

屋崙中華醫學會通訊

president's message

acma
news

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AUCKLAND CHINESE MEDICAL ASSOCIATION
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Dear Colleagues

Much has happened in our world since June: we challenged for the America's Cup, but were unable to bring it back to NZ (good luck though for the next challenge in 2009); our Silver Ferns succumbed to Australia; the All Blacks retained the Bledisloe Cup; the NZ Dollar has hit an incredible high, with both positive and negative implications for different sectors of society.

On the medical front, we have been confronted with doctors seemingly performing terrorist acts, which is both abhorrent and totally contrary to what they had been trained to do – to improve the health of others, to relieve suffering, and to do no harm. While not everyone can be immune to the effects of twisted and distorted ideals, no amount of ideology can justify the deliberate infliction of harm on the innocent. As those who uphold the Hippocratic Oath, doctors everywhere should rightly condemn these actions.

Locally we have pressing medical issues also. The chronic shortage of both junior and senior medical staff, as well as other health professionals in the public system, is a reflection of the degree to which such staff are valued for their commitment and efforts to assist those in need. Staff retention and the opportunity for development are critical for the future of our health system. That NZ-trained doctors continue to leave for better pay and conditions overseas is an ominous sign that the Government cannot ignore. While the current 'panic' about the proportion of foreign-trained doctors is largely misguided, there seems little sense in investing vast sums to train doctors locally only to have them enticed and poached by other countries. The cruel irony is that our country ends up spending ever-increasing sums to recruit doctors from overseas, money which could be put to better use retaining those we have trained.

Recently, ACMA was approached by the Cancer Society to support their campaign to ban cigarette advertising displays in retail stores. As an organisation devoted to health promotion, ACMA has endorsed this campaign and given its permission for the Cancer Society to list it on its campaign website: <http://www.bancigarettedisplays.org.nz/index.php?id=542> I would encourage members to visit this website, and consider writing to MPs in support of this campaign. This campaign is timely, given our recent CME dinner meeting where the topic of COPD was presented and discussed. You all will recall, and know, that a significant contributor to the prevalence of COPD in our community is due to cigarette smoking. You can contact Belinda Hughes, Tobacco Control Adviser at the National Office of the Cancer Society of NZ (blh@cancer.org.nz) for more information.

On 26th July a Careers evening was held at the Medical School. This was an opportunity for medical students to hear presentations by members of ACMA on different aspects of medicine, from general practice through medical and surgical specialties. Thanks to all those who gave of their time to share their thoughts on their careers, and to the students who participated.

Our next CME dinner meeting will be held on Sunday 5th August, at Sun World New Millennium Restaurant in Newmarket. For those members who are coming from out of town, the restaurant is located on York St, but readily visible at the Newmarket end of Khyber Pass Rd. The medical presentation will be given by Dr Mike Lam. Please note that this meeting is open to doctor members only, and I ask that you take a moment to check your membership status as you arrive at the restaurant. Also, after many years of keeping the accompanying partner charge unchanged, we have had to make a modest increase, to \$35, in order to cover increasing costs. I trust that you will agree that this still represents excellent value, and that you will encourage your partners to attend: good food, good education, and good company!

Finally, we always welcome new members and would encourage you to introduce other doctors to the Association. It's a great way to network, and also to gain CME points and a good dinner as well. While aimed principally at Chinese and Asian doctors, the Association is open to all registered medical practitioners. Remember that one of the benefits of membership is the addition of your name to a doctors' list (that will include details of special language skills you may have), which will be circulated widely throughout the community.

I look forward to seeing you at the next CME Meeting.

Best regards,

Dr Alex Ng, FRACS



10TH JUNE 2007

“HEALTHY PRACTICE™”

BENNY KOK

Benny Kok from Medical Assurance Society (MAS) spoke on HealthPractice™ - an online business support service.

For more information, freephone 0800-800-627 or visit www.healthypractice.co.nz

HealthPractice™ website offers various services:

- Cornerstone programme that has 19 criteria with resources, which have been checked legally.
- Helpdesk that would answer business questions and would give other advices – much of these problems could be free.
- Templates for downloads e.g. staff employment descriptions for practice managers, nurses, administrative staff, contractors, employees, etc.
- Information on Human Resources
- Commerce Act (includes Price Fixing examples)
- Management problems e.g. new doctors to join, cost of selling or valuation
- Information on practice ownership options or agreements, partnerships, cost-sharing, etc.
- Advices on price for selling and buying new practices, etc.
- Online calculators for income and fees.
- Plus a lot more, visit www.healthypractice.co.nz

Cost of programme overall is about \$450 for two doctors in a group.

