Tan Tock Seng HOSPITAL
National Healthcare Group

A PUBLICATION FOR PRIMARY CARE PHYSICIANS

GP BUZZ

MCI (P) 017/05/2020
JANUARY-JUNE 2020

ENCOURAGING MEANINGFUL ACTIVE AGEING AMONG OLDER SINGAPOREANS

"HAVING CREATED A NEW STAGE OF LIFE, THE NEXT STEP IS TO MAKE IT MEANINGFUL."

Linda P. Fried

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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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JANUARY - JUNE 2020

About the Cover Page:

KEEPING THE GOLDEN YEARS IN COMMUNITY PURPOSEFUL AND JOYFUL

Our work in the community as healthcare workers and purveyors of goodwill and good health often accords us ring-side seats to the intricacies of community life amongst the seniors. Here we discover an empathy for the individuals as we witness their personhood in the essence of their lives, lived out in the constant rhythm of the day. As surely as the sun rises and sets, the golden years accord deep meaning and value, because the absence of the grind of economic activities brings forth a gentler rhythm, borne of a slower and less energetic state, yet filled with thoughtfulness and deliberation, a sense of anticipation for what lies ahead, even in what would otherwise be regarded in the rush of lives as the most mundane of errands and tasks.

In clinical notes, we write 'activities of daily living' or 'ADL' with a dismissive sweep of the pen, reducing intricate cognitive fine-motor functions to a cold cliché. Yet, the simplicity of these activities takes on significance and is sometimes the *only* purpose, as the focal length of economic lives shorten, and the journey matters much more than the destination. That too is motivation to live, fully and examined.

From time to time, I observe people in the neighbourhood wet market, recovering from stroke, as evidenced by their mildly gnarled and braced limbs, asymmetrically going about their tasks unperturbed and unfazed, their cadence contrasting with the swirl and bustle of their surroundings. Here you see a canvas of momentary physical discordance quickly tempered by acts of graciousness, tacit accommodation; not *schadenfreude* but gratitude; a veil lifted as the community rally around its own, reflecting upon its own paths to fate and fortune.

The elderly in relationships and caring for one another or the young is a tremendous gift, not just for the receiver but the giver. It confers benefits which we think about in terms such as 'social determinants of health' but it goes deeper. Community creates its own meaning through these interactions, not just of kin, but strangers made neighbours, deepened through continuity and companionship.

As purveyors of healthcare, we must smoothen the rough edges, mend the cracks, and touch up as the community heals from within. GPBUZZ

These are their golden years and there are always new beginnings. Mary and Jessie glow in the aftermath of their brightly re-painted rental flat by social volunteers. The drapes have yet to be removed from the beddings, but they are already eagerly anticipating preparations for the Lunar New Year.

LIVE WELL, AGE WELL!

TTSH's Department of Geriatric Medicine held the inaugural International Day of Older Persons (IDOP) – a community outreach event on 21 September 2019 at Yio Chu Kang Community Club. Our event, themed 'Live Well, Age Well', presented a series of fun and engaging activity booths in accordance with its themed message. Guests and visitors were treated to a suite of activities that included mass exercises, musical performances, as well as a 'Win-in-Minutes' challenge.

All in all, these activities aimed to raise awareness on important aspects of active ageing, including intergenerational socialisation, health promotion, cognition, exercise, and safety at home and in one's neighbourhood. GPs may recommend your elderly patients to join us at the next IDOP event to learn more lifestyle tips on active aging. Stay tuned for more details about IDOP 2020. We hope to see you there next year! GPBUZZ

« Our participants working hard for the grand prize in the Win-in-minutes challenge.

» Emcee rousing the crowd at the International Day of Older Persons opening segment.

« The Golden Melodies, a choir group comprising about 50 active older adults, opened the event with an exciting drumming circle performance.

» A mass exercise session demonstrating safe exercises that older persons can try at home to maintain their health.

» Participants learning more about exercise and maintaining fitness at one of our educational booths.

TAN TOCK SENG HOSPITAL INTRODUCES PATIENT CARE INNOVATION MODEL IN ANG MO KIO

Tan Tock Seng Hospital has launched its new Ang Mo Kio Specialist Centre (AMKSC) on 13 December 2019, enabling new innovative models of care in the community. From 14 February 2020, its NHG 1-Health day surgery services at Broadway Plaza will also be relocated to level 2 of this centre.

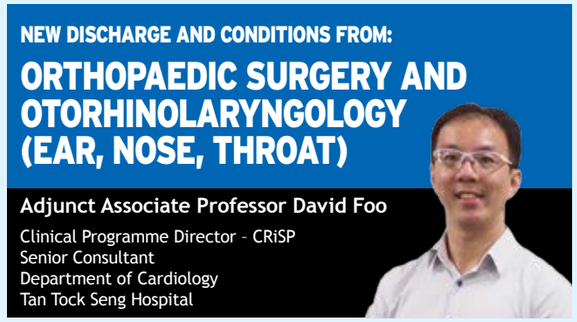
The two-storey AMKSC located near the Ang Mo Kio Central houses 21 consultation rooms, 3 treatment rooms and is equipped with day surgery facilities that provide a holistic care management plan for different patient conditions, from diabetes care to eye care as well as musculoskeletal services.

The centre has its own central pharmacy with an automated medical storage and drug dispensing fit-out, coupled with home delivery that aims to bring more efficiency and improve the overall patient experience.

Residents in the central region can also benefit from the centre's first integrated health and social care services that facilitate coordination among the Silver Generation Office, TTSH's Community Health Team and Medical Social Workers within the same premise. GPBUZZ

AMK Specialist Centre is located at 723 Ang Mo Kio Ave 8 Singapore 560723 and contactable at **AMK_Specialist_Centre@ttsh.com.sg.**

TAN TOCK SENG HOSPITAL COMMUNITY RIGHT SITING PROGRAMME (TTSH CRiSP)



Dear Partners and Friends,

Once again, we are happy to introduce new additions to CRiSP's Discharge conditions, supporting the Nation's vision of "One Singaporean, One Family Doctor".

In October 2019, we have commenced the right-siting of 2 new discharge conditions to our GP partners:
- **Orthopaedic Surgery:** Shoulder Rotator Cuff Pathologies
- **Otorhinolaryngology (Ear, Nose and Throat):** Rhinitis

To support the right-siting of these conditions, TTSH Pharmacy and NHG Diagnostics will continue to provide drug support and laboratory tests at patient's subsidised rates to our GP partners.

