

# 屋崙中華醫學會通訊

## president's message

acma  
news

The Official Newsletter of the  
AUCKLAND CHINESE MEDICAL ASSOCIATION  
Issue No. 2 April 2007



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Dear Colleagues

Winter truly appears to have arrived. The wet and windy weather has battered the country and the Far North has been hit particularly hard. Our thoughts go to those whose homes and properties have been affected by the storms.

Another successful CME meeting was held recently, at the New Mong Kok Restaurant at Half Moon Bay. This was a combined meeting between ACMA and YACMA, which resulted in a very good turnout for the evening. Dementia was the topic, and a very interesting presentation was given by Dr Phil Wood. I hope that the student members found this useful and informative. I also hope they took notes – I have already used this new-found knowledge to quiz my students at Auckland Hospital!

We also had a brief address from Dr Mei Ling Yeong of Diagnostic Medlab. As many of you know the High Court recently ruled that the awarding of the community laboratory services contract to a new start-up laboratory was invalid. This means that as of July 1 there will be no designated provider. It is my understanding that DML will continue to work with the District Health Boards to provide the continuity of service that our communities require. At ACMA we have very much appreciated the support of DML to our Association. Everyone is in agreement that costs need to be contained, but the over-riding emphasis is on patient care. ACMA will continue to support the maintenance of an excellent standard of laboratory services in the community. As we go to press I have learned that DML will indeed continue to provide its services for the coming 18 months.

An issue of importance to all General Practitioners was highlighted by Dr Daniel Wu at the meeting. The CME points system is due to be changed, to one point per hour of activity. This has implications for our membership, especially for those whose main source of CME is through

THE 2007 LIST OF MEDICAL  
PROFESSIONALS WITH CHINESE  
LANGUAGE SKILLS

OUR ACMA LIST FOR GENERAL PRACTITIONERS AND  
SPECIALISTS WITH CHINESE LANGUAGE SKILLS IS NOW THREE  
YEARS OLD, AND IT IS TIME FOR AN UPDATE. PLEASE MAKE  
SURE WHEN YOU RENEW YOUR MEMBERSHIP FOR 2007, TO  
WRITE YOUR UPDATED DETAILS INCLUDING CLINIC ADDRESS,  
CONTACT NUMBER, AND THE DIALECTS YOU CAN SPEAK.

YOU CAN SEND THE DETAILS ALONG WITH YOUR MEMBERSHIP  
FORM TO ACMA, PO BOX 128-012 REMUERA.

attendance at the dinner meetings. ACMA will be looking to organise more meetings per year in order for members to satisfy College CME requirements. Look out for an update from a College representative at one of our upcoming meetings.

Finally, thanks to all members who have been so prompt in sending in their membership subscription renewals. For those who have yet to renew, please spend a moment to complete this for the coming year, as it will help to streamline the processing for our subscriptions team.

Best regards,

*Dr Alex Ng, FRACS*



25<sup>TH</sup> MARCH 2007

**DIAGNOSTIC MEDLAB (DML) UPDATE**

DR MEI LING YEONG

- DML and its 750 staffs thanked ACMA and its members for support.
- The DML staffs were very relieved with the recent ruling of the High Court that they would not have to drive taxis!
- This recent development was important for doctors – as it was the 1<sup>st</sup> time for the Health & Disability Act 2000 to be tested in Court.
- It had also highlighted the responsibilities of the DHBs to act with integrity and fairness, as well as their obligations to consult with local GPs and public, etc.
- In summary, DML had won the most recent battle, but not yet won the war!
- Watch this space for further updates!

**UPDATE FROM WELLINGTON CME CONFERENCE**

DR DANIEL WU

CME credit change in 2008:

- 1 credit per hour CME (rather than 2)
- Need 30 credits per 3 years

*This means that we will need to increase our total number of CME meetings to cover our required 10 credits per year, from about 5 dinners to 10 dinners.*

**THE DOCTORS' ROLE IN THE MANAGEMENT OF  
DEMENTIA**

DR PHIL WOOD

- Differential diagnosis of Dementia
  - Dementia is a description, not a diagnosis
  - Sort out the Deliriums from the Dementias
  - Differentiation of Dementias is becoming increasingly important
  - Diagnose the patient and treat the relatives
- Strategy for managing patient with dementia
  - Sort out if the patient is demented

- Sort out the cause
- Initiate management
- Suspect dementia when:
  - Appointment failures
  - Compliance problems
  - Vague History
  - Depression and Anxiety
  - Social Withdrawal, Increasing Isolation
  - Aged / Frailty
  - Other Medical Problems
    - ◆ Alcohol
    - ◆ TIAs / Strokes
    - ◆ Sedatives/hypnotics/psychotropic use
- Diagnosis, usually based on history of:
  - Loss of intellectual function sufficient to interfere with daily activities
  - Memory impairment PLUS
  - At least one of
    - ◆ Impairment of abstract thinking (concrete interpretation of proverbs, difficulties with similarities & differences, difficulty defining words/concepts etc)
    - ◆ Impaired judgement
    - ◆ Other higher cortical dysfunction
      - dysphasia – ask to name as many animals in 1 minute (N ~ 15+)
      - apraxia (can they draw a clock face and put in the hands at 10 past 11?)
      - agnosia
    - ◆ Personality change
- NOTE: Family hx and Apo E status could offer some estimation of risk of Alzheimer's, but not absolute.
- In short, as a doctor, you need to:
  - Take a reasonable history

