

Adventist Health 港安

PULSE

EXTENDING THE HEALING MINISTRY OF CHRIST – PROFESSIONALLY WE SERVE, PERSONALLY WE CARE

SEP/OCT 2011



How to Improve High-Density Lipoprotein (HDL) Levels

Psoriasis: Not Just Skin Deep

Artificial Nails in Patient Undergoing Elective Surgery

2011 AHCA President's Council Meets in Hong Kong

Charity Concert 2011



MIX
Paper from
responsible sources
FSC™ C015690

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“The worldwide increase in non-communicable diseases is a slow-motion disaster, and widespread obesity is the tell-tale signal.” That was a warning issued by Dr Margaret Chan, the Director-General of the World Health Organization (WHO), at a recent international summit on non-communicable disease prevention and control.

I was one of the delegates representing Hong Kong at the “Global Conference on Health and Lifestyle” held in Geneva in 2009, where WHO health experts met with administrators from over 200 Adventist Health institutions and medical organizations to discuss a health concern that affects every single person.

Chronic diseases develop silently and slowly when people’s lifestyle changes as a result of socioeconomic forces. This “slow-motion disaster” is an issue which health ministers cannot tackle alone. It is something which requires the collective commitment of all levels of society. At the conference, church leaders and WHO health experts agreed to work as partners to address the modern world’s health issues. This summer, Adventist Health Hong Kong put that promise into action, teaming up with government departments, university researchers, district councilors and NGOs in the community to launch the “Health Union 2011” project to fight obesity. You can read more about this very important project in this issue of the PULSE.

Where disease is concerned there is no room for complacency, which is why we continue to press ahead with ways to better serve the community, such as our building project at the TWAH.

With nearly 70 builders working on site on an average day, we are trying our best to offset the inconveniences. A number of departments and offices, including the Clinical Laboratory and Pathology, the Rehabilitation Center, the Cardiac Clinic and Dietitian’s Office, have already been moved to the temporary building. Work on a nearby sheltered taxi-stand has also been completed, and a new bus stop has been built.

The Adventist Healthcare Association (AHCA) is an umbrella group overlooking all the Adventist healthcare institutions in this part of the world. This year, the Presidents’ Council of the AHCA, hosted by Taiwan Adventist Hospital, chose Hong Kong as the venue for its annual meeting from September 27 to 30. HKAH and TWAH together played an important role by catering accommodation, facilities and program support for all attendees from Taiwan, Seoul and Japan. It was very rewarding to be part of this international program; they enabled us to share experience and expertise, to teach and to learn, so we may better fulfill our mission to extend the healing ministry of Christ throughout the Asia region.

Yours truly,

A handwritten signature in black ink that reads "Frank Yeung". The signature is written in a cursive, flowing style.

Dr Frank Yeung

President/CEO | Hong Kong and Tsuen Wan Adventist Hospitals

Psoriasis: Not Just Skin Deep

By **Dr Steven Loo** | Specialist in Dermatology and Venereology

What is psoriasis?

Traditionally, psoriasis is viewed as a “skin rash” with itchiness and scaling located here and there. With the research advances, psoriasis is now considered as a chronic, genetically determined, inflammatory systemic disease that affects approximately two to three percent of the population worldwide. Recent epidemiological study in 2010 revealed a disease prevalence of 0.47 percent in our Chinese population (i.e. estimated that over six million patients in the Mainland China and over 30,000 in Hong Kong). The disease manifests most notably with characteristic skin lesions, which are distinguished by red, scaly, plaques most prevalent on the elbows, knees and scalp, although any area of the body surface may be affected. Men and women are affected equally, with the onset of disease usually before the age of 40 years. A proportion of patients with psoriasis (10 to 30 percent) will also develop psoriatic arthritis.

Why psoriasis is important for dermatologist and all other medical colleagues?

There is now growing evidence that psoriasis, like other inflammatory diseases such as rheumatoid arthritis and systemic lupus erythematosus, is a systemic disorder that is associated with enhanced atherosclerosis and risk of coronary artery disease. There is abundant evidence supporting an association between psoriasis and a number of cardiometabolic co-morbidities like diabetes, hypertension, hyperlipidemia, metabolic syndrome, obesity and fatty liver etc.

In addition to its physical signs, psoriasis has a significant impact on health-related quality of life and a recent study in Hong Kong revealed that 40 percent of our psoriasis patients were suffered from depressive disorder.

