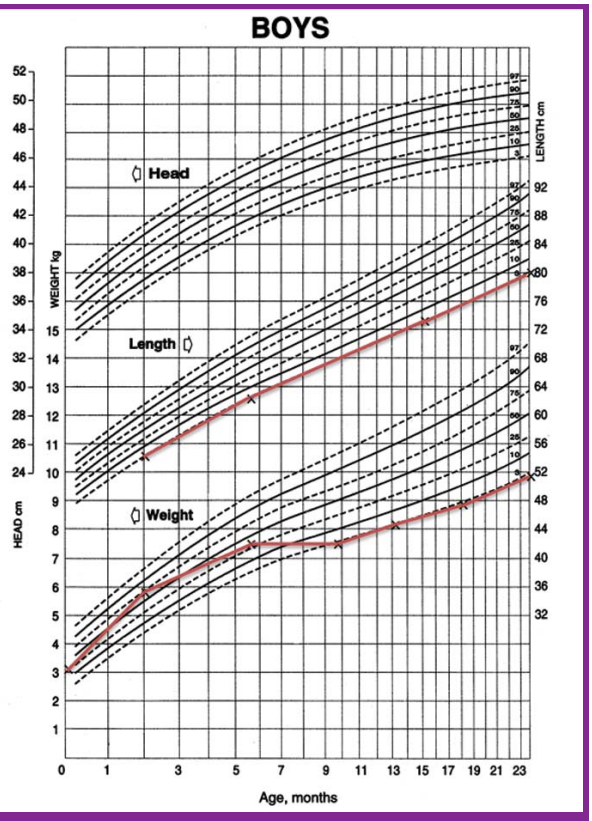

Fig. 3 Weight and height monitoring in a boy (Wong) with genetic smallness

Genetic Smallness

By definition, three percent of all normal infants and children grow at or below the third percentile. They are not suffering from malnutrition and they usually have the following features:

a) Serial measurements demonstrate weight growth along or below and parallel to the third percentile.
b) Length or height growth is also along or below and parallel to the third percentile
c) Weight for height is within the normal range.
d) General well-being is good
e) The infant / child is allowed to eat as much as he / she wants.
f) At least one of the parents is small
g) Child care-giver is loving and reliable

Constitutional Delay in Maturation

Further deviation from the third percentile can be normal if there is a family history of constitutional delay in maturation.

Case 1:

Wai was born full term with a birth weight of 3.07 kg (25th percentile). At the age of 5 yrs she had a height (88 cm) and weight (10.4 kg) of an average 2 year old child. That means, her weight must have crossed the downward percentile to the position far below the 3rd percentile. It can be assumed that she had eaten very little food throughout the toddler and preschool years. Yet the parents of this child were not worried because there was a strong family history of short stature and small body size. Her mother's height was 148 cm (3rd percentile) and she had menarche at 16 years, much later than her peers (average 12.4 years). That means her mother had experienced her childhood and adolescent years with a very short stature until she reached adulthood. Indeed Wai was demonstrated to have a bone age of 7.8 years (a delay of 2.7 years) when she was 10.5 years. And, subsequently she had menarche at 16 years and reached the final adult height of 148 cm, exactly like her mother (Fig. 4)!

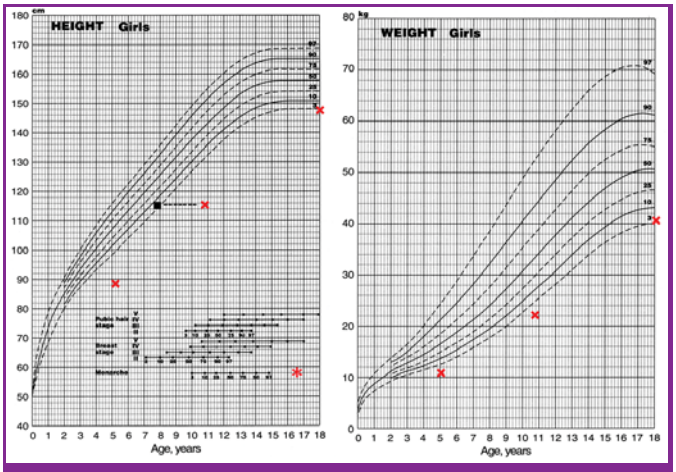

Fig. 4 Girl (Wai) with constitutional delay in maturation and genetic smallness (x measurements, ■ bone age)

Could supplementation with high energy content food changed her genetic predetermined growth pattern? No! Except it could have raised unnecessary anxiety to parents and the child for many years or the child might get obese! It is worth to note that the degree of deviation from the third percentile is much more in height at age 5 compared to weight. However, in infancy, the deviation can be more obvious in weight rather than height as shown in the second case.

Case 2:

Baby girl Ching was born full term with birth weight of 2.36 kg. Thereafter, her weight showed downward crossing of percentile to a position below and parallel to the third percentile, weight more than height in the second year, but then height more than weight by the age of 3.4 (Fig.5).

Her father measured 160 cm (3rd percentile at age 18) and had a delay onset of growth spurt (age 19 years). Ching has loving parents and was allowed to eat as much as she had wanted of a well balanced diet. She had a small appetite. A trial of high energy density baby food was given which resulted in further decrease in appetite for solid food with no change in the growth pattern.

Her growth pattern is characteristic of one with genetic smallness, including genetic short stature together with constitutional delay in maturation at the early years of life. Failure to recognise this physiological crossing downward percentile would invite for unnecessary nutritional intervention and psychological stress.

With the increasing trend of childhood obesity[8], children with size below average would appear much smaller compared to those of big size. Those who grow below the third percentile would appear even more exceptional. Both parents and children have to face a greater pressure from their peers. Paediatricians and Family Physicians who can recognise such physiological growth pattern can help parents to alleviate such unnecessary anxiety! In particular those mothers who want to practise breast feeding can be reassured of their ability to be able to produce enough milk.

Normal Variation in energy Needs

The standards for weight and height at a certain age of children are not shown as a single value or an average but as a range, either in percentiles or standard deviations. And, it is important to know the source of the reference. While the reference growth is different between Hong Kong and Beijing, it is also different between Hong Kong and America[6]. Clinical experience is required in interpreting normal growth while using any particular growth references. This paper refers to the Hong Kong growth references with cross sectional data collected in 1993[5]. These have been shown to be useful clinically to be able to solve problems adequately.

Similarly the energy needs of children have a normal range and should also be represented by a percentile chart. However, clinically we do not need to refer to this chart because it is hard to judge whether an individual should have a daily energy of above or below average. Only the child can tell! Parents offer the right kind of food and the child would decide on the amount that he / she needs!

However, some health professionals like to use the USA or WHO Recommended Dietary Allowance (RDA) to assess the adequacy of energy intake in an infant. It is a common mistake to say that anyone who had daily energy intake less than RDA must be 'underfed.'RDA for energy is actually a guideline for the food providers to prepare food enough for every body including those who have a high energy need. This was set at a value equal to the observed mean plus two standard deviations[1]. For example at 1 year, the WHO and USA RDA energy was set at 1100 kcal/day which is the observed mean + 2sd. In other words, it is expected that the majority of infants would eat less than the RDA.

However, people may take this RDA as the gold standard. Infants who had intake below this RDA may wrongly be interpreted as underfed. As a result, their mothers would then be asked to force feed their offspring or to supplement a high energy dense baby

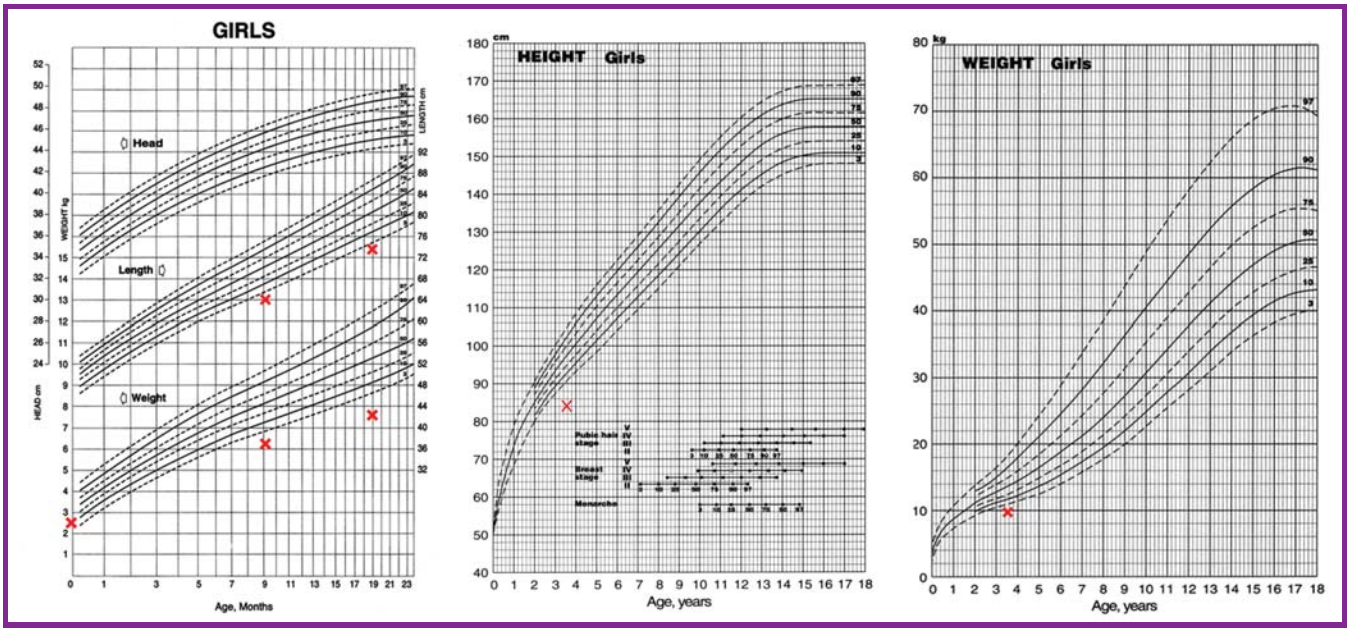

Fig. 5 Baby girl (Ching) with constitutional delay in maturation and genetic smallness (× measurements)

food. Many a time, these infants remain to eat 'little' or even less . Mothers felt guilty and they may be wrongly blamed for inadequate parenting. Local studies have shown that the observed median energy intake at one year old was only around 900 kcal/day (Fig. 6) much lower than the observed mean in USA and there was a wide range of normality[3]. If a standard for energy requirement is to be used, a standard based on local studies would be more relevant.