GP*Next*

GP*Next* recognises the pivotal role hospital partners can play in ensuring the continuum of care for patients' post-emergency treatment. Under GP*Next*, patients who visited the Emergency Department (ED) but are assessed to be stable, and with minor or low-complexity conditions, can be referred to partner GPs. By reducing referrals from the ED to Specialist Outpatient Clinics for these patients, GP*Next* increases the efficiency of resource-utilisation and also ensures more appropriate care management for these patients by our primary care partners.

Previously, 15 GP*Next* conditions, including UTI, abdominal pain, low back pain, dizziness, and URTI were able to be referred to a partner GP for follow-up treatment. With effect from January 2020, TTSH will commence discharge under GP*Next* to our GP partners for patients who visited the ED for the following condition:
- **Orthopaedic Surgery:** Toe Fracture

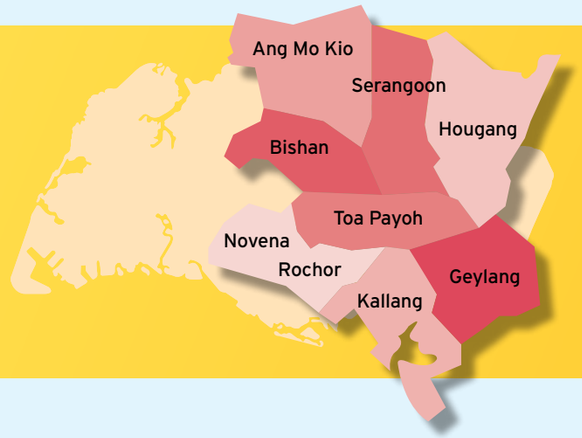
Instead of waiting for an unnecessary follow-up with the specialist, patients will now instead obtain the care they need within a week from the GP!

We are heartened by your continual support to care for the health of our population and look forward to building closer partnerships with you. GPBUZZ

Be part of the Community Right-Siting Programme (CRiSP)!

CRiSP is a partnership between GPs and TTSH, where stable patients at Specialist Outpatient Clinics with selected chronic conditions are appropriately reviewed and co-managed with GP partners.

If you are a GP practising in the central region of Singapore and are keen to find out more about CRiSP, email us at **gp@ttsh.com.sg**.



CME (JANUARY – MARCH 2020)

In view of the evolving COVID-19 situation, all CME activities have been postponed till further notice.

ENCOURAGING MEANINGFUL ACTIVE AGEING AMONG OLDER SINGAPOREANS

By **Dr Joanne Kua**,
Senior Consultant, Department of Geriatric Medicine,
Tan Tock Seng Hospital

By 2050, the World Health Organization estimates that there will be approximately two billion people in the world aged 60 years and older. This pace of ageing is much faster than previously recorded, with similar phenomena already happening in cities like Singapore. It is forecasted that one in every four Singaporeans will be aged 65 and above by the year 2030.

In this section, we share tips on prescribing appropriate management for older adults, so as to help them age actively and meaningfully in the community.

HEALTH SCREENING

There are two types of screenings (refer to more details in Table 1):

1) **Functional screening**
   Function is important to the older adult. Functional screening aims to identify areas that may prevent the older adults from carrying out their basic activities of daily living independently. This can be done using the Short Physical Performance Battery.

   Besides functional ability, functional screening also evaluates the older adults on the following qualities:
   a. Visual acuity - using Snellen's chart.
   b. Hearing impairment - using questionnaires or by performing an otoscopy to look for impacted ear wax causing hearing loss.
   c. Oral health - assessment of the older adults' oral hygiene.
   d. Incontinence – using appropriate questionnaire which helps to identify older adults at risk of urinary incontinence.
   e. Mood - questionnaire to detect early depression which when treated can prevent deterioration in their quality of life.

   If screened positive for any of these qualities, a referral can be made to a geriatrician for further care management.

2) **Medical Screening**
   Medical screening can be divided into screening of cardiovascular risk factors and cancers. For an older adult who is not diagnosed with any of these metabolic diseases, it is essential for them to be screened if a long enough life expectancy is expected.

   Cancer screenings can be controversial as the need for cancer screening has to be evidence-based. Current screening guidelines recommend screening for breast and colorectal cancer from the age of 50 onwards. As these patients age, however, screening will then have to be individualised.

VACCINATIONS

Older adults are at increased risk of pneumonia. Administration of vaccines can stimulate the individual's immune system to produce antibodies that confer immunity against specific pathogens, thus working with the body's immune system to reduce the risk of developing pneumonia.

The target population for vaccinations are older adults above 65 years of age, who have concomitant chronic medical conditions or who have conditions that decrease the body's immunity. Residents of long-term care facilities are also encouraged to undergo the following vaccinations.

1) **Influenza Vaccine**
   This vaccine protects older adults from influenza for up to six months or more. An annual vaccination using the latest influenza vaccine strains is recommended.

2) **Pneumococcal Vaccine**
   There are two types of pneumococcal vaccine:
   a. 23-valent polysaccharide vaccine (PPSV 23)
   b. 13-valent conjugate vaccine (PCV 13)
   Both are essential in older adults aged 65 and above. PCV 13 will need to be administered first, followed by PPSV 23 after 6-12 months.

IMMUNE SYSTEM

A healthy diet is important to maintain a robust immune system. There is no evidence that supplementation with vitamins is helpful if the older adult is already having a well-balanced and nutritious diet.

Another factor that can boost an older adult's immunity is improving the quality of their sleep. If the older adult is not having adequate, good quality sleep, it is advisable for them to seek consultation with a medical practitioner.

ACTIVITIES TO KEEP OLDER ADULTS ACTIVE

Exercises are important for older adults. Older adults can try the following:

a. Strengthening exercises using resistance bands and/ or weights – this prevents sarcopenia and frailty.
b. Balance exercises like group Tai Chi or exercises prescribed by physiotherapists – these prevent falls.
c. Aerobic exercises like fast walking, jogging etc. can help to build cardiorespiratory fitness – optimising control of chronic medical conditions.

These exercises should be discussed together with respective care providers to ensure safety of their older patients. GPBUZZ

Project Silver Screen is a nation-wide functional screening programme for hearing, eyesight and oral health screening at subsidised rates for all citizens 60 years and above.

Visit www.healthhub.sg to find out more.

