LET'S TALK ABOUT
HEPATITIS

Changi General Hospital’s Gastroenterology and Hepatology team is committed to fighting liver and gastrointestinal disorders.

BRITTLE BONES
The truth about osteoporosis

OVERCOMING ASTHMA
How to manage this respiratory disease

MY GP ANSWERS
Doctors’ advice on lower back pain and foreign object in the throat
Smoking has been found to harm nearly every organ in the body and diminishes a person’s overall health. In this issue of CARING, we talk about quitting smoking (page 18) in conjunction with World No Tobacco Day on 31 May. The relationship between asthma and smoking is also a significant concern among healthcare professionals, as smoking has adverse effect on asthma. Learning how to prevent and manage its symptoms can help you lead a full and active life (page 14).

We also speak to Dr Ang Tiing Leong, Chief and Senior Consultant of CGH’s Department of Gastroenterology and Hepatology, about viral hepatitis, one of the most common causes of chronic liver disease worldwide (page 10). It is associated with a high rate of morbidity and mortality, and is sometimes referred to as a silent epidemic – it often goes undetected by patients.

Besides sharing information about hepatitis, we also shed light on chronic nerve pain. This condition can rob a person’s ability to enjoy life, maintain important relationships, fulfill responsibilities or perform well at work. People suffering from it may feel that they have lost control of their life. It is important for patients to know that with proper treatment, the pain can be alleviated (page 2).

We hope you will find this issue a rewarding read!

Cherry Lui
Editor
02 DON'T LET PAIN GET IN YOUR NERVES
Understanding chronic pain

06 WORRIED SICK
Coping with health anxiety disorder

10 LET'S TALK ABOUT VIRAL HEPATITIS
Learn more about the types of hepatitis and their risk factors

14 BREATHE EASY
How to manage an asthma attack

16 BONE UP FOR GOOD HEALTH
Overcoming osteoporosis

18 KICK THE HABIT: QUIT SMOKING SUCCESSFULLY
The health benefits of a smoke-free lifestyle

21 WARNING SIGNS OF DEMENTIA
Symptoms of the degenerative disease

22 YOUR GPs CAN TREAT THESE CONDITIONS
A GPFirst series

24 HEALTHY EATS
Mackerel steaks

26 令人痛苦的神经痛
长痛不如短痛，让您了解慢性疼痛

30 别急出病来
应付健康焦虑症

34 您认识病毒性肝炎吗？
了解肝炎的种类与其风险因素

38 您的家庭医生能治疗这些病症
“家庭医生首选”系列

40 失智症的潜伏威胁
让您多了解这个“定时炸弹”

41 吃出健康
鲭鱼排
DON’T LET PAIN GET ON YOUR NERVES

When it comes to dealing with pain, it wouldn’t hurt to seek proper treatment.

Text by Cherry Lui
You know what regular pain feels like – the sharp jolt from a cut, the throbbing of a headache, or the dull ache of a bruise. These examples of pain are usually short-lived. Some acute pain, specifically those arising from major surgery or trauma, can be severe though they usually ease with time and healing.

Pain that persists beyond the period of normal tissue healing, or longer than three months, is defined as chronic pain. Common examples include chronic low back pain, osteoarthritis, cancer pain, and various types of neuropathic pain (see below).

For those living with chronic pain, everyday activities are a struggle. In a study about chronic pain in Europe, the findings reveal that about two-thirds of sufferers have trouble sleeping, while almost half report having difficulty in doing household chores. Nearly one-fifth of sufferers also say that pain affects their relationships with family and friends.

The initial reaction to chronic pain is usually fear. For some, persistent pain that fails to respond to treatment leads to anxiety, depression, anger and irritability.

UNDERSTANDING NEUROPATHIC PAIN
An example of chronic pain, neuropathic pain (commonly known as nerve pain) is caused by damage to a nerve or a dysfunction within the nervous system. When nerves are damaged, a person may feel abnormal sensations (tingling), painful sensations (burning or stabbing), or no feeling at all (numbness). Nerve pain can also be described as electric shock-like, shooting or stabbing, depending on the circumstances and particular type of condition. It can be a symptom of many different conditions, including diabetes, shingles, cancer, HIV, traumatic nerve injuries and stroke.

Regardless of the cause, neuropathic pain is difficult to treat as pain is an invisible, subjective symptom. There are no objective tests to detect pain or measure its intensity. Often, the doctor has to depend on the patient’s description.

The psychological and social consequences of neuropathic pain can be enormous. Living with chronic nerve pain may lead patients to feel that they have lost control of their life. It can also rob a person’s ability to enjoy life, maintain relationships, fulfil spousal and parental responsibilities, or perform well at work.

DIABETIC NERVE PAIN
Also known as diabetic neuropathic pain, diabetic nerve pain is one of the most common causes of chronic pain. It results from nerve damage due to high blood-sugar levels that have persisted for a long period of time. Patients with painful diabetic nerve pain often experience peripheral nerve pain (which affects body parts such as hands and feet), including burning pain, pins and needles, or shooting pain. This can lead to muscle weakness and loss of reflexes, thereby leading to problems with balance and walking.

Almost one in five patients with diabetes suffers from nerve pain, and its prevalence has grown as the number of adults living with diabetes has increased.

David (name changed to protect privacy), a 46-year-old logistics manager, was first diagnosed with Type 2 diabetes about 12 years ago. But it was only recently that he was referred to the neurology clinic by his primary care doctor for pain in his feet.

He experienced stabbing pains in his toes followed by numbness in his feet with some gait imbalance when he walked on uneven surfaces. Since then, the numbing sensation has slowly progressed to the middle of his shins. The pain reached an unbearable level that when he walked, it felt like walking barefoot on broken glass. At night, he feels a burning sensation in his feet when he lies down, and the stabbing pain continues in his toes and shins. He rates his pain as an eight out of 10.

David mentioned all these symptoms to his primary care doctor only recently because he thought he could just live with them. Despite his limited mobility, he seems like any other healthy man. It is hard to tell that he, or any other person plagued with chronic pain, could be suffering so much.
PAIN TREATMENTS
Treating nerve pain starts with reaching out and asking for help. If you think you might have nerve pain, make an appointment to see your doctor. Clearly describe the pain you feel and which parts of your body it affects. Patients can also keep a diary and record the timing and duration of the pain.

If you have diabetes, have your foot examined every year to check for peripheral nerve disease. A comprehensive foot exam includes checking the skin, muscles, bones, circulation, and sensations in the feet. It is important to check sensations in the feet because losing sensitivity increases the risk for developing foot sores and other problems.

Nerve pain is not ordinary pain. Conventional painkillers often don’t work well for treating it. If your current prescribed medicine isn’t helping, talk to your doctor about other options, including adjusting the dose of your medication and other ways of fine-tuning your pain management plan. It is important for patients to know that with proper treatment, the pain can be alleviated and they can enjoy a better quality of life.

1 How is chronic pain evaluated?
Your doctor will try to identify the cause of pain by asking you to describe your symptoms in detail. He or she will perform a physical examination and may recommend diagnostic testing, such as blood tests, nerve conduction studies, and imaging studies (X-ray, CT-scan or magnetic resonance imaging (MRI)), or even tissue biopsies. There are no diagnostic tests to prove that pain exists, although the results of such tests may suggest a cause. Unfortunately, unlike acute pain, the exact cause of chronic pain is sometimes difficult to identify. In this situation, your doctor will ensure that the chronic pain is not due to a life-threatening illness, or an illness that requires urgent surgery or treatment.

Patients often have problems describing their pain in words, and differences in genetics, physiology, life experiences, and other socio-economic factors affect the way each individual perceives pain. Therefore, no single event will cause the exact same pain experience in two people. A number of instruments are available to help measure chronic pain, ranging from simple pain-rating scales to detailed “multi-dimensional” pain survey instruments that are especially helpful for research studies.

Trying to sort out whether pain is “real” is not particularly helpful. Unless a person is consciously fabricating symptoms to his or her healthcare provider, all pain is real.

2 What causes nerve pain?
Nerve pain may result from damage to the nerves that normally sense pain and transmit pain signals, or from damage to parts of the nervous system that transmit pain signals and interpret them (e.g. spinal cord and the brain, or the central nervous system). Examples of conditions that can cause nerve damage include:

- Infections
- Inflammation
- Diabetes
- Slipped disc
- Stroke
- Malignant tumours
- Excessive, repetitive use of joints
- Surgery
3 How can a patient describe his/her symptoms to help the doctor make the correct diagnosis and prescribe the best treatment?

As only you know how your pain feels, it’s important for you to pay attention and try to describe it as accurately as you can. Use any adjective that can paint an accurate picture of your pain to your doctor, or use pain descriptors such as:

- Burning
- Crawling ants
- Electric shocks
- Pins and needles
- Painful cold

4 What other tools can a patient use to describe his/her pain?

A pain diary is a record of the occasions when you feel pain. It will help your doctor determine what kind of pain you have, and it will help you and your doctor find out what worsens your pain or eases it. Take note of:

- When you felt pain
- How bad it is, using the pain scale of 0–10
- How your pain feels (see pain descriptors on the left)
- What lessened the pain
- What made the pain worse
- Has your pain interfered with your sleep

5 How is nerve pain treated?

Nerve pain can be very difficult to treat. It often does not respond to common medications such as paracetamol and anti-inflammatory pain medications. Fortunately, doctors have a wide range of other treatments to help alleviate pain. These include:

- Topical treatments (creams, gels or patches) containing capsaicin, a local anaesthetic
- Medications such as antidepressants, anticonvulsants, opioids (which are reserved for a very small group of patients because of potentially serious side effects)
- Physical therapy to improve muscle strength, flexibility, balance or general physical health
- Psychological therapy to improve self-management of pain and pain-related disability, and reduction of emotional distress
- Injections and surgery
- Acupuncture, meditation, and other traditional treatments

6 How can family members help to take care and support pain sufferers?

Taking care of a loved one with chronic pain is difficult, and seeing him/her suffer is heartbreaking. The most important thing to do is to give comfort when the pain is particularly severe, and provide support and encouragement in finding the best treatment.
How to cope with health anxiety and reduce fears of illness

Text by Dr Jean Cheng

Friends, I feel a lump in my breast but I don’t want to see a doctor. Please pray that it will go away.” Sandy read this text message from her friend, Lydia, and sighed. This was not the first time that Sandy had received such texts from her. Lydia had complained previously about headaches, and kept texting and calling because she was worried about having a brain tumour. On another occasion, Lydia was worried about body aches and brought up the possibility of having bone cancer. These were just some of the many occasions where she had expressed distress about her health.