CLINICAL IMMUNOLOGY AND ALLERGY

DR PENNY FITZHARRIS

Three different types of abnormality in immune system:

1. Failure to protect against disease
2. Reactions to agents e.g. autoimmune problems
3. Allergic reactions

Case Study:

- Immunodeficiency problem getting recurrent infections ending with bronchiectasis
- NB: Allergy to external agents:
 - Type 1 (IgE-mediated e.g. hayfever, peanut)
 - Type 2 (urticaria from drugs)
 - Type 3 (anaphylaxis)
 - Type 4 (angioedema and contact dermatitis)

Approaches to Cases:

- Detailed history important, particularly timing, setting, triggers, drugs, past reactions, family history, past treatment, etc.
- Relevant History
 - Rhinitis, sneezing, PND, itch
- Examination
 - Asthma, eczema, urticaria, “allergic salute” (nose ridge), nasal polyps
- Allergy tests
 - Patch tests, skin pricks, inhalants, food, latex
- Skin pricks
 - 95% sensitive, although negative tests can be helpful as well.
 - Low specificity
 - Food skin tests that can predict allergies in the future?
 - Can desensitization helps?

- Can test food allergies (e.g. fruit & veges), latex, bees, drugs at specialist clinics
- Note: Seasonal allergy
 - Hayfever commonest October => December
 - Tree allergy August => September
 - Perennial for moulds, dust mites, animals
- RAST tests
 - Expensive
 - Lower sensitivity
 - Slower
 - Useful for pts with eczema dermatographism, and when on antihistamines/steroids
 - Can test eggs, milk, nuts, fish, soya, wheat,
 - Can predict to 95% severity
- Other tests
 - Eosinophilia, total IgE, RSR, ANA, Throxine, C1 inhibitor, complement
- Patch testing
 - For foods, rubber, nickel, cosmetics, inhalants
- Challenge testing
 - For aspirin, NSAIDs, antibiotics, food and food additives
- NB: Non IgE cause coeliac disease – dermatitis herpetiformis
- Cf IgE-related urticaria, angioneurotic oedema, nausea & vomiting, dizziness, hypotension, syncope, etc.

Food allergies

- Eczema 30-40%
- Acute urticaria 25%
- Asthma 10-15%
- Oral allergy Syndrome
 - Birch pollens, apple, peach, kiwifruit, hazelnut, carrot, etc.
- Latex foods
 - Avacado, banana, kiwifruit, etc

- Cow's Milk
 - Affects 2.5% of under 2 years
- Eggs
 - 102% children – can grow out of it though
- Peanuts
 - 0.4-1.3% kids
 - 0.5-1% adults
 - Can get more tolerant with age

Note: Food allergy-related rhinitis and asthma

- Cross disease

Anaphylaxis can co-exist with asthma

- May need urgent adrenaline
- Can order Epi-pen from CSL
- Education important
- Can carry a card alert, etc.

Allergic Rhinitis

- 20% of adults
- Tree pollens September => February
- Check out allergens, RAST tests, to avoid
- Antihistamines useful e.g. loratidine po
- Desensitisation over 3-5 years
 - Effects can be long-lasting, with effective reduction of disease
- Sublingual immunotherapy developing but not as good yet

Cost

- Sub/cut preparation \$1400, last for 3 years, with 50-60% improvement
- Sublingual preparation \$3240, last for 3 years, but less doctor administration required, though no as effective as sub/cut prep

*CME Notes from Dr Trevor Young
Edited by Paul Cheng*



8TH JULY 2007

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

DR RICHARD PARDY

Dr Richard Pardy, Respiratory Physician, spoke on COPD. He worked with Dr Allan Liang. He had worked in Malaysia, and McGill University, Canada.

Chronic Obstructive Pulmonary Disease (COPD)

- Airway obstruction
- Chronic
- Not usually reversible
- Either chronic bronchitis or emphysema
- Very often associated with tobacco
 - Tobacco contributes to parenchyma damage

If one is susceptible to smoking-related disease, his/her lung function will deteriorate depending on the degree of susceptibility. If one stops smoking, the damage can often be limited.