Table 1: Health Screenings

1) Functional Screening		2) Medical Screening		
Components	Tool	Components		Frequency
Physical function	Short Physical Performance Battery	Metabolic	Type 2 DM	Once/ 3 years
Visual acuity	Snellen's chart		Hypertension	Once/ 2 years unless life expectancy < 1 yr
Hearing impairment	Questionnaire E.g. Do you or your family think you have hearing loss?		Cholesterol	Once/ 5 years unless life expectancy < 5 yrs
Oral Health	Oral Health Assessment Tool	Cancers	Breast	Twice yearly from 50-69 years old
Urinary incontinence	International Consultation on Incontinence Questionnaire - Urinary Incontinence Short Form (ICIQ-UI-SF)		Colorectal	50-75 years old via: i) Fecal occult blood tests: annually ii) Colonoscopy: once/10 years
Mood	Geriatric Depression Scale (GDS)		Prostate	Not recommended

BABY FOOD WHEN YOU'RE OLDER? NO THANKS!

By **Dr Ang Kok-Yang**,
Associate Consultant, Dental Services, Tan Tock Seng Hospital

Humans are only born with two sets of teeth: baby teeth from around six months up until 12 years old, and adult teeth from around six years old, which a person hopefully keeps for the rest of their lives. With enough care, there is really no need for a person to lose all their teeth to old age!

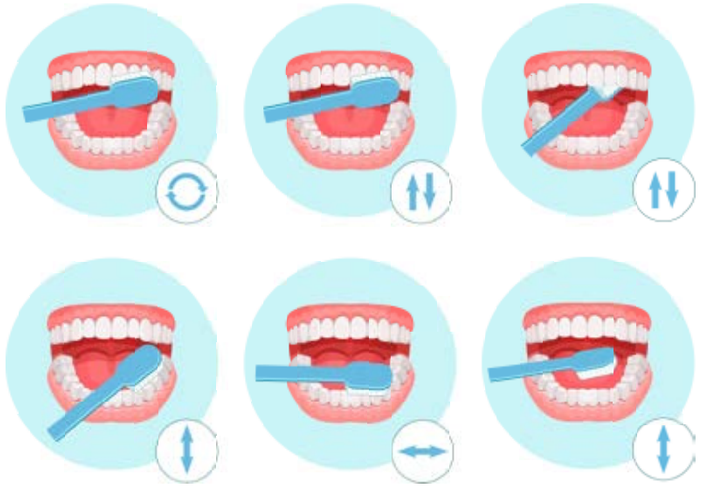
The trick to this is to keep all your teeth well maintained since youth. Most people still think that there is no need to visit a dentist until they experience pain. This is wrong, as initial dental problems (e.g. decay and gum disease) are usually painless.

Maintaining good oral health requires:

- Effective twice daily toothbrushing (bedtime brushing being most important)
- Effective nightly bedtime flossing
- Regular visits to your dentist for dental checks (check for initial decay) and scaling (for gum health maintenance)
- Use of mouthwash is optional

By keeping these good oral health practices from one's teenage years, coupled with good eating habits, there is no reason why you shouldn't be able to keep all your teeth for life! GPBUZZ

BRUSHING THE RIGHT WAY



Dental@TTSH provides general dentistry as well as specialist services for adults and children (age 12 years old and above).

To make an appointment or referral, please call 6357 7000.

EATING AND AGING WELL

By **Ms Jasmine Lee**,
Dietitian, Department of Nutrition and Dietetics,
Tan Tock Seng Hospital

Many elderly patients may be frail, malnourished or deemed at risk. A wholesome, healthy and balanced diet is helpful for aging well, as this reduces risks of developing malnutrition and frailty. Patients can be encouraged to:

1) **Have protein rich foods with every meal***. Good sources of protein include fish, poultry, lean meat, dairy, eggs, and soy products. Additional ideas to enhance protein: Add 2 tablespoons peanut butter onto bread (+8g protein); Add 1 egg to porridge (+7g protein); Add 1 block of tofu to any soup dish (+ at least 10g protein)

2) **Include calcium rich foods** in meals such as dairy products, sardines, calcium-fortified foods or drinks such as higher calcium bread or soy milk.

3) **Adequate hydration, fruits and vegetable intake** can help prevent constipation. Have nutritious fluids such as soups, fresh fruit/vegetable juice, and high calcium milk/soy milk throughout the day. GPBUZZ

* Patients with advanced kidney disease may need to moderate their protein intake.

Nutrition Facts

1 Serving (with olive oil)

Calories	253kcal
Carbohydrates	29.4g
Protein	15.1g
Total fat	8.7g
Saturated fat	3.3 g
Cholesterol	174mg
Dietary fibre	3.4g
Sodium	121mg
Calcium	200mg

PUMPKIN OATS

1 SERVING PORTION

Ingredients

1/2 cup low fat milk
1/2 cup water
3 tablespoon rolled oats
1 egg
1/2 cup diced pumpkin

Method

1. Place the diced pumpkin, oats, water and low fat milk into a saucepan and bring to boil.
2. Keep stirring the mixture to prevent it from sticking to the pot or from getting burnt.
3. Cook until your desired consistency (you may add additional water to thin out the oats).
4. In a separate bowl, whisk the egg and slowly add it into the oats while stirring to prevent it from clumping.
5. Turn off the heat and serve in a bowl for a yummy fibre-containing treat, that is high in calcium and protein!