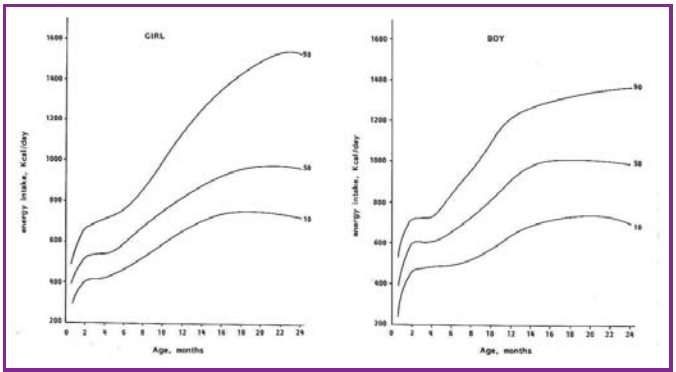

Fig.6 Energy intake (kcal /day) of infants in Hong Kong, shown as percentile curves

A similar mistake is manifested in the volume of milk recommended by the infant formula companies[2]. Parents follow the instruction on the tins but found that their babies cannot finish them so they may force babies to finish all.

The best kind of food for babies from birth to 6 month is breast milk and breast milk only! Infant formula, though less ideal, is a safe alternative. From 6 months till one to two years, adaptation to a healthy adult diet should take place. So what is a healthy adult diet?

It is a healthy natural plant based diet resulting in little chronic diseases and cancer and is best represented by Harvard's New Healthy Eating Pyramid[9] or the recommendations on cancer prevention published by the World Cancer Research Fund global network and World Cancer Research Fund Hong Kong (WCRF HK) in 2007 (Table 1). From two years onwards, children can share the same healthy diet with their parents.

In conclusion, parents are the ones to decide on the quality of food and children are to decide on the quantity to consume! Children will then grow to achieve the optimal growth potential determined by their genes which they have acquired at the time of conception. To encourage children to eat or grow in excess is not desirable to health. Every primary care doctor or health professional can play a role in the prevention of childhood obesity simply by explaining the physiology on growth and nutrition to the anxious parents.

Table 1: WCRF HK's Recommendations for Cancer Prevention

1. Be as lean as possible without becoming underweight
2. Be as physically active for at least 30 minutes every day
3. Avoid sugary drinks. Limit consumption of energy-dense foods (particularly processed foods high in added sugar, or low in fibre, or high in fat)
4. Eat more of a variety of vegetables, fruits, whole grains, and pulses such as beans
5. Limit consumption of red meats (such as beef, pork and lamb) and avoid processed meats
6. If consumed at all, limit alcohol drinks to 2 for men and 1 for women a day
7. Limit consumption of salty foods and foods processed with salt (sodium)
8. Don't use supplements to protect against cancer

Special Population Recommendations

9. It is best for mothers to breastfeed exclusively for up to 6 months and then add other liquids and foods
10. After treatment, cancer survivours should follow the Recommendations for Cancer Prevention

And, always remember - do not smoke or chew tobacco

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MCHK CME Programme Self-assessment Questions

Please read the article entitled "Eating and Growing Less Than Expected" by Dr. Sophie SF LEUNG and complete the following self-assessment questions. Participants in the MCHK CME Programme will be awarded 1 CME credit under the Programme for returning completed answer sheets via fax (2865 0345) or by mail to the Federation Secretariat on or before 31 August 2010. Answers to questions will be provided in the next issue of The Hong Kong Medical Diary.

Questions 1-10: Please answer T (true) or F (false)

1. Healthy babies should be able to express their need for the amount of breast milk or infant formula.
2. If babies put on less weight in the third month compared to that in the first month the baby must be abnormal.
3. If the skin fold thickness at one year is less than that at 6 months it is a sign of underfeeding.
4. If the amount of milk intake at 5 months is less than that at 2 months, it is a sign of underfeeding.
5. If babies weigh below the 50th percentile ,they should be given high energy dense baby food to push them to a higher percentile position.
6. The genetic growth potential of a child can be reflected by plotting parents' height at age 18 years.
7. The rate of maturation, as reflected in age of menarche or growth spurt can be inherited from parents.
8. Crossing downward of percentile in weight and height/length can be physiological.
9. If a child's energy intake is below the RDA, he or she is underfed.
10. A healthy adult diet resulting in less chronic illnesses is plant based.

ANSWER SHEET FOR AUGUST 2010

Please return the completed answer sheet to the Federation Secretariat on or before 31 August 2010 for documentation. 1 CME point will be awarded for answering the MCHK CME programme (for non-specialists) self-assessment questions.

Eating and Growing Less Than Expected

Dr. Sophie SF LEUNG

MBBS (HK), MD, MRCP (UK), FRCP (UK), FHKAM(Paediatrics), FHKCPaed
Specialist in Paediatrics

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

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Answers to July 2010 Issue

A Brief Overview of Vascular and Interventional Radiology

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Child Health, Uses, Achievable Ideals from Integrative Medicine

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Dr. Edwin CL YU

Introduction

This paper is part of a talk by the author in the 2009 Annual General Meeting of the Hong Kong College of Paediatricians Foundation. Apart from framing for acquisition of health resources and getting away from diseases for the person concerned, health can be positively acquired by restoration of his constitution.

Current Medicine

Health Medically Viewed

Health was once viewed as the absence of diseases. Resolution thus called for a comparative analysis of patterns of diseases and their determinants, and a need for data of regional health problems.

Definition of Health

At the end of the 19th Century, to meet new demands with war, famines, and political unrest, quality of life was stressed. In the mid 20th Century, health was idealised as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" at the time of the creation of the World Health Organization (WHO) 1948.[1,2] However, this lacked operational values. Actions called for may include population resources allocation, reducing disease and disability, education and implementation of improved health practices, and reduction of health hazards.

In 1986 WHO, in the Ottawa Charter for Health Promotion, said that health is "resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities". The LaLonde report suggests that there are four general determinants of health including human biology, environment, lifestyle, and health care services.[3]

Child Health Promotion

The above action principles are some of the many basic health methods. WHO aims to reduce under-five mortality rate. 40% of deaths in children under five occur in the first month of life. Hong Kong is outstanding among countries with the lowest infant mortality. WHO on child health, promotes safe childbirth and effective neonatal care, preventive actions against malnutrition and indoor air pollution, vaccination and early treatment for pneumonia, fluid and nutrition for diarrhoeal diseases, work against malaria, preventable measures for HIV mother-to-child transmission, ready fortified and energy-rich foods at home after six months for worldwide severely malnourished children. As child survival rates differ significantly around the world due to resource inequalities, practical low-cost interventions and effective primary care in the first five years of age through better access with stronger health systems improve care and prevention. These are work for health over the world. Hong Kong is well developed and most of these child care issues are well addressed by our health systems. Doctors well in the system simply need to follow.

Environmental Protection

In Hong Kong with well-developed health systems, more active doctors may play a part in child care on environmental protection. The 2007 World Health Report is titled "A Safer Future". In particular, it is noted that the world is at increasing risks of disease outbreaks, epidemics, industrial accidents, natural disasters and other health emergencies which can rapidly become threats to global public health security. These factors facilitate emergent infectious diseases and other acute events that threaten public health.

As Doctors, What We Can Do in Our Practice for Child Health

Most doctors are not involved with worldwide child health institutions. In clinic practices, promoting nutritional advices, exercise promotion, vaccination and fighting against infections are common. While undernourishment is getting uncommon, overweight and obesity is increasing. Currently junk food with bias eating, another form of malnutrition with bad health consequences, is prevalent among other young people in both low and high income sectors. Adolescent health has become important, and problems associated with conditions or behaviours begin in youth, including tobacco use, lack of physical activity, unprotected sex or exposure to violence. Mental illnesses start being noticed during adolescence. Harmful drinking among young people is a primary cause of injuries (including those due to road traffic accidents), violence and premature deaths. Actions to promote mental health and to be responsive to problems require a range of adolescent-friendly health care and counselling services in communities. Unintentional injuries are a leading cause of death and disabilities in adolescents, road traffic injuries, drowning and burns being most common. In Hong Kong, such has become the major cause of child mortality, much higher than mortality from diseases. After all, most often a doctor in clinic practice leaves these by referring to social workers, psychological counselling or such other services. So, what work are left for doctors for higher ideologies?

