

GP BUZZ

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APRIL-JUNE 2019

**LIFESTYLE
HEALTH RISKS**

**BETTER THAN CURE:
EXERCISE, SCREENINGS & VACCINATIONS**



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APRIL - JUNE 2019

About the Cover Page:

REAP WHAT YOU SOW

ACTIVATING HEALTHY HABITS AMONG THE PATIENTS WE SERVE

In the foothills of the Kuju Mountains in Central Kyushu (cover), golden pampas grass reeds shimmer in the autumn sun – a picturesque analogy to represent vitality and health. Sowing the seeds for healthy living reaps bountiful rewards for the lives of our residents.

A metaphor for preventive care, sowing the seeds of good lifestyle habits will lead to more sustainable and healthy living. The individual grows and blossoms with the fruits of the choices he or she makes - the outcome of a life-long journey of nurturing good behaviours.

Charles Duhigg's bestseller, *The Power of Habit: Why We Do What We Do in Life and Business*¹, explores the science behind habit creation and reformation. As the author presents through his work, once we understand the cues, routine and rewards involved with the neurological feedback loop governing good or bad behaviour, one can change for the better. Echoing Pavlov's original work into the 21st century, Duhigg's work provides inspiration for harnessing the potential of inescapable Darwinian biological design.

While an illness-free life may not always be achievable, we can stave off its complications by practising healthier lifestyle habits. In this issue, we share about how two initiatives by Tan Tock Seng Hospital's (TTSH) Centre for Health Activation and the National Healthcare Group Pharmacy Transformation ELITE² Workgroup address the individuals' activation and empowerment to aid them with taking charge of their own health. GPBUZZ



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In this painting, commissioned by Allied Health Services and Pharmacy Division leaders at TTSH (2019), the seeds of love and good intention are planted in a fertile and nurturing environment - resulting in growth, vitality and wellness for the community.

Reference:

- ¹ The Power of Habit: Why We Do What We Do in Life and Business - Duhigg C., 2012
- ² ELITE stands for Empowering patients and/or their caregivers through health Literacy, Information Technology and Education



21 carers from Ang Mo Kio Family Service Centre and People's Association Women's Executive Council have undergone the CHARGE Up! Learning Programme and are now ready to support the Ang Mo Kio Community Health Team.



In one of the CHARGE Up! learning modules, carers are taught by Senior Physiotherapist, Mary Ann Tay, on how to check if walking aids are used correctly. This would help them in home visits when they encounter residents who are on walking aids.

BUILDING AN ACTIVATED COMMUNITY OF CARERS

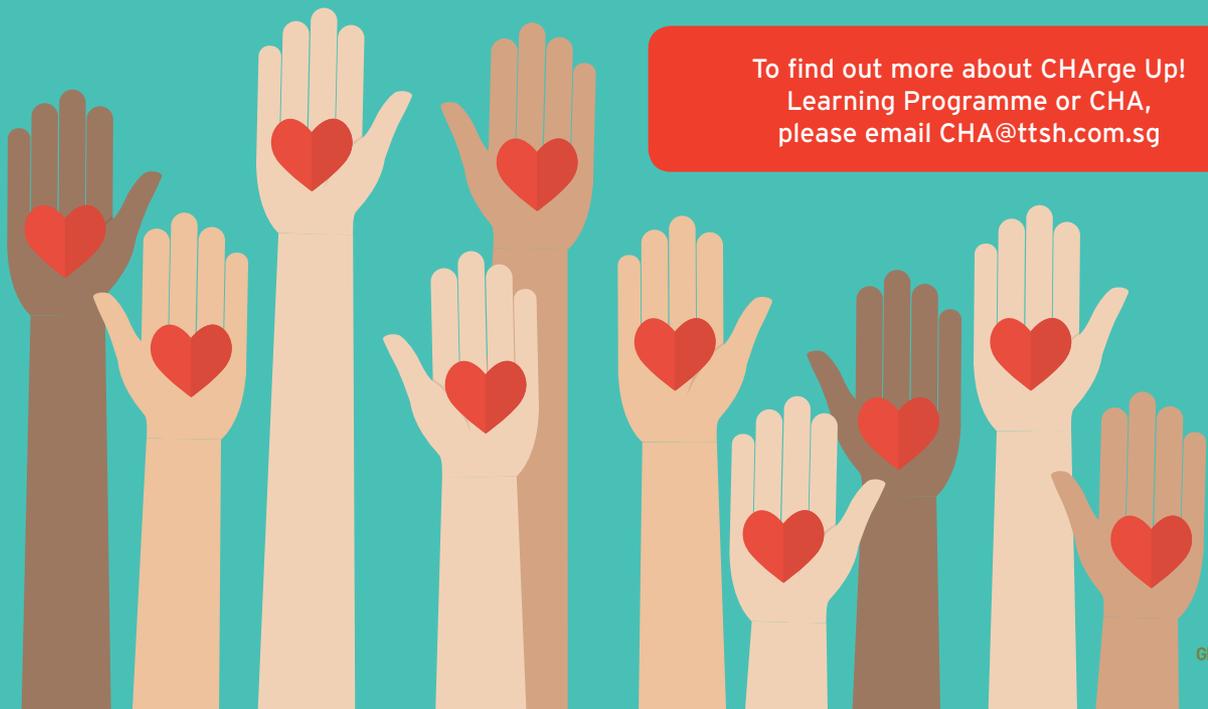
It takes a village to care for our population. As our population ages and we are faced with the burden of rising chronic diseases, it takes a whole *kampung* to encourage good health and empower self-care in the community. Hence, we recognise the need for close collaborations with our health and social care partners to enable neighbourhood-based care to thrive.

