

GP BUZZ

MCI (P) 064/04/2017
OCTOBER-DECEMBER 2017



Taking **WORK OUT** for **WORKOUTS**

**RUNNING TO
PROLONG LIFE**

**NASOLACRIMAL
DUCT OBSTRUCTION**

**ELDERLY
INFLUENZA
VACCINATION**



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GP BUZZ is a magazine by
Tan Tock Seng Hospital, designed by

fusecreative
www.fusecreative.com.sg

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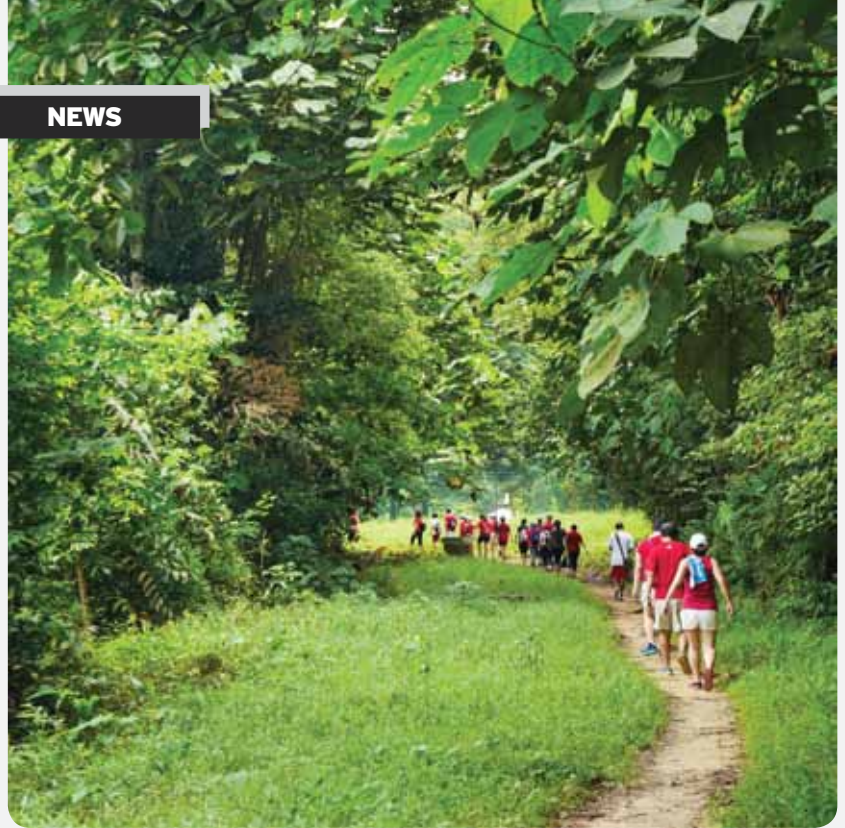
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About the Cover Page:

KEEP YOURSELF AND YOUR TEAM HEALTHY AND FIT – an active lifestyle makes life better

Recent staff activities like a 10.5 kilometre trek from MacRitchie Reservoir to Bukit Timah Hill Nature Park are among several examples of how Tan Tock Seng Hospital (TTSH) staff are involved in year-round wellness programmes that ensure our healthcare providers not only reap the benefits of the science and health-promoting evidence behind an active lifestyle, but also advocate the benefits to patients and the wider population in Singapore. Such programmes include Nutrition Workshops, nature hikes and daily exercise classes. On top of embodying the benefits of healthy living through an active lifestyle, these programmes also ensure our staff have a balanced work-life through opportunities for recreation and relaxation – so as to better contribute to their personal roles as spouses, parents and family members.

As healthcare providers, it is not only important for you and your staff to remain healthy, fit and resilient, but also to be able to encourage patients to adopt healthy lifestyles as well.

In this issue of GP Buzz (Page 4), Dr Jason Chia, Senior Consultant and Head of Sports Medicine and Surgery Clinic, Tan Tock Seng Hospital, shares how running has been proven time and again to prolong the quality and longevity of lives. We hope that the article will also serve as useful tips for you and your patients in keeping fit and adopting a healthy lifestyle.

As 2017 comes to an end, we wish you and your team the best of health always! **GPBUZZ**

TTSH LASIK CENTRE ACQUIRES A NEW EXCIMER LASER!

TTTSH LASIK Centre acquires a new Excimer Laser with a sophisticated high performance 7-dimensional eye-tracker. This reduces the possibility of errors arising from microscopic eye movements and ensures precision during the laser treatment process. This new laser is also recognised for its rapid speed, which can treat 1000 degrees of myopia in as fast as 13 seconds, enhancing reliability and accuracy in treatment outcome.