- Do an MMSE
  - ◆ This needs to be done when patient is in clear conscience and questions must be in patient's native language, as one of the first memory/skills to be lost is the secondary language
- Do a few blood tests and check urine
  - ◆ MSU, FBC, U&Es, LFTs, etc
- There are various causes of dementia,
  - E.g. Alzheimer's (50%), stroke & other vascular causes (20%), Toxins, and others.
  - Majority of the cases, often mixed aetiology
- Further investigations, like CT and MRI head scan, only occasionally indicated

### Case 1 – Lewy Body Dementia

- Clinical features
  - Fluctuation
    - ◆ Memory
    - ◆ Language
    - ◆ Visuospatial
  - Plus at least one of:
    - ◆ Hallucinations
    - ◆ Parkinsonism
    - ◆ Falls
  - Persistent
    - ◆ No other apparent causes
    - ◆ No stroke
- Management
  - Avoid neuroleptics (Or use very low dose / Clozapine / resperidone)
  - Avoid unnecessary investigations
  - Educate the carer ("defuse")
  - Consider Cholinesterase Inhibitors
    - ◆ Exelon
    - ◆ ? Aricept
    - ◆ ? Reminyl

## General Management Tips

- Safety
- Support
- Powers of Attorney
- Carer Educations

*CME note prepared and edited by Paul Cheng*

## EXELON - 'IT'S ABOUT TIME' PROGRAMME NOVARTIS REP – JENNY PATCHELL

Please see below a flier for the Exelon 'It's about time' patient support programme, presented during the CME dinner

## The Exelon 'It's About Time' support programme

### Programme Overview

Programme developed to help patients and carers who are affected by Alzheimer's Disease who are taking Exelon® (rivastigmine).

### What are the benefits of the programme?

- Free membership pack which includes a complimentary reference book about Alzheimer's written by Dr Chris Perkins (The New Zealand Dementia Guide) valued at \$30.00, bookmark and fridge magnet.
- A registered nurse will call the patient and carer regularly to discuss the progress of their treatment, address any treatment issues and check on their general well-being. Calls will cover information on Alzheimer's NZ, instructions on how to use materials in the starter pack (multiple medications card, ABC progress report and Daily activities Diary), up titration to a therapeutic dose and recommended reading from the 'New Zealand Dementia Guide'
- Unrestricted access to the free call support line available Monday to Friday from 10:30 am to 7:30 pm.
- Feedback reports sent to both Specialist and GP at month 3 and 6. These reports will cover attitudinal feedback, information gaps, compliance and side effect issues, an update of patients' achievement of cognitive and behavioural objectives

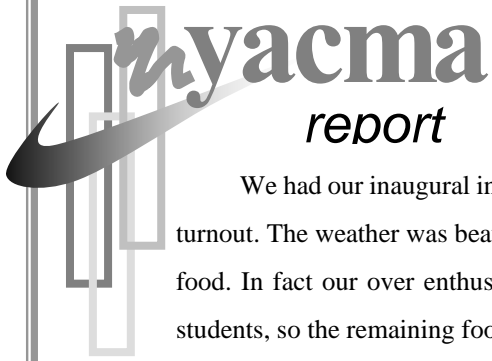
### Programme Outline



For more information about the 'It's About Time' support programme  
please call 0800 652 422

NOTE: Patient information will be held securely and confidentially by Novartis New Zealand Limited and will not be released to any third party. For further information regarding your privacy, please contact us on 0800 652 422. Novartis New Zealand reserves the right to terminate this programme at any stage by giving one month written notice to all enrolled patients.

PRESCRIPTION MEDICINE. Exelon® (rivastigmine) 1.5mg, 3mg, 4.5mg & 6mg capsules. Exelon is an unfunded medicine – a pharmacy charge applies. Consult full Data Sheet before prescribing. Exelon is a registered trade mark of Novartis AG, Switzerland. Novartis New Zealand Limited, Auckland, Ph: 0800 652 422 EXL 1106-160-1108.



It has been a busy first few months for YACMA. Time has flown by so fast with already a few events under our belt. Just an update on what's been happening so far.

We had our inaugural introduction BBQ held at Outhwaithe Park in early March with a reasonable turnout. The weather was beautiful. And we had a huge interest from the 4th years. There was plenty of food. In fact our over enthusiastic committee members overestimated the appetite of our fellow med students, so the remaining food was donated to the city mission.

While on the charity theme, we had recently received a letter of thanks from Camp Quality, an organisation for children with cancer. As some of you might know from last year, YACMA had organised a fun-packed, charity karaoke competition, from which we had managed to raise enough fund to be donated to a good cause - helping children growing up with cancers.

Our most recent event was the ACMA CME dinner held at the New Mong Kok Restaurant, which all the students were invited to. It was a huge success with a large number of newbies - the second years, showing up. Huge thanks to the recruiting efforts of the preclinical reps.

To the YACMA members, keep a lookout in your email inbox for upcoming events - the next event being the yearly student-doctor dinner/lunch. We hope everyone is doing well with lectures, and their clinical attachments.

*- YACMA Committee*