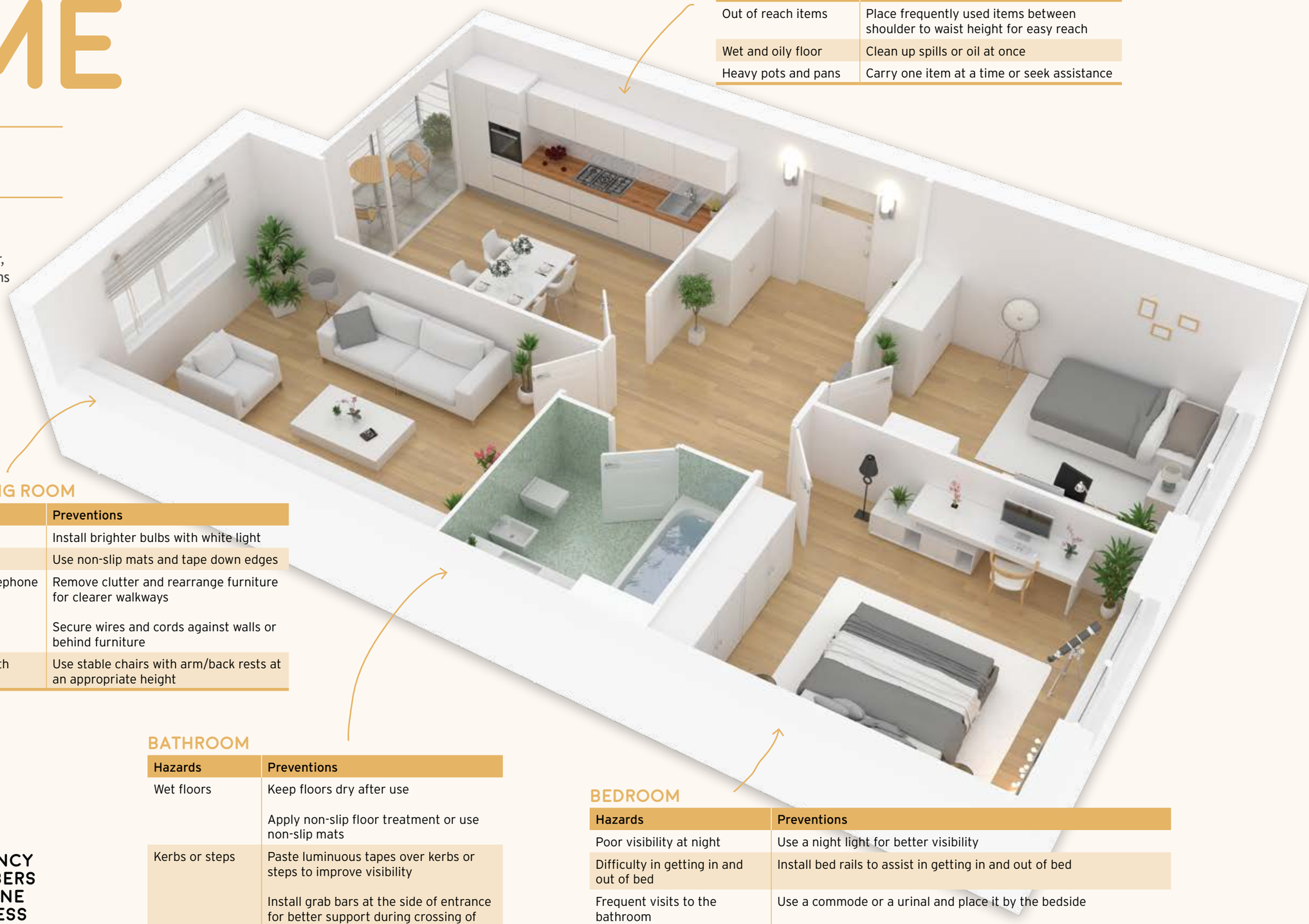
Optional: You may add some almonds, walnuts or goji berries as toppings for a different texture and colour burst! You can even add a teaspoon of olive oil to increase the caloric content by 40kcal!

FALL PREVENTION STARTS AT HOME

By **Ms Loo Yen Leng**,
Fall Care Nurse Clinician,
Department of Geriatric Medicine,
Tan Tock Seng Hospital

Falls are a leading cause of injury among older adults. As one gets older, physical changes and health conditions make falls more likely.

Here are some tips you can use to prevent your elderly loved ones from falling at home!



KITCHEN

Hazards	Preventions
Out of reach items	Place frequently used items between shoulder to waist height for easy reach
Wet and oily floor	Clean up spills or oil at once
Heavy pots and pans	Carry one item at a time or seek assistance

LIVING AND DINING ROOM

Hazards	Preventions
Poorly lit rooms	Install brighter bulbs with white light
Loose rugs or mats	Use non-slip mats and tape down edges
Clutter, loose wires or telephone cords	Remove clutter and rearrange furniture for clearer walkways Secure wires and cords against walls or behind furniture
Swivel chairs or chairs with wheels	Use stable chairs with arm/back rests at an appropriate height

PLACE EMERGENCY CONTACT NUMBERS NEAR THE PHONE FOR EASY ACCESS

BATHROOM

Hazards	Preventions
Wet floors	Keep floors dry after use Apply non-slip floor treatment or use non-slip mats
Kerbs or steps	Paste luminuous tapes over kerbs or steps to improve visibility Install grab bars at the side of entrance for better support during crossing of kerbs

BEDROOM

Hazards	Preventions
Poor visibility at night	Use a night light for better visibility
Difficulty in getting in and out of bed	Install bed rails to assist in getting in and out of bed
Frequent visits to the bathroom	Use a commode or a urinal and place it by the bedside Keep walking aids within easy reach

ACTIVE ADOLESCENCE IS BETTER THAN FIXES FOR FRACTURES

By **Dr Natesan Selvaganapathi**,
Lead, Geriatric Surgical Services,
Senior Consultant, Department of Geriatric Medicine,
Tan Tock Seng Hospital

Osteoporosis is a preventable disease and is among common bone structure changes in the ageing process. It is characterised by low bone mass, microarchitectural disruptions and skeletal fragility, resulting in an increased risk of fragility fracture. Prevention of low bone mass is done by maximising peak bone mass in adolescence and minimising the rate of bone loss that occurs with aging, with the aim to achieve the goal of maintaining bone strength and preventing fractures.

Osteoporosis is diagnosed clinically by the presence of fragility fractures without measurement of Bone Mineral Density (BMD). BMD is the gold standard for diagnosing osteoporosis in the absence of fragility fractures.

To prevent osteoporosis, it is important to achieve the maximum potential peak bone mass during a person's adolescence, thereby reducing the effects of bone loss later in life. Preventing bone loss is preferable over treatment once bone loss has occurred, because degradation of bone microarchitecture associated with bone loss is largely irreversible.

Prevention measures include healthy lifestyle measures such as regular weight bearing exercises, adequate calcium and vitamin D intake, not smoking and limiting of alcohol consumption to no more than two glasses daily.

The recommended total calcium intake is approximately 1200 mg daily in both diet and supplementation, while the daily dose for vitamin D is 600-800 IU.

Pharmacological treatment is recommended for osteoporosis apart from the preventive measures mentioned above.

As most fractures occur with some impact to the bone, falls prevention is an important way to prevent fractures among frail patients. Falls reduce confidence and independence in older adults, as well as increasing morbidity and mortality. Community dwelling older adults who have had two or more falls, balance and gait difficulties, and who seek medical attention after falling should be assessed for fall risk factors.

The multifactorial risk assessment should include the following:

- Detailed falls history and medication review
- Physical examination focused on gait, balance and mobility, cardiovascular function, neurological function, visual acuity
- Examination of feet and footwear
- Functional assessment including assessment of activities of daily living, perceived functional ability and fear related to falling
- Environmental assessment

Direct interventions should be applied to identified risk factors to prevent falls. GPBUZZ

Click here to learn about the services provided at the TTSH Centre for Geriatric Medicine's Falls and Balance Clinic.

https://www.ttsh.com.sg/Patients-and-Visitors/Medical-Services/Geriatric-Medicine/PublishingImages/Pages/default/GRM-Falls-and-Balance-Clinic.pdf

PRE-FRAILTY:
CAN PRIMARY CARE SHELTER PATIENTS FROM THE MODERN 'GERIATRIC GIANT'?

By **Dr Edward Chong Kah Chun**,
Consultant, Department of Geriatric Medicine,
Programme Director, Geriatric Continence & EDIFY, Tan Tock Seng Hospital

Frailty is now known among practitioners of geriatric medicine as one of four 'modern giants of geriatrics' – a newly coined term by John Morley in 2017. Frailty is described as the reduction of strength and an individual's physiological reserves. The condition results in a person's susceptibility to increased dependency, vulnerability, and ultimately, death.

Oftentimes we hear of patients being described as 'old and frail'. While it is easy to recognise frailty in most individuals (i.e. a fully dependent and bed-bound older person), it is essential to understand that mild frailty can be easily overlooked. Perhaps of greater importance is to know when an individual is at risk of frailty – this can be identified as a precursor state known as pre-frailty. Pre-frail individuals remain well and may go unidentified for pre-frailty in their daily lives. However, they may often report increased tiredness and/or feelings of slowing down. More importantly, minor stressors (e.g. infections, diabetic complications, constipation, or pain) that are not managed timely or prevented may lead to the undesirable consequence of becoming frail, which may ultimately become irreversible. Therefore, primary care plays a vital role in early identification of pre-frailty so that measures can be taken to prevent this unfortunate outcome.

The good news is that there exist many well-validated tools for identifying frailty (e.g. clinical frailty scale and FRAIL questionnaire), which may aid in the detection of frailty and pre-frailty. Recent guidelines from the International Conference on Frailty & Sarcopenia Research (ICFSR) in 2019 recommend that patients 65 years and above be screened for frailty. Despite the lack of conclusive evidence to inform frailty service design, there is a call for proactive, integrated and personalized care delivered by primary healthcare providers. For those who are pre-frail or frail, clinical assessment of frailty should be performed and a comprehensive care plan developed to systematically address polypharmacy, manage sarcopenia, and address any causes for weight loss or fatigue. Patients who have a complex combination of medical, functional, or psychosocial needs may benefit from specialised assessments delivered by the geriatric service. GPBUZZ

Sheltering patients from frailty starts from primary care. Efforts to manage and prevent frailty can begin by active screening of patients belonging to the Merdeka Generation (born in the 1950s), and older.

FRAILTY

By **Adj. A/Prof Lim Wee Shiong**,
Senior Consultant, Department of Geriatric Medicine,
Institute of Geriatrics and Active Ageing (IGA),
Tan Tock Seng Hospital

By **Adj. A/Prof Wong Wei Chin**,
Senior Consultant, Department of Geriatric Medicine,
Institute of Geriatrics and Active Ageing (IGA),
Tan Tock Seng Hospital

Frailty is a common geriatric syndrome that increases a person's vulnerability to adverse health outcomes following a stressor event. Frailty is common, costly, and can have deleterious health impacts especially with a frail older adult. Consideration of frailty status should be integral when assessing older adults to support informed and rational decision-making as part of patient-centred care.

WHAT IS FRAILTY?

Frailty is an age-related risk state characterised by multisystem deficits resulting in loss of physiologic reserves, which increase the risk for developing negative health-related outcomes such as falls, delirium, disability and mortality following a stressor event.[1] Thus, a minor stressor event, such as a minor infection or change in medication, in a frail older adult can result in a larger deterioration in function (often manifesting as decline and dependency in activities of daily living), a slower phase of recovery and even not returning to baseline homeostasis. This is in contrast to a fit elderly individual who, after a similar minor stressor event, exhibits a smaller deterioration in function and returns quickly to baseline.

Common myths abound about frailty[2]:

1. **Frailty is an Inevitable Part of Ageing**
   Frailty is not an inevitable consequence of ageing and even at advanced ages, many people do not become frail. Conversely, frailty is not limited to older people: frailty and pre-frailty can also exist in individuals younger than 65 years, particularly among those with multimorbidity.

2. **Frailty is Irreversible and Always Leads to Adverse Outcomes**
   Frailty is a dynamic condition and individuals can transition in and out of frailty states. Prevention is possible, especially during the early stages, and prompt identification is crucial to maximise opportunities for intervention.

3. **People With Multiple Chronic Medical Conditions and/or Disabilities are Frail**
   It is possible for an older adult with multi-morbidity to remain healthy with proper disease management and lifestyle habits. Conversely, while frailty can lead to severe loss of function, not all persons with disability are frail. For example, para-athletes may have a range of disabilities but are just as – if not fitter than – the average adult.

WHY DOES FRAILTY MATTER?

Frailty places a burden not only on affected individuals, their families, and caregivers but also on health and social care systems. The prevalence of frailty has increased in recent years largely because of population ageing. The local prevalence of frailty ranges from 5.7% to 6.2% among older adults, being highest among Indians (10.1% compared with 5.6% and 6.6% among Chinese and Malays), and more commonly among people with diabetes mellitus.[3] Among hospitalised older adults, frailty is highly prevalent (50.0%-87.1%) and predicts in-hospital mortality, prolonged length of stay, as well as death, functional decline, and institutionalisation at the 1-year mark. Frailty increases the risk of adverse outcomes in patients undergoing medical or surgical treatment. Consideration of frailty status should be integral when assessing older adults to support informed and rational decision-making as part of patient-centred care.

ASSESSMENT & EVALUATION

The Comprehensive Geriatric Assessment is the "gold standard" to detect and grade frailty. However, the resources required are not easily available, particularly in primary care. Clinical impression through "eyeballing" per se is inadequate, and can result in false-negatives ("under-detection") and false-positives ("over-detection"). Thus, a validated tool should be used to identify frailty. Examples of tools which have been used in the outpatient setting include the FRAIL Scale[4] (Table 1), Clinical Frailty Scale (CFS), electronic Frailty Index (eFI), Gérontopôle Frailty Screening Tool (GFST) and Edmonton Frailty Scale. The choice of frailty instrument should be fit-for-purpose, such that it is simple to use, well validated, and provides a language to appropriately guide goal setting and care planning in the clinical setting.

Table 1: The FRAIL Questionnaire

Fatigue	Do you feel tired most or all of the time in the past four weeks?
Resistance	Do you have difficulty climbing a flight of stairs?
Aerobic	Do you have difficulty walking one block?
Illnesses	Do you have five or more medical conditions?
Loss of Weight	Have you lost more than 5 per cent of your previous weight in the past 6 months?

Answering "yes" to three or more of the above questions indicates frailty, whereas "yes" to one or two questions is indicative of pre-frail stage.

Source: Morley JE, et al. J Nutr Health Aging 2012;16:601-8.

MANAGEMENT

1. Frailty identification among at-risk older adults can inform rational shared decision-making in a meaningful, context-appropriate way.[3] For instance, the risks of certain invasive procedures or potentially harmful medications may outweigh the benefits for frail older adults.

2. Among community-living older persons, multi-modal physical, nutritional, and cognitive interventional approaches over 6 months were effective in reversing frailty, with greater effect when all three approaches were combined.

3. The Asia-Pacific Clinical Practice Guidelines for the Management of Frailty[5] recommends the following interventions (where clinically appropriate):
   - Screening persons with frailty for reversible causes of fatigue (Table 1)
   - Screening for reversible causes of unintentional weight loss (Table 1) and ensuring adequate protein and caloric intake
   - Reducing or deprescribing any inappropriate or superfluous medications
   - Progressive, individualized physical activity programmes that contain a resistance training component
   - Vitamin D supplementation for persons with vitamin D deficiency. GPBUZZ

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OUCH! I CAN'T BEAR THE PAIN ANYMORE.

By **Dr Tan Huei Nuo**,
Head and Senior Consultant, Department of Geriatric Medicine,
Tan Tock Seng Hospital

Pain is a common clinical problem among older adults, and a major cause of disability and poor quality of life. Older adults with pain should receive comprehensive assessment and a collaborative and multimodal management approach.

The prevalence of pain among older adults 60 years or older is estimated to be 19.5% in Singapore. The most common causes are musculoskeletal conditions, including arthritis and muscle pain. The occurrence of pain in the older adults is often associated with multiple comorbid conditions and mood disorders. Pain can also cause avoidance of movement resulting in a vicious cycle of restricted activities and social isolation. This in turn worsens depression, anxiety and pain.

Management of pain for older adults begins with comprehensive assessment of the medical, psychological, functional and social dimensions. When assessing pain, obtain pain history from the patient if possible, but don't neglect asking the caregiver for their observations of any pain behavior.

When managing pain, use a collaborative and multimodal approach. Older adults with musculoskeletal pain should be referred to undergo physical therapy with appropriate pacing of activities. Family of the older adults should work with the healthcare professionals to encourage and assist the older adults on this rehabilitation journey. They are crucial in helping their loved ones achieve their goals. Other options including acupuncture, mindfulness meditation and massage can also be considered if the patient is keen.

For pharmacological treatment, paracetamol is often the first line option for mild to moderate pain, given its safety profile. Be cautious when using non-steroidal anti-inflammatory drugs and try to keep it to as short a duration as possible because of its potential adverse effects on the cardiovascular, gastrointestinal and renal systems. Instead, use topical formulation, as it carries less risk. If the pain has a neuropathic mechanism, add on adjuvant medications, such as gabapentin. Start with the lowest dose possible. If there are concomitant mood issues, antidepressants can be prescribed. However, avoid using tricyclic antidepressants for older adults.
GPBUZZ

The Pain Management Clinic and Department of Geriatric Medicine collaborate to provide pain management services for the elderly.
To make a referral, please call 6357 7000.

Understanding and Improving Sleep in the Older Adult

By **Dr Lim Jun Pei**,
Consultant,
Department of Geriatric Medicine,
Tan Tock Seng Hospital

Many older adults complain of difficulty sleeping at night, and some resort to using sedative medication to help with sleep. Poorer memory, physical performance, increased falls risk and an increase in depressive symptoms present among older adults who experience these sleep disturbances.

Factors Attributing to Poor Sleep

Aging processes cause decreased sleep efficiency and total sleep time due to increased number of arousals and awakenings. The total duration of sleep in deeper stages of sleep and rapid-eye-movement sleep also decreases with compensatory increase in duration in lighter stages of sleep. Circadian rhythm changes in older adults also cause them to feel sleepy at an earlier time such as in the early evening, and to awake earlier in the mornings.

Medical conditions and polypharmacy in the older adults also contribute to sleep disturbances. Pain from conditions such as osteoarthritis, shortness of breath from chronic obstructive pulmonary diseases, heart failure and nocturia from benign prostatic hypertrophy are some examples of how symptoms from chronic medical conditions affect sleep.

Psychological distress and depression are also associated with transient insomnia, and insomnia itself results in depression.

Improving Sleep Quality

Management of insomnia involves:
- Adequate treatment of symptoms, evaluation and treatment of concomitant depression;
- A medication review, to address sleep disturbances in the older adult.

Medication such as diuretics and corticosteroids should be given earlier in the day, whilst sedating medication should be given prior to bedtime.

Sleep hygiene forms the basis and mainstay of effective intervention for insomnia (Table 1). For patients who experience sleep phase advancement, bright light therapy is shown to be useful. Patients are advised to spend more time outdoors in the late afternoon or early evening, and avoid bright light during the morning hours. Evening light exposure is shown to delay circadian rhythms and strengthen the sleep-wake cycle among older adults.

Caution needs to be exercised in prescription of sedative-hypnotics among older adults. Studies show that pharmacological therapy should be accompanied with behavioural therapy for effective treatment of insomnia. Sedative-hypnotics can cause excessive daytime sleepiness and increased risk of falls and cognitive impairment. Long term use is also associated with dependence and tolerance of the medication.
GPBUZZ

TABLE 1

1. Keep to a regular time for going to bed to sleep and waking up.
2. Do not spend too much time in bed, and do not read or watch television in bed.
3. Restrict daytime naps to 30 minutes in the late morning or early afternoon.
4. Exercise regularly, but avoid exercising within 3 hours of nap time.
5. Spend more time outdoors, especially late in the day.
6. Avoid caffeine, tobacco and alcohol after lunch.
7. Limit water intake in the evenings.
8. Get out of bed if unable to sleep after 20 minutes of laying in bed.

FEATURE

A BALANCED APPROACH TO MANAGING SOCIAL ISOLATION

Social isolation is a growing phenomenon among the elderly in Singapore, and tends to worsen their health. Yet there are elderly who can capture meaning from isolation, even thriving in their solitude. Given the complexity of the issue, General Practitioners (GPs) can adopt a 'perspective of diagnosing suffering' and work with other partners to better manage issues of social isolation.

