DEALING WITH
DEMENTIA
Changi General Hospital’s Dementia Ward provides holistic care for the elderly

BEYOND SKIN-DEEP
The psychological aspect of skin conditions

VISIT OUR TAMPINES HUB
Three healthcare facilities under one roof

MY GP ANSWERS
Doctors’ advice on outer ear infection and food poisoning
A Note from the Editor

You are what you eat. We have all heard the saying, but most of us are probably not totally convinced it’s true. After all, some of us may live on an unhealthy diet but we feel or look fine. So are we really what we eat?

We certainly are. Nutrients nourish and sustain our muscles, ligaments, tendons and bones. The better our diet, the healthier our body. As we get older, it is important to consume healthy foods and eating should be an enjoyable social activity. In this issue, we speak to Dr Lim Si Ching, Senior Consultant, Geriatric Medicine, CGH about nutrition concerns among the elderly, tips to improve their nutrition and its impact on health (page 17).

We also highlight the launch of the Nutritional Health for the Elderly Reference Centre (NHERC) in Singapore, aimed at driving regional leadership in nutrition for the elderly by studying the association between nutrition and health outcomes, establishing nutrition standards for the elderly in Asia, and developing solutions customised to the Asian context (page 18).

Singapore’s population is ageing rapidly, so much so that in less than 10 years, one in five people in the nation will be 65 years or older. This is a cause of growing medical concern – according to a nationwide study conducted in 2015, one in 10 people aged 60 and above in Singapore today has dementia. As we work towards building greater awareness of the disease in our society, Dr Lim sheds light on the condition, educating us on the difference between delirium and dementia, how dementia progresses and what happens to an elderly with dementia when they are admitted to hospital (page 10).

In other sections, learn more about obstructive sleep apnoea (OSA) and the link between the condition and type 2 diabetes mellitus (page 14), understand the psychological triggers behind skin conditions (page 2), and how you can be a source of support for a grieving friend or family member (page 6).

I hope you enjoy this issue we have put together for you. Happy reading and stay healthy!

Cherry Lui
Editor

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The skin is the largest organ in the body and visible to the eye – this means any change that appears on it is obvious. Skin conditions affect people differently – a skin rash or growth that may seem inconsequential to one person may prove upsetting to another, leading to feelings of stress, anxiety and even mood changes. It is estimated that 30 per cent of dermatology patients are affected psychologically by their skin condition. Few people know that the skin and the mind are closely linked. Even in an embryo, what eventually becomes the skin and brain is known to develop from the same embryonic layer, called the ectoderm.

The skin, nervous system (consisting of the brain, spinal cord and peripheral nerves) and immune system ‘talk’ to one another in a complex manner via chemical messengers and nerve impulses. What affects the skin can affect the mind, and vice versa. A negative cycle can be triggered whereby a skin condition leads to stress, which in turn worsens the skin condition, leading to further stress.

In dermatology, this skin and mind interaction can be seen in three broad categories. In the first group are skin conditions that can be worsened by stress. In the second are skin conditions regarded as disfiguring and/or painful that often lead to stress and negative mood changes. In the third group, which consists of the minority, are skin conditions that arise in patients with underlying stress or other psychological conditions. These manifest as an itch, pain, broken skin, hair loss, etc.

**SKIN CONDITION: CAUSE & EFFECT**

**Stress**

Certain skin conditions, such as eczema, psoriasis, acne, rosacea and hives, can flare up when the patient is stressed. In the case of eczema, feelings of stress can cause a patient to start scratching their skin. This may
be due to heightened sensitivity to sensations and the spinal cord’s reduced ability to inhibit the itch. This leads to profuse scratching, resulting in intense itchiness and the urge to scratch further (commonly known as the ‘itch-scratch cycle’).

Stress can also increase the production of certain hormones in the body such as cortisol. Cortisol is known to be a pro-inflammatory hormone, which can trigger or aggravate existing acne or rosacea. This can result in a multitude of psychosocial problems, including depression, impaired ability to perform daily activities and difficulty in seeking employment due to perceived or actual discrimination. The patient’s family is not spared too – caregiver burnout, family financial difficulties and deterioration of relationships can result. In severe cases, some patients may experience suicidal tendencies and may act on these thoughts.

**Negative emotions**

Patients with disfiguring and/or painful skin conditions can go on an emotional downward spiral, and end up feeling frustrated, depressed and develop low self-esteem. Common examples of such conditions include severe acne, hidradenitis suppurativa (‘inverse acne’), vitiligo, alopecia areata, severe generalised eczema and psoriasis. As the skin, and thus the condition, is visible, what may be deemed medically harmless can have a severe psychosocial impact on patients.

Those with inverse acne, for example, have painful boils that discharge pus over their armpits, groin folds and buttocks, that
HEALTHY SKIN, PEACE OF MIND

Fortunately, help is at hand for patients with the aforementioned skin conditions at our multidisciplinary Skin Support Clinic run jointly by doctors from the Departments of Dermatology and Psychological Medicine, and supported by a team of psychologists, medical social workers and nurse educators.

The medical and healthcare teams work together to better understand the patient’s stress, anxiety and mood changes, and address these issues through counselling, teaching coping techniques, and possibly medication. As patients’ stress levels are eased and mood swings improve, many will notice an improvement in their skin. The skin condition itself is also treated – oral or topical antibiotics for broken skin and anti-itch medications will be prescribed, if necessary.