To find out more about this new service in TTSH LASIK Centre, look out for the feature story in the upcoming issue of GP Buzz. **GPBUZZ**

Laser vision correction service is available at TTSH LASIK Centre. For enquiries and appointment, please call 6357 2255 or email lasik@ttsh.com.sg.



WE MAKE LIFE LOOK BETTER.

COMMUNITY

AN EMPOWERED COMMUNITY CAN PREVENT FALLS



Each year, one in three falls that happen to community-dwelling elderly persons may be associated with disability and mortality. Exercises performed for 2 to 3 hours each week across 6 months effectively reduces falls by 20% to 40%, and should play an integral role in community falls prevention efforts. These exercises should challenge balance by reducing the base of support, shifting the centre of gravity, and reducing reliance on hand support in standing, at a safe and appropriate level.

Partnering with the UK-based 'Later Life Training' organisation, physiotherapists from Tan Tock Seng Hospital's Community Health Engagement Programme (CHEP) have started training senior activity centre staff and volunteers to lead older people in the well-evidenced Otago Exercise Programme. With support from CHEP, these trained community exercise leaders are empowered to set up the programme, screen participants and conduct twice weekly group exercise classes within their centres. **GPBUZZ**

For more information on CHEP or centres that are conducting this programme, please call 6359 6398 or email chep@ttsh.com.sg.

✦ Exercise Leader from Geylang East Home for the Aged - Harmony Centre leading the Otago Exercise Programme.

ENCOURAGE THE ELDERLY TO TAKE UP INFLUENZA VACCINATION

By **Dr Hanley Ho**, Consultant, Department of Clinical Epidemiology, Institute of Infectious Diseases and Epidemiology, Tan Tock Seng Hospital



Dear Colleague, hear my plea:

To recommend the flu vaccine, misunderstood as it may be. Influenza is a perennial threat, even on our tropical island, With seasonal peaks middle and end of the year, the disease can hardly be thought silent.

Yet from recent community studies, it is unfortunate that we've seen That seniors, who are the at-risk, don't like the flu vaccine. They sometimes lack the knowledge of what vaccinations do, And fear potential side effects, or think the vaccine itself causes flu. Cost is often an issue, since the vaccine isn't free, Inconvenience as well, to visit the polyclinic or a busy GP.

But it has also been shown that advice from a very thoughtful physician Can make the difference to the seniors and cause them to change their position.

When seeing them for other things, **opportunistic engagement** is the key How important it is to encourage them at any chance that we see.

I know some of you are thinking, "How useful is the flu shot?" Efficacy does vary year on year, but having it's still better than not! Now that all's been said, I hope that you'll give due consideration To be a vaccine influencer for influenza vaccination. **GPBUZZ**



Please remember to recommend influenza vaccines to all your patients **65 years and above**, as well as those who are younger but with chronic illnesses!

Look out for the new **National Adult Immunisation Schedule - Recommendations for Adult Vaccinations** (MOH Circular No. 23/2017) released on 19 September 2017, for more information on vaccines recommendation, use of Medisave and notification requirements.

CME (OCTOBER – DECEMBER 2017)

TITLE	CME POINTS	DATE	TIME	VENUE	REGISTRATION DETAILS
Updates on Gastrointestinal Diseases	2 CME points*	14 October 2017	1.00pm to 4.30pm	Theatrette, Level 1, Tan Tock Seng Hospital	Chiang Han Fong Tel: 6357 7879 Email: han_fong_chiang@ttsh.com.sg
Masterclass on Medicine in the Older Adults	4 CME points	4 November 2017	12.30pm to 5.30pm	Holiday Inn Orchard, Maharajah Suite	http://bit.ly/igamasterclass For enquiries, please write to: IGA@ttsh.com.sg or call 6357 6330
Masterclass in Hepatobiliary and Pancreatic Oncology	2 CME points*	4 November 2017	1.00pm to 4.00pm	Theatrette, Level 1, Tan Tock Seng Hospital	Pamela Yeo Jun Wen Tel: 63577835 Email: Pamela_JW_YEO@ttsh.com.sg
GP Workshop: Eye Examination in Family Practice	2 CME points	18 November 2017	2.00pm to 4.00pm	TTSH Eye Centre Conference Room (opp Kopitiam) Level 1, Tan Tock Seng Hospital	Email: eye@ttsh.com.sg

*Pending SMC approval

A confirmation email will be sent after your registration. Kindly email the contact person if you do not receive any confirmation after your registration. Thank you.