By **Ms Lee Li Ying**,
Medical Social Worker,
Department of Care and Counselling,
Tan Tock Seng Hospital

Social isolation, referring to the prolonged lack of social relationships or emotional support, is a growing phenomenon among elderly in Singapore. Most of us are aware that it tends to worsen one's physical and mental health.

But social isolation does not negatively affect everyone. Its impact depends on a complex interplay of biological, psychological, social and spiritual factors. These include disability, mental health issues, death of a spouse, retirement, preference for solitude, and perception of meaning in one's life.

For instance, elderly who have a preference for solitude may choose to withdraw from social activities to reminisce as part of their developmental needs. This makes social isolation meaningful. But for some, time spent alone may lead to suffering.

Here are a few ways GPs can help.

GPs can adopt physician Eric Cassell's 'perspective of diagnosing suffering' to find out the causes(s) and experience of an elderly's isolation. This involves asking open questions to understand the elderly and his suffering, and offering attentive listening. Such a therapeutic conversation promotes psychological healing in the elderly experiencing social isolation.

The conversation also helps GPs look out for signs of social isolation such as a deep boredom, withdrawal and a general lack of interest. Other signs include an unkempt and malnourished appearance; significant disrepair, clutter and hoarding in the elderly's home.

When GPs detect that an elderly is suffering from isolation, they should involve other partners in the community to support the elderly in a more holistic and sustainable way.

Social isolation is more of a social problem than a medical one, and its remedy lies in collaboration, not medicalisation. GPBUZZ

GPs can write to CareInMind at careinmind@aic.sg to link the Agency for Integrated Care to elderly whom they suspect are affected by mental health conditions, and who require help in coordinating care needs.

Reference:
Cassell, E. (1999). Diagnosing Suffering: A Perspective. Retrieved from http://www.ericcassell.com/download/DiagnosingSuffering-Perspective.pdf

DEMENTIA CAREGIVERS NEED CARE TOO!

By **Dr Lim Jun Pei**,
Consultant, Department of Geriatric Medicine,
Tan Tock Seng Hospital

Persons with dementia often require caregivers, in view of their impaired cognition and increased need for care. The majority of family caregivers are spouses and children of dementia patients. Physicians need to work together with caregivers to provide patient-centred care for persons with dementia.

Caregiver stress or burden refers to the emotional, physical and financial toll placed on caregivers due to their role of providing care. Persons with dementia may also exhibit challenging behaviours due to their impaired cognition, augmenting the burdens faced by their caregivers. Caregivers with high levels of caregiving stress are also at risk of developing depression and caregiver burnout, which may also lead to early admission of persons with dementia into a long-term care facility.

Physicians are often focused on how a dementia patient is doing, and neglect the needs of the caregiver. A simple question of "How are you coping?" would be a good start to invite caregivers to share their challenges and concerns. Understanding the specific challenges faced would be important to facilitate appropriate interventions and recommendations to the caregiver.

Caregiver burden can be broken down into four factors:

i) Demands of care and social impact on caregiver (Role strain)
ii) Confidence or control over the situation (Role strain)
iii) Psychological impact on caregiver (Personal strain)
iv) Worry about caregiver performance

Psychoeducation about dementia and techniques of good communication with persons suffering from dementia are helpful to improve a caregiver's confidence. Validation and support from physicians are also important to caregivers. If the caregiver is determined as experiencing high role strain, enlisting other family caregivers and referrals for community support will be helpful.

Community support for dementia caregivers range from caregiver support groups to respite care programs. Alzheimer's Disease Association is one such association that provides caregiver support groups, caregiver training and counselling as well as home-based interventions. (https://alz.org.sg/) Dementia day care centres are also useful for relieving caregiver burden by allowing caregivers to have some time in the week as a reprieve from their caregiving duties. For caregivers who need to be away for short periods of time, respite services are also provided by some nursing homes. Further information can be obtained from the Agency of Integrated Care. Family physicians may also collaborate with community health teams should they encounter patients who may be suitable for senior care centres.

Caregivers need to know that they are not alone in this journey of caregiving. Many physicians and caregivers themselves underestimate the effects of caregiver burden. It is important to encourage caregivers to look after themselves, so as to not be afraid to ask for help. This will allow them to be better caregivers in the long run. GPBUZZ

Click here for useful information, advice and support for caregivers.

www.aic.sg/caregiving

Benign Prostatic Hyperplasia (BPH) and Voiding Dysfunction in the Elderly

By **Dr Thiruchelvam Jegathesan**,
Associate Consultant, Department of Urology,
Tan Tock Seng Hospital

The prevalence of lower urinary tract symptoms increases with age. This article aims to address the more common conditions that may lead to voiding dysfunction in the elderly population, as well as the work leading up to the correct diagnosis.

Lower urinary tract symptoms (LUTS) consist of both voiding and storage symptoms. In particular the chronicity of of these symptoms may provide a clue to the etiology.

Further history taking should focus on getting associated conditions that may cause or aggravate LUTS. A history of neurological conditions, past urological or gynaecological history, diabetes mellitus, cardiac failure or obstructive sleep apnoea should be obtained as these may directly or indirectly cause LUTS.

Dementia, infection, constipation, drugs, mobility status, access to a toilet and visual impairment may all impede normal voiding in many ways.

Examination should focus on examining for a palpable bladder, pelvic prolapse as well as a rectal examination to assess the prostate size and consistency.

A urine dipstick should be done to exclude infection, stones and urinary malignancies.

A history of urinary urgency preceding urinary incontinence suggests overactive bladder (OAB). Or, if incontinence is associated with coughing or intraabdominal straining, it suggests stress urinary incontinence (SUI).

Neurogenic bladder refers to an umbrella term in which bladder or sphincteric control is affected due to brain, spinal cord or nerve problems. GPBUZZ

To refer patients to TTSH's Urology Clinic, please call 6357 7000.