An increased awareness of these co-morbidities associated with psoriasis is therefore needed with a view to improve collaboration between primary care

physicians, dermatologists, rheumatologists, cardiologists, endocrinologists, psychiatrists and others. More importantly, psoriasis patients should also be counseled to lead a healthy lifestyle with a view to correct their modifiable behaviors related to cardiovascular risk factors, e.g. smoking, drinking and dietary habit, a laudable but inevitably difficult goal to accomplish.

What are the traditional and latest advances in treatment of psoriasis?

Biologic therapies were introduced for the treatment of psoriasis since 2003. There was two groups of biologics, namely, anti- tumour necrosis factor (TN F)- α (Adalimumab, Etanercept and Infliximab) and anti-interleukin 12/23 (Ustekinumab). The hope was that these medications could block specific targets in the immune system, resulting in greater efficacy and fewer side-effects. Because these drugs affect the immune system, there has been concern that they might increase the risk of infection and malignancy particularly in long term. The cost of biologic agents has also



been the subject of great controversy and there were only available in the private dermatology service in Hong Kong.

Before the introduction of biologics for psoriasis, there were four traditional treatments which remained as the first line in the management of severe disease.

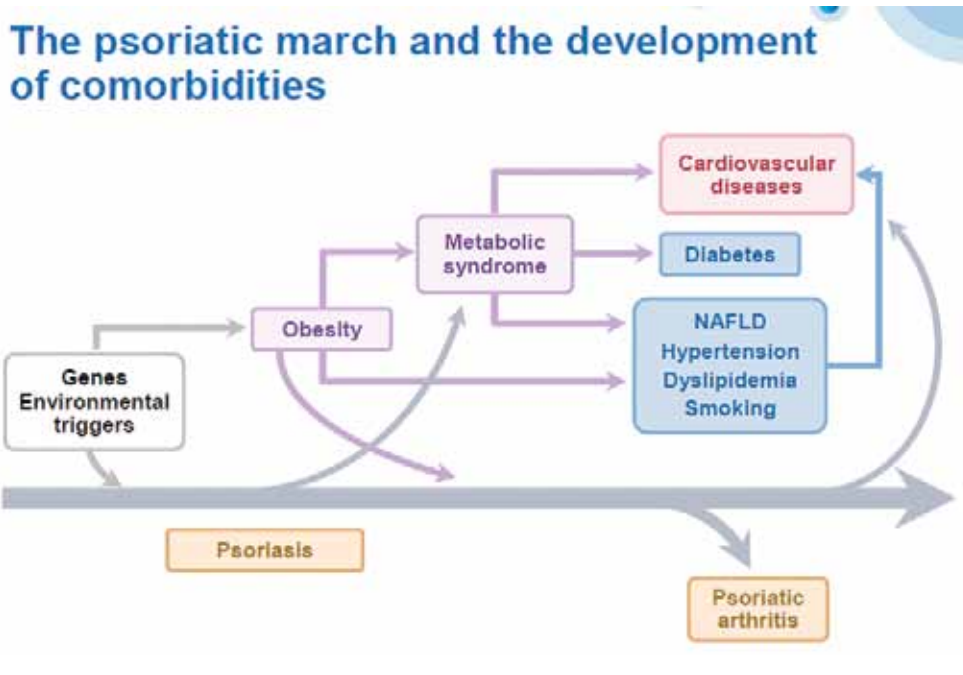
1. **Phototherapy** was an effective treatment but required frequent clinic visits. There was potential increased risk of skin cancers, particularly from PUVA in the western literature.
2. **Acitretin**, a potent teratogen, was associated with mucocutaneous side-effects and was often not adequately effective as monotherapy, leading to its frequent use with phototherapy.
3. **Methotrexate** was the gold standard treatment in the pre-biologics era and had been used since 1970s. It

was associated with hepatotoxicity. In the absence of risk factors for hepatotoxicity, more recent dermatologist guidelines have done away with the need for liver biopsy. Despite the attention paid to methotrexate hepatotoxicity, bone marrow toxicity remains the most serious side-effect.

4. **Cyclosporin** was a very effective drugs especially for acute intervention in psoriasis. However, its use was limited to one to two year(s) because of its associated nephrotoxicity and hypertension.

