ACMA Newsletter

September 2021

ACMA Spring newsletter

SEPTEMBER 2021

President's Welcome

Hello ACMA and YACMA members.

Yet another August/September spent in lockdown .

Watching developments in Australia it seemed a matter of time before Delta breached the borders here and send NZ into lockdown. One silver lining is that it has galvanised the vaccination program and it is pleasing to see the high uptake by the local Asian population despite the language barrier.

Many ACMA members will be engaged in vaccinating , swabbing and providing clinical care to COVID—19 patients in our hospitals.

Yet again the ACMA calendar has been disrupted with the September CME being postponed to 31st October and the October social to next year. The AGM/CME is still planned for November 14.

Check your email inbox for announcements in October and November for these events.

Please consider giving back to ACMA by standing for a position on the executive or nominating a fellow member for the ACMA Shield .

At a recent executive meeting it was suggested that we open membership to our nursing colleagues starting with practice nurses of ACMA doctors.

What do you think? Email me!

Dr Linda Lum
president@acma.org.nz

YACMA President

Hello ACMA and YACMA family!

It's a bit unfortunate that we find ourselves in another lockdown, I hope you have all been eating well and looking after yourselves during this time.

A brief recap from me since the last newsletter, we managed to host our careers evening once again, bringing it back from hiatus. I hope those who attended enjoyed the event as much as we did.

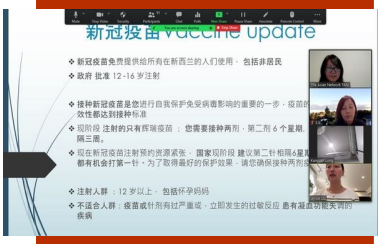
A big thank you to all our lovely speakers who took time out of their evening to come and speak to us.

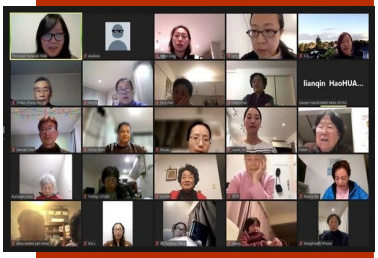
As always I want to thank Siddarth and the rest of the MAS team for their support. Most importantly a big shoutout to our amazing mentorship officer Nicole for being simply superb.

That concludes everything from me, best of luck to everyone in their upcoming preparations for exams and assessments during this time. Fingers crossed that things will improve soon.

Warm regards,

Jerry Tang





Preclinical Reps

Greetings again everyone !

Over halfway through this year, hope you all are managing well and enjoying it as much as possible. We're just here to give a quick rundown of how YACMA has been running in our opinion, namely our newly included Winter Social Event, and upcoming events as well.

Following on from YACMA's successful yumchar event, we managed to host the first ever winter social event at gogo music cafe! We had discounted food which always makes for a good time, incredible vibes and also fun food challenges throughout the night. We will make sure to continue this event for the coming years as the feedback we received were all extremely positive. YACMA was also able to host the annual careers evening which invited multiple doctors to talk about their experience in their profession. This provided an extremely useful insight for our members. We initially had a workshop planned for second years for their clinical skills examination, but unfortunately it got canceled because of this lockdown. Fingers crossed there is no more lockdown at the end of the year so we can go ahead with our retreat!

Good luck and stay safe guys ❤️ Oscar, Grace and Leo

Recent Events

YACMA Careers Evening 4 August

With 10 different speakers from a wide range of specialties, medical students from second to sixth-year were given an overview of what their jobs entail, the pathways to get in, and preparations to be done now. The students also made use of the Q&A format to raise lots of insightful questions. After the presentation, the students and speakers bonded over pizza, where the speakers shared more of their interesting work-related and personal stories.

Our thanks to all the speakers and the ACMA team for giving us the opportunity to learn more about the different specialties, and to MAS for sponsoring this activity

TANI Talk: Covid –19 Vaccine and Hay fever 20 August Dr Jessie Liu

There were more than 100 participants joining this Chinese online event. Some attendees showed their children or other family members who also listened to Dr Liu's presentation.

Dr Liu's presentation was very helpful for the Chinese community members to understand common springtime health conditions in NZ and how to prevent them. The updated information about Covid-19 and vaccine also let attendees know where they could go for the vaccine and selfcare during this difficult lockdown time.

ACMA Shield

The objectives of the Association (ACMA) are to develop and promote the cultural and professional well-being of Chinese New Zealanders.

ACMA serves as a voice on matters of medical or health concern affecting Chinese New Zealanders in health research and government policy making. Its objectives also include education of the general public, especially the Chinese community of current and recurring health issues; and to advance education by supporting young registered doctors and medical students with developing and building their medical knowledge, clinical skills and character.

The ACMA Shield recognises members who embody qualities that help in the fulfilment of these objectives and thereby are exemplary members.

We are currently seeking nominations for the ACMA shield 2021.
Visit our website www.acma.org.nz/acma-shield to review nomination criteria.

Submissions must be received by 31st October at president@ acma.org. nz

Elections and AGM

If you have enjoyed the activities over the past year whether CME, the Conference, Community or social events have you considered joining the executive for 2022?

We hold meetings for an hour every two months (in person or by zoom) and any contribution you may offer , however small or great, is welcomed.

The current executive extend a special invitation to our specialist colleagues to join the team and offer a secondary care perspective of Asian Healthcare.

Further information and nomination forms will be sent out early October.

New Members

Say Hi to

Dr Katherine Cynthia , Anaesthetist , Auckland

Dr Jamie Foo, GP , Milford

Malnutrition in Older Adults

We are aware that one in three adult New Zealanders aged 15 years and over, are classified as obese. But how often do we hear, or are even aware about the other end of the spectrum? Malnutrition. Studies have reported that one in three community-living older New Zealanders are at risk of malnutrition. Up to 40 per cent of hospital patients and up to 50 per cent of residents in rest home care are thought to be malnourished.

There is no universally accepted definition of malnutrition. However it has been accepted that there is a deficiency, excess or imbalance of a wide range of nutrients, resulting in a measurable adverse effects on body composition, function and clinical outcome. It is also "often under-recognised and under-treated to the detriment and cost of individuals, the health and social care services and society as a whole" (BAPEN). Studies have also shown that it costs two to three times more to treat a malnourished versus non-malnourished patient.

Loss of weight should not be seen as an inevitable part of ageing. Its consequential impact on muscle, cardiorespiratory and gastrointestinal function alongside immunity and wound healing has ongoing paramount domino effects. So how do we recognise the signs of malnutrition? Or better yet, how do we recognise the risk, before it gets seen as the inevitable?

The risk factors for malnutrition in older adults generally fall under the nine Ds and F below. These factors are impacted by clinical, social and economic variables.

Dentition – trouble chewing, impaired dental health
Dysphagia – trouble swallowing – physical and neurological impairment
Drugs – side effects of prescribed (and non-prescribed) medications
Dysgeusia – lack of taste – due to drugs, treatment side effects and/or multiple comorbidities
Depression – living alone or feeling of loneliness
Disease – lack of mobility and functional/physiological decline
Dementia – change in cognition and insight
Dysfunction – impaired GI function, restricted diets, visual impairment
Diarrhoea – impaired GI function, medication and other causes
Food Insecurity – access to food and limited finances

A decreased sense of taste and smell alone increases the risk of malnutrition almost three-fold. Older adults with impaired swallowing functions are five times more likely to become malnourished.

It is important to never let our visual perception override the questions we may otherwise ask. This is in relation to patients whom may be considered to have a normal or high BMI. How we interpret data and the dietary interventions we provide should be in context of age and circumstance (in all regards).

The use of BMI is often mentioned in context of cardiovascular disease risk. However, in all-cause mortality, a meta-analysis of older adults completed in 2014, showed that overweight was not found to be associated with an increased risk of mortality. Interestingly, there was a U-shape relationship, with the ideal BMI range of 27.0-27.9 providing the lowest risk of mortality.

Those on the lower end of the range with a BMI of 20.0 or less had the highest risk of death, as did the other side of the U-shape relationship, but only when the BMI reached towards 37.0-37.9. This meta-analysis is certainly ground-breaking in its findings, with a review of 32 different studies that looked at over 197,000 adults aged 65+ with an average follow up of 12 years.

'Extra padding' in older age serves a crucial function beyond purely 'additional insulation' as such. However, even those considered morbidly obese in calculation, should not be overlooked. For example, studies have shown malnutrition to be a significant predictor of pressure injuries. One study reviewing malnutrition and morbid obesity, noted those who were morbidly obese and malnourished had 11 times the odds of developing a pressure injury during the course of their hospitalisation compared to those who were morbidly obese and nourished.

Dietary intervention far extends beyond the need to eat more. Quality comes before quantity. However, finding the initial root cause(s) is key. Utilising the nine D's helps to identify where to target and tailor the intervention. From there, we can then evaluate texture modifications, food fortifications, removing any fears associated with food (e.g. higher fat/sugar/salt), and most importantly help the patient and their family understand the importance and role of nutrition in managing their overall health.

There is the saying that 'a little goes a long way'. When it comes to nutrition and malnutrition…a little targeted dietary input in patient care can bear its fruits in many foreseeable ways.

Christine Everest
Clinical Dietitian
www.christineeverest.co.nz

Christine Everest
CLINICAL DIETITIAN

What's On

October 31 CME

Contraception and Heavy Menstrual Bleeding

LARC and Pipelle workshop

November 14 CME /AGM

Lung cancer screening/ Dental care in NZ

November 20 Community event

ACCC Cultural and Children's day

ACMA Health Advisory Kiosk

CME Sponsors

July

October