RUNNING FOR YOUR LIFE



By **Dr Chia Kok Kiong, Jason**, Senior Consultant, Head of Sports Medicine & Surgery Clinic, Department of Orthopaedic Surgery, Tan Tock Seng Hospital

Patients have often asked me what the best form of exercise is (to save you the trouble of reading the entire article, there isn't one).

Many have turned to running and jogging for their regular exercise, due to its accessibility and affordability – but does it live up to the health benefits patients seek?

Does running prolong your life?

Epidemiological study estimates that regular running reduces the chance of premature death by 25% to 40%. The effect of reducing mortality from cardiovascular disease is even larger (45% to 70%). Furthermore, it also reduces the risk of cancer by 30% to 50%. It also has protective effects against neurological disease like Alzheimer's and Parkinson's disease, and respiratory disease.

How much longer do I live for all that hard work?

On average, regular running confers an estimated 3 years of life, compared to a sedentary lifestyle.

Why is that so?

Jogging probably reduces the risk of death including death from cardiovascular reasons, because of its positive effects on those risk factors that predispose a patient to cardiac disease, such as hypertension, obesity and diabetes, as well as its effect on cardiorespiratory fitness. Runners also tend to engage in healthier living choices such as not smoking and reducing alcohol intake.

But what is the point of having these extra years if I spend it running?

It is estimated that an additional hour of running can extend life by seven hours.

What if I prefer more interactive sports like tennis and football?

By all means, engage in these sports if you prefer, as the majority of health benefits comes from avoiding a sedentary lifestyle, and performing and maintaining light or moderate physical activity. However, some studies suggest that running might confer a superior effect in preventing cardiovascular disease compared to say tennis, although the reason is not clear. **GPBUZZ**



Quick Tips:

Although running is a readily accessible way to improve your health, the activity may present other considerations:



1. As a high impact activity, it may not be suitable for those who have lower limb injuries.



2. Check with your doctor to see if it is safe for you to start running vigorously – especially if you have underlying chronic diseases such as diabetes, hypertension, high cholesterol or symptoms that might suggest heart disease (chest discomfort, breathing difficulty, dizziness or irregular heart beat when you exercise).



3. If you are new to running,
 a. Start slow and take breaks on days in between from any high impact exercises to avoid overuse injuries
 b. For all its benefits, long-term adherence to running depends on you enjoying it and fitting it into your lifestyle
 c. Consider other forms of exercise if running is not your cup of tea, as being physically active is still of major benefit to your health



Scan this QR code to read the article online.

Tips on Exercise between Running Days can be found on Page 7

Sports Medicine and Surgery services are available at Tan Tock Seng Hospital. For appointments, GPs should call 6359 6500.



AT THE FOREFRONT OF HIV PREVENTION

Dr Wong Chen Seong, Consultant, Department of Infectious Diseases, Institute of Infectious Diseases and Epidemiology, Tan Tock Seng Hospital



HIV Pre-exposure Prophylaxis, or PrEP, represents a frontier in HIV prevention science. It refers to the use of anti-retroviral drugs (most commonly the fixed drug combination of tenofovir and emtricitabine known by the trade name Truvada) by HIV-negative people at risk of HIV infection to reduce the risk of being infected.

The evidence for PrEP is derived from numerous large, randomised controlled trials.

PrEP is an entirely individual-driven means of protection, not requiring negotiation with and co-operation of partners. PrEP is thus an addition to the armamentarium of HIV prevention strategies – which include Treatment as Prevention (treating HIV-infected individuals to reduce the risk of transmission to their partners) and the use of condoms – and not a replacement.

Many countries have established PrEP usage guidelines, which underline several common themes.

- 1) PrEP must be provided in a safe and reliable way – which includes regular testing for HIV, sexually transmitted infections and possible side effects from Truvada.
- 2) They emphasize the importance of counseling adherence to PrEP, as well as encouraging safer sex practices.
- 3) PrEP providers must remain abreast of the rapidly progressing science as it evolves.

The introduction of PrEP has the potential to change the landscape of HIV prevention and care in Singapore and the PrEP clinic at Tan Tock Seng Hospital is established to support the improvement of HIV prevention in Singapore.

PrEP Care Clinic services include the following:

- HIV Pre-Exposure Prophylaxis
- HIV and STI prevention education
- HIV testing and counselling
- STI screening, treatment and counselling **GPBUZZ**

If your patient is concerned that they may be at risk of HIV acquisition, and is considering to use PrEP, contact us at **6889 4445** or email clinic4b@ttsh.com.sg.