Conclusion

It is an exciting era for dermatologists in treating chronic recalcitrant skin diseases like psoriasis. With the collaboration with other medical colleagues, we dermatologists are not just treating skin deep, but providing a holistic and comprehensive care to our patients. 📌



Psoriasis is associated with CVD and CV risk factors

Adjusted odds ratios (OR) for risk factor in outpatients with psoriasis vs controls (multivariate analysis)

Comorbidity	OR and 95% CI	OR	95% CI	P
Type 2 diabetes		1.35	1.14-1.59	<0.001
Obesity		1.63	1.39-1.90	<0.001
Dyslipidaemia		1.29	1.07-1.55	0.007
Hypertension		1.34	1.18-1.51	<0.001



How to Improve High-density Lipoprotein (HDL) Levels

There are several factors that contribute to low HDL cholesterol levels, including:

- Overweight and obesity
- Physical inactivity
- Cigarette smoking
- Type 2 diabetes
- Elevated serum triglycerides (blood fats)
- Very high carbohydrate intake (more than 60 percent of total energy)
- Trans fatty acids (found in hard stick margarines, most baked goods, many snack foods, and deep fried foods)
- Certain drugs (beta-blockers, anabolic steroids)
- Genetic influence

Ways to increase HDL cholesterol

- Lose excess fat.
- Quit smoking.
- Control diabetes.
- Regular aerobic activity. Any aerobic activity is helpful: walk, bike, swim, jog, ski, golf, garden, etc.
- Choose unrefined, lower glycemic index carbohydrates. Whole-grain breads and cereals, fresh fruits, and vegetables are better carbohydrate sources. Balancing adequate carbohydrates with protein foods and healthy

fats can help improve HDL levels. The National Cholesterol Education Program (NCEP) recommends eating 50 to 60 percent of calories from carbohydrates, mostly from unrefined sources.

- Eat more healthy fat foods such as nuts, avocado, olives, and vegetable oils (e.g. canola, soy, and olive oil). They help maintain healthy HDL cholesterol levels. The NCEP recommends that 25 to 35 percent of your calories should come from healthy fats.

Keep in mind that even a slight improvement can have improved consequences for our heart. It is estimated that for every one percent your HDL cholesterol is raised, the risk for coronary heart disease drops two to three percent. [a](#)

REFERENCES:

NATIONAL INSTITUTES OF HEALTH, THIRD REPORT OF THE NATIONAL CHOLESTEROL EDUCATION PROGRAM (NCEP).

FOR ENQUIRIES [HKAH] (852) 2835 0555

FOR ENQUIRIES [TWAH] (852) 2276 7331

Please welcome the following doctors to our hospital!



NAME LEE Yuk Tong

SPECIALIST Gastroenterology and Hepatology

SCOPE OF SERVICE General Gastroenterology and Hepatology including inflammatory bowel diseases, portal hypertension, hepatitis, and screening of gastrointestinal and pancreatic cancer diseases.

STRENGTH

- Diagnostic and Therapeutic Endoscopic Ultrasonography for tumour diagnosis and staging, pseudocyst drainage and celiac plexus neurolysis;
- Advanced endoscopic retrograde cholangiopancreatography (ERCP) for treatment of various biliary and pancreatic diseases including ampullectomy;
- Small bowel enteroscopy and capsule endoscopy;
- Endoscopic treatment for gastrointestinal bleeding, endoscopic submucosal dissection for early gastrointestinal cancer disease, and luminal stenting for stricture.

CREDENTIALING

- Graduated from the Chinese University of Hong Kong in 1990;
- Specialist in Gastroenterology and Hepatology in 1998;
- Doctor of Medicine (MD) obtained in 2001;
- FRCP (Edin) 2005 and FRCP (Lond) 2010.

HOBBIES OR INTERESTS Squash, cycling, Tai Chi

WHAT WOULD YOU LIKE TO SHARE WITH US? It is my pleasure in joining HKAH and hope to able to bring new services to the Hospital.

CLINIC HOURS Sunday: 10:00-12:15 and Tuesday: 11:00-13:15



NAME Ben, CHAN Chong Pun

SPECIALIST Obstetrics & Gynaecology

SCOPE OF SERVICE Maternal & Fetal Medicine

STRENGTH

- Prenatal diagnosis and fetal therapy
- Obstetric ultrasound scanning
- Maternal medicine

CREDENTIALING I graduated from The University of Hong Kong in 1994, and then received my O&G specialist training at Queen Mary & Tsan Yuk Hospital. After obtaining my specialist qualification in 2001, I had my maternal and fetal medicine subspecialist training at Queen Mary & Tsan Yuk Hospital (HK) and Birmingham Women's Hospital (UK). I am now a subspecialist in MFM accredited by RCOG and HKCOG.

HOBBIES OR INTERESTS Computers, music, knowing people around

WHAT WOULD YOU LIKE TO SHARE WITH US? I hope I can contribute to the safe maternity service at Adventist Hospital and Hong Kong

CLINIC HOURS Wednesday and Friday: 13:00-14:00



NAME	Daniel MOK
SPECIALIST	Orthopaedics & Traumatology
SCOPE OF SERVICE	Upper limb trauma and sports injuries including: <ul style="list-style-type: none"> • Shoulder pain, dislocation and fracture; • Shoulder replacement; • Hand and finger injuries and fracture; • Wrist pain and fracture; • Tennis elbow; • Needle Fasciotomy for Dupuytren's contracture; • Management of all sports related injuries.
STRENGTH	<ul style="list-style-type: none"> • Shoulder and elbow joint replacement; • Arthroscopic shoulder surgery; • Arthroscopic wrist surgery; • Arthroscopic elbow surgery; • Reconstruction of upper limb fractures.
CREDENTIALING	MB BS (Lond), FRCS (Ed), FRCS (Glasg), FHKCOS, FHKAM (Orth), Fellow of the British Orthopaedic Association, Member of the British Elbow and Shoulder Surgery, Member of British Orthopaedic Sports and Trauma Association, British Society for Surgery of the Hand, Associate International Member American College of Orthopaedic Surgeons, Member of Dupuytren's contracture.
HOBBIES OR INTERESTS	Swimming
WHAT WOULD YOU LIKE TO SHARE WITH US?	To serve the local community and to establish an upper limb trauma unit in HKAH.
CLINIC HOURS	Sunday: 14:00-16:15 and Wednesday: 13:00-17:15



NAME	Steven, LOO King Fan
SPECIALIST	Dermatology and Venereology
SCOPE OF SERVICE	<ul style="list-style-type: none"> • Out-patient Dermatology and Venereology consultation • Urgent In-patient Dermatology Consultation • Dermatologic surgery e.g. Cryotherapy, Skin Biopsy, Nail Surgery, Laser Surgery and Cosmetic Injection
STRENGTH	Eager to learn and improve myself everyday
CREDENTIALING	<ul style="list-style-type: none"> • Graduated from CUHK in 2002. • Basic Physician Training in United Christian Hospital and obtained MRCP(UK) in 2005. • Higher Physician Training in Dermatology and Venereology in Social Hygiene Service, Dept of Health and obtained Fellow and Specialist Qualification in 2010. • Overseas dermatology training with focus on biological treatments in psoriasis in Dallas, US & Manchester, UK in Aug 2008 & Oct 2009. • Dermatologic surgery training with focus on cosmetic injections and laser treatments in Boston, US in June 2011.
HOBBIES OR INTERESTS	Tennis, gym and cooking.
WHAT WOULD YOU LIKE TO SHARE WITH US?	I wish to provide a high-quality dermatology service to our clients in Adventist.
CLINIC HOURS	Tuesday: 14:00-16:40 and Sunday: 13:30-15:40



NAME Ernest, WONG Ngai-Pang

SPECIALIST Endocrinology, Diabetes and Metabolism

SCOPE OF SERVICE Provide consultation in the management of diabetes and endocrine problems including thyroid disease, adrenal, pituitary disease, osteoporosis and erectile dysfunction.

STRENGTH Willing to listen

CREDENTIALING MbChB (CUHK), MRCP (UK), FHKAM (Medicine), FHKCP (Endocrinology, Diabetes and Metabolism)

HOBBIES OR INTERESTS Tennis and Reading

WHAT WOULD YOU LIKE TO SHARE WITH US? All the best in the coming years

CLINIC HOURS Tuesday: 14:00-16:00



NAME ZHANG Hai Wei

SPECIALIST General Practice

SCOPE OF SERVICE Out-patient and in-patient services

STRENGTH A good listener, a patient-centered care provider.

CREDENTIALING LMCHK, MRCP (UK), PG Dip Pall. Med (Cardiff), DPD (Cardiff), Diploma in Clinical Acupuncture (HKU)

HOBBIES OR INTERESTS Cooking, swimming and travelling.

WHAT WOULD YOU LIKE TO SHARE WITH US?

Having worked as a front-line doctor over past 20 years, I would like to share with you the following experience:

1. Hong Kong 's fast-paced lifestyle has created a huge economic miracle. However, it also brings many health problems. As care providers, we should strive to understand the whole individual and look beyond the focus on surface symptoms aiming at whole treatment of our patients;
2. I am aware of momentarily increasing trend of Chinese medicine including acupuncture used among the Chinese general and even western public, I wish this could become a part of our expanding plans of TWAH in the future to meet the demand of our society.

CLINIC HOURS Tuesday and Thursday: 09:00-12:30, 14:00-16:30

AH



2011 AHCA President's Council Meets in Hong Kong



The Adventist Healthcare Association (AHCA) hosted its 2011 Presidents' Council in Hong Kong from September 27 to 30, 2011. Taiwan Adventist Hospital was the

host, but they had chosen to meet in Hong Kong this year. All participants enjoyed the fellowship and hospitality extended by Hong Kong and Tsuen Wan Adventist Hospital.

There were about 20 hospital administrators representing 11 member hospitals of the Association. Countries that participated in the Council arrived from Hong Kong, Taiwan, Singapore, Korea and Japan. The guest speaker for this year's Council Mr. John Lee Kohshun, Managing Director-Principal Consultant of MuziHealth Consulting Pte Ltd, presented a very timely and relevant topic on "Adventist Healthcare in the 21st Century". He challenged and reminded all hospital administrators that our world is facing unprecedented economic and political changes; healthcare industry is undergoing revolution. We need to re-invent our Healthcare in order to be relevant in the turbulent market place.

In the afternoons, all participants took a tour of HKAH, TWAH, Canossa Hospital and Queen Elizabeth Hospital to view their facilities. It was truly an eye-opening, learning experience.

AHCA is the umbrella organization overlooking all the Adventist healthcare institutions within the Northern Asia-Pacific Division. The purpose of AHCA is to provide coordination, expertise, services, advice and networking amongst hospital administrators. <#>

TWAH

Artificial Nails in Patients Undergoing Elective Surgery



Pulse oximetry, as a quantitative method of assessing oxygenation, is

now a required standard for basic anesthetic monitoring. Our anesthetists would like frontline clinicians and nurses to remind patients to have their artificial nails and fingernail polish removed before booking into TWAH for elective surgery. Previous studies have shown that nail polish can affect the accuracy of oximeter readings, since polish of different colors absorbing the light transmitted by the sensor can vary. When fingernails are heavily decorated with an increasing array of ingenious substances varying from acrylic to crystals, pulse oximetry can be rendered unreliable if not totally impossible.

It is customary practice to remind patients not to wear jewellery and accessories when booked into hospitals for elective surgery. Wearing jewellery and accessories is not helpful during an anesthesia procedure when accurate monitoring is a matter of life and death. There is no reason why artificial nails should not be added to the list.

Since ladies may need to book an appointment with their favorite nail salon to have them removed beforehand, we have therefore drafted the following to notify your patients. <#>

Mind Your Nails Before Surgery

During a surgical operation, a device that monitors the level of oxygen in the blood needs to be attached to a finger. In order for this device to perform accurately, please ensure that artificial nails and fingernail polish be removed before leaving for the hospital.

World Heart Day 2011



Hong Kong Adventist Hospital joined the World Heart Day on October 2, 2011, at the Happy Valley Racecourse. This event was initiated by the World Heart Federation in 2000. The theme of this year was “One World, One Home, One Heart”.

A game booth was setup by the Marketing Department with the support of Lifestyle Management Center and volunteers from hospital. Although it was a rainy day, there was a long queue lining up at our booth. More than 600 people enjoyed our games which help them to learn the types of food which promote heart health and the concept of balance diet. They all have fun and gain souvenirs. [A](#)

Wan Chai District Council Project



Lifestyle Management Centre continues to collaborate with Wan Chai District Council and other NGOs to conduct a holistic health promotion program. The kick off ceremony (28 Aug) and the first health seminar (25 Sep) were successfully completed. Dr Frank Yeung, the President and CEO of Hong Kong and Tsuen Wan Adventist Hospitals, officiated the ceremony and enjoyed the exercise and martial arts performance. A series of free health talks and health screening services would be provided to the public. The other two seminars would be held on Oct 30 and Nov 27. [A](#)

FOR ENQUIRIES
[HKAH] (852) 3651 8888

CMEs



PRESISTENT COUGH AND ALLERGY IN CHILDREN

SPEAKER Dr Stephen HUI
SPECIALIST IN PEDIATRICS

DATE Sep 8, 2011



PEDIATRIC ENT EMERGENCIES

SPEAKER Dr HUI Yan
SPECIALIST IN
OTORHINOLARYNGOLOGY

DATE Oct 13, 2011

CARDIOLOGY FELLOW COURSE

Bifurcation Intervention Hands-on Workshop



The “Cardiology Fellow Course – Bifurcation Intervention Hands-on Workshop” was held in Hong Kong Adventist Hospital on October 16, 2011. Five cardiologists including Dr Patrick Ko, Dr Boron Cheung, Dr Philip Wong, Dr Adam Leung and Dr Jeffrey Fung were invited to be the speakers. They shared their experiences about the Bifurcation

stenting techniques and supported the hands-on practices.

At the same time, another training program – “Advanced Interventional Cardiology Hands-on Program for Cath-Lab Nurses”, was also held for providing in-depth knowledge on catheterization procedures and techniques. It was organized by Hong Kong Adventist Hospital and Hong Kong Cardiac Nursing Association. [A](#)

EventsHighlight

TWAH

CME




RECENT ADVANCES IN LUNG CANCER DIAGNOSIS AND STAGING

SPEAKER Dr CHOW Wai Cheong, Anson
SPECIALIST IN RESPIRATORY MEDICINE

DATE Sep 9, 2011

TWAH Cares Fighting Obesity in Tsuen Wan



This year is the second time TWAH organized its annual health project, "Health Union". The theme was "Let's Join a Fun-fit Program to Achieve a Good Figure through a Healthy and Balanced Diet". It was initiated by the Lifestyle Management Center of TWAH and the Tsuen Wan Safe and Healthy Community Steering Committee. Support was received from the Department of Health, non-government organizations and a large number of volunteers motivated by the Tsuen Wan District Council. In order to promote a healthy living atmosphere in Tsuen Wan, 50 participants will be chosen to join our "Fun-fit Weight Management Program" for free. 

FOR ENQUIRIES [TWAH] (852) 2276 7331

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WWW.TWAH.ORG.HK

ForthcomingEvents

Charity Concert 2011



Hong Kong Adventist Hospital Foundation proudly presents its "Little Heroes Sharing the Love Concert 2011". This is the Foundation's second fundraising concert to help children who are suffering from congenital heart disease, profound hearing loss and orthopaedic problems in Hong Kong and Mainland China. The program will include ballet, harp, wind band, handbell and band performances by Danse A Lili Ballet Academie, Hong Kong Harp Chamber, Marymount Secondary School, Hong Kong Youth Handbell Ensemble and Amazing Grace Youth Zone respectively. Besides, there will be singing performance by special guest, Ms Liu Xuan.

- WHAT** Fundraising concert performed by children to help their sick peers
- WHEN** December 11, 2011 at 7:30 pm. Minimum age for entry is 3.
- WHERE** Jockey Club Auditorium, The Hong Kong Polytechnic University, Hong Kong.

TICKETS ARE ON SALE STARTING NOVEMBER 7, 2011 VIA CITYLINE NETWORK.

ON-LINE BOOKING www.cityline.com
BOOKING AND ENQUIRIES (852) 3651 8989

CMEs

HKAH

SAME DISEASES, DIFFERENT CONTINENTS

SPEAKER Dr Jeffrey W H Fung, SPECIALIST IN CARDIOLOGY, Dr James C M HO, SPECIALIST IN RESPIRATORY MEDICINE, Dr Li-li HSIAO, ASSOCIATE PHYSICIAN, HARVARD UNIVERSITY SCHOOL OF MEDICINE, Dr Ronald C W MA, SPECIALIST IN ENDOCRINOLOGY, DIABETES AND METABOLISM

DATE Nov 13, 2011

TWAH

MANAGEMENT OF ST-ELEVATION MYOCARDIAL INFRACTION

SPEAKER Dr CHOW Wing Hing
SPECIALIST IN CARDIOLOGY

DATE Dec 9, 2011

TIME 13:00-15:00