Launched in 2017, the Centre for Health Activation (CHA) was set up to focus on Activation, Research and Training - also known as the ART of CHA. Its vision is to drive activation and build one community of carers (i.e. patients, caregivers, volunteers, health and social care partners) who are equipped with the skills, knowledge and confidence to advocate self care, care for loved ones and care for others in the community.

As part of building an activated community of carers, CHA collaborates with community partners in the Central Zone to curate and tailor upskilling programmes for carers, according to the needs of the community. This customised programme is called **CHARGE Up! Learning Programme**, which comes under the auspices of CHA. Trained carers then apply what they have learnt by supporting the Community Health Teams (CHTs) in the assessment of residents' basic health needs, identification of residents who could benefit from community health programmes and escalation of simple health and social cases for intervention.

This model of care would organically create an activated community of carers; one that is empowered to embrace and prepare for ageing, and improve the overall health of our population. **GPBUZZ**

To find out more about CHARGE Up! Learning Programme or CHA, please email CHA@ttsh.com.sg



FOCUSING ON PATIENT ACTIVATION THROUGH NATIONAL HEALTHCARE GROUP (NHG) PHARMACY TRANSFORMATION

With the increasing complexity of Singapore’s healthcare needs, the ability of patients to understand their medical conditions and medication instructions becomes critical to their continued health. Studies have shown that poor medication adherence is the top medication-related problem faced by patients with chronic diseases. The NHG Pharmacy Transformation ELITE¹ workgroup comprising members from all NHG institutions was set up to engage and empower patients and caregivers through health literacy, information technology and education.

In conjunction with Pharmacy Week in October 2018 (right), the workgroup organised the NHG’s Cluster Campaign - “Know Your Medicines, Get it Right” - to increase awareness about the importance of creating patients’ medication lists. Steps have also been taken to train frontline pharmacy staff in health literacy concepts and effective communication, to support patients and caregivers in understanding and making decisions in medication management. Also, a validation study on a medication adherence tool has been completed and currently piloted at Khoo Teck Puat Hospital (KTPH) and Tan Tock Seng Hospital (TTSH) inpatient wards. **GPBUZZ**

¹ ELITE stands for Empowering patients and/or their caregivers through health Literacy, Information Technology and Education.



WRITE YOUR OWN MEDICATION LIST!

A medication list helps you and your healthcare provider track your medications and keep you safe.

Updated on: 05/09/2018

Name: Tan Kim Long
ID No.: S123XXXXA

Drug Allergy:

Medical Conditions:
High Blood Pressure
High Cholesterol

Bactrim (Rash)

Medications / Supplements

No.	1 Medication Name & Strength	2 How to take the medication	3 Used For
1.	Nifedipine LA 30mg tablet	Take 1 tablet every morning	Blood pressure
2.	Fish Oil 1000mg capsule	Take 1 capsule 3 times a day after food	Health
3.	Paracetamol 500mg tablet	Take 2 tablet 4 times daily when necessary	Pain / Fever

Example of a Medication Label

Nifedipine LA 30mg Tablets
Take one tablet every morning
 for Blood pressure control.
 05/09/2018
 Tan Kim Long
 S123XXXXA
 C&C Clinic
 123 Smith Street 5, S566995

Tips for Writing A Medication List

- Follow the example on the left to create your medication list.
- Medications may have different formulations e.g. Long-Acting (LA) or Sustained Release (SR). Do write these information into your medication list.
- Ask your doctor or pharmacist if you need help to write your medication list.