WHAT TO EXPECT

- If your skin condition is worsened by stress, you will be educated and counselled on how stress can cause your condition to flare up. Recognising the connection between stress and skin health is the first important step in treating and managing the condition. Clearer, healthier skin will alleviate stress and mood swings if you have been distressed by your skin’s appearance and discomfort.

- If your skin condition leads to emotional distress, you can be referred to our medical social workers or colleagues from the Department of Psychological Medicine for appropriate treatment. Treating the skin condition is the best way to ease emotional distress. Patients are encouraged not to lose hope and expectations are managed by the medical team; those with more severe mood symptoms may be referred to our psychiatrists.

- If your skin condition is triggered by psychosocial stressors, you will benefit from the Clinic’s multidisciplinary support. The initial evaluation by the dermatologist includes studying the patient’s health history, conducting a physical examination and other relevant...
employment, grief from losing a loved one), some patients may feel that their skin itches more or is painful, and consciously or subconsciously scratch or aggravate their skin or hair repeatedly. One possible reason is that stress can alter the levels of chemical messengers in the brain, leading to such sensations and behaviour.

Some patients experience a sensation of insects crawling on the skin – some will even bring ‘specimens’ of what they perceive to be insects to the doctor for further evaluation under a microscope. The doctor will usually just find skin flakes or scrapings. It can be very frustrating for these patients as the crawling sensation they feel is very real to them. Their helplessness is exacerbated by the fact that they may have gone for a second or third opinion with no resolution to their distress. In this instance, patients may repeatedly scratch, gouge or apply harsh chemicals on their skin, leaving marks and scars.

Other patients also feel an uncontrollable urge to pull their hair due to stress, resulting in bald patches. The person is sometimes oblivious to this repetitive behaviour, which is only noticed by other people.

Often, patients are not aware or do not acknowledge the stressors as a reason behind their behaviour. However, if you recognise such behaviour in someone close to you, do take them to see a doctor.

The skin and mind are intricately linked and what affects one can affect the other. Treatment should be holistic to address not just the skin condition but also what is on the patient’s mind. Often, a distressed mind is a more challenging health issue than the physical discomfort or pain.

Dr Koh Wei Liang is an Associate Consultant at the Department of Dermatology, Changi General Hospital.
If someone you know has lost a loved one, you may want to provide help and support as he or she grieves. It's natural to want to offer compassion and sympathy to someone who has suffered a loss. However, you may not know how to do so when the person is in obvious pain.

Bereavement refers to the process of recovering from the death of a loved one, while grief is a reaction to any form of loss. Both encompass a range of feelings from deep sadness to anger. How people deal with both varies dramatically from one person to another, depending on his or her background, beliefs, relationship to who was lost and other factors.

**SHOWING SUPPORT**

Grief is a natural process people go through when they experience a loss of a relative, a friend or a pet. A grieving person most often needs others to simply listen and care, not offer a lot of advice. If you are trying to be supportive to someone who is grief-stricken, remember that while the emotions he or she is experiencing are universal, the intensity and
Mental Wellness

Mention the person who has died and acknowledge your awareness of the loss. Continue to do this as time goes on, not just right after the person’s death. Many people avoid mentioning the person who has died, fearing it will remind the grieving person of his or her pain. Often, people avoid the topic because they feel uncomfortable or helpless, but behaving as if you don’t remember or are unaware of your loved one’s pain often leaves him or her feeling very alone.

Listen. A grieving person may need to tell his or her story again and again as part of the grieving process. Listen without judgment. A good rule to follow is to spend 80 per cent of the time listening and just 20 per cent talking. Communicate a willingness to stay with him or her despite the pain.

Insist that he or she sees a doctor if he or she exhibits signs of depression. Intense grief can lead to depression. If a grief-stricken person seems unusually depressed or withdrawn, suggest that he or she seek professional help. You can bring them to see a doctor, who can provide a referral for counselling. The Eastern Community Health Centre has professionals trained in mental health who can provide counselling sessions via the Centre’s Health Wellness Programme.

Encourage your loved one to make wise choices. Urge the person who is grieving to pay attention to his or her own needs, and make the right choices. You can do this while he or she is trying to make a decision by talking through various scenarios, or advising him or her to take the time needed to make important decisions.

Offer practical help; don’t wait to be asked. Grieving takes a lot of energy, making the demands of daily living feel overwhelming at times. Help by bringing over dinner, offering to do the shopping or cleaning, baby-sitting, gardening, etc. Make specific offers several times and encourage him or her to take you up on your offers. Avoid general offers such as, “Let me know if I can help”. Usually, he or she would not let you know for fear of imposing on you. Be direct with your offers and say, for example, “Let me cook you dinner tomorrow” or “I’d like to watch the kids tonight; why don’t you take a break?”

Remember that grieving is a long process. The person may grieve for a long time. Several months or more after the death, he or she may feel the loss more acutely. This is when your loved one may need your support the most. Birthdays, holidays and other events may also evoke strong feelings of loss.

Offer your companionship. Your presence can be comforting to a grieving loved one; you don’t have to do anything special. Often, they just do not want to be alone.

Don’t minimise the loss. Be careful not to