References:

1. Grant RM, Lama JR, Anderson PL, et al. Preexposure Chemoprophylaxis for HIV Prevention in Men Who Have Sex with Men. *N Engl J Med.* 2010;363:2587-99.
2. Molina JM, Capitant C, Spire B, et al. On-Demand Preexposure Prophylaxis in Men at High Risk for HIV-1 Infection. *N Engl J Med.* 2015;373(23):2237-46.
3. Baeten JM, Donnell D, Ndase P, et al. Antiretroviral prophylaxis for HIV prevention in heterosexual men and women. *N Engl J Med.* 2012;367(5):399-410.
4. Thigpen MC, Kebaabetswe PM, Paxton LA, et al. Antiretroviral preexposure prophylaxis for heterosexual HIV transmission in Botswana. *N Engl J Med.* 2012;367(5):423-34.

1 Amongst men who have sex with men (MSM) and transgender women, the **iPrEx trial** of daily-administered PrEP demonstrated an overall reduction of HIV transmission risk of 44%; those with detectable plasma levels of Truvada had a 92% reduction in risk compared to those with undetectable drug levels, underlining the efficacy of PrEP when therapy was adhered to ⁽¹⁾.

2 The French and Canadian **iPERGAY trial** of on-demand PrEP (taken before, then 24 and 48 hours after each sexual act) showed that MSM randomised to receive Truvada had an 85% risk reduction of HIV infection compared to the comparator group; again, this was dependent of adherence to the recommended regimen ⁽²⁾.

3 The **Partners PrEP trial**, carried out amongst 4,758 heterosexual serodiscordant couples in Uganda and Kenya, showed a risk reduction of HIV transmission of 84% in men and 66% in women taking Truvada ⁽³⁾.

4 The **Botswanan TDF2 trial**, which enrolled 1,219 heterosexual men and women, showed an overall efficacy of 62% ⁽⁴⁾.



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EYE DISCOVERIES: NASOLACRIMAL DUCT OBSTRUCTION

By **Dr Eugenie Poh**, Senior Consultant, National Healthcare Group Eye Institute, Tan Tock Seng Hospital



Since its inception in 2001, the National Healthcare Group (NHG) Eye Institute has continued to address the increasing demand for eye care services, and areas of its research and training. It incorporates Tan Tock Seng Hospital's (TTSH) Department of Ophthalmology as its flagship clinical unit, and delivers quality tertiary and primary eye care to patients in Singapore and the region. With more than 28 fellowship-trained consultants on-board, the Institute covers the entire spectrum of ophthalmic subspecialties, providing comprehensive diagnosis and advanced treatment for both common and complex eye diseases.

of cases of NLDO can develop acute dacryocystitis ⁽¹⁾.

Diagnosis is confirmed by a probing and syringing procedure which demonstrates a hard-stop (indicating a patent common canaliculus) and regurgitation of fluid via the opposite canaliculus. The degree of NLDO may vary between complete and partial obstruction.

Dacryocystorhinostomy (DCR) is the main surgical option for NLDO, which essentially aims to create an osteotomy and then an anastomosis between the lacrimal sac and nasal space through the joining of mucosal flaps, allowing tears to be carried straight from the lacrimal sac across the anastomosis into the nasal space, thereby bypassing the obstructed nasolacrimal duct. It is performed under general anaesthesia.

There are two approaches available to the ophthalmologist for DCR. The traditional method is external DCR which comprises of creating an external cutaneous incision along the side of the nose and the medial canthus of the eye.

The endonasal approach, on the other hand, is a minimally-invasive technique which allows the surgeon



Blocked nasolacrimal duct is a common cause of tearing especially in females.

In part seven of the 'Eye Discoveries' series by the NHG Eye Institute, we will take a look at Acquired Nasolacrimal Duct Obstruction (NLDO), its cause, and treatment options.

NLDO is a common cause of epiphora in adults. Primary-

acquired NLDO is the most common form of NLDO. It is postulated to be due to low-grade inflammation or fibrosis arising from an idiopathic cause. The exact incidence is unknown, but it is higher in women, increasing after the age of 40 years old. Up to 71%



Intraoperative photo (during endonasal DCR) of the lateral nasal wall showing the creation of the anterior lacrimal sac flap with a 2.75mm keratome blade.



Healed skin wound (6 weeks postoperatively) after external Dacryocystorhinostomy.

to approach the lacrimal sac and nasal space through the nostril, without the need for a cutaneous incision, thus avoiding a cutaneous scar. The patient will require prior assessment for suitability through a nasal endoscopic examination.

In either technique, a bicanalicular silicone stent would be placed for a period of 6 to 12 weeks to keep the ostium patent. The anatomical success rate of DCR for cases of complete NLDO is in the range of 90% to 95%. **GPBUZZ**



NHG Eye Institute Direct Access Hotline:

NHG Eye Institute is able to accommodate same-day/next day appointments. Depending on the level of care needed and the requested timing, most patients can be seen by an Eye specialist on the same day especially for requests received in the morning. For appointments, GPs should call 6359 6500.

Reference:

1. The Lacrimal System: Diagnosis, Management and Surgery by Adam Cohen, Michael Mercandetti, Brian Brazzo. Springer International Publishing Switzerland (2nd Edition).



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TIPS ON EXERCISE BETWEEN RUNNING DAYS

By **Wong Jiayen**, Senior Physiotherapist, Department of Physiotherapy, Tan Tock Seng Hospital



Running is a great way to maintain one's health. However, having recovery days after running are as important when it comes to keeping the body in good form. Exercises on these non-running days can easily be done in the comfort of home, within the convenience of space and time. These exercises are both suitable for amateurs or seasoned runners.

The American College of Sports Medicine (ACSM) recommends different components of exercise, including cardiorespiratory, resistance, flexibility and neuromotor exercises (Garber et al., 2011). Exercises done on non-running days can be focused on these components to maximise movement health.

Treat your joints well by stretching the muscles that have worked hard during your run. Including core and upper limb strengthening exercises in your exercise programme ensures that your body is holistically conditioned. Neuromotor training, such as balance and coordination, is also important in injury prevention when you run or play sports.

EXERCISE INSTRUCTIONS:

CALF STRETCH >>

1. Stand with feet shoulder width apart
2. Place one foot forward and one foot back
3. Ensure both feet are flat on the ground
4. Bend your front knee until you feel a stretch on the calf of the back leg

Hold the stretch for 20-30 seconds, repeat 3-5 times on each leg.





↑ QUADRICEP STRETCH

1. Hold on to a stable support while standing
2. Bend one leg back and hold on to your ankle
3. Gently straighten your body and bring the heel of your foot towards your buttock
4. You should feel a stretch on the front of your thigh

Hold the stretch for 20-30 seconds, repeat 3-5 times on each leg.



↑ HAMSTRING STRETCH

1. Sit at the edge of a chair
2. Stretch one leg out in front of you
3. Bend forward through your hips and reach for your toes until you feel a gentle stretch at the back of your thigh
4. Your spine should be kept straight at all times

Hold the stretch for 20-30 seconds, repeat 3-5 times on each leg.



« PLANK

1. Rest your elbows on a stable platform
2. Get into a plank position
3. Engage your core muscles by drawing your tummy towards your spine and tightening your buttock muscles (gluteals)
4. Ensure good alignment by keeping your shoulder, hip, knee and ankle in a straight line
5. Make the exercise more challenging by doing the plank on the floor
6. Stop the exercise if you experience any pain

Hold the position for up to 30 seconds. Repeat 5-10 repetitions.



Beginner



Intermediate



Advanced

↑ SINGLE LEG BALANCE

Beginner

1. Cross your arms across your chest
2. Place one foot in front of the other, as though standing on a tight rope
3. Maintain this position for up to 30 seconds
4. If too easy, close your eyes to make the exercise more challenging

Intermediate

1. Cross your arms across your chest
2. Bend your hip and knee to 90 degrees on one leg
3. Balance on the other leg
4. Maintain this position for up to 30 seconds
5. If too easy, close your eyes to make the exercise more challenging

Advanced

1. Stand on one leg
2. Bend through your hip and knee while keeping your hips and knee pointing forward at all times
3. Reach forward to a target on the ground
4. Perform 5-10 sets

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POINT TO NOTE:

These exercises should not cause pain. Stop the exercise and consult your doctor or physiotherapist if you experience any pain or discomfort.

Reference:

Garber, C.E. et al. Quantity and Quality of Exercise for Developing and Maintaining Cardiorespiratory, Musculoskeletal, and Neuromotor Fitness in Apparently Healthy Adults: Guidance for Prescribing Exercise. *Medicine & Science in Sports & Exercise*, July 2011.



3 Steps for referring patients to TTSH.

Here's a comprehensive chart listing the steps to refer non-subsidised patients and patients under the Community Health Assist Scheme (CHAS) to Tan Tock Seng Hospital (TTSH).



To ensure your patients are seen promptly at TTSH, triaging may be conducted by our staff. You may be required to fax referral letter and CHAS cover note to TTSH GP Appointment Hotline or Specialist Outpatient Clinic.

Please retain a copy of the documents for reference purpose.