Bring along your updated medication list and show it to your doctor or pharmacist at every visit.
 Log on to <http://bit.ly/NHGPML> or scan  to download a blank medication list.

SINGAPORE HEALTH FACTS

A bird's eye perspective on the prevalence of disease and leading causes of death in Singapore. In the following columns, we share about the lifestyle behaviours that lead to increased risk of diseases, and preventive measure to avoid.



29.1%
Cancers

TOP 5 LEADING CANCERS²

(Ranked in order of incidence rate)



MALE

- 1) Colo-rectum
- 2) Lung
- 3) Prostate
- 4) Lymphoid Neoplasms
- 5) Liver



FEMALE

- 1) Breast
- 2) Colo-rectum
- 3) Corpus Uteri
- 4) Lung
- 5) Ovary

4.0%
External causes of morbidity and mortality

6.3%
Cerebrovascular diseases (including stroke)



Leading causes of death in Singapore (2017)¹

18.5%
Ischaemic Heart Disease

20.1%
Pneumonia

22.0%
Others (in order of prevalence), including:

- 1) Hypertensive diseases (including hypertensive heart disease)
- 2) Nephritis, Nephrotic syndrome & Nephrosis
- 3) Urinary tract infection
- 4) Other heart disease
- 5) Diabetes mellitus
- 6) Chronic obstructive lung diseases

Prevalence of disease burden among Singaporean adults aged 18 – 69 years old³ (%)

	2010	2017
Hyperlipidaemia	25.2	33.6
Hypertension	18.9	21.5
Diabetes	8.3	8.6
Obesity	10.8	8.7
Daily Smoking	14.3	12.0

Statistics exclude: Binge Drinking – 9.0% (2017)

References:

- ¹ Leading causes of death in Singapore (2017) - <https://www.moh.gov.sg/resources-statistics/singapore-health-facts/principal-causes-of-death>
- ² Top 5 leading cancers - <https://www.moh.gov.sg/resources-statistics/singapore-health-facts/disease-burden>
- ³ Prevalence of disease burden among adults aged 18-69 years old - Data for year 2010 is from the National Health Survey (NHS) series, while data for 2017 is from the National Population Health Surveys (NPHS) 2017.

ADDICTED TO THE DEATH STICK



By **Dr Puah Ser Hon**,
 Consultant and Deputy Clinical Director, Respiratory Therapy Services,
 Department of Respiratory and Critical Care Medicine,
 Tan Tock Seng Hospital

The war against smoking rages on. Over the recent decades, smoking has brought death to 435,000 individuals in the United States, and to five million more worldwide. The battle however, is still beyond any fathomable end. Why do people still pick up the death stick despite overwhelming evidence of its detriment to longevity?

There are 600 ingredients that can be identified in just a single cigarette. When lit, the cigarette releases 7,000 chemical compounds into the lungs, out of which 69 are known to cause cancer. Nicotine is one of the most addictive compounds embedded within the cigarette. It is carried with smoke particles, where it is rapidly and efficiently absorbed into the pulmonary venous circulation. It is then brought to the brain where it binds to nicotinic cholinergic receptors, causing a release of dopamine and other neurotransmitters. This signals a pleasurable experience, relieving both stress and anxiety. Most smokers develop smoking-related cues, which see them associating smoking in certain situations and moods, with the rewarding effects of nicotine.

Repeated nicotine exposure will desensitise these receptors due to continuous complete saturation. Eventually, a steady concentration will be required to sustain the release of dopamine and experience withdrawal symptoms once this concentration goes below the tolerance threshold.

The addiction is thus perpetuated both neurobiologically and through conditioned behavior. Thus, a smoker continues smoking for the sake of experiencing these perceived enjoyable effects, and to avoid nasty withdrawal symptoms. This in turn makes any effort to reduce and eventually stop smoking difficult. What we have learned so far is that there is no one strategy that guarantees success, and it will likely take several strategies and multiple interventions before a smoker is able to break the nicotine addiction cycle.

A referral to the nearest Smoking Cessation Programme offered in most major hospitals can help patients with the process of quitting. In these programmes, patients can work together with counsellors to explore both pharmacological and non-pharmacological strategies. They can also explore activities that will keep their mind and body active and away from cigarettes like yoga, exercise or newfound hobbies. You can find help for your patients through the I Quit programme and QuitLine information below. **GPBUZZ**

6 SINGAPOREANS DIE PREMATURELY FROM SMOKING RELATED DISEASES EACH DAY.¹



**I
QUIT**

The I Quit programme by Health Promotion Board (HPB) is one of the many options that offer advice on quitting and to start on a quit journey. Scan the QR code for more information.



The QuitLine is just a simple phone call away at 1800 438 2000.

¹ http://www.healthhub.sg/live-healthy/597/questions_smoking

ALCOHOL: TO BE MERRY, OR SORRY?

By **Assistant Professor Robert Lo,**
Senior Consultant,
Department of Gastroenterology & Hepatology,
Tan Tock Seng Hospital



Mankind and alcohol go back a long way. There is even evidence to suggest that fermented beverages existed as far back as the Stone Age. With the increase in wealth and average income, consumption of alcohol is rising worldwide. This is even more so in newer economies such as China, India and South East Asia.

In Singapore, the per capita alcohol consumption has nearly trebled from 2005 to 2015. It is estimated that at least 4.3% of males and 0.8% of females drink alcohol regularly, and for more than 4 times a week. The recommended drinking limit is 2 standard drinks a day for males, and 1 for females. A standard alcoholic drink is defined as a can (330 ml) of regular beer, half a glass (100 ml) of wine or 1 nip (30 ml) of spirits.

Whilst drinking within the recommended limit is considered safe, overconsumption is linked to multiple health and psychosocial problems. These include obesity, cancer, stroke, mental health disorders, dementia, male impotency, infertility, and alcoholic liver disease (ALD). ALD encompasses acute alcoholic hepatitis, steatosis, steatohepatitis, liver cirrhosis, liver failure, and liver cancer.

Studies have shown that 1 in 32 Singaporeans aged 18 years and above abuse alcohol, and are therefore prone to developing these complications. Worldwide, 5.9% of deaths are attributable to alcohol. ALD is also among the most common indications for liver transplantation, amounting to approximately 1 in 4 liver transplants. Early diagnosis of ALD can be challenging as it is rather silent in the early stage. However, this can be overcome with vigilance and early screening with liver function tests.

To prevent dependence and avoid the development of alcohol-related complications, moderation with strict adherence to the drinking limit is key. For those who require support with overcoming addiction, agencies such as Alcoholics Anonymous (AA) and National Addictions Management Service (NAMS) may be helpful. For those who suffer from ALD, either because of the presence of clinical signs of liver disease such as enlarged liver, or with abnormal liver function tests, they should be advised to stop drinking alcohol, and be referred to the Gastroenterology or Hepatology clinic for further management. **GPBUZZ**

To refer patients to TTSH's Department of Gastroenterology and Hepatology for alcoholic liver disease (ALD) treatment, please call 6359 6500.



**I
FIGHT**

Alcoholic Anonymous (AA)
Email: help@singaporeaaa.org
Contact: 8112 8089

National Addictions
Management Services (NAMS)
Contact: 6-RECOVER (6-7326837)

ARE YOUR EATING HABITS OUT OF BALANCE?



By **Mr Adrian Toh**,
Senior Psychologist, Psychological Services,
Tan Tock Seng Hospital



By **Ms Michelle Lynn Perera**,
Dietitian, Department of Nutrition and Dietetics,
Tan Tock Seng Hospital

Disordered eating refers to a range of abnormal eating patterns that include emotional eating, restrictive eating and unnecessary expulsion of consumed food. These patterns may not fulfill the diagnostic criteria for eating disorders but share common causes, including stress, peer influences, culture and mental disorders such as depression or social anxiety disorder.

Possible red flags include, but are not limited to:

- Feeling a lack of control over food
- Avoiding certain foods/food groups
- Persistent and/or significant weight changes
- Swelling around the cheeks and/or damaged teeth
- Eating excessively beyond satiety, subsequently feeling guilty
- Rigid eating habits (i.e. avoiding eating outside of home, inflexible meal times)

To address the issues effectively, it is necessary to examine the underlying causes and functions that perpetuate such eating behaviours.

Disordered eating behaviours can result in over- or under-nutrition. Undesirable over-eating may lead to being overweight or obese. Consequently, related conditions including high cholesterol levels, diabetes mellitus, heart disease and impaired ability for daily activities may arise. Conversely, over-restriction or over-purging of food may lead to nutritional deficiencies, which may present as cardiac irregularities, dangerous hypoglycemia, multiple organ failure and eventually death, if left untreated.

Disordered eating is also associated with poorer concentration, increased helplessness and increased risk of depression and anxiety. Consequently, in multi-directional ways, the affected psychological, physical and nutritional aspects may impact one's social and occupational functioning.

Some possible ways to help with disordered eating:

- Practice mindfulness exercises for greater self-awareness
- Adopt an inclusive meal plan that incorporates all foods in moderation
- Engage in a variety of enjoyable physical exercises and cultivate healthy limits

A multidisciplinary team including psychologists and dietitians can help to identify and address the underlying causes and functions of disordered eating, and provide individualised strategies to better manage nutritional and psychological challenges. If you know of someone who requires help in addressing disordered eating behaviours, referrals can be made to Psychological Services and/or Nutrition and Dietetics in Tan Tock Seng Hospital. Early identification of disordered eating and intervention is essential, promising a better prognosis and preventing serious psychological and health consequences. **GPBUZZ**

For referrals to Psychological Services and/or Nutrition and Dietetics in Tan Tock Seng Hospital, GPs can call 6359 6500.

SLEEP-DEPRIVED SINGAPORE:

GET YOUR SLEEP IN CHECK



By **Dr Lee Chuen Peng**,
Consultant and Director, Sleep Services,
Department of Respiratory and Critical Care Medicine,
Tan Tock Seng Hospital

The post-lunch sluggishness of a Monday afternoon is felt by both medical practitioners and patients alike. How we often wish we could concur with our patients' accounts of feeling fatigued and lacking energy, by chiming in with 'me too'!

How much sleep do we really need?

It is recommended for adults to get seven to eight hours of sleep a day, even for older adults. Pre-schoolers and children require even more sleep, with a recommended duration of 11 to 13 hours a day. Other factors like early pregnancy can increase the need for sleep. While ageing may cause sleep patterns to change where older adults tend to sleep more lightly and for shorter time spans than younger adults. Sleep should also be uninterrupted to achieve quality sleep.

Why sleep eludes you

The quantity and quality of sleep are both prized and highly-coveted components to the life of the everyday Singaporean. There are many reasons why sleep eludes us. Our society's culture of working long hours, stressors of daily life and late-night festivities can all contribute to sleep deprivation. However, underlying medical conditions such as Obstructive Sleep Apnoea (OSA) can also cause us to lose sleep. OSA refers to the complete or partial obstruction in the upper airway during sleep, which leads to reduction or cessation of airflow. How prevalent is OSA among adults in our society?

The nationwide prevalence of OSA was estimated to be about 20%! This is similar to the prevalence of hypertension, high cholesterol and nearly twice that of diabetes. However, in contrast to these commonly identified chronic diseases, 90% of patients with OSA remained undiagnosed. Other than its detrimental effect on productivity and safety, OSA has been associated with hypertension, diabetes, cardiovascular and cerebrovascular diseases, and cognitive impairment. Sufferers of OSA tend to dismiss excessive daytime sleepiness (EDS) as a norm. However, EDS is pathological and OSA is highly treatable.

Traditional barriers for the treatment of OSA include poor public awareness, limited access to diagnostic facility and long waiting times for inpatient overnight polysomnography (PSG). Recent advancements in sleep medicine diagnostics have made home sleep testing (HST) feasible in a group of uncomplicated patients. The Sleep Laboratory in Tan Tock Seng Hospital has been conducting HSTs since July 2018. You can refer your patients to our Sleep Disordered Breathing (SDB) clinic for assessment and resume their follow-up once we have stabilised them with treatment. [GPBUZZ](#)

For referrals to the Sleep Disordered Breathing (SDB) clinic in Tan Tock Seng Hospital, GPs can call 6359 6500.

RUNNING FOR BETTER HEALTH



By **Mr Ray Loh**,
Senior Exercise Physiologist, Sports Medicine and Surgery Clinic,
Tan Tock Seng Hospital

Browse through the amount of local running events in Singapore's annual calendar, and you will be able to find at least 40 to 50 that cover a variety of distances, from a short 1.6km for kids to over 50km for experienced runners. Running has become the top most popular form of exercise among adults in Singapore. This popular pastime is also ranked as the second most popular fitness activity (just behind walking) by seniors¹ (Sports Index participation trends, 2015). Though some people are still sceptical about how safe running can be, its motivating factors may be due to the many additional benefits it possesses, which are not seen with other sports.

Running should not be confused with sprinting, as it is more moderate and lasts over a longer distance. Running can be considered a vigorous activity, even at slow speed due to the high impact it exerts on the body. A 75-minute slow jog is considered a vigorous activity and achieves the same outcome as a 150-minute moderate intensity aerobic activity. Running can help busy adults achieve the advocated physical activity guidelines with less commitment towards time spent on exercise. It is also supported by lower barriers to entry, as a person can start running anywhere and anytime, without the need of a partner or team to start. Neither extensive facilities nor infrastructure are required for a person to start running more regularly. Evidence from longitudinal studies also showed that runners are more likely to engage in healthy lifestyle behaviours such as better sleeping and eating habits, weight maintenance and reduced smoking and alcohol consumption.

Benefits of Running

From a public health perspective, running is a key lifestyle medicine and holistic activity that can significantly reduce the chances of cardiovascular disease, as well as stroke. Running also improves quality of life by enhancing cognitive function, suppressing depressive symptoms, preventing some cancers, as well as neurological conditions such as Alzheimer's and Parkinson's disease. Comparing runners to non-runners who were active in other sports and physical activities, runners on average presented an increased life expectancy by up to an additional 3 years. They were also found to have 27% lower risk in premature mortality, 38% lower risk in hypertension, 36% lower risk in hypercholesterolemia, and 71% lower risk of getting diabetes mellitus than walkers² (Lee et al., 2017). Even a slow jog of 5 to 10 minutes a day sees benefits for reducing cardiovascular diseases! **GPBUZZ**

Reference:

¹ SG Sports Index (2016). Participant trends 2015. Market Insights & Consumer Analytics. Retrieved from <https://www.sportsingapore.gov.sg/-/media/Corporate/Files/About/Publications/Sports%20Index%202015.pdf> on 14/11/2018

² Lee D.C., Brellenthin A.G., Thompson P.D., Sui X., Lee I.M., & Lavie C.J. (2017). Running as a Key Lifestyle Medicine for Longevity. *Prog Cardiovasc Dis*, 60(1):45-55.





KEY POINTERS TO NOTE BEFORE EMBARKING ON A RUN:

1

Screen for suitability (e.g. any history of cardiovascular, respiratory and orthopaedic conditions) and follow the exercise sequence to prevent musculoskeletal injuries

2

Have a good **warm up** of around 5 to 10 minutes to prepare the body (especially if you were sedentary most of the time before the run)

- a) Slow jog/brisk walk (increase heart rate and break a sweat)
- b) Light lower body stretching using dynamic movements
 - Calf stretch
 - Leg swings
 - Forward kicks
 - Back kicks
 - Toe touches
 - Truck rotation
 - Shoulder rotation

3

Remember to **cool down** after your exercise to keep good recovery habits. Lower limb stretching targets the calf, thigh, hip and pelvis

4

Most importantly, run along safe surfaces and remember to enjoy the activity!

“RUNNING IS A KEY LIFESTYLE MEDICINE AND HOLISTIC ACTIVITY THAT CAN SIGNIFICANTLY REDUCE THE CHANCES OF CARDIOVASCULAR DISEASE, AS WELL AS STROKE.”

Tan Tock Seng Hospital Sports Medicine and Surgery Clinic provides fitness testing and exercise prescription services. For more information, email to sportsmedicine@ttsh.com.sg.

THE WHYS, WHATS, AND HOWS OF HEALTH SCREENING



By **Dr Matthias Toh**,
Consultant, Public Health Physician,
National Healthcare Group



By **Dr Wycliffe Wei**,
Preventive Medicine Resident,
National Healthcare Group

Screening is performed on well people, to detect early stages of risk factors or diseases, so they can be treated effectively.

Despite its benefits, many people still do not receive regular preventive health screening. As many as 34% of all Singaporeans have not been screened for common chronic diseases and cancers in 2010.

The appearance of symptoms often indicates an advanced stage of disease. As a result, seeking medical care only upon the appearance of symptoms could lead to more expensive care, greater disability and poorer chances of survival. By forgoing recommended health screenings, we may miss life-saving opportunities and end up paying more for health later.

In Singapore, there are recommended screening tests for several cardiovascular risk factors (conditions that affect the heart and blood vessels) and some cancers (see Table 1).

Under the national Screen for Life (SFL) programme, Singaporeans pay up to \$5 for a SFL test and a follow-up visit at any accredited Community Health Assist Scheme (CHAS) clinics (excluding mammography). Polyclinics also offer these screening tests with subsidy. At the Singapore Cancer Society, cancer screening tests are fully sponsored for eligible persons. **GPBUZZ**

MAKE SCREENING AN INTEGRAL PART OF EVERY SINGAPOREAN'S LIFE. REMEMBER TO SCREEN AND SCREEN REGULARLY.

Table 1: Revised National Screening Recommendations from March 2019 (General Population)

Screening Tests		Disease/Condition Screened	Recommended Age (Years)	Screening Interval*
Cardiovascular Health	Blood pressure	Hypertension (High blood pressure)	18 and above	≤ 2 years
	Body mass index (BMI)	Obesity	18 and above	1 year
	Waist circumference		18 and above	1 year
	Blood glucose (fasting) / HbA _{1c}	Diabetes mellitus	40 and above	3 years
	Blood lipids (fasting)	Dyslipidaemia (High cholesterol)	40 and above	3 years
Cancer Prevention and Early Detection	Faecal immunochemical test	Colorectal Cancer	50 and above	1 year
	Cervical pap smear (Women)	Cervical Cancer	25-29	3 years
	Cervical human papillomavirus (HPV) test	Cervical Cancer	30-69	5 years
	Mammography (Women)	Breast Cancer	50-69	2 years

*Assuming normal result from a previous screening.



Ageing Better Through Functional Screening



By **Mr Tay Tian Lin**,
Manager, Community Health, Division for Central Health,
Tan Tock Seng Hospital

Functional Screening is currently introduced through Project Silver Screen, a collaboration between the Ministry of Health (MOH), Health Promotion Board (HPB), and Temasek Foundation Cares (TFC) to care for the ageing population. The nation-wide programme aims to help ageing Singaporeans to see, hear and eat better.

Functional Screening covers three functional components; oral, vision and hearing health. Functional screening screens for potential functional decline and providing seniors with an opportunity for early intervention. While indications of functional decline are generally visible and easily felt through tooth pain, blurred vision or poor hearing, most seniors experience challenges with addressing these issues, as visits to different care providers are required.

If symptoms of decline are ignored or neglected, seniors may miss the opportunity to maintain or improve their quality of life. For instance poor vision and hearing may lead to falling incidents, or other accidents due to seniors' inability to sense environmental hazards. Poor oral health, on the other hand, can result in poor nutrition and lead to other health issues.

HPB recommends annual Functional Screening for all Singaporean seniors aged 60 and above. To ensure affordable and accessible screening, Project Silver Screen subsidises the fees for screening with seniors paying up to \$5, following the fee structure (see Table 1). **GPBUZZ**

Table 1: Fee Structure for Functional Screening

Pioneer Generation	Free
Community Health Assistance Scheme (CHAS) Cardholders (Blue/Orange)	\$2
Other eligible Singapore Citizens	\$5



To refer your patients for Functional Screening, scan the QR code for information on the schedules and locations, or call the Singapore Silver Line at 1800-650-6060.

A PRIMER ON INFLUENZA AND THE FLU VACCINE



By **Dr Hsu Li Yang**,
Head, Department of Infectious Diseases, Tan Tock Seng Hospital
Clinical Director, National Centre for Infectious Diseases
Associate Professor, Saw Swee Hock School of Public Health

Upper Respiratory Tract Infections (URTIs) are collectively the most common infectious disease condition for visits to primary care physicians. Of these, influenza is one condition that presents opportunities for greater prevention and improving care.

What Is Influenza?

Influenza is caused by the highly contagious influenza viruses (primarily A and B) that spread via contact and droplets. These RNA viruses mutate rapidly, and the consequent antigenic drift is why annual vaccinations are recommended, as there is no lifelong immunity. When influenza viruses of different human and animal species are mixed together, there is a risk that the subsequent re-assortment and antigenic shift will create a virus capable of causing pandemics, as has occurred five times during the past century.

Who Are At Risk?

For the majority of infected people, influenza is a significant but non-life-threatening inconvenience that can be resolved within days. For a minority - especially the elderly, the very young, pregnant women, and those with chronic health conditions - there are higher risks of complications that may result in hospitalisation, and even death.

How Can It Be Treated?

The best known and antiviral drug that targets influenza is Oseltamivir (Tamiflu). Its use remains somewhat controversial, working only against the influenza virus, where it can on average reduce the duration of symptoms by a single day with a very small risk of nausea and psychiatric adverse effects. However, its efficacy in severe influenza requires more rigorous research. In the primary healthcare setting, outside of an influenza epidemic, it is difficult to make a diagnosis of influenza with any certainty and hence prescribe Oseltamivir appropriately. Antibiotics have no impact on influenza nor other viral URTIs, and should be withheld unless evidence of secondary bacterial infections are present.

How Can It Be Prevented?