However, every time Sandy advised Lydia to verify her concerns with a doctor, Lydia would reject her advice as she has always had a fear of having a serious and fatal health condition. She does not want to see a doctor and have her worst fears confirmed.

WHAT IS HEALTH ANXIETY?

Lydia suffers from health anxiety. According to the Diagnostic and Statistical Manual of Mental Disorders published in 2013 by the American Psychiatric Association, health anxiety – also known as illness anxiety disorder – is a psychiatric condition in which someone is preoccupied with the idea that he/she has or will develop a serious illness.

People who suffer from health anxiety usually do not have any physical symptoms or only experience mild physical symptoms. However, they experience a level of anxiety and distress that is disproportionate to what is experienced in reality. For example, everyone experiences headaches on occasion and may complain about it. However, the frequency with which Lydia spoke about her headaches and contacted her friends to talk about it was excessive.

Those with health anxiety also tend to be hypervigilant about their health. They frequently check and scan their bodies for marks, lumps, rashes or sores, and if any are found, these are then interpreted as a sign of the start of a physical illness. For example,
MENTAL WELLNESS

Such preoccupation can result in them having difficulty concentrating at work or reducing outdoor leisure activities with loved ones, thereby having an impact on their daily life.

Unfortunately, worrying and constant checking usually lead to an increase in physical symptoms of anxiety, such as an increased heart rate, trembling, shortness of breath, chest pain or chest tightness, blurred vision, nausea, an upset stomach, dizziness, hot flushes or chills, and muscle tension.

When a person with health anxiety notices the increase in these physical symptoms, they misinterpret these symptoms as a sign of a physical health condition, thus reinforcing their erroneous belief.

DEALING WITH HEALTH ANXIETY

People with health anxiety typically avoid anything that confirms the presence of any medical condition or seek too much medical information.

Lydia is an example of someone who copes by avoidance. People like her refuse to go to the doctor and refuse medical evaluation because they are afraid that their worst fears would be confirmed. They may also avoid television programmes that discuss medical conditions as a way of avoiding any feelings of anxiety.

Others who swing to the other extreme of excessively seeking more medical information (e.g. from the internet) are a regular presence in clinics. If one doctor does not give a diagnosis that confirms their fears, they may continue to seek a second, third and fourth opinion. They may also undergo multiple diagnostic procedures in the hope of attaining absolute certainty about their health. Even though the results from these tests may reassure them that they are healthy, the reassurance is only temporary, and these individuals may start thinking that the doctors and/or medical evaluation had “missed something”. They then continue to seek reassurance from more doctors and medical evaluations, perpetuating a vicious circle. Such behaviours are motivated by the deep conviction that they have a physical condition that has gone unidentified, as opposed to attention-seeking reasons.
If you checked most of the boxes below, it is possible that you suffer from health anxiety and may benefit from receiving professional help in managing this condition.

**COMMON SYMPTOMS**

During the past six months:

- Have you been preoccupied with the idea that you have or will develop a serious illness?
- Have you been frequently distressed by your health concerns?
- Do you sometimes wonder if your anxiety/concern over physical symptoms is disproportionate to what is experienced in reality?
- Has anyone told you that your health concerns are excessive?
- Have you been frequently checking your bodily symptoms for signs of illness?
- Do you avoid seeing a doctor or avoid hearing about medical information?
- Have you often felt unconvinced by your doctor’s reassurances that you are fine?
- Have you seen the doctor more than once about your health concerns? Have you seen more than one doctor?
- Do you need frequent reassurance from family members or friends that you are physically okay, even if you do not fully believe them?
- Do you frequently search the internet for information on what a bodily symptom might mean?
- Has your preoccupation with your health affected other areas of your life (e.g. work, family life or social life)?

**OVERCOMING HEALTH ANXIETY**

1. **Reduce checking**
   - Checking your body increases your worries/anxiety symptoms, making you feel worse. Record either the frequency (the number of times) or the duration (the amount of time) spent checking your body each day and aim to gradually reduce it. Have a goal of how many times you will check a day. Once you hit this goal, remind yourself that you have already checked the maximum number of times permitted and do not need to check again. It is highly unlikely that your health would have changed in a short period.

2. **Do not seek too much information**
   - If you have been excessively seeking medical information, it would be helpful to reduce the amount of information you read (or duration spent gathering information). Make gradual changes in the same way you would reduce checking.
3 Reduce reassurance-seeking
If you have been repeatedly seeking reassurance from your family/friends or doctors that “everything is okay, nothing is wrong with your health”, you would probably have realised that the reassurance lasts only for a short period of time. Reduce the number of times you do this. For example, if you ask your spouse for reassurance 10 times a day, aim for nine times the next day, and cut back until you are able to not ask the same question twice.

There are times when you should certainly visit a doctor. Generally, visit your doctor if your symptoms have not improved by a week. Seek medical attention if you experience a marked deterioration in your physical condition. Discuss with your doctor what would be an appropriate timeframe for medical attention.

4 Change your mindset – Theory A vs Theory B
Instead of living in Theory A (i.e. “All that I am physically experiencing confirms a physical condition”), try to shift your mindset to Theory B (i.e. “All that I am physically experiencing are signs of an anxiety condition”). What would you do differently if Theory B was true?

5 Accept uncertainty
There is no absolute certainty in life. For example, we can never be 100 per cent certain that an accident would not happen today. Yet, in order to function, we need to accept a degree of uncertainty as we live our day as per normal, while hoping for the best.

6 Visit a medical professional
Finally, if you are finding it difficult to manage your health anxiety, there are trained professionals who can help you to overcome this condition. Visit your doctor for a referral to a psychiatrist and/or psychologist.

Dr Jean Cheng is a Clinical Psychologist at the Health Wellness Programme, Eastern Health Alliance.
Many people have heard of viral hepatitis, but few understand the health risks that come with this potentially life-threatening viral infection. Many Singaporeans love cockles, which are found in dishes such as fried kway teow (flat rice noodles) and laksa (noodles in spicy coconut-based broth). However, when consumed raw or handled under poor hygienic practices, cockles can become contaminated and are often associated with hepatitis A – which makes the liver enlarged, inflamed and tender. We break down the three most common types of hepatitis, their symptoms and treatment options available.

Text by Cherry Lui
THE ABCs of VIRAL HEPATITIS

**Hepatitis** is the inflammation of the liver. The most common hepatitis viruses are types A, B and C. Hepatitis viruses A, B and C are referred to, respectively, in abbreviated forms HAV, HBV, HCV.

<table>
<thead>
<tr>
<th><strong>HEPATITIS A</strong></th>
<th><strong>HEPATITIS B</strong></th>
<th><strong>HEPATITIS C</strong></th>
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<tr>
<td>is caused by the Hepatitis A virus (HAV)</td>
<td>is caused by the Hepatitis B virus (HBV)</td>
<td>is caused by the Hepatitis C virus (HCV)</td>
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**How it is transmitted**

- Ingestion of faecal matter, even in microscopic amounts, from:
  - Close contact with an infected person
  - Sexual contact with an infected person
  - Ingestion of contaminated food or drinks
- Birth, through an infected mother
- Sexual contact with an infected person
- Sharing of contaminated needles, syringes, or other injection drug equipment
- Needle sticks or other sharp instrument injuries
- Contact with blood of an infected person
  - Primarily from:
    - Sharing of contaminated needles, syringes, or other injection drug equipment
    - Less commonly from:
      - Sexual contact with an infected person
      - Birth, through an infected mother
      - Needle stick or other sharp instrument injuries

**Who is at risk**

- Travellers to regions with intermediate or high rates of Hepatitis A
- Sexual contacts of infected persons
- Household members or caregivers of infected persons
- Men who have sex with men
- Users of certain illegal drugs (via injections and non-injections)
- Persons with clotting-factor disorders
- Infants born to infected mothers
- Sex partners of infected persons
- Persons with multiple sex partners
- Persons with a sexually transmitted disease (STD)
- Persons who have sex with men
- Injection drug users
- Household contacts of infected persons
- Healthcare and public safety workers exposed to blood on the job
- Haemodialysis patients
- Residents and staff of facilities for developmentally disabled persons
- Travellers to regions with intermediate or high rates of Hepatitis B (HBsAg prevalence of ≥2%)
- Current or former injection drug users
- Recipients of clotting factor concentrates before 1987
- Recipients of blood transfusions or donated organs before July 1992
- Long-term haemodialysis patients
- Persons with known exposures to HCV (e.g. healthcare workers in contact with needle sticks, recipients of blood or organs from a donor who later tested positive for HCV)
- HIV-infected persons
- Infants born to infected mothers

**Incubation period**

- 15 to 50 days (average 28 days)
- 45 to 160 days (average 120 days)
- 14 to 180 days (average 45 days)

**Symptoms of acute infection**

- Symptoms of all types of viral hepatitis are similar and can include one or more of the following:
  - Fever
  - Fatigue
  - Loss of appetite
  - Nausea
  - Vomiting
  - Abdominal pain
  - Grey-coloured stools
- Less common symptoms include:
  - Dark urine
  - Generalised itching
  - Yellowness of eyes
  - Altered behaviour and mental state, stupor or coma
  - Internal bleeding

**Potential for chronic infection**

- None
- Among unimmunised persons, chronic infection occurs in >90% of infants, 25%–50% of children aged 1–5 years, and 6%–10% of older children and adults
- 75%–85% of newly infected persons develop chronic infection
- 15%–25% of newly infected persons clear the virus

**Treatment**

- No medication available
- Best addressed through supportive treatment, including intravenous (IV) rehydration and bed rest
- Acute: No medication available; best addressed through supportive treatment
- Chronic: Regular monitoring for signs of liver disease progression; some patients are treated with antiviral drugs
- Acute: Antivirals and supportive treatment
- Chronic: Regular monitoring for signs of liver disease progression; new direct acting antiviral medications offer shorter durations of treatment and increased effectiveness, including over 90% of patients who are cured after completing treatment

12 MAY–JUN 2017 CARING

Improved hygiene
Reduce the risk of contracting hepatitis with good hygiene and sanitation, including regular hand washing with clean water. Avoid drinking water from unsafe sources.