To diagnose COPD, it is important to do peak flow and spirometry (particularly if smokers/ex-smokers).

- $FEV_1 < 80\%$ predicted
- FEV_1 / FVC ratio < 0.7

To differentiate between asthma and COPD:

- Asthmatic
 - Night time waking
 - Diurnal breathlessness
 - Reversible disease, with good response to bronchodilators
 - Often have no past smoking history
 - Genetics may have some roles?

- COPD
 - Breathless all the time
 - Weight loss
 - Recurrent infections

Severity of COPD – based on FEV_1 predicted

- Mild (50 – 80 %)
- Moderate (30 -49%)
- Severe (<30%)

NB: Different guidelines have slightly different ranges.

When to refer the patient to the specialist?

- Refer if:
 - Severe COPD
 - Complicated problems
 - Age under 40 yrs
 - ◆ ? alpha-1-antitrypsan deficiency
 - Requiring O_2 Rx, Nebulisation, Steroids, etc.

Before referral, important to check inhaler technique!

- Significant contribution to COPD poor responder

Cessation of smoking is a major factor in COPD management, if it's not too late)

- Advice should be provided and community agency service referred.
- Pulmonary rehabilitation (e.g. breathing exercises) is very useful
- Multidisciplinary team approach is preferred, involving PT, OT, dietician, etc.

Pharmacological treatment usually involves

- Anticholinergics
- Bronchodilators
- Steroids
- Theophylline
- Oxygen therapy – ambulatory or short burst

Prevention of exacerbations, with:

- Flu vaccination
- ?pneumovax, ?steroids, ?prophylactic antibiotics

Other managements

- ?Mucolytics – limited evidence
- Anxiety and depression may need treatment

Hospitalisation is warranted if the patient is or has:

- Cyanotic
- Very breathless
- Peripheral oedema
- Confusion
- Exacerbation with infections
- Not responding to treatment

TORCH STUDY, SPONSORED BY GSK

A Canadian-based RCT with 3 year follow-up, involving more than 6000 patients, to determine if Seretide (Salmeterol 50mcg/Fluticasone 500mcg) was effective in reducing mortality in COPD (FEV₁ < 60% predicted).

This study was recently published in New England Journal of Medicine.

Results suggested an improved survival in Seretide group with a 17% reduced mortality (all-cause) rate compared to placebo group. There was also improved health status, reduction in exacerbation, and improved lung function (i.e. reduced decline) in Seretide group.

Recommendation made for managing COPD:

- QUIT SMOKING
- PULMONARY REHAB
- Rx Salmeterol 50 mcg / Fluticasone 500 mcg
- CHECK INHALER TECHNIQUE!!!
- ? low dose theophylline (e.g. 100mg bd)
- Spiriva (tiotropium)
- Annual flu vaccine

*CME Notes from Dr Trevor Young
Edited by Paul Cheng*



Locum Wanted!

- Central Auckland - primarily Mandarin speaking practice
- Looking for long or short term GP locum
- Terms negotiable
- Please contact Daniel Wu for details: deewu@xtra.co.nz



Another wintery season has begun, with the weather showing slight signs of mercy for the medical student who must bear another semester in the dark confines of the medical school or the even darker confines of some old hospital wards...

Instead of succumbing to the Auckland rhinitis rounds, YACMA has kicked off the mid-year run with zest!

We recently held our annual Careers Evening, and came away with an awareness of the glamour and tribulations of the various specialties. Popularity was seen by the huge amount of food consumed at the event.

The speakers included Dr Rhea Liang from General Surgery; Dr Bradley Ng from Psychiatry; Dr Philip Choi from General Medicine; Dr Wilson Young from Population Health; Dr Gee Hing Wong from General Practice; Dr Boris Mak from Rehabilitation Med and Dr Phillip Young from Emergency Medicine.

Thank you to all the guest speakers who so generously took the time to enlighten us with their wisdom and experience. It was an inspiration and thrill to realize the great heights that can be reached by an Asian health professional.

I would also like to take this opportunity to extend my thanks to my fellow committee members for their invaluable efforts and contributions. Together, we had achieved a level of service that continues to surprise us and exceed our expectations. We really hope all our fellow YACMA members feel the same way. :D

Good luck to all for the new semester and watch this space!

- YACMA Committee