Annual influenza vaccination - as recommended by both national adult and childhood immunisation schedules in Singapore - should be encouraged as the best way to prevent illness and minimise complications at the population level. The vaccine is very safe, with minor side effects being pain and soreness at the injection site. Its effectiveness, varying between 10% to 60% each year according to the United State's Centres for Disease Control and Prevention (US CDC), is not high but yet remains a highly cost-effective prevention strategy for influenza. The Cochrane Review has estimated that vaccinating 6 children (under 6 years of age) and 37 adults would prevent an average of one case of influenza for each population group. One concern about severe egg allergy and influenza vaccination has also been recently assuaged - the vaccine is safe for use in children no matter the severity of the egg allergy, as recommended by both US CDC and the American Academy of Allergy Asthma & Immunology (AAAAI). **GPBUZZ**

In Singapore, there are two flu seasons; December to February, and May to July. GPs are encouraged to provide annual vaccinations to patients before the flu season starts.

INAUGURAL ADVANCED CARE PLANNING WEEK IN MAY

The inaugural Advanced Care Planning (ACP) week was launched by the Singapore Hospice Council from 11 to 18 May 2019, with the support from National Healthcare Group, Singhealth, National University Health System and community partners.

The week-long event featured the theme ‘Live Well, Leave Well’, advocating ACP practices especially while patients are healthy, independent, and capable of making their own decisions.

Tan Tock Seng Hospital (TTSH) organised exciting activities in support of ACP week that involved various partners from TTSH and the wider community. These included an ethics talk for healthcare professionals, as well as an art-jamming and sharing sessions to increase ACP awareness. **GPBUZZ**

WHAT IS ACP?

ACP IS A VOLUNTARY DISCUSSION ON FUTURE CARE PREFERENCES, INVOLVING A PATIENT, THEIR FAMILY, AND HEALTHCARE PROVIDERS.

FOR INQUIRIES ON ACP, PLEASE EMAIL ACP@TTSH.COM.SG OR CONTACT 6359 6411/10.



SCAN THE QR CODE TO VISIT THE SINGAPORE HOSPICE COUNCIL WEBSITE

TTSH ANNUAL GP LOHEI CELEBRATORY LUNCHEON AND CME:

SPRINGING INTO ANOTHER JU(猪)BILANT YEAR OF PARTNERSHIPS

On 2 February 2019, Tan Tock Seng Hospital (TTSH) gathered General Practitioners (GPs) together for an intimate *Lohei* Luncheon and Continuing Medical Education (CME) session on “Emerging Care Management for Community Health”.

Held at Novotel Singapore on Stevens, Adjunct Associate Professor David Foo, Clinical Lead for Primary Care, welcomed guests and shared the good progress that the Community Right-Siting Programme (CRiSP) has achieved together with our GP partners. Since CRiSP started in 2014, more than 3,400 patients with stabilised chronic conditions have been right-sited to our GP partners for continual care management, following discharges from TTSH’s Specialist Outpatient Clinics. Data has shown that more than 90% of these discharged patients are being well managed in the community. These facts undoubtedly reinforced the pivotal role played by our valued GP partners in facilitating the continuum of care for patients. Adjunct Associate Professor David Foo expressed his appreciation to our GP partners for their fervent support in partnering with TTSH to provide quality care that is accessible to patients, and looks forward to fostering closer integration with primary care.

The CME on “Emerging Care Management for Community Health” held that afternoon covered topics on cardiovascular diseases, pre-diabetes and management of depression in the community for the 95 GPs who attended the session. As these chronic diseases were

recently added to the national Chronic Disease Management Programme (CDMP) in 2018, GPs were able to take away many relevant and useful strategies, as evident from the engaging question and answer sessions. GPs were also better equipped with the knowledge to manage these conditions in the community.

The spirit of continual learning and engagement exhibited by the GPs present was invigorating and surely encouraging. Together, we look forward to strengthening our relationships with the GP community to build stronger care networks for the community we serve. **GPBUZZ**



« Professor Eugene Fidelis Soh (3rd from left) and Adjunct Associate Professor David Foo (2nd from right) tossing to another great year of partnership with our GP partners.



« CME presentation on Pre-diabetes by Dr Brenda Lim, Associate Consultant, Department of Endocrinology.

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 that your patients are seen promptly at TTSH, triaging may be conducted by our staff. You may be required to fax the referral letter and CHAS cover note to TTSH. Our staff will get back to you with an appointment date within 3 to 5 working days.

Please retain a copy of the documents for reference purpose.

We thank you for your kind understanding.