	BPH	OAB	SUI
Lifestyle changes	- Fluid restriction - Minimise caffeine intake and smoking	- Weight loss	
Pharmacology	- Alpha blockers - 5 alpha reductase inhibitors	- Anticholinergics - Mirabegron	
Other adjuncts		- Bladder retraining exercises - Electrical stimulation	- Pelvic floor exercises
Surgery	- Transurethral resection of prostate (TURP)	- Botulinum toxin bladder injections	- Midurethral slings - Colposuspension - Urethral bulking agents

References:
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2. Wieder JA: Pocket Guide to Urology. Fifth Edition. J.Wieder Medical: Oakland, CA, 2014

The Breast is Yet To Be

By **Dr Tan Ern Yu**,
Consultant, Breast Surgery,
Tan Tock Seng Hospital

By **Dr Ang Wei-Wen**,
Senior Service Resident, Breast Surgery,
Tan Tock Seng Hospital

Breast cancer is the most common type of cancer among Singaporean women. In most instances, women present with a painless lump in the breast or abnormal nipple discharge. Increasingly, more cancers are being detected through mammogram screenings.

All women have a lifetime risk of breast cancer. Risk factors like a positive family history, regular long-term use of oestrogen-containing oral contraceptives or hormone replacement therapy, nulliparity, early menarche and late menopause increase this risk. There is no known means of preventing breast cancer, underscoring the importance of regular screening to facilitate early detection.

Abnormalities detected on physical examination are confirmed with mammography and/or breast ultrasonography. Assessment of the contralateral breast is also done to exclude any clinically occult lesions. Contrast-enhanced spectral mammography is at times used in women with dense breasts to reduce false negative rates. Breast magnetic resonance imaging (MRI) is required only in certain selected instances. A biopsy for histological confirmation is recommended for suspicious lesions.

Curative treatment is possible in the absence of metastatic disease and in women who are medically fit. Treatment is multidisciplinary in nature and often comprises surgery and adjuvant treatments to reduce the risk of recurrence. Adjuvant treatments may include radiation therapy, chemotherapy, targeted therapy and hormonal therapy; the recommendations for which depend on disease stage and tumour subtype. Neoadjuvant treatment can downstage locally advanced tumours to facilitate surgery and confers a survival benefit in certain tumour subtypes. A combination of these treatment modalities has produced significant improvements in survival outcomes. GPBUZZ

For early detection of breast cancer, women aged 50 and above should go for breast screening every 2 years, while women aged between 40 to 49 years should attend screening annually.

5 QUICK FACTS ON COVID-19

COVID-19 is a viral pneumonia caused by a novel coronavirus, and spread through droplets and contact.

As the world fights on with the pandemic, it's important we have accurate knowledge to protect ourselves and those around us, so here's 5 quick facts about COVID-19.

What Are The Symptoms Of COVID-19?

- Fever (most common symptom)
- Shortness of breath
- Other respiratory symptoms (e.g. cough, sore throat, runny nose)

What Can I Do To Avoid The Infection?

- Avoid contact with live animals or consuming raw or undercooked meats
- Avoid close contact with people who are unwell or showing symptoms of fever, cough or shortness of breath
- Wash your hands frequently with soap
- Wear a mask if you are outdoors, especially if you have a cough or runny nose
- Cover your mouth with tissue paper when coughing or sneezing, and dispose of the soiled tissue immediately
- Seek medical attention promptly if you feel unwell

What Should I Do If I Fall Ill After Close Contact With A Confirmed Case Of COVID-19?

- Stay home and monitor yourself for symptoms including fever, shortness of breath or cough
- Seek medical attention promptly if you have such symptoms. Inform your doctors of your travel history should these symptoms develop within 14 days of returning from abroad
- Maintain good hygiene, wash your hands regularly with soap and water, and wear a mask

How Do I Know If I Have The Common Cold, The Flu Or Something More Severe?

- Most COVID-19 patients have a fever associated with shortness of breath and abnormal chest X-ray findings
- If you have recently travelled abroad, let your doctor know so that you can be tested for other respiratory viral infections

How Is COVID-19 Diagnosed?

- Respiratory samples from suspect cases are sent for a polymerase chain reaction (PCR) test to detect if the DNA of the novel coronavirus is present, as well as to rule out other known respiratory viruses that may explain the patient's symptoms

PHPC clinics can now refer low-risk suspect cases to the nearest polyclinic for a COVID-19 swab test.

Click here for the latest information from MOH.

https://www.moh.gov.sg/covid-19/

BUILDING A HAPPY AND HEALTHY COMMUNITY

Health coach checking if residents have put on their ankle weights correctly

Active ageing has been the buzz topic in recent years, with the Health Promotion Board (HPB) introducing a variety of wellness activities for the benefit of the general community. Zumba Gold, Piloxing and KPop Dance by HPB are among some of the over-subscribed exercises, leaving eager but less ambulant residents wondering when they can get their chance to take part in some hearty community exercise.

The health coaches from Tan Tock Seng Hospital's Community Health Team (CHT) collaborate with community partners to regularly organise wellness programmes for residents by customising exercise routines based on residents' profiles. Examples of such customisation include adjusting the intensity and movements in a workout to better suit the needs of participating residents. Cooking workshops are another crowd favourite, which see experiential learning incorporated for residents to get their hands busy with preparing delicious dishes during class time.

So how do we track our residents' interests in our programmes, and knowledge retention during their favourite classes? By encouraging them whenever they volunteer to lead class exercises, and fostering community classroom environments that allow them to continue trying new recipes together!

The activities conducted by the CHT aim to activate and equip the community to sustain and advocate wellness amongst their peers, and eventually build a Happier and Healthier Community for all residents to thrive in. GPBUZZ

Leg-strengthening exercises using ankle weights

Residents participating in a matching activity to learn about nutrients

Click here to find out more about CHT services and to locate a Community Health Post near you!

https://www.ttsh.com.sg/Community-Health/Find-Care-in-Your-Neighbourhood/Pages/default.aspx

If you are a GP practising in the central region of Singapore and you are keen to refer a resident to our CHT services or health coaches programmes, email us at chp@ttsh.com.sg

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).

Step 1 PREPARE

Before you contact TTSH

1. Get patient's full name, NRIC, date of birth and contact number

2. Check if patient has CHAS/MG/PG card

3. Prepare documents:

For CHAS referral:
(i) CHAS Cover Note and
(ii) Referral Letter

For non-subsidised referral:
(i) Referral Letter only

Step 2 CONTACT

TTSH Appointment Hotline: 6357 7000

1. Advise which clinic you are referring your patient to

2. **For CHAS referrals only**
Email referral documents to referrals@ttsh.com.sg**

For non-subsidised referrals
Call TTSH at 6357 7000 to provide patient's details

Step 3 INFORM

Inform patient after confirming appointment details*

2. Remind patient to bring necessary documents for their appointment

1. Inform patient Specialist Outpatient Clinic name, date and time of appointment

*To ensure that your patients are seen promptly at TTSH, triaging may be conducted by our staff. 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.