Vaccination
One of the best ways to protect oneself from hepatitis A, B and E is through vaccinations.

Protected sex
HBV and HCV can be spread through sexual contact, so protect yourself and your partner by practising safe sex.

Don't share or reuse needles/syringes
Unsafe injections account for millions of hepatitis B and C infections every year. It is important to make sure that injections are performed safely and with sterile equipment.

TYPES D, E, AND G HEPATITIS
Besides hepatitis A, B and C, there are also viral hepatitis types D, E and G. Approximately 15 million people are coinfected with HBV and hepatitis D virus (HDV), also known as the delta virus or agent. HDV is spread through essentially the same ways as HBV – from shared needles among drug abusers, contaminated blood, and by sexual contact.

Hepatitis E virus (HEV) is similar to HAV as they are both waterborne and have the same symptoms. HEV mainly occurs in Asia where it is transmitted via contaminated water. Hepatitis G virus (HGV, also termed GBV-C) was recently discovered and resembles HCV, but more closely, the flavivirus. The flavivirus and its effects are under investigation and some investigators do not recognise it as a cause of hepatitis.

SEE YOUR DOCTOR IF:
- Flu-like symptoms persist or you notice any of the symptoms or signs of hepatitis.
- A friend or family member comes down with hepatitis; you may be at risk for infection from the organism that causes the disease.
- You just returned from a visit to a country where hepatitis is common and you exhibit symptoms that indicate you may have contracted the disease during your travels.

Improved hygiene reduces the risk of hepatitis infection.
1. What is the difference between acute hepatitis and chronic hepatitis?
“Acute hepatitis” means you got infected in the last six months; if it doesn’t go away after the acute period, you have “chronic hepatitis.” It is important to understand the difference, because if you are going to clear one of the hepatitis virus infections, it happens within the first six months. After about six months, the virus is unlikely to go away without treatment.

2. Why is hepatitis A vaccine recommended before travelling?
Travelling to places where hepatitis A is endemic puts a person at high risk of contracting the disease. The risk exists even for travellers to urban areas, those who stay in luxury hotels, and those who report that they have good hygiene and are careful about what they eat and drink. Travellers can minimise their risk by avoiding potentially contaminated water or food, such as beverages of questionable purity, and uncooked shellfish and raw fruits or vegetables that are not peeled, cooked or prepared by the traveller personally.

Risk for infection increases with duration of travel and is highest for those who live in or visit rural areas, trek in back-country areas, or frequently eat or drink in settings with poor sanitation. Since a simple, safe vaccine exists, experts recommend that travellers to certain countries be vaccinated.

3. How soon before travel should the hepatitis A vaccine be given?
The first dose of hepatitis A vaccine should be given as soon as travel is planned. Two weeks or more before departure is ideal, but any time before travel will provide some protection.

4. Tell us more about the Gastroenterology and Hepatology department at CGH.
The department of Gastroenterology and Hepatology at CGH is devoted to the clinical care of patients with gastrointestinal and liver disorders. Our specialist doctors manage in-patients in a dedicated Gastroenterology ward and provide both intra- and inter-departmental consultative services. Elective and urgent diagnostic and therapeutic endoscopic procedures are carried out at our Endoscopy Centre. A dedicated team of gastroenterologists is also available around the clock to treat patients with upper or lower gastrointestinal bleeding. In addition, we have a team of specialists with special interest in hepatopancreatobiliary (liver, pancreas, bile ducts and gallbladder) disorders.
What you can do to alleviate the symptoms of asthma and lead a healthy, active life

Wheezing? Coughing? Tightness in the chest? Shortness of breath? These are some tell-tale signs of an asthma attack. They also signal the immediate need to whip out the inhaler – the trusty asthma aid – to relieve these symptoms.

Asthma attacks can occur suddenly with no warning. As such, sufferers need to keep acute medications – treatments taken at the onset of an attack – in case of such emergencies.

In the Singapore Disease Burden Survey 2010, asthma is ranked the second largest respiratory disease in Singapore, affecting five per cent of adults and 20 per cent of children.

The asthma burden is real but living an active lifestyle is not unattainable for those with the condition.

Understanding asthma
Asthma is a chronic respiratory condition marked by inflamed airways and lungs during an attack. This narrows the passage for air to pass through from the nose and mouth to the lungs, which makes breathing difficult.

The condition affects people of all ages, and it often starts during childhood. However, adults who have never had asthma may develop occupational asthma. This condition occurs when adults who have not had asthma get an attack because of the type of work they do. Asthma attacks can also worsen due to work environment triggers. These are known as work-aggravated asthma.

Every asthmatic person has different triggers that would worsen their asthma symptoms or bring on an attack. It would be ideal to identify the specific triggers and avoid them. Common triggers include dust, pollen, mould, smoking, air pollutants, allergic reaction to animal fur and even stress.

Managing asthma
1. Develop an asthma action plan
An asthma action plan is a personalised set of instructions that your doctor or asthma nurse provides to help you control your asthma. This customised action plan would also have instructions on:
   • What to do if asthma symptoms worsen
   • When to see your doctor about your asthma
   • How to identify an asthma emergency and what to do (call 995)

2. Keep necessary medications on-hand
It is important to remember to keep your rescue inhalers with you at all times as attacks can occur suddenly. Severe asthma attacks can cause oxygen levels to drop and even your heart to stop beating. In worst cases, it may even lead to death.
3. Learn to use your medications properly
Practise using your inhaler with your doctor or asthma nurse. Learn the proper techniques in using your medications.

4. Have regular asthma checkups
Managing the condition is necessary to ensure attacks do not happen. This includes seeing the doctor for treatment and taking maintenance medications to control the disease.

Having an active lifestyle is possible
Being asthmatic is not an excuse for anyone to stop leading an active and healthy lifestyle. Much of asthma treatment is grounded on prevention. With proper management and compliance to treatment, asthma can be well controlled, allowing those with the condition to lead a quality life.

There are many professional athletes who are asthmatic, but that has not deterred them from participating and winning in national and international sporting events. A study by the University of Western Australia has shown that asthma is the most common chronic condition in Olympic athletes with eight per cent of them suffering from it.

If you would like to start exercising, check with your doctor which are the activities that would suit you; for example, low-impact activities such as walking or swimming. Maintaining an active lifestyle is also beneficial to those with asthma. And always bring your medications along with you.

DID YOU KNOW?
World Asthma Day is observed every year on the first Tuesday of May. The event, organised by the Global Initiative for Asthma, aims to improve asthma awareness and care around the world.

WHAT YOU NEED TO KNOW
Asthma can be well controlled and may even go into remission with proper management and treatment. The goal lies in understanding how your airway is affected by asthma, and recognising facts from myths.

MYTH: Asthma goes away, You can grow out of it
FACT: Asthma goes into remission in some children around puberty, but it often comes back. Sometimes, it returns when young adults start drinking alcohol. It is important to continue taking maintenance medications until your doctor tells you otherwise.

MYTH: Asthmatic airway during attack
FACT: Asthmatic airway

MYTH: Inhaled steroids are dangerous and affect the growth of children
FACT: There is no proof that inhaled steroid impairs growth; in fact, children with poorly controlled asthma are shorter compared to those whose asthma is well-controlled.

MYTH: People with asthma cannot exercise
FACT: It is important to maintain an active lifestyle even if you have asthma. Start with some low-impact activities, such as walking or swimming. Check with your doctor on the types of activities that would suit you.
Osteoporosis may be an age-related condition but there is plenty we can do early in life to prevent the brittle bone disease.

Osteoporosis literally means ‘bones with holes’. It is a bone disease that occurs when bones lose minerals such as calcium more quickly than the body can replace them. The bones become less dense, lose strength and break more easily.

Most people do not realise they have osteoporosis until a fracture happens, as there are usually no signs or symptoms. This is why osteoporosis is often called the ‘silent disease’. Osteoporosis particularly affects women in their middle and later years, although some men are also affected. Women are four times more likely to suffer from osteoporosis than men. Half of women over the age of 50 will experience a fracture to their hip, wrist, spine, or other bone due to osteoporosis.

These commonly-asked questions and answers will help you understand the condition and what you can do to strengthen your bones.

WHAT IS OSTEOPOROSIS?

Osteoporosis is a condition in which bones become thinner and more fragile, making them more likely to break (fracture).
1. How do I know if I have osteoporosis?
As osteoporosis is a silent disease, it causes no specific pain or symptoms. Some signs you can look out for are receding gums, decreased strength in your grips, weak and brittle nails, cramps and muscle aches, and height loss. If you think you may be at risk of developing osteoporosis, consult your doctor.