Complementary Medicine

Changing Meaning of Health

The meaning of health varies with time. The Greek took it as excellence of the body from a balance of humours (yellow, red, and black bile). The Romans viewed health as having a sound mind in a sound body. In the Middle Ages, the spiritual element was of major importance, and to have complete health was equivalent to one's act of devotion to God. After the renaissance in the West, scientific medicine looked for objective 'causes' of health and disease. A biological basis was more widely accepted. Absence of physical illness was the definition of health up to the 19th century. The present definition by WHO has been the result of the years of medical and social knowledge and experience.

Health through Body Management

It would be interesting to know why a medical service developed in Hong Kong for that service.[4] In part, in the 1980's, doctors in hospitals were given opportunities to study abroad, and many specialties sprung up before real needs arose. Often a doctor might go for a highly specialised study only for a very small fragment of patients. Hospital medicine became dominant. In fact, the major resource for people's health should not be in hospitals but in services in the community.

To put in perspective, services may be widely categorised into two types.

Type 1. Disease Management Service

health ⇨ ill ⇨ health

As a healthy person falls ill, treatment of disease lets him return to his healthy state. Here, early detection and health programmes are effective.

Type 2. Health Enhancement Service

Health ⇨ Sealth ⇨ Wealth

The person, not feeling ill, has his body managed that he would be optimised in the best shape and state to allow himself or his "sealth" (a word created for sound and meaning as realising higher self) to actualise his full self potential, thereby expecting enhancement of his capacity to enjoy the riches of life.

An example. In a retrospective study, more than half of the children between 7-16 years old were noted to have an improvement in school results during integrative treatment for other illnesses.[5] These clouded children and adolescents were thought to be destined poor in school by parents and teachers, and some were remedied to study well as a new being. To illustrate, a 2½ years old boy came for treatment of ill health, poor appetite, temper and poor sleep. Autism Spectrum Disorder with lowered cognitive and speech understanding of 2 years old was diagnosed by the Child Assessment Centre a month earlier. After 5 months of integrative treatment, the parents felt that he improved much in speech, activity, feeding, and sleep. He then started group training and speech therapy after another month. He was again assessed at 5¼ years old to be in a non-autism range with cognitive development of a 6 years old and overall high average intelligence. Another 11 years old girl was treated with integrative medicine for primary enuresis just after she finished P.5 1st term. Figure 1 showed how her school results dramatically improved. e.g. from 129 to 132 to 169 for English and from 52 to 62 to 67 for Mathematics after treatment.

Understanding Health Enhancement Service

The host factor refers to traits that affect an individual's vulnerability to environment insults. It refers not only to susceptibility to infection, now most often used in microbiology, but also in diseases. Anyone looking at a 16 years old patient (figure 2) with an extensively furrowed tongue would believe that his poor constitution badly affects his health.

Human constitutional study dates back to the time of Hippocrates. In the last century, the best known methods were those of Kretschmer and Sheldon. Kretschmer[6] working with mental patients, devised three types: the pyknic or compact build, the asthenic, and the athletic and noted their clinical associations to particularly arteriosclerosis, tuberculosis, among others. Sheldon[7] viewed it as a continuous distribution of people and physiques. He used half steps to make a seven-point scale for the three somatotypes of endomorphy, mesomorphy, and ectomorphy. Several associations and correlations had been made between somatotypes and pathological conditions, as well as physiological and behavioural traits. Whether one agrees with these associations or not, the findings have influenced clinical

Class 班別: P.5A Class No. 學號: 25 Sex 性別: F STRN No. 學生編號: Y5317592

Subject 科目		Total Marks 總分	First Assessment 第一次評分 (30%)	Second Assessment 第二次評分 (30%)	Final Assessment 期終評分 (40%)	Annual Marks 全年總評分 (100%)	Form Average 全級平均分
English Language	英國語文	200	129	132	162	142	154
Listening	聆聽	30	15	23	25	21	23
Speaking	說話能力	30	20	14	18	17	23
Reading & Writing	閱讀及寫作	140	94	95	119	104	108
Chinese Language	中國語文	200	152	154	166	159	158
Speaking	說話能力	30	23	24	26	25	25
Listening	聆聽理解	30	27	28	29	28	25
Writing	寫作	60	45	40	44	43	44
Reading	閱讀	80	57	62	67	63	63
Mathematics	數學	150	108	121	116	115	116
Modern Language - French	現代語言-法文	50	26	30	38	32	32

Figure 1 School results after treatment with integrative medicine

medicine a long time. For example, morphological and functional characteristics are used to assess health fitness of Hong Kong children and adults in Hong Kong [8,9].

Pivnicki[10] tried to clarify the variety of implications of the word "constitution" used. It may be (1) morphological, equivalent with "physique" or "habitus", (2) homeostatic, relatively constant throughout life, (3) expressed physiologically (humoural, metabolic, endocrinological, and neurovegetative, (4) psychophysiological, or (5) teleological and conceptual. So far as clinically concerned, constitution was mainly classified by the body shape of an individual and would be limited in capacity to compare and associate with the large variety of clinical problems. Currently with the human genome available, most would pursue using the genotype. But there is some difference between a person's DNA hereditary information and his genetic constitution.

Integrative Medicine describes more on constitution. Chinese Medicine can improve constitution and a case like in the figure can be remedied with better health. Traditional Chinese Medicine (TCM) classifies constitution in many ways. Apart from the usually quoted hot/cold variety, one type describes innate poorly blocked microcirculation. Another type describes inadequate body reserve. The boy illustrated in the figure has a constitution of these two latter types.

Figure 2 Extensively furrowed tongue

Integrative Medicine Managing Body Core

In Western medicine, diagnosis in clinical problems uses its biomedical construct to analyse the body changes in diseases 病. In TCM, based on body harmony with the universe and its yin yang and 5 phasic elements, assesses illness by the body state through its reactions (yin-yang, outer-inner, cold-hot, and deplete-replete) and by zangfu systemic differentiation of the circulation, Qi, body fluids, zangfu, meridians, and reacting components.[11,12] Management would be along systemic clues 証. The full integrated diagnosis is not discussed here for inadequate space.

TCM also emphasises the body core. During the years of life, this may become defective after insults, poor repair and poor management. TCM treatment methods and remedies discussed in the talk are omitted here. Kungfu and Qikung are ways of strengthening. The nutritional aspect is described. For the body core or constitution management, food is important. Apart from its nutritious value like western medicine, scope expanded though, food is also selected by its flavour (as in herbs: sour, bitter, sweet, pungent, or salty), by its properties (hot, warm, cool, cold), and by its drift and the reacting compartment in the body, to help body reactions. Thus for the brain, a long list of food improve brain function : medlar 杞子、sesame 芝麻、walnut 核桃 are a few often quoted.

In TCM paediatrics, it is not recommended to use tonic, fortifying therapy too long, since a balanced constitution is more important and maintenance can be delicate in a child and upset by overdoing these therapies. The gastro-intestinal system in a child is often inadequate in function 脾常虛. It is noteworthy that the word 'spleen' is used for this. The functions of the TCM Zang Spleen (zSpleen) in modern understanding should be seen linking the vigilant spleen and lymphatic circulation with the gastro-intestinal system including its gut hormones and associated neurohumoural system as one structural functional complex to mediate the comprehensive nutrient intake and processing functions, and immunological, lympho-circulatory, vegetative and energy balance. The interested reader is encouraged to read and understand the important association between the spleen and gastro-intestinal tract[13]. Particularly among other disorders, it may be associated with chronic dysfunction of the gastro-intestinal tract, understood as stagnate bowels, and is closely related with dermatitis.

Chronic dysfunction of the gastro-intestinal tract 積滯 is common. It may be related to overfeeding, rich feeding during indigestion especially in URI's, and illnesses too chronic. It manifests as poor appetite, abdominal discomfort and cramps, foul stools, and/or changes in temperament.

Poor appetite can be treated but difficult to be cured in Western medicine. For those ending up with poor body weights, thick enriched milk is given. However, the TCM principle takes a better way, for with this the gut would be even more overfed for its capacity; thus more the dysfunction. The stagnate bowel state can be treated. With trials using the TCM theory in selecting drugs, the following prescription over a period of 3 weeks has been successful in over 80% of cases without relapses: senna ¼ -½ tab Q.D. (30mg), cyproheptadine 2mg Q.D. adding on diet precautions and feeding advices.

Association of this syndrome with temper is even more interesting. Sleep disturbances in infants as noted by restlessness or broken sleep are commonly taken lightly by doctors. However, many get worse in sleep and temperament. Such can be similarly treated by another drug combination. These improve the child's health. Cognitive development in picky eaters is lowered[14]. They are often temperamental. Picky eaters can be helped by repeated exposures to influence their preference, patience for allowance to their ways to handle un-mastered food, and healthy attitudes at meal times, expanding variety and modelling, good and rewarding experiences, among other good routines. They can also be treated by modifications of the above regimes. Finally this TCM zSpleen concept adds to the understanding and treatment of food intolerance and allergy, discussed in the talk.

Signs of Disordered Constitution

Some simpler clinical signs for assessing such children's poor health are introduced for the interested.

1. Bloatedness due to dysfunctional lymphatic circulation is often missed as baby fat (figure 3, 4). But when contrasted with another one without bloatedness (figure 5), the trained eye can describe even more textural differences with clinical significance.

Figure 3

Figure 4

Figure 5

2. Finger patterned discoloration can be well correlated with body health states. Figure 6 showed how the knuckles are darkened as distinct from the phalanges. The pattern can be graded and has been found useful.

Figure 6

Final Comment

The above treatments are based on the principle that the original constitution can be restored. This is particularly so in early childhood. Avoiding insults like junk food and prolonged late sleep is also important. So is parenting. Unattended, cumulative problems would be associated with other body problems and often end up in poor physique, bad temperament, among many general problems, and sometimes in specific illnesses through disturbed neurovegetative functions, impaired microcirculation and altered immunohormonal states. Treatment of clouded children to excel in school as described above becomes a tangible success through restoration of their constitution. Better constitution also helps children to have less upper respiratory infections, reduce allergic rhinitis and other illnesses. After restoration, more can be done with active life planning for the healthy child, and more effectively.

New Meaning of Health

The health mechanism and potential for reserve act both as support and as constraint for survival, growth and development, and as instruments for the attainment of goals, when emphasis would be on transforming inputs into outputs. Mental, physical and social aspects are interrelated. Homeostasis supports and allows the body to adapt to the positive and negative forces. Health is influenced by heredity, environment, lifestyle, and health care. The capacity of body adaptability measures health. Howsoever viewed, the meaning of health tends to be relative: as body well-being relative to environmental demand; functioning levels being relative to acceptable norms; and degree of good feeling relative to the amount of negative issues known. Health may be said to occur when there are cohesive forces internally and externally to shape and bind up a good organisation for the organism. Health can be achieved by restitution. By restoring the original constitution, health can be cumulatively restored.

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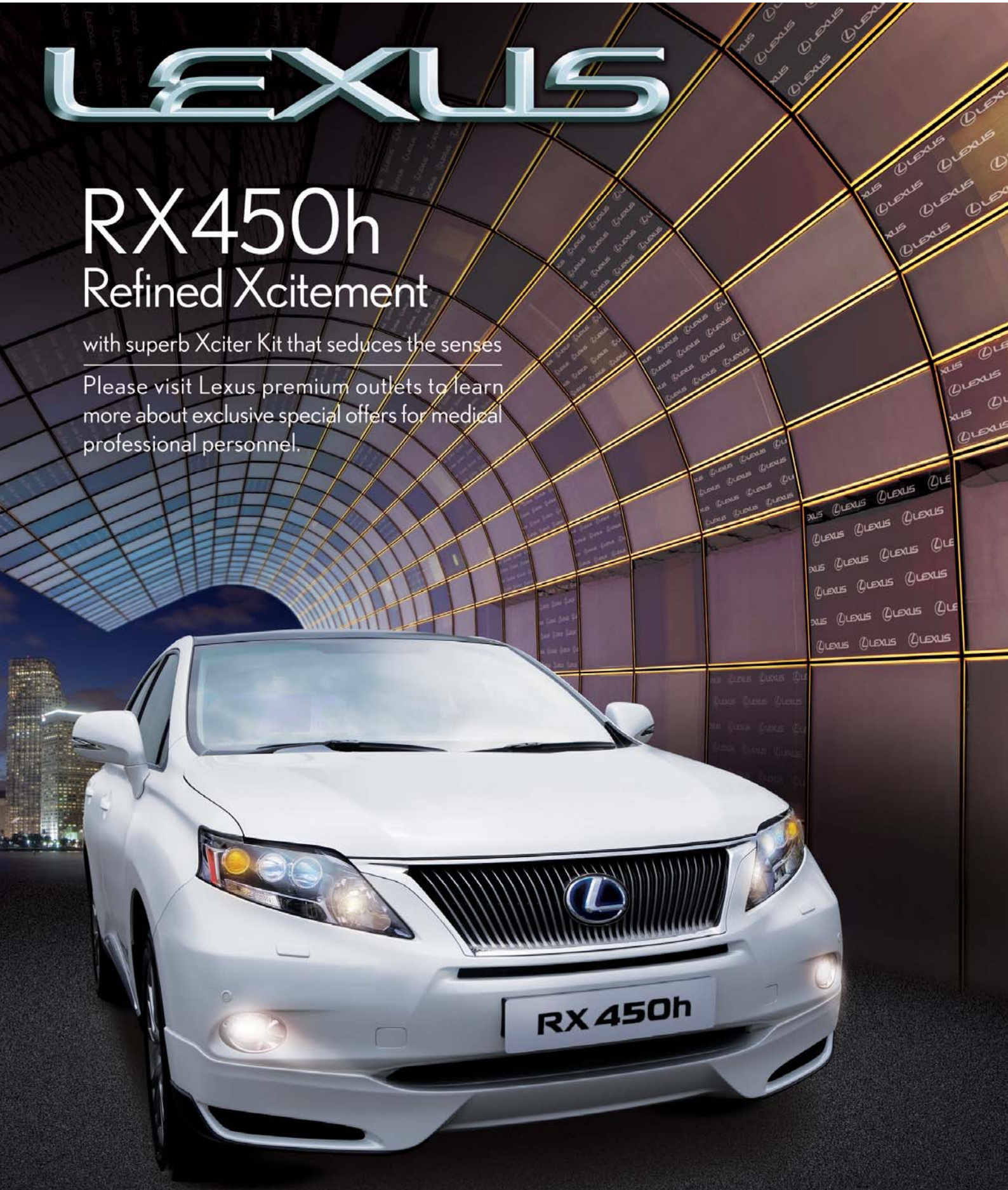

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Educating Infants and Toddlers

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Mothers often wonder what types of games are age-appropriate for their newborns. Are their children developing at the normal rate? How can they interact with their children?

According to Piaget's Theory of Cognitive Development, intelligence is the basic mechanism of ensuring equilibrium in the relations between the person and the environment. It changes qualitatively and broadens gradually in structures, extending into the more abstract areas and allowing the individual to attune to different levels of the world.

The "Six Early Lessons" is a useful tool to help parents play with their children between birth to 24 months of age:

Lesson 1: starting from birth, mothers should engage the baby's visual attention while holding the baby in her arms and when she feeds the baby. Talk to the baby to increase his/ her interest in the mother's voice. During this initial stage, the baby learns to coordinate his/ her sensory experiences such as seeing and hearing with physical actions and activities. The baby begins to gain knowledge and slowly moves from reflex action to symbolic thought.[1]

Lesson 2: starting from one month, as the baby begins to babble or show social smiles, interact with the baby and let the baby experience taking turns in interacting and being interested in human communication. As the baby becomes more object-oriented, it is important to repeat actions that bring in the human element with pleasurable results. The child will learn through classical or operational conditioning in addition to the human interactive element.

Lesson 3: when the baby develops the idea of object permanency and acquires the ability to look for hidden objects at around 8 to 12 months, play peek-a-boo with him/ her to train the visual alertness and searching ability. At this point, the child begins to develop "proper intelligence," as Piaget called it. The child will also learn to become goal oriented to achieve a desired objective.[1]

Lesson 4: the stages of attention develop from attending to one thing in the first year of life, to two in the second, to three in the third, to four in the fourth and to multiple-channels in adulthood. Mothers should understand these characteristics, engage their baby's attention and talk to them at eye-level.

Lesson 5: imitation skills, gestures and pointing gradually develop at around 1 year. The child will become intrigued by his/ her interactions with objects, people and situations and will begin to discover new methods of meeting these challenges.[1] Social interaction and situational understanding should be strengthened through waving bye-bye, pat-a-cake, and "dim chung chung(點蟲蟲)".

Lesson 6: as symbolic understanding develops at around 18 months, meaningful plays with toys should be encouraged. As the child's age advances, he/ she is going to develop more complex symbolic understanding, including using one symbol, for example the sound of the word for a real life object, to represent another symbol such as the written word for that real life object. The child will begin to develop insight or true creativity. He/ she will be well on the way to more learning through reading and writing.

It is important for object permanence to be achieved for a child in his/ her early years in order for the child to develop normally.[2] Children form relationships with objects during their early interactions with primary caregivers. They would then develop a concept of their internal objects through the patterns that emerge in their repeated subjective experience of the caretaking environment. They comprehend objects in their mind through the objects' functions and internalise an image of such objects. In a child's perception, the breast that feeds that hungry infant is the "good breast" and the hungry infant that finds no breast relates to the "bad breast".[3] If the child learns to be able to tolerate ambiguity and to see both the "good" and the "bad" breasts are a part of the same "mother," he/ she will eventually be able to comprehend objects as a whole and develop psychological stability.

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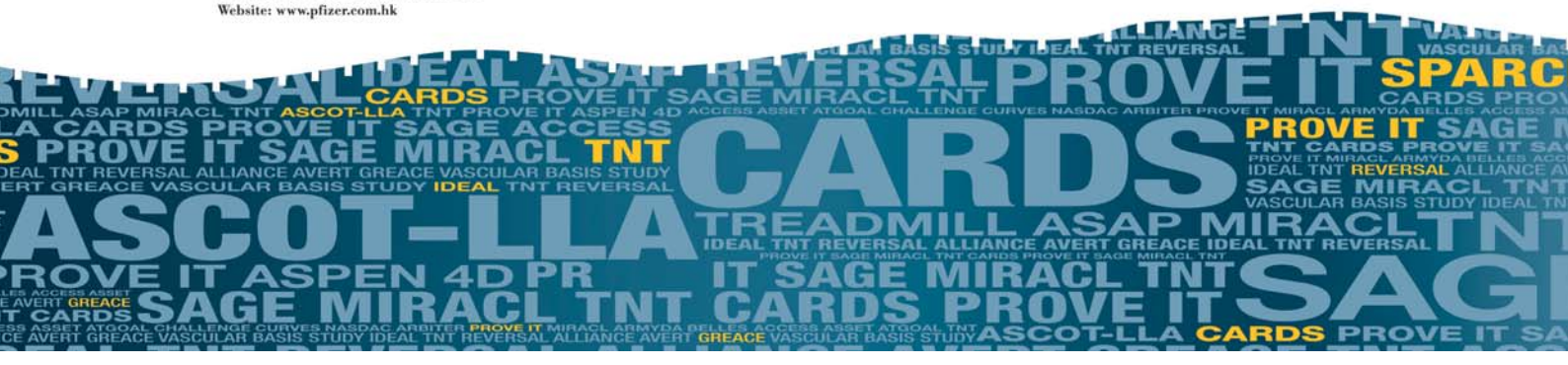

Learning for Older Children

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Although children learn through the logical explanation of things by their teachers or parents, they continue to learn from parents in a number of less obvious ways.

At an early age, children learn by trials and errors. During this stage, it is important that parents allow their child to learn in a way that mistakes are allowed to be made. The child should also be able to learn from his/ her failures. Parents should provide a comfort zone for children, a place where they are allowed to make errors. The stretching of this space should be allowed without demoralising the children too much. Furthermore, it is important that children are not restricted to just one learning style. Be sure to expand and try other ways of learning. The goal is to show them they can succeed at learning and reward them for it through compliments and support. That way, children can gain confidence with success, which will eventually lead to the next successful learning experience.

Learning by passive diffusion may occur unnoticed at a young age. Parents who are negative and have a victimised mentality may pass their sorrow onto their children. Parents are cautioned to make a change in themselves to avoid passing too much negative feelings to their innocent kids. If a child receives too much of a parent's grievance, he/ she will grow inward and his/ her development will be delayed. Likewise, modelling is very important to children at this age. If watching television for more than 4 hours a day is not considered acceptable, such behaviour should be modelled by the parents. If the parents wish to be respected by their children, they have to demonstrate respect toward their partners and children first.

Before any new ways of learning is attempted, observe and listen to the child. What tasks and activities are they most successful at? What interests them? What are their unique skills and abilities? Then find successful ways to learn that fit their personal learning styles - they will be able to learn much better that way. Below are five methods of learning that are often recommended to parents:

1. Learning through drawing and designing. If the child typically remembers where he/ she put everything, he/ she is likely to think in images or in pictures. This child is likely to learn best through watching educational television, slides, and movies. Drawing graphs, charts, and pictures may also be used to help them learn.

2. Learning through story telling or from fables. Tell children stories with a lesson behind it to help them learn through others' mistakes, real life examples or case studies. Explain to them the moral of the story and discuss together what they have learned from this particular story. Try and help them apply these to their personal life so that they can remember it better.

3. Learning through games and role play. Come up with practical examples of how children can use the knowledge they have gained personally. If they actually know how to use and apply it, they can remember it better. As some children remember better through bodily sensations, teaching through physical activities and role plays may be beneficial to their learning.

4. Learning through disciplined scheduling would yield positive results. Parents should praise every success the child experiences to let them know that they are proud of them. Encourage them to do their own personal best. Let them know that even if they fail, it is okay.

5. Learning through group or peer pressure. One way children can learn this is to participate in activities such as Outward Bound or travel to other countries on their own in an exchange programme. Through this method of learning, the child will not only widen his/ her experience, but will also gain organisation and leadership skills. They will learn to operate in a group situation and gain social skills.

To help children reach their full potential, it is also important to recognise what the ways children learn best in are and how parents can help their children enhance their learning abilities. With each successful learning experience, the child is equipped with a foundation block, which then builds onto future successes.

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Hong Kong Society for Quality of Life

On behalf of the Hong Kong Society for Quality of Life, I would like to express our happiness in joining the big family of the Federation of Medical Societies of Hong Kong. As a new member, I would like to share the missions and activities of our society with members of the Federation.

Quality of Life is a broad concept, and hence, represented by a surge of interests and activities related to QOL from diverse disciplines, different sectors and a wide range of people from the Hong Kong community, who seek to understand and improve the life quality of people with health concerns within the Special Administrative Region (SAR).

The Hong Kong Society for Quality of Life (HKSoQOL) was established in 2004 as a non-profit making organisation consisting of members who are interested in the study on quality of life. The core concern of the Society lies within the area of health. We promote the application of informed knowledge of QOL to enhance services and policy development in public health, medical, rehabilitation and the social service sectors. A wide membership from different disciplines is invited to promote interdisciplinary collaborations and exchanges for achieving the mission of the Society.

The objectives of the Society are:

- Promote awareness and understanding of the concept, measurement and application of QOL among practitioners, researchers, government and community members;
- Foster the development of services for the promotion of QOL;
- Promote research on QOL and dissemination of such findings;
- Enhance awareness of QOL research and activities in Hong Kong and in the region;
- Encourage liaisons and networking across research, practice and education related to QOL;
- Advocate the enactment of QOL in policies and service delivery in Hong Kong

Activities of the Society include: gather information and resources related to QOL, disseminate and exchange information and resources related to QOL, organise conferences, seminars and educational workshops on QOL, facilitate active research on QOL among members, cooperate with other organisations and societies in any such activities that promote the mission and objectives of the Society.

Organising QOL-related seminars and conferences is a major activity of our society. In the past few years, we have organised numerous major QOL conferences in Hong Kong and the Mainland. This year, we are organising the Asian Chinese Quality of Life Conference from December 17 th -19 th. Interested members can see the details on the Society website: www.hksoqol.org.

We are looking forward to further collaborations with members of the Federation in the promotion of health and quality of life of people in Hong Kong.

Dr. Kwok-fai LEUNG
President, HKSoQOL

Dermatological Quiz

Dermatological Quiz

Dr. Ka-ho LAU

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Yaumatei Dermatology Clinic, Social Hygiene Service

Dr. Ka-ho LAU

Lesions on the face and lip of a baby

This 2-month-old baby boy was noticed to have this red lump over his left cheek, left upper lip and left side of his nose shortly after birth. The lesion increased in size rapidly and bled easily when he was fed hence affecting his intake of milk. Besides the skin lesion, the baby enjoyed good health.

Questions:

1. What is your clinical diagnosis?
2. What is the natural history of this baby's skin condition?
3. How will you manage this baby?

(See P.29 for answers)

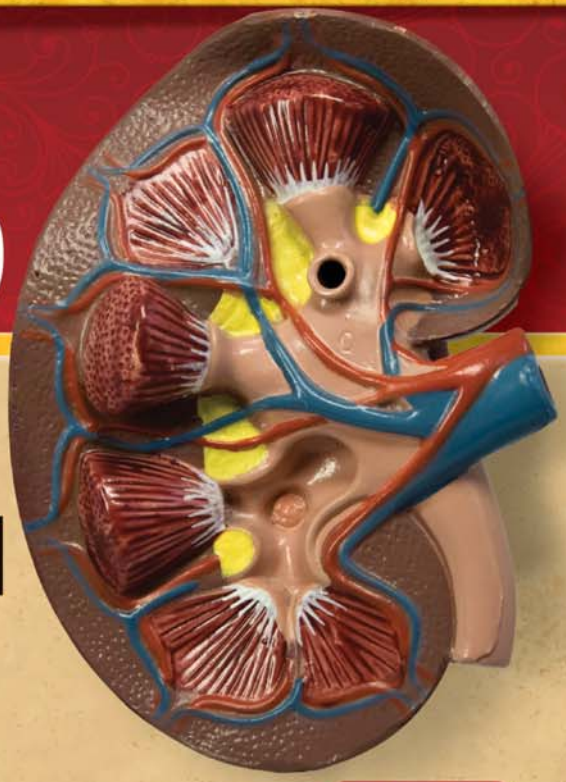
CERTIFICATE COURSE FOR MEDICAL AND HEALTH PROFESSIONALS

Course No. C163

CME / CNE Course

Certificate Course on

Renal Medicine 2010



Jointly organised by

The Federation of Medical Societies of Hong Kong

Hong Kong Society of Nephrology

Objectives

To update the participants on new advances in renal medicine and clinical practice of common renal problems, and to help the participants to interpret results of common renal investigations.

14 Sep 2010

Topics	• How to screen for renal disease including approach to proteinuria & hematuria • How to interpret the electrolyte and acid base tests in renal disease
Speakers	Dr. Bonnie Ching-Ha KWAN Dr. Yuk-Lun CHENG

21 Sep 2010

Topics	• Update and management of glomerular disease • Update on DM Nephropathy
Speakers	Dr. Kai-Ming CHOW Dr. Kai-Chung TSE

28 Sep 2010

Topics	• How to interpret the common investigation tests for renal disease • Update and management of acute kidney injury
Speakers	Dr. Chik-Cheung CHOW Dr. Siu-Fai CHEUNG

5 Oct 2010

Topics	• Update and management of chronic kidney disease • Medications and chronic kidney disease
Speakers	Dr. Ping-Nam WONG Dr. Kay-Tai LEUNG

12 Oct 2010

Topics	• Update on hemodialysis therapy • Update on peritoneal dialysis therapy
Speakers	Dr. Hon-Lok TANG Dr. Man-Fai LAM

19 Oct 2010

Topics	• Update on management of kidney donors • Update on management of renal transplant recipients
Speakers	Dr. Kwok-Hong CHU Dr. Yiu-Han CHAN

Time	7:00 p.m. – 8:30 p.m.
Venue	Lecture Hall, 4/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong
Language Media	English (Supplemented with Cantonese)
Course Fee	HK$750 (6 sessions)
Certificate	Awarded to participants with a minimum attendance of 70%
Enquiry	The Secretariat of The Federation of Medical Societies of Hong Kong **Tel :** 2527 8898 **Fax :** 2865 0345 **Email :** info@fmshk.org

CME / CPD Accreditation in application

A total of **9 CNE** points for the whole course and the points will be awarded according to the number of hours attended.

Application form can be downloaded from website: http://www.fmshk.org

Course No. C170

CME/CNE/PEM Course

Certificate Course For General Practitioners, Midwives, Nurses and Health Care Providers who are Interested In Obstetrics

Certificate Course in Obstetrics 2010

Jointly organised by

The Federation of Medical Societies of Hong Kong

The Obstetrical and Gynaecological Society of Hong Kong

Objectives:

This course is designed for the general practitioners, midwives, nurses and health care providers who are interested in Obstetrics. A series of lectures covering various aspects of modern obstetrics and midwifery are provided in the course. Participants will have an update of the subject so that collaboration with maternity units in providing pregnancy care can be facilitated.

Time	7:00 p.m. – 8:30 p.m.
Venue	Lecture Hall, 4/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong
Language Media	Cantonese (Supplemented with English)
Course Fee	HK$750 (6 sessions)
Certificate	Awarded to participants with a minimum attendance of 70%
Enquiry	The Secretariat of The Federation of Medical Societies of Hong Kong **Tel :** 2527 8898 **Fax :** 2865 0345 **Email :** info@fmshk.org

Date	Topics	Speakers
16 Nov 2010	Prenatal screening and diagnosis of fetal structural abnormalities	**Dr. Noel Wan-Man SHEK 石允文** Resident Specialist, Department of O&G, Queen Mary Hospital
23 Nov 2010	Management of postpartum haemorrhage	**Dr. Siu-Keung LAM 林兆強** Consultant, Department of O&G, Kwong Wah Hospital
30 Nov 2010	Group B Streptococcus in pregnancy	**Dr. Kwok-Yin LEUNG 梁國賢** Consultant, Department of O&G, Queen Elizabeth Hospital
7 Dec 2010	Down syndrome screening	**Dr. Daniel Lin-Wai CHAN 陳連偉** Associate Consultant, Department of O&G, Prince of Wales Hospital
14 Dec 2010	Breastfeeding tips	**Ms. Suk-Yee YUEN 袁淑儀** Advanced Practice Nurse, Department of O&G, Pamela Youde Nethersole Eastern Hospital
21 Dec 2010	Perineal management	**Ms. Chit-Ying LAI 黎哲瑩** Ward Manager, Department of O&G, Princess Margaret Hospital

CME / CPD Accreditation in application

A total of **9 CNE/PEM** points for the whole course and the points will be awarded according to the number of hours attended.
Application form can be downloaded from website: http://www.fmshk.org

Certificate Course on Assessing and Managing Violent Patients/People in the General Health Care Settings

Jointly organised by

The Federation of Medical Societies of Hong Kong

Hong Kong Society of Nursing Education

Objectives:

1. To increase clinical awareness, competency and psychological readiness of hospital staff in facing potential and imminent threats of critical incidents and/or diasters.
2. To manage and minimize the adverse potential consequences of violence and critical incidents.
3. To prevent and minimize traumatic consequence in facing and during the onset of a potential violent event.
4. To learn to facilitate post critical event growth and return to normal operation.

Date	Topics	Speaker
12 Nov 2010	**Assessment : mental health status (mental health first aid) assessment & essentials in psychosocial assessment**	**Dr. Albert Tsun-Hung CHAN** Psychologist (Neo-Health Care), HKU, CUHK & HKBU Faculty Visiting Scholar of Lingnan University
19 Nov 2010	**Managing acute mental health (schizophrenia) patients: social network approach; multidisciplinary approach; psycho-educational approach & psycho-pharmacology**	
26 Nov 2010	**Basic crisis intervention: therapeutic directions and skills**	
3 Dec 2010	**Post crisis counselling: cognitive behavioral therapy; family therapy & intergrative approach**	

Time 7:00 p.m. – 9:30 p.m.

Venue Lecture Hall, 4/F., Duke of Windsor Social Service Building
15 Hennessy Road, Wanchai, Hong Kong

Language Media Cantonese (Supplemented with English)

Course Fee HK$850 (4 sessions)

Certificate Awarded to participants with a minimum attendance of 70%

Enquiry The Secretariat of The Federation of Medical Societies of Hong Kong
Tel : 2527 8898 **Fax :** 2865 0345 **Email :** info@fmshk.org

CME / CPD Accreditation in application

A total of 10 CNE points for the whole course and the points will be awarded according to the number of hours attended.
Application form can be downloaded from website: http://www.fmshk.org

Certificate Course For Medical And Health Professionals
Doctors, Nurses, First Aiders or anyone interested in Sports Medicine

Course No. C167

CME/CNE Course

Certificate Course on Sports Medicine and Emergencies

Jointly organised by

The Federation of Medical Societies of Hong Kong

Hong Kong Society for Emergency Medicine and Surgery

Objectives :

Want to know what Sports Medicine is about?

We are a group of emergency physicians who are interested in sports medicine. We will present an overview of many aspects of Sports Medicine and related Emergencies. You will learn the role of pitch-side doctor, basic knowledge of sports injuries and their management.

Time	7:00 p.m. – 8:30 p.m.
Venue	Lecture Hall, 4/F., Duke of Windsor Social Service Building 15 Hennessy Road, Wanchai, Hong Kong
Language Media	Cantonese (Supplemented with English)
Course Fee	HK$750 (6 sessions)
Certificate	Awarded to participants with a minimum attendance of 70%
Enquiry	The Secretariat of The Federation of Medical Societies of Hong Kong Tel : 2527 8898 Fax : 2865 0345 Email : info@fmshk.org

Date	Topics	Speakers
15 Nov 2010	Introduction to Sports Medicine and common injuries in contact sports	Dr. Ken WU Associate Consultant, Accident and Emergency Department, Queen Elizabeth Hospital
22 Nov 2010	Mind your head	Dr. Kwan-Leong AU YEUNG Resident, Accident and Emergency Department, Queen Elizabeth Hospital
29 Nov 2010	Challenges to your leg's limit : Marathon runner and Trailwalker	Dr. Man-Kam HO Associate Consultant, Accident and Emergency Department, North District Hospital
6 Dec 2010	Event coverage and pitch-side assessment	Dr. Chi-Wai CHAU Resident Specialist, Accident and Emergency Department, Queen Elizabeth Hospital
13 Dec 2010	Medical emergency in sporting ground	Dr. Willis KWOK Medical Officer, Accident and Emergency Department, Yan Chai Hospital
20 Dec 2010	Musculoskeletal injuries and wound management	Mr. Chi-Yip WONG Registered Nurse, Accident and Emergency Department, Queen Elizabeth Hospital

CME / CPD Accreditation in application

A total of **9 CNE** points for the whole course and the points will be awarded according to the number of hours attended.
Application form can be downloaded from website: http://www.fmshk.org

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
* MPS - Mastering Adverse Outcomes **1**	**2**	* FMSHK Officers' Meeting **3**	* HKMA Central, Western & Southern Community Network - Practical Issues in Diabetes Management * MPS - Mastering Adverse Outcomes **4**	* HKMA - "Practical Health Informatics Course for Doctors" (4) * HKMA New Territories West Community Network - Lecture Series of on BPH & Common Urological Diseases for Men after 50s' (Series One) * MPS - Mastering Your Risk * HKMA Council Meeting **5**	* Joint Surgical Symposium - Complications of Breast Surgery and Reconstruction * HKMA Hong Kong East Community Network - Comprehensive Lipid Management - What More Can Be Done Beyond LDL Treatment? **6**	* MPS - Mastering Adverse Outcomes * Dragon Boat Team Celebration Dinner cum CME Lecture **7**
* MPS - Mastering Adverse Outcomes * HKMA Certificate Course on Family Medicine 2010 **8**	**9**	**10**	**11**	* HKMA New Territories West Community Network - Lecture Series of on BPH & Common Urological Diseases for Men after 50s' (Series Two) * HKMA Structured CME Programme with Hong Kong Sanatorium & Hospital Year 2010 - Diagnosis and Treatment of Nasopharyngeal Carcinoma **12**	**13**	**14**
* Ngong Ping 360 day trip **15**	**16**	* MPS - Mastering Your Risk * FMSHK Executive Committee Meeting & Council Meeting **17**	* MPS - Mastering Adverse Outcomes **18**	* Seminar on "How Can we Best Interact with the Media?" (Code No: MFC-10-01) **19**	**20**	* MPS - Mastering Adverse Outcomes **21**
* MPS - Mastering Adverse Outcomes * Joint Professional Badminton Tournament * 3rd Seasonal Photo Sharing and Photo Competition * Charity Wargame with Law Society of Hong Kong **22**	**23**	**24**	* MPS - Mastering Adverse Outcomes * HKMA Central, Western & Southern Community Network - Viral Respiratory Tract Infection **25**	* HKMA NT West Community Network - Update in Asthma **26**	**27**	* MPS - Mastering Adverse Outcomes **28**
* MPS - Mastering Adverse Outcomes * Joint Professional Tenpin-Bowling Tournament **29**	**30**	**31**				

Medical Diary of August

Date / Time	Function	Enquiry / Remarks
1 SUN (4,7,8,18,21,22,25,28,29) 2:30 pm	**MPS - Mastering Adverse Outcomes** Organiser: The Hong Kong Medical Association, Speakers: Various, Venue: The HKMA Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong or Mongkok	Miss Viviane LAM Tel: 2527 8452 2.5 CME Points
3 TUE 8:00 pm - 10:00pm	**FMSHK Officers' Meeting** Organiser: The Federation of Medical Societies of Hong Kong, Venue: Gallop, 2/F., Hong Kong Jockey Club Club House, Shan Kwong Road, Happy Valley, Hong Kong	Ms. Sonia CHEUNG Tel: 2527 8898 Fax: 2865 0345
4 WED 1:00 pm	**HKMA Central, Western & Southern Community Network - Practical Issues in Diabetes Management** Organiser: HKMA Central, Western & Southern Community Network, Chairman: Dr. LAW Yim Kwai, Speaker: Dr. CHOW Wing Sun, Venue: The HKMA Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong	Miss Alice TANG Tel: 2527 8285 1 CME Point
5 THU 12:45 pm	**HKMA - "Practical Health Informatics Course for Doctors" (4)** Organiser: The Hong Kong Medical Association, Speakers: various, Venue: Seminar Room, Room 1B, 1/F., La Rue Building, Hong Kong Adventist Hospital, 40 Stubbs Road, Hong Kong	Miss. Carman WONG Tel: 2527 8285 1 CME Point
1:00 pm	**HKMA New Territories West Community Network - Lecture Series of on BPH & Common Urological Diseases for Men after 50s' (Series One)** Organiser: HKMA New Territories West Community Network, Chairman: Dr. LEE Fook Kay Aaron, Speaker: Dr. SZETO Yiu Kwai, Venue: Plentiful Delight Banquet (元朗喜尚嘉喜酒家), 1/F., Ho Shun Tai Building,10 Sai Ching Street, Yuen Long, New Territories	Miss Alice TANG Tel: 2527 8285 1 CME Point
6:00 pm (17)	**MPS - Mastering Your Risk** Organiser: The Hong Kong Medical Association, Speakers: Dr. HAU Ka Lam or Dr. Danny LEE, Venue: The HKMA Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong or Mongkok	Miss Viviane LAM Tel: 2527 8452 2.5 CME Points
8:00 pm	**HKMA Council Meeting** Organiser: The Hong Kong Medical Association, Venue: HKMA Head Office, 5/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Hong Kong	Ms. Christine WONG Tel: 2527 8285
6 FRI 8:00 am - 9:00 am	**Joint Surgical Symposium - Complications of Breast Surgery and Reconstruction** Organisers: Department of Surgery, The University of Hong Kong & Hong Kong Sanatorium & Hospital, Chairman: Dr. CHUNG Hon-Ping, Speakers: Dr. Ava KWONG & Dr. CHAN Yu-Wai, Venue: Hong Kong Sanatorium & Hospital	Department of Surgery, Hong Kong Sanatorium & Hospital Tel: 2835 8698 Fax: 2892 7511 1 CME Point (Active)
1:00 pm	**HKMA Hong Kong East Community Network - Comprehensive Lipid Management - What More Can Be Done Beyond LDL Treatment?** Organiser: HKMA Hong Kong East Community Network, Speaker: Dr. LEUNG Tat Chi Godwin, Venue: HKMA Head Office, 5/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Hong Kong	Miss Alice TANG Tel: 2527 8285 1 CME Point
7 SAT 7:00 pm	**Dragon Boat Team Celebration Dinner cum CME Lecture** Organiser: The Hong Kong Medical Association, Speakers: Dr. LEUNG Tat Chi Godwin & Dr. WONG Bun Lap Bernard, Venue: The HKMA Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong	Ms. Dorothy KWOK Tel: 2527 8285 1 CME Point
8 SUN 2:00 pm	**HKMA Certificate Course on Family Medicine 2010** Organiser: The Hong Kong Medical Association, Speaker: Dr. CHUH An Tung Antonio & Dr. CHOI Kin Gabriel, Venue: Queen Elizabeth Hospital, Kowloon	Miss Viviane LAM Tel: 2527 8452 3 CME Points
12 THU 1:00 pm	**HKMA New Territories West Community Network - Lecture Series of on BPH & Common Urological Diseases for Men after 50s' (Series Two)** Organiser: HKMA New Territories West Community Network, Chairman: Dr. NGAI Pak Wai Philip, Speaker: Dr. SZETO Yiu Kwai, Venue: Maxim's Palace Chinese Restaurant (美心皇宮), Tuen Mun Town Hall, 3 Tuen Hi Road, Tuen Mun, New Territories	Miss Alice TANG Tel: 2527 8285 1 CME Point
2:00 pm	**HKMA Structured CME Programme with Hong Kong Sanatorium & Hospital Year 2010 - Diagnosis and Treatment of Nasopharyngeal Carcinoma** Organiser: The Hong Kong Medical Association, Speaker: Dr. Daniel CHUA, Venue: The HKMA Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong	Miss Viviane LAM Tel: 2527 8452 1 CME Point
15 SUN 2:00 pm	**Ngong Ping 360 day trip** Organiser: The Hong Kong Medical Association, Venue: Ngong Ping	Ms. Dorothy KWOK Tel: 2527 8285
17 TUE 7:00 pm - 10:00 pm	**FMSHK Executive Committee Meeting & Council Meeting** Organiser: The Federation of Medical Societies of Hong Kong, Venue: Council Chambers, 4/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong	Ms. Sonia CHEUNG Tel: 2527 8898 Fax: 2865 0345
19 THU 7:00 pm - 8:30 pm	**Seminar on "How Can we Best Interact with the Media?" (Code No: MFC-10-01)** Organiser: College of Nursing, Hong Kong, Speaker: Ms. TAN Ee Lyn	Secretariat Tel: 2572 9255 Fax: 2838 6280 1.5 CNE/PEM Points
22 SUN 1:00 pm	**Joint Professional Badminton Tournament** Organiser: The Hong Kong Medical Association, Chairman: Dr. NG Chun Kwan Alan, Venue: HKBU	Ms. Dorothy KWOK Tel: 2527 8285
2:00 pm	**3rd Seasonal Photo Sharing and Photo Competition** Organiser: The Hong Kong Medical Association, Venue: HKMA Head Office, 5/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Hong Kong	Ms. Dorothy KWOK Tel: 2527 8285
2:30 pm	**Charity Wargame with Law Society of Hong Kong** Organiser: The Hong Kong Medical Association, Venue: PMC Training	Ms. Dorothy KWOK Tel: 2527 8285
25 WED 1:00 pm	**HKMA Central, Western & Southern Community Network - Viral Respiratory Tract Infection** Organiser: HKMA Central, Western & Southern Community Network, Speaker: Dr. TANG Siu Fai Bone, Venue: The HKMA Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong	Miss Alice TANG Tel: 2527 8285 1 CME Point

Date / Time	Function	Enquiry / Remarks
26 THU 1:00 pm	**HKMA NT West Community Network - Update in Asthma** Organiser: HKMA NT West Community Network, Chairman: Dr. YAN Kam Sun Charile, Speaker: Dr. Edwin POON, Venue: Plentiful Delight Banquet (元朗喜尚嘉喜酒家), 1/F., Ho Shun Tai Building,10 Sai Ching Street, Yuen Long, New Territories	Miss Alice TANG Tel: 2527 8285 1.5 CME Points
29 SUN 1:00 pm	**Joint Professional Tenpin-Bowling Tournament** Organiser: The Hong Kong Medical Association, Chairman: Dr. HO King Yip Anthony, Venue: Olympian City Super Fun Bowl, Shop 148, 1/F, Olympian City 2, 18 Hoi Ting Road, West Kowloon	Ms. Dorothy KWOK Tel: 2527 8285

Courses

12/9/2010	**2010 Paediatric Grandrounds: Challenging Clinical Problems** Organiser: Hong Kong College of Paediaricians, Chairman: Dr. WONG Sik Nin, Speakers: Dr. LEE Tze Leung & Dr. TSE Kei Chiu Niko, Venue: Lecture Theatre, Hospital Authority Head Office, Argyle Street, Kowloon, Enquiry: Ms. Vanessa WONG, Tel: 2871 8773, Fax: 2785 1850, CME Accreditation: 3 Points for Hong Kong College of Paediatricians
15-17/9/2010	**MEDICAL FAIR ASIA 2010 - 8th International Exhibition on Hospital, Diagnostic, Pharmaceutical, Medical & Rehabilitation Equipment & Supplies** Organiser: Messe Dusseldorf Asia Pte Ltd, Venue: Suntec, Singapore, Enquiry: Ms Cathy NG, Tel: 2838 3183, Fax: 2838 1107
2-5/10/2010	**PALS Course 2010** Organiser: Hong Kong College of Paediatricians, the Heart Institute for Children, Hope Children's Hospital, Illinois, USA & Hong Kong Paediatric Nurses Association, Speakers: Various, Venue: A & E Training Centre, Tang Shiu Kin Hospital, Enquiry: Ms. Prudence TANG / Vanessa WONG, Tel No.: 28718 871, Fax No. 27851 850 Email: enquiry@paediatrician.org.hk, Website: http://www.paediatrician.org.hk/entcnews.htm, CME :12 points for Provider course, College: Hong Kong College of Paediatricians (Application starting now until 2 Aug 2010)

Meeting

14-16/1/2011	**Hong Kong International Acupuncture Conference - Neurological and Mental Illness** Organiser: Hong Kong Association for Integration of Chinese-Western medicine & Hospital Authority, Chairman: Dr. WONG Taam Chi Woon Vivian, Speakers: Various, Venue: Hong Kong Academy of Medicine Jockey Club Building, Enquiry: Miss Jessie CHOW / Miss Y.C. YEUNG, Tel: 2871 8787, 2871 8897 / 3119 1858, Fax: 2871 8898

Rental Fees of Meeting Room and Facilities at The Federation of Medical Societies of Hong Kong

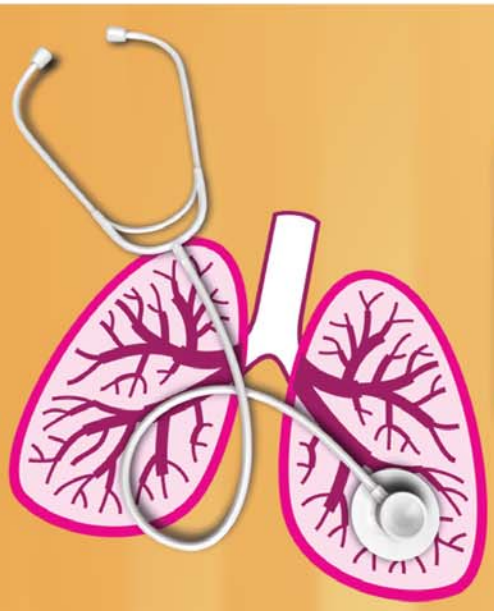
(Effective from October 2009)

Venue or Meeting Facilities	Member Society (Hourly Rate HK$)			Non-Member Society (Hourly Rate HK$)		
	Peak Hour	Non-Peak Hour	All day Sats, Suns & Public Holidays	Peak Hour	Non-Peak Hour	All day Sats, Suns & Public Holidays
Multifunction Room I *(Max 15 persons)*	150.00	105.00	225.00	250.00	175.00	375.00
Council Chamber *(Max 20 persons)*	240.00	168.00	360.00	400.00	280.00	600.00
Lecture Hall *(Max 100 persons)*	300.00	210.00	450.00	500.00	350.00	750.00
Non-Peak Hour: 9.30 am - 5.30 pm Peak Hour: 5.30pm - 10.30pm						
LCD Projector	500.00 per session					
Microphone System	50.00 per hour, minimum 2 hours					

Course No. C164

CERTIFICATE COURSE FOR NURSES AND ALLIED HEALTH PROFESSIONALS

CME / CNE Course



Certificate Course on Respiratory Medicine 2010

Jointly organised by

The Federation of Medical Societies of Hong Kong
香港醫學組織聯會

Hong Kong Thoracic Society
香港胸肺學會

American College of Chest Physicians
Hong Kong and Macau Chapter Limited
美國胸肺學院（港澳分會）

Date	Topics	Speakers
30 Sep 2010	Advances in Diagnosis and Treatment of Unresectable Lung Cancer	Dr. Matthew King-Yan WONG 黃敬恩醫生
7 Oct 2010	Pleural Diseases and Management of Pleural Effusion	Dr. Johnny Wai-Man CHAN 陳偉文醫生
14 Oct 2010	Sleep Related Breathing Disorder – Diagnosis and Treatment	Dr. Kah-Lin CHOO 俞佳琳醫生
21 Oct 2010	Pharmacological Treatment of COPD and Asthma	Dr. Wilson Kwok-Sang YEE 易國生醫生
28 Oct 2010	Surgical Intervention for Lung Cancer	Dr. Chan-Chung MA 馬燦忠醫生
4 Nov 2010	Lung Transplantation – the Local Perspectives	Dr. Chi-Fong WONG 王志方醫生

Dates	30 September 2010 – 4 November 2010 (Every Thursday)
Time	7:00 p.m. – 8:30 p.m.
Venue	Lecture Hall, 4/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong
Language Media	English (Supplemented with Cantonese)
Course Fee	HK$750 (6 sessions)
Certificate	Awarded to participants with a minimum attendance of 70%

Enquiry
The Secretariat of
The Federation of Medical Societies of Hong Kong
Tel : 2527 8898
Fax : 2865 0345
Email : info@fmshk.org

CME / CPD Accreditation in application

A total of **9 CNE** points for the whole course and the points will be awarded according to the number of hours attended.
Application form can be downloaded from website: http://www.fmshk.org

Answer to Dermatological Quiz

1. This erythematous vascular plaque developed at the left beard area, the left upper lip and the left perinasal area which occurred shortly after birth with rapid proliferation was an infantile haemangioma. The majority of the infantile haemangiomas have a typical presentation and growth pattern. Most lesions do not become apparent until the first few weeks of life. Superficial haemangiomas located in the superficial dermis like this one are bright red in colour during its proliferative phase. The surface is finely lobulated like that of unpolished shagreen leather, hence described as strawberry haemangioma. Most of these superficial haemangiomas are small and focal. More worrisome is the larger plaque-type or "pseudo-segmental" pattern, which is complicated by ulceration at the left lip as shown in our patient.

2. Three phases of infantile haemangioma are observed: proliferation, involution and involuted. The lesion classically proliferates for a period of several months and deep lesions may proliferate for up to one year. During the proliferative phase the haemangiomas may become warmer, tenser and firmer in texture. Involution may begin as early as the first year of life and continue for several years. A colour change from a deep red to gray-purple and a flattening of the surface are often the earliest signs of involution. As the haemangioma involutes the mass become less firm and assumes a fatty consistency. Natural history studies of untreated haemangiomas demonstrate that 30% of lesions involute by 3 years of age, 50% by 5 years, 70% by 7 years and over 90% by 9 years. Some haemangiomas involute completely, while other may leave atropic, fibrofatty or telangiectatic residua.

3. Small haemangiomas that carry an excellent prognosis for spontaneous resolution with good cosmetic outcome are usually managed conservatively without active intervention. However, in our patient with ulceration and bleeding complicating the infantile haemangioma, management should be directed at healing the ulceration by local wound care; preventing or treating any infection with topical antibiotics such as mupirocin ointment; reducing pain by analgesics and specific therapies. Specific treatment with flashlamp-pumped pulsed-dye laser has been the one most widely used but with mixed results. Intralesional steroids may be tried for smaller localised lesion but usually oral prednisolone of 3-5mg/kg/day is indicated for controlling ulcerated haemangiomas of this size. Systemic steroid is maintained usually for a few months until cessation of growth or shrinkage of lesion occurs and is then gradually tapered. Side effects of oral steroids such as cushingnoid face, personality changes, gastrointestinal symptoms and decreased growth rate should be carefully monitored during the treatment.

Dr. Ka-ho LAU

MBBS(HK), FRCP(Glasg, Edin), FHKCP, FHKAM(Med)
Yaumatei Dermatology Clinic, Social Hygiene Service

Course No. C168

Certificate Course For Healthcare Professionals

CME / CNE Course

Certificate Course on Wilderness Medicine

Jointly organised by

The Federation of Medical Societies of Hong Kong

Hong Kong Society for Emergency Medicine and Surgery

Objectives

Hong Kong people are now keen to participate in wilderness activities. This course aims at providing the basic medical knowledge on wilderness medicine and specific practical information related to the situation in Hong Kong.

Date	Topics	Speakers
23 Aug 2010	Introduction to Wilderness Medicine 野外醫學介紹 Heat Stroke, Heat Exhaustion and Hypothermia 高温及低温症	Dr. Peter CHEE 池丕恩醫生 急症醫學專科醫生
30 Aug 2010	Vertical Limits, High Altitude and Diving Medicine 高度及深度極限；高山症及潛水引發的病症	Dr. Man-Kam HO 何文錦醫生 急症醫學專科醫生
6 Sep 2010	Management of Accidents in Wilderness, Wound Care, Fracture, Dehydration and Lightning 野外創傷處理，包括：傷口護理、骨折、脱水及雷擊	Dr. Yuet-Chung SIU 蕭粵中醫生 急症醫學專科醫生
13 Sep 2010	Snake Bite, Snake Recognition, Diagnosis of Envenomation, First Aid and Management in Wilderness 毒蛇咬傷處理，包括：認定蛇的品種、受毒蛇咬傷的診斷及在野外處理毒蛇咬傷的原理	Dr. Wah-Shan NG 伍華山醫生 急症醫學專科醫生
20 Sep 2010	Poisonous Sting and Bite, from Land to Sea and Infection in Wilderness 帶毒的刺傷及咬傷的診斷和處理及野外傳染病	Dr. Elvis MAK 麥應良醫生 急症醫學專科醫生
27 Sep 2010	Search and Rescue Service in Hong Kong 香港搜索及救援工作 Flight Physiology and its Implication in Patient Care 認識飛行生理及其對照顧病人的影響	Dr. Hing-Man MA 馬慶文醫生 高級航空醫生

Time 7:00 p.m. – 8:30 p.m.

Venue Auditorium, 1/F., Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong

Language Media Cantonese (Supplemented with English)

Course Fee HK$750 (6 sessions)

Certificate Awarded to participants with a minimum attendance of 70%

Enquiry The Secretariat of The Federation of Medical Societies of Hong Kong

Tel : 2527 8898 **Fax :** 2865 0345 **Email :** info@fmshk.org

CME / CPD Accreditation in application

A total of **9 CNE** points for the whole course and the points will be awarded according to the number of hours attended.
Application form can be downloaded from website: http://www.fmshk.org