2. Besides calcium, what are other essential nutrients that are good for bone health?
When it comes to healthy bones and preventing osteoporosis, calcium alone is not enough. There are a number of vital nutrients that your body needs for strong bones. The most important of these are magnesium, vitamin D, phosphorus and vitamin K. Other nutrients such as vitamin C and vitamin B12 may also play an important role in bone development. Magnesium is found in nuts, seeds, whole grains, seafood, legumes, tofu and many vegetables. Our skin, when exposed to sunlight, also produces vitamin D, which helps in the absorption of calcium and phosphate. We can also get vitamin D from oily fish such as salmon, mackerel, herring and sardines, as well as red meat and eggs.

3. At what age should we strengthen bone health?
Getting enough calcium in your diet is not just important for older people. It's vital for children, teens, and adults under the age of 30 to get enough calcium to build bone mass. Making smart choices now will help you avoid serious bone loss later in life. No matter your age, you can take steps to protect your bones and prevent the onset of osteoporosis.

4. Are health supplements to boost our calcium intake and strengthen bones necessary as we age?
Although diet is the best way to get calcium, calcium supplements may be an option if your diet falls short. Before you consider calcium supplements, be sure you understand how much calcium you need and which type of supplement to choose. Consult your doctor about calcium supplements.

5. How is osteoporosis treated?
There is no standard treatment for osteoporosis. Treatment depends on specific needs. Generally, the overall risk of fracture will help the doctor decide on the best course of treatment. In addition to maintaining a healthy lifestyle and participating in regular weight-bearing exercise, some medications can reduce the risk of future fractures from osteoporosis.

ARE YOU AT RISK?
Some factors that may predispose an individual to osteoporosis include:

- Family history of osteoporosis
- Inadequate amounts of dietary calcium
- Low vitamin D levels
- Smoking
- Alcohol intake of more than two standard drinks per day
- Early menopause (before the age of 45)
- Long-term use of medication such as corticosteroids and anti-epileptics
- Medical history, such as thyroid disease or an overactive thyroid gland

FAST FACTS

Over 200 million people worldwide are affected by osteoporosis
An osteoporotic fracture occurs every three seconds
Fractures from osteoporosis are more common than heart attack, stroke and breast cancer combined

By 2050, the worldwide incidence of hip fracture in men is projected to increase by 310%, and 240% in women

Urbanisation and ageing populations are rapidly increasing the osteoporosis disease burden
Ten years. That’s how much less time you could have to live, if you are a long-time smoker compared to a non-smoker.

Smoking is the largest cause of preventable death in the world, and the 10th leading cause of death in Singapore according to statistics from the World Health Organization and Singapore’s Ministry of Health. Tobacco use is one of the main risk factors for several chronic diseases including cancer, lung diseases such as chronic obstructive pulmonary disease, and cardiovascular-related diseases such as high blood pressure.

However, statistics also show that quitting smoking before the age of 40 reduces the risk of dying from smoking-related diseases by about 90 per cent. This gives hope to smokers who want to kick the habit. Here’s how:

**HAVE A REASON TO QUIT**
The first step to quitting successfully is having a strong reason to do so. This could be a major life change such as the arrival of a new baby, or a health scare. Your motivation will be stronger if you are convinced that the advantages of quitting outweigh the challenges of the quit process, and if you feel supported by effective methods to quit.
HAVE A PLAN
Choose a quit date and mark it in your calendar or set an alarm on your phone so that you will be constantly reminded of your decision to become smoke-free. Let friends and loved ones know that you are planning to quit and ask for their support.

For instance, if you’re craving a cigarette after a difficult day at work, ask a friend to do an activity with you where smoking is not allowed, such as watching a movie or attending a play.

KNOW YOUR TRIGGERS
You also need to recognise the triggers that prompt you to smoke. The urge to light up often comes after a meal, when a smoker is socialising with other smokers, when boredom strikes, or when there are feelings of anxiety or nervousness.

Identify your triggers by keeping a smoking log (see below). Each time you light up, write down the time of day, location where you decided to smoke, how intense the craving was on a scale of one to five, what you were doing, and how you were feeling.

Keep a log twice a week. Make one entry on a weekday and another on a weekend, as your schedule varies between weekdays and weekends.

Review the log and make a list of the most powerful triggers based on the intensity of your craving and the frequency with which they occur. Also note situations, moods, people, and places that prompt you to smoke.

MANAGE YOUR CRAVINGS
Once you know your triggers, develop a plan to avoid them and to manage cravings. Remove all reminders of smoking such as cigarettes, cigarette cases, lighters, and ash trays from your home, vehicle and office. Change routines that lead to the urge to smoke. For instance, if you always have a cigarette after lunch, replace it with a cup of coffee. When you’re at a party, hang out with non-smokers instead of smokers.

If you crave a cigarette, wait it out, as cravings typically last five to 10 minutes. Instead of a cigarette, put a mint-flavoured toothpick in your mouth or sip ice-cold water through a straw. Keep your hands busy by squeezing a rubber ball.

Make it a habit to exercise – even a short walk helps your brain produce feel-good chemicals that fight cravings while distracting you from the urge to smoke.

GET HELP
It can be challenging to quit smoking. Research shows that many smokers try 30 times or more before they manage to quit altogether.

If you have been trying unsuccessfully to quit, or are finding the first few weeks of quitting difficult to get through, consider enlisting professional help.

Changi General Hospital’s Smoking Cessation Counselling Service and Clinic is run by experienced nurses and pharmacists who will support you with counselling and life skills to help you quit smoking. You may also be recommended medications to manage withdrawal symptoms. Call 6850 3333 to make an appointment.

CELEBRATE SUCCESSES
Each time you successfully resist the urge to light up, you are one step closer to becoming totally smoke-free. Reward yourself for meeting milestones in your quit journey, such as being smoke-free for 24 hours, one week or one month. Rejoice with a smoke-free activity that you enjoy, such as having a nice dinner, and pat yourself on the back for getting your health back on track.

SAMPLE SMOKING LOG

<table>
<thead>
<tr>
<th>Time</th>
<th>Location</th>
<th>Intensity of craving</th>
<th>What I was doing</th>
<th>How I was feeling</th>
<th>Who I was with</th>
</tr>
</thead>
<tbody>
<tr>
<td>2pm</td>
<td>Office smoking corner</td>
<td>5</td>
<td>Just finished meeting with boss</td>
<td>Stressed</td>
<td>Colleague</td>
</tr>
<tr>
<td>5pm</td>
<td>Near bus stop</td>
<td>3</td>
<td>Waiting for my bus</td>
<td>Bored</td>
<td>Alone</td>
</tr>
</tbody>
</table>
TOBACCO THREATENS US ALL

SAY NO TO TOBACCO

PROTECT HEALTH, REDUCE POVERTY AND PROMOTE DEVELOPMENT

31 MAY: WORLD NOT TOBACCO DAY

#NoTobacco
Warning Signs of Dementia
What you need to know about this degenerative disease

Dementia is a progressive degenerative disease of the brain. This means that brain cells of affected individuals die at a faster rate than a normal person’s. As a result, the mental abilities of people with dementia will deteriorate. Although it mainly affects the elderly, it is not part of the normal ageing process.

Some manifestations of dementia are severe enough to disrupt or have an impact on daily life. These include:

1. **Memory Loss**
   Persons with dementia can have difficulty remembering newly learned information. They may forget recent conversations and ask for the same information repeatedly. There is an increasing reliance on memory aides or assistance from others.

2. **Problem-Solving Difficulties**
   Patients may have difficulties in planning, following recipes, completing assignments at work or working with numbers.

3. **Trouble Completing Daily Tasks**
   They may have problems navigating their way to a familiar location, completing household chores, managing their medications or keeping track of bills. Some may find it difficult carrying out basic daily activities, such as bathing or going to the toilet.

4. **Confusion Over Time, People or Place**
   They may lose track of dates, forget where they are and how they arrived at the place. They may also be unable to recognise or identify their loved ones correctly.

5. **Difficulty Understanding Visual Images**
   They may have trouble with judging distances, colours, contrast or recognising objects.

6. **Problems with Spoken or Written Words**
   Persons with dementia may have difficulty expressing themselves or understanding what others say. They may struggle to follow a conversation or find the right word to convey their thoughts.

7. **Misplacing Things**
   As a result of poor memory, dementia patients may place their belongings in unusual places and as a result, may accuse others of stealing their belongings. They are also unable to retrace their steps.

8. **Poor Judgment**
   There may be a decline in their ability to make decisions. For instance, they may engage in risky situations (e.g. giving away large sums of money) as they have less awareness of the repercussions of their decisions.

9. **Withdrawal from Social or Work Activities**
   They struggle with remembering how to carry out a favourite hobby or work project, which leads to avoidance of social and/or work activities.

10. **Changes in Mood**
    Some persons with dementia may become depressed, anxious, fearful or suspicious.
In January 2014, Eastern Health Alliance (EHA) launched the GPFirst programme to encourage patients in eastern Singapore to see their general practitioners (GPs) for mild to moderate medical conditions rather than head to the emergency department first. In this regular series, our EHA community GPs offer advice on common ailments 

Visit www.gpfirst.sg or see your GP for more information on common conditions such as cuts, bruises, mild scalds, nausea, headaches, sprains and fevers. Read on to learn more about lower back pain and what to do with a foreign object in the throat.

LOWER BACK PAIN

Question: I am a female in my early 40s. As an administrative assistant, I spend most of my working hours sitting at the desk. For the past two months, I’ve been experiencing a dull ache in my lower back, especially when waking up in the morning. The condition seems to be worsening and would occur if I sit too long. I also have difficulty climbing stairs and squatting down. I’m worried as the occurrence of sharp pain has increased with sudden movements, lasting longer and extending down to my right hip. Should I head to the A&E for this?

Answer: Lower back pain is a common problem for many people, especially those with a sedentary lifestyle. This is usually related to stiff back muscles, which is mainly treated with physiotherapy and exercise.

If back pain is prolonged, occurs more than four weeks, or is accompanied by additional symptoms such as pain extending to the legs, numbness or tingling sensation in the legs, then further investigation is needed.

The aggravation of symptoms you recently experienced could be related to impingement of nerves in your spine, causing the pain to radiate down your leg. It is recommended you visit your GP as soon as possible. Your GP will ask you some questions to determine the causes of the problem, and will examine you for signs of nerve compression, such as sharp, aching or burning pain, which may radiate outward. The doctor will then advise you on further investigations (X-rays or MRI) or specialist treatment if needed.

If you experience any changes in bladder or bowel control (loss of control or urine retention), it is advisable to head to the A&E immediately. If you are unsure whether your condition is serious enough to head to the A&E, always visit your GP first as he or she will assess your condition and offer you the best advice.

Regular exercise, including stretching and core

Dr Kiran Ka shyap has been practising medicine for over 20 years and is currently a Senior Family Physician at East Coast Family Clinic. She received her MBBS (Bachelor of Medicine and Bachelor of Surgery) and MMEd Family Medicine (Master of Medicine) from the National University of Singapore. She is currently an Adjunct Lecturer at NUS and is also a member of NUH Committee on Bioethics.
FOREIGN OBJECT IN THROAT

Question: I am a 38-year-old female. After dinner yesterday, there was a feeling of discomfort and pain in my throat whenever I swallowed. I suspect I may have accidentally swallowed a fish bone. I had mixed the salmon with rice and that was probably how I missed the bone. Though not very painful, the sensation of a splinter-like pain whenever I yawn or laugh is uncomfortable. I’m concerned whether the fish bone would cause an infection if the problem is not attended to immediately. I wonder if my family GP can help.

Answer: Yes, it sounds like you have swallowed a fish bone! Symptoms suggestive of a fish bone lodged in your throat include the onset of pain immediately after food, a sharp pain triggered by specific mouth or throat movements such as yawning, swallowing or laughing, and the ability to pin-point the location of pain.

The family GP first confirms the presence of a fish bone. Using a light source and a tongue depressor, the doctor can see the first part of the oral cavity. Both sides of the throat where the tonsils are found is a place where fish bones most commonly lodge. Another area where fish bones are stuck frequently is at the base (back end) of the tongue. With a cooperative patient and the right instruments, the GP can often remove the fish bone in his clinic.

If the GP does not see any abnormality, but the symptoms are still indicative of a bone in the throat, you may be referred to the hospital for further management. Having a fish bone stuck in the throat is usually not an emergency, but is extremely uncomfortable and may eventually result in infection after a few days. Rarely does it become dangerous when lodged deep in the digestive tract, despite worrying signs of abdominal or chest pains that may appear to require emergency treatment.

Common myths on how to deal with fish bones include swallowing mouthfuls of rice or bananas, or inducing vomiting to dislodge them. These are dangerous manoeuvres and may cause the foreign object to venture deeper, or result in aspiration, especially in children. To prevent these incidents, one should be vigilant during meal times, and especially when feeding fish to a child. Always seek immediate attention from a family GP if you are unsure and suspect a fish bone is stuck in the throat.

Dr Tan Teck Jack
MACKEREL STEAKS

Infused with the subtle aroma of banana leaves, this spicy dish will surely tease your taste buds.

Preparation Time
Start preparations 1 day ahead

SERVES

Serves 4

WHAT YOU’LL NEED

- Spanish mackerel steaks
- Salt
- Ground black pepper
- Cooking oil
- Banana leaves
- Limes

Spice paste

- Shallots
- Red chillies
- Dried chillies
- Kaffir lime leaves
- Lemongrass

- Chilli powder
- Water
- Cooking oil
- Dried sour fruit (asam gelugor)

METHOD

Start preparations a day ahead. Prepare spice paste. Place all ingredients except sour fruit in a mortar and pound into a fine paste. Set aside.

In a frying pan or wok, heat oil over medium heat. Add sour fruit and paste, and fry for 8 minutes or until fragrant. Remove from heat and set aside to cool.

Season mackerel with salt and pepper. Place mackerel steaks in a mixing bowl. Add spice paste and rub into fish thoroughly. Cover with plastic wrap and refrigerate overnight.

On day of cooking, heat oil over medium-high heat in a frying pan. Sear mackerel steaks on both sides for 3 minutes. Remove from heat and reserve juices.

Preheat oven to 160°C (325°F). Cut banana leaves into four pieces big enough to wrap mackerel steaks in. Wrap steaks completely, secure with toothpicks and bake for 10 minutes. Remove from heat and spoon leftover marinade over steaks.

Serve immediately, with lime halves on the side if desired.

NUTRITIONAL INFO (PER SERVING)

Calories: 316 kcal
Carbohydrate: 9.4g
Fat: 22.5g
Cholesterol: 54mg
Fibre: 8.9g

This recipe was first published in A Cookbook for Diabetics by a Dietitian and a Chef, which is now available at all major bookstores.
NAUSEA AND VOMITING?

YOUR GP CAN TREAT IT!

Visit your neighbourhood GP (General Practitioners) or your family doctor first for mild to moderate symptoms or non-emergencies.

Below are some other common conditions that can be treated by your GP:

- Flu or Fever
- Sprains & Bruises
- Abdominal Pain

The Accident & Emergency (A&E) department should only be used for emergencies that could result in serious complications or death, such as severe chest pain or uncontrollable bleeding. These require immediate attention.

To know more, visit GPFirst.sg
令人痛苦的神经痛

长痛不如短痛，
感觉您有神经痛，
请尽快求医

原文：Cherry Lui
割伤时的剧痛、头痛时的搏动性疼痛以及瘀伤时的隐隐作痛，这些疼痛对您来说应该不会陌生吧。这些属于急性疼痛，一般较为轻微且持续的时间不长。虽然因动手术或受创所带来的急性疼痛也可能相当严重，但疼痛会随着时间愈合而逐渐消失。出现明显细胞受损的急性疼痛一般不会长达超过一个月。

然而，如果疼痛超过细胞的正常修复期，或长达超过3个月，那便属慢性疼痛了。慢性下腰痛、关节炎、癌性疼痛，以及多种神经性疼痛都是慢性疼痛的常见病例。

对神经性疼痛患者来说，就连进行日常生活都是一种煎熬。根据欧洲一项研究，有三分之二的神经性疼痛患者申述自己有睡眠问题，还有近一半的患者申述无法做家务。有约五分之一的患者说疼痛影响了他们与亲友的关系。

患者一般对慢性神经性疼痛的最初反应是害怕，但当治疗无法对疼痛起到任何作用时，他们便会感到焦虑、抑郁、愤怒和易被激怒。

了解神经性疼痛

神经性疼痛（常被称为神经痛）是神经受损或神经系统出现问题所导致的慢性疼痛。当一个人的神经受损时，他可能感觉刺痛、灼痛或剧痛，甚至感觉麻木或失去知觉。神经痛也可能被形容为电击般的疼痛、阵痛及针刺般的痛，且会根据不同情况和病症而有程度上的差异。神经痛可以是多种疾病的症状之一，其中包括糖尿病、带状疱疹、癌症、爱之病、神经受创和中风等。无论什么导因，神经性疼痛并不易治，因为疼痛是一种隐形、主观性的症状。目前并没有任何客观性的测试能监察到疼痛或测量其程度。医生通常只能相信当事人说的话。

慢性疼痛所带来的心理和社会负担是相当严重的。持续性的疼痛可使患者产生一种对生命失控的感觉。它也能夺走一个人享受生活的能力、使他无法维系重要的人际关系、无法承担作为配偶和家长的责任，或无法在工作上有好的表现。

糖尿病变神经痛

糖尿病变神经痛，也被称为糖尿病神经性疼痛，是糖尿病病例中最常见的导因之一。这是由于体内的血糖含量长时间处于超标水平而使神经受损。糖尿病变神经痛患者一般手脚会有灼痛、针刺痛或阵痛。这可导致肌肉脆弱、失去反射能力及影响其平衡和行走能力。

在每5名糖尿病患者中就有约1人患有糖尿病。随着成年糖尿病患者的增加，这个并发症的发病率也随之上升。但并非所有的糖尿病患者都会在同年被诊断出患有糖尿病变神经痛。46岁的物流经理大卫（非真实姓名）就是其中一个实例。他在约12年前被诊断患上乙型糖尿病，但他是到了最近才感觉足部疼痛，并由其足病医师转诊至神经科诊所。

他感觉脚趾有刺痛感，然后足部开始发麻，且在较不平的路面行走时还会出现步态失衡的情况。发麻的感觉后来延伸至小腿，最后疼痛还达到让他无法忍受的程度。当有感觉走时像是赤着脚踩在玻璃碎片上一样。当他躺在在床上时，他觉得足部有种灼痛感，而那种刺痛感一直延伸至他的脚趾和小腿。他形容自己的疼痛程度为10分中的8分。

大卫是在近期才向其足病医师提及这些症状，因为他以为自己能够应付。虽然疼痛已影响了他的活动能力，其脸上还出现由疼痛引起的皱眉线，但大卫看上去和其他健壮的男性没有差别。从外表上，一般实在看不出他或是其他慢性疼痛患者居然要承受着这么大的痛苦。
病人需清楚知道他们无须“痛苦”地过日子

治疗疼痛
想要缓解神经痛，首先必须愿意向他人求助。如果您怀疑自己可能有神经痛，请尽早求医。您需清楚地向医生形容您所感觉的疼痛及疼痛的部位。病人也可将疼痛来袭的时间和期间进行记录。

若您患有糖尿病，您应每年定期做一次足部检查以便及时发现末梢区域神经病变。全面性的足部检查包括检查皮肤、肌肉、骨骼、血液循环和足部的知觉程度。检查足部的知觉程度是相当重要的，因为如果足部知觉变差，您有可能会出现足溃疡或其他问题。

神经痛不是普通的疼痛。一般的止痛药通常对此病起不了任何有效作用。如果您现在正在服用的药物对病情没有帮助，不妨直接向您的医生求助。与您的医生商量是否有其他的方案，或是调整药物的剂量，以及针对您的疼痛管理方案做一些细节调整。病人需清楚知道他们无须“痛苦”地过日子，并应接受适当的治疗以便改善其生活素质。

神经痛的导因有哪些？
神经痛可能是因感应疼痛和发送疼痛信号的神经和读解它们的神经系统（如脊椎和大脑或中枢神经系统）受损所致。一些可能导致神经受损的疾病包括：
- 受病菌感染
- 发炎
- 糖尿病
- 椎间盘突出
- 中风
- 恶性肿瘤
- 过度和重复性使用关节
- 手术

请讲解慢性疼痛的评估流程？
您的医生会通过您对症状的详细描述，设法找出疼痛的导因。他会为您做身体检查，并可能会建议您做一些诊断性测试，如验血、神经传导检查和成像检查（如拍X光片、做CT扫描和磁共振成像检查），甚至细胞活组织检验。虽然这些测试的结果有可能指出导因，但没有任何一项诊断性测试能证明患者真的有疼痛。要查证慢性疼痛的确切导因是个相当困难的过程，这和确认急性疼痛的导因正好相反。基于这个特点，您的医生将确保您的慢性疼痛并不是由于致命性疾病或是需做紧急手术或治疗的疾病所导致。

病人通常无法准确地形容其疼痛，再加上基因、生理、心理、生活经历和其他社会经济等因素都能影响一个人对疼痛的概念。因此，两个人即使有相同的导因也不会有相同程度的疼痛。有几种工具是能帮助我们测量慢性疼痛的，从简单的疼痛评分表到详细的多维疼痛测量工具都对这方面的研究特别有帮助。

想弄清楚您的疼痛是否“真实”是不可能的。除非这个人是故意虚造症状企图蒙骗医生，要不然所有的疼痛都是实实在在的。
病人该如何才能准确地描述其症状，以便医生做出正确诊断及给予最佳的治疗？
只有您知道自己的疼痛程度，因此您必须多加留意疼痛的感觉并把它记录下来。这绝非易事，但尽可能准确地把它形容出来。使用疼痛形容词，如：

- 灼痛
- 电击感
- 针刺痛
- 冷痛
- 蚂蚁爬

病人还能使用什么其他工具来向医生描述自己的疼痛？
疼痛日记能记下您每天疼痛发作时的经历。疼痛日记能让您的医生更清楚知道您所感疼痛有哪些，并有助于您的医生找出减轻或恶化疼痛的因素。应记录的事项有:
- 疼痛何时发作
- 疼痛程度，使用疼痛评分表
- 是什么样的疼痛（查看神经痛形容词表）
- 什么因素会减轻疼痛
- 什么因素会恶化疼痛
- 疼痛是否影响到您的睡眠

神经痛的治疗方案有哪些？
神经痛相当难医治。一般的药物，如扑热息痛和消炎止痛的药物，都无法对神经痛起到作用。所幸，医生可使用一些其他的治疗方法来帮助病人减轻疼痛，其中包括:
- 局部性治疗（乳霜、凝胶、贴片），这些外敷的药物含有局部性麻醉剂辣椒素
- 药物如抗抑郁剂、抗惊厥药、类罂粟碱（仅用于少数病人，因其可能引起严重副作用）
- 物理治疗以增强肌肉、提高身体柔软度、改善平衡及提升整体体能
- 心理治疗以改善管理疼痛和疼痛相关障碍的自助能力及减轻精神损害
- 打针和手术
- 针灸、坐禅、以及其他的传统治疗

神经痛患者的家属能如何帮助和照顾他们？
照顾一名患有慢性疼痛，尤其是患有神经痛的亲人是相当困难的。每天看着他被疼痛折磨是一件令人很心痛的事。然而，您能够做的其实很多，但最重要的是当疼痛程度达到像撕裂般剧痛时，您能在病人身边给予他安慰，并且帮助和鼓励他寻找应付疼痛的最佳治疗方案。
什么是健康焦虑症？
Lydia是一个典型的健康焦虑症患者。根据美国精神医学学会于2013年出版的《精神障碍诊断和统计手册》所定义，健康焦虑症（也被称为“疾病焦虑障碍”）指的是一种心理病，它使患者深信自己患有或将会患上严重疾病。

健康焦虑症患者一般来说并没有呈现出任何身体上的症状，或是只有轻微的身体症状。然而，他们所承受的焦虑和压力与真实的情况是完全不对称的。例如，每个人不时都会感觉头疼并会向他人申诉，但Lydia会经常提及自己可能患上脑瘤。还有一次，Lydia担心自己周身疼痛的问题，并且经常提及自己可能患上了骨癌。这些都是Lydia屡次申述自己的健康状况出现问题的几个例子。

然而，每当Sandy建议Lydia去看医生时，Lydia总是说“不”。Lydia一直以来都担心自己会患上严重和致命的疾病。她不愿去看医生，深怕诊断结果证实她真的患有不治之症。

朋友们，我摸到胸部有硬块，但我不想去看医生。请为我祈祷这个硬块会自动消失。”

Sandy看完了好友Lydia发来的短信后叹了一口气。她不是第一次收到Lydia发来的类似这样的短信了。之前，Lydia申诉自己头疼的经历，并经常发短信和打电话给Sandy说她担心自己可能有脑瘤。还有一次，Lydia担心自己周身疼痛的问题，并且经常提及自己可能患上了骨癌。这些只是Lydia屡次申述自己的健康状况出现问题的几个例子。

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为患上疾病的先兆。例如，大多数的人在身体感觉酸痛时通常都不会加以重视，并且会如常完成当天的日程。健康焦虑症患者则会屡次查看自己的身体是否还有酸痛的感觉，并担心会有不良后果（如骨癌、肌肉萎缩症等）。这些念头会使他们无法专心工作或较不愿意与亲人做户外活动，从而影响他们的日常生活。

不幸的是，这种查看行为和过度担心通常会增加焦虑所带来的生理症状，如心跳加速、颤抖、喘不过气、胸腔疼痛或胸腔紧绷、视力模糊、作呕、肠胃不适、头晕、感觉忽冷忽热，以及肌肉紧绷。当健康焦虑症患者发现这些生理症状有所增加时，他们便会把这些症状视为患上疾病的征兆，从而加强他们的错误观念。

健康焦虑症的管理
健康焦虑症患者通常会选择逃避任何可确认其病症的医疗信息。Lydia便是一个使用逃避来应付其焦虑的例子。这类患者会拒绝看医生及不愿接受医疗评估，因为他们担心医生会确诊出他们真的患病。他们也会避开与疾病有关的电视节目或新闻，以避免引起焦虑。

其他人或许会趋向另一个极端——如从互联网上过度寻求医疗信息，并且会经常出没诊所。如果一名医生的诊断结果不符合他们所预期的，他们便会去看第2名、第3名，甚至第4名医生。他们也更愿意接受各种诊断测试，目的是希望能对自己的健康状况获得确切诊断。然而，即使测试结果显示他们的健康状况良好，他们所得到的安全感也只是暂时性的。他们很快便会质疑医生或测试结果的准确性，然后又继续不停去看医生和做更多的测试以寻求安全感，最终形成一个恶性循环。值得注意的是，这样的行为并不是因为他们想获得他人的关注，而是因为他们深信自己真的患病，但却没被诊断出来。
如果您对以下多数问题的答案都打上勾，您可能已患上健康焦虑症，请考虑寻求专业意见以帮助您应付这个健康问题。

在过去6个月里：

- 您是否一直想着自己患上或将会患上严重疾病？
- 您是否因为担心自己的健康状况而经常感到烦恼？
- 您是否会不时质疑自己对身体症状的担忧和顾虑已超出现实情况？
- 是否有人说过您过度担心自己的健康状况？
- 您是否经常查看您的身体寻找症状？
- 您是否逃避看医生或避看有关疾病的信息？
- 您是否经常质疑医生说您的健康状况处于良好水平的诊断？
- 您是否由于担心自己的健康而多次去看医生？您是否看过超过一名医生？
- 您是否经常需要家人或朋友的安抚，说您的健康并无大碍，即使您不完全相信他们？
- 您是否经常为了某个身体症状而在网上寻找有关资料？
- 您对于自己健康状况的长期顾虑是否影响到了您生活中的其他部分（如工作、家庭生活、社交生活）？
- 您是否一直想着自己患上或将会患上严重疾病？
- 您是否因为担心自己的健康状况而经常感到烦恼？
- 您是否会不时质疑自己对身体症状的担忧和顾虑已超出现实情况？
- 是否有人说过您过度担心自己的健康状况？
- 您是否经常查看您的身体寻找症状？
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- 您是否会不时质疑自己对身体症状的担忧和顾虑已超出现实情况？
- 是否有人说过您过度担心自己的健康状况？
- 您是否经常查看您的身体寻找症状？
- 您是否逃避看医生或避看有关疾病的信息？
- 您是否经常质疑医生说您的健康状况处于良好水平的诊断？
- 您是否由于担心自己的健康而多次去看医生？您是否看过超过一名医生？
- 您是否经常需要家人或朋友的安抚，说您的健康并无大碍，即使您不完全相信他们？
- 您是否经常为了某个身体症状而在网上寻找有关资料？
- 您对于自己健康状况的长期顾虑是否影响到了您生活中的其他部分（如工作、家庭生活、社交生活）？

应对健康焦虑症的贴士

1. 减少查看
   查看身体会使我们不停地想着身上的症状及增加我们的担忧／焦虑，从而使我们感到更烦恼。要达到减少查看的目标，您可以记录下您每天查看身体的频率（也就是查看的次数）或查看的时间，然后想法将频率及时间减少。您也可以设立一个每天查看次数的目标。在达到目标后，每当您想再查看身体时，您就该提醒自己已达到查看次数的上限，因此无需再查看。此外，您的身体可能会在短时间内起任何变化的可能性也很低。

2. 避免查找太多资料
   如果您过度地搜集医疗资料，您应当逐步减少获取有关信息（或减少花在搜集资料的时间）。渐渐改变这些行为，其原理与改变上述经常查看的行为是一样的。
3 减少寻求安全感

如果您屡次向亲友或医生询问以便得到他们对您说“没事的，你的健康根本没事”的安抚和保证，您或许已意识到他们所给您的安全感只能维持很短的时间。想打破这个恶性循环，您必须减少向他人寻求安全感的次数。例如，如果您每天需要您的配偶安抚您10次，设法把第2天的次数减至9次，然后在隔天或隔几天把次数再减少，以此类推，一直到您不再重复同一个问题为止。但在某些情况下，您确实应去看医生。一般来说如果您的症状在一周内没有获得缓解，就应该求医。但如果察觉到自己的身体状况出现明显恶化，您就应当及早求医。您可以和医生讨论要间隔多久去求医才算合理。

4 改变思维 - 理论A

与其跟着“理论A”（也就是“我的身上出现的所有症状证实我患上疾病”）来生活，不如尝试跟着“理论B”（也就是“我的身上出现的所有症状都是由于焦虑症所引起”）。如果“理论B”属实，您会在生活上做些什么改变呢？

5 不要求100%的绝对性

人生无绝对。例如，我们永远也无法百分之百地确定今天一定不会发生意外。然而，要想能够正常地活着，我们就必须接受一定程度的不确定性。我们尽可能的过着正常的生活，并且希望一切都安好。

6 寻求专业协助

最后，如果发现自己无法应付自己的健康焦虑症，您可寻求专业人员来帮助您克服病症。不妨向您的医生询问是否能将您转诊到一名精神科医生或心理医生。

Jean Cheng医生
是东部医疗联盟身心保健计划中的临床心理医生。
您认识病毒性肝炎吗？虽然它可对生命构成威胁，但对它多点了解便可避免悲剧的发生。

原文：Cherry Lui

数人对病毒性肝炎不会感到陌生，但有多少人真正知道这个传染性疾病所可能带来的致命伤害呢？例如，蛤蜊是本地美食炒粿条与叻沙中不可少的佐料，且深受本地食客的喜爱。然而，如果生吃或处理不当的话，蛤蜊可能会受污染，并引发A型肝炎，从而导致肝脏肿大、发炎及疼痛。我们将进一步讲解最常见的三种肝炎，其症状及现有的治疗法。
传染性肝炎须知
肝炎是指肝脏发炎，而最常见的肝炎病毒为甲型 (A型)、乙型 (B型)及丙型 (C型) 病毒。各肝炎病毒的名称通常以其缩写 HAV、HBV、HCV 为代表。

A型肝炎
是由甲型肝炎病毒 (HAV) 所引发

B型肝炎
是由乙型肝炎病毒 (HBV) 所引发

C型肝炎
是由丙型肝炎病毒 (HCV) 所引发

传播方式
从以下方式食入排泄物，即使是微小的分量都会传染：
• 与A型肝炎患者有亲密接触
• 与A型肝炎患者有性接触
• 食入受污染的食物或饮料

A型肝炎
• 与男性有性接触的男性
• 某些禁药的使用者 (包括注射性和非注射性)
• 凝血因子异常患者

B型肝炎
• 出生时被带有病毒的母亲传染
• 与B型肝炎患者有性接触
• 共用被病毒污染的针筒、注射器或其他用于注射药物的器具
• 被带有病毒的针或其他尖锐的器具刺伤

C型肝炎
• 接触到C性肝炎患者的血液，一般通过：
• 共用被病毒污染的针筒、注射器或其他用于注射药物的器具
• 少见的传染方式为：
• 与C性肝炎患者有性接触
• 婴儿在出生时被带有病毒的母亲传染
• 被带有病毒的针或其他尖锐的器具刺伤

风险人群
• 到A型肝炎中度或高度传播率地区的旅客
• 与A型肝炎患者有性接触
• A型肝炎患者的家属或看护者

• 婴儿在出生时被带有病毒的母亲传染
• 配偶是B型肝炎患者
• 拥有多个性伴侣
• 性病患者
• 与男性有性接触的男性
• 注射性药物的使用者
• 家庭成员里有B型肝炎患者

• 在工作中接触到血液的医护人员或公共卫生人员
• 接受血液透析治疗的病人
• 在发育障碍患者医疗设施居住或工作的人群
• 到B型肝炎中度或高度传播率地区的旅客 (乙型肝炎表面抗原传播率 ≥2%)

病症的潜伏期
15到50天 (平均28天) | 45到160天 (平均120天) | 14到180天 (平均45天)

急性感染的症状
• 所有病毒性肝炎的症状都大同小异，其中包括以下一种或多种症状
  – 发烧疲倦
  – 食饮不振
  – 作呕
  – 呕吐
  – 腹部疼痛
  – 粪便颜色呈灰色
  – 关节疼痛
  – 感冒症状
• 较少见的症状包括
  – 尿液发黑
  – 全身发烧
  – 眼睛泛黄
  – 内出血

发展成慢性炎症的可能性
• 无
• 75%到85%的新病例会发展成慢性炎症
• 15%到25%的新病例可痊愈

治疗
• 尚无药物可治疗
• 尚无药物可治疗；最佳应对法为辅助治疗
  – 急性：尚无药物可治疗；最佳应对法为辅助治疗
  – 慢性：定期检查可确认肝病的发展症状；有些病人会服用抗病毒药物
• 急性：抗病毒药物或辅助治疗
• 慢性：定期检查以确认肝病的发展症状；新直接抗病毒药物的服药期较短但却更有效，其中包括超过90%的病人在完成治疗后痊愈

改善卫生习惯
良好的个人卫生习惯和干净的公共卫生设施可减低感染上肝炎的风险，其中包括经常用干净的水洗手。避免饮用来源不明的水。

接种疫苗
其中一个最有效预防感染上A、B和E型肝炎的方式就是接种疫苗。

安全性行为
乙型肝炎病毒和丙型肝炎病毒可通过性接触传播，因此在性交时采取安全措施可保护您与伴侣不被传染。

D, E和G型肝炎
病毒性肝炎其实还有D型肝炎、E型肝炎及G型肝炎。目前共有1500万人同时受乙型肝炎病毒及D型肝炎病毒（HDV），也就是丁型肝炎病毒所感染。HDV的传播方式与B型肝炎的基本相似，包括吸毒者共用针筒、接触带有病毒的血液，及与B型肝炎患者有性接触。

以病种来说，戊型（E型）肝炎病毒（HEV）与甲型肝炎病毒相似，两者皆通过水传播且拥有同样症状。其发病区域主要集中于亚洲，并通过被病毒污染的水传播。庚型（G型）肝炎病毒（HGV，也叫做GBV-C）是近期被发现的病毒，并与丙型肝炎病毒相似，但与黄病毒更为相近。专家及研究员仍在研究此病毒及其所带来的影响，但有些研究人员却认为它并非导致肝炎的病毒。

有以下症状，请咨询您的医生：
- 感冒症状持续，或您察觉自己有肝炎症状
- 您的好友或家属患上肝炎，从而提升您感染相同病毒的风险
- 您近期到过肝炎传播率高的国家且身体出现症状，说明您可能在当地受到感染

改善卫生习惯可减低被肝炎病毒感染的风险
急性肝炎与慢性肝炎有什么不同？
“急性肝炎”指的是您在过去6个月中感染了肝炎;如果炎症没有在急性期间获得治愈,就会演变成“慢性肝炎”。了解两者之间的不同是很重要的,因为如果您无法在被传染后的6个月内清除病毒,您很有可能需要接受治疗才能将炎症治愈。

为什么在出国前应接种A型肝炎疫苗?
到A型肝炎传播率高的国家会大幅提高您患上此炎症的风险。即使您是到当地的城市地区、住高级酒店、或是拥有良好个人卫生习惯且对食物和饮料的选择及来源都很谨慎,但您还是有被传染的风险。旅客可通过避免吃喝受污染的水及食品来减低被传染的风险,如不要喝纯净度不明的饮料、不要生吃贝壳类食品,及不要生吃非您亲自准备的未去皮或果壳的蔬果。被传染的风险会随着在当地停留的时间而提高,而居住在或到农村地区、到野外爬山或经常在卫生条件差的场所用餐的旅客被传染的风险最高。既然市面上有一个既简单又安全的疫苗,专家因此建议到某些国家的旅客应接种此疫苗。

应在出国前的多长时间内接种A型肝炎疫苗？
到旅游计划落实后就应接种第1剂的A型肝炎疫苗,而在出发前的两周或以上是最理想的。但如果时间来不及,只要是在出发前接种疫苗都能给予您一定程度的保护。

可否能告诉我们介绍一下樟宜综合医院的肠胃与肝病部门?
樟宜综合医院的肠胃与肝病部门专门为肠胃和肝脏疾病患者提供临床护理。我们的专科医生在一个肠胃病科专用的病房内为住院病人提供护理,同时也提供同部门与跨部门的顾问服务。我们的内窥镜中心也会为病人进行选择与急性诊断性及治疗性内窥镜程序。无论何时,我们有一组肠胃病医生为有上或下肠胃出血的病人提供治疗。部门内也有专门对肝胆胰（也就是肝脏、胰脏、胆管和胆囊）疾病有较深入了解的专科医生为病人提供治疗。
您的家庭医生能治疗这些病症！

东部门医疗联盟于2014年1月份推出了 “家庭医生首选” 计划，目的就是要鼓励居住在新加坡东部门的病人在碰到轻微或中度的医疗状况时首先向家庭医生求助。在这个专栏里，东部门医疗联盟的社区家庭医生将帮助关怀的读者解答一些常见的疾病问题。

问题: 我是一名40来岁的女性。我是一名行政助理，我的工作时间大多是坐在办公椅上度过。在过去的两个月，我发现每天早上醒来时，背部下方都会感到酸痛。疼痛的情况逐渐变得越来越糟，并且在我坐立一段时间后会发作。我连爬楼梯和蹲坐都有困难。当我突然做一些动作时，我也会感觉刺痛。疼痛越来越频繁，时间也越来越长。有时，疼痛还会延伸至臀部右侧。我很担心病情会变严重，我是否应该去急诊部门求医呢？

解答: 下腰痛是许多人都有的常见问题，尤其是生活习惯中久坐不动的人群。这通常和腰部肌肉紧绷有关，而最常见的治疗方案是物理治疗和做运动。

但如果疼痛持续了一段时间，如超过4个星期，或者连带其他症状如疼痛延伸到脚部还是脚部出现麻痹或刺痛感，您就该做进一步的检查。

您近日所观察到的症状恶化现象有可能与脊椎神经挫伤有关，从而导致疼痛延伸到脚部。您应及早去看家庭医生。您的家庭医生会为您进行问诊以确认疼痛的导因，并为您做检查以确认是否为神经挫伤的症状，如针刺、酸麻或烧灼的疼痛感，从而导致疼痛向外扩散。

如果有需要，医生会建议您做进一步的检查（拍X光片或磁共振成像检查）或接受专科治疗。

如果您发现排尿或排便方面起了变化（尿失禁或尿潴留），建议您立即前往急诊部门求医。如果您不确定自己的情况是否需去急诊部门，您可以先去看家庭医生让他为您做初步的诊断并为您提供建议。

Kiran Kashyap医生从医超过20年，目前是东海岸家庭诊所的高级家庭医生。她拥有新加坡国立大学的内外科全科医学学位和家庭医学硕士学位。她目前在新加坡国立大学担任兼职教授，并且也是国大医院生物伦理学委员会的成员。
异物卡在喉咙

问题：我是一名38岁的女性。昨天吃完晚饭后，我发现每当我吞口水时，喉咙便会感觉很不舒服，而且还有疼痛感。我怀疑自己可能是在吃三文鱼饭时，不小心吞下了鱼刺。疼痛并不严重，但每当我打哈欠或笑的时候，喉咙就会有被尖角刺般的疼痛感，让我觉得很不舒服。我担心如果我不解决这个问题，鱼刺可能会导致我的喉部发炎。家庭医生能够帮助我吗？

解答：是的，看来您真的是吞下了鱼刺！鱼刺卡在喉咙的症状包括进食后喉部马上感觉疼痛、在做一些特定的口部或喉部动作如打哈欠、吞咽或笑时，您能够明确地感觉某个部位有疼痛感。

家庭医生首先会确认喉咙里是否有鱼刺。通过使用手电筒和压舌板，医生可看到部分口腔。在喉部两侧的扁桃体是鱼刺最常卡在的地方。另一个部位则是舌头的尾端。如果病人和医生配合，再加上使用正确的器具，家庭医生一般都能在其诊所里帮助病人把鱼刺取出。

如果家庭医生查不出喉部有任何异样，但仍有鱼刺卡在喉咙的症状，他可能会将您转诊到医院做进一步的检查。一般，鱼刺卡在喉咙里并不要紧，但病人的喉部会感到非常不舒服，并且可能会在几天后发炎。虽然鱼刺卡在消化道深处以便会腹部与胸部疼痛的症状较少见，但出现这样的情况便须接受紧急治疗。

由Kiran Kashyap医生提供解答
失智症的潜伏威胁

让您多了解这个“定时炸弹”

Text by Dr Tan Rui Qi

失智症是大脑逐渐退化的疾病，患者的脑细胞死亡率会较一般人的快，以致损害患者的心智能力。虽然失智症主要发生在年长者身上，但此病并非老化所导致。

失智症的病情若越发严重，可影响到患者的日常生活，其中包括：

1. 失忆
   失智症患者较无法记得近期所获得的信息。他们可能会忘记近期与他人的谈话、忘记重要的日期和反复问同一个问题。他们会日渐依赖记忆工具或他人的协助来记起事物。

2. 解决问题的能力
   失智症患者会在策划、遵照食谱、完成工作项目或处理数字方面的能力变差。

3. 无法完成日常活动
   他们可能到了熟悉的地方仍无法认路、无法完成家务事、无法管理自己的药物，或是无法管理自己的账单。有些甚至无法完成一些基本的日常活动，如洗澡、换衣或如厕。

4. 对时间、地点或人物产生错误
   失智症患者可能无法记住日期、忘记自己身在何处，还有他们是怎么来到这个地方的。他们也或许会认不出自己的亲人。

5. 无法理解视觉影像
   他们可能会无法评估距离、识别颜色、对比或识别。

6. 无法掌握说话或的能力
   失智症患者可能会无法理解他人话中的内容，或是无法表达自己。他们也较难与他人对话或找到正确的字眼来表达自己的想法。

7. 忘记把东西放在什么地方
   由于记忆力受影响，许多失智症患者会把个人物品放在较不寻常的地方，但却记不住自己把东西放在哪里。随后他们便会指责他人偷窃。他们也无法计步。

8. 判断能力差
   他们的决策能力可能会变差。例如，他们的安全意识会变差，并做出一些高风险的举动（如把一大笔钱送给他人）。这是由于他们没有意识到决定的后果。

9. 不愿意去工作或参与社交活动
   他们或许会记不起如何参与自己的嗜好或工作上的一些计划，从而导致他们逃避与工作与社交相关的活动。

10. 情绪起变化
    有些失智症患者会变的抑郁、焦虑、害怕或多疑。
鲭鱼排

散发着清香的香蕉叶味，这道香辣佳肴肯定能挑逗您的味蕾

准备时间
食用前1天开始准备

所需材料
- 西班牙鲭鱼排 4片, 每片约100克 (3½盎司)
- 盐 少许
- 黑胡椒粉 少许
- 食油 2汤匙
- 香蕉叶 2大片, 用明火加热3到5分钟以将其软化
- 酸柑
- 辣椒酱 150克 (5¼盎司), 去皮切碎
- 小葱 85克 (3盎司)
- 红辣椒 2片
- 泰国柠檬叶 10个, 切碎
- 辣椒干 2片, 去掉外侧粗叶片, 切掉头尾, 最后切片
- 香茅
- 辣椒粉 1汤匙
- 清水 200毫升 (6½液盎司/4/5杯)
- 食油 1汤匙
- 酸果干 2个

做法
- 提前1天开始准备。先准备辣椒酱。除酸果干外, 将其他材料放入研钵里碾成细糊状。备用。
- 把油倒入煎锅或炒锅, 用中火加热。加入酸果干和之前准备好的辣椒酱, 翻炒约8分钟或至炒香。关火, 放一旁让其变凉。
- 在鱼排上撒上盐和胡椒粉。把鱼排放入一个搅拌碗里, 加入炒好的辣椒酱, 将其均匀地按摩入鱼肉里。用保鲜膜把搅拌碗封好, 放入冰箱腌过夜。
- 在烹煮当天, 用中高火把煎锅里的油加热。把鱼排的每一面各煎3分钟。关火, 将鱼排取出, 保留酱汁。
- 把烤箱加热至160摄氏度 (325华氏度)。把香蕉叶剪成4片, 每片必须能够容纳1块鱼排。把鱼排包好, 用牙签固定好香蕉叶, 放入烤箱烤10分钟。从烤箱取出后在鱼排上淋上之前保留下来的酱汁。
- 立即上桌, 可以用切半的酸柑做为配菜。

营养成分 (每份)
- 卡路里 316千卡
- 碳水化合物 9.4公克
- 脂肪 22.5公克
- 胆固醇 54毫克
- 纤维 8.9公克

该食谱于《A Cookbook for Diabetics by a Dietitian and a Chef》中首次出版, 现已在各大书局出售。
Are you over 65 years old?

Don’t let pneumococcal pneumonia strike.

Pneumococcal Vaccination is payable by Medisave

Is something waiting behind you, ready to cause trouble?

For people over 65, this could be pneumococcal pneumonia.

Pneumococcal pneumonia can affect anyone. Your risk of getting it increases as you age, especially if you have other chronic medical conditions such as cardiovascular (heart) disease, diabetes, or chronic respiratory diseases such as Chronic Obstructive Pulmonary Disease (COPD) or asthma.

Pneumonia is the second cause of Death and fifth cause of Hospitalization in Singapore. Even after the main symptoms have eventually subsided with following treatment, you can feel tired and will be unable to return to normal activities for quite some time.

A simple vaccination can help reduce the risk of pneumococcal pneumonia.

Speak to your healthcare professional about pneumococcal pneumonia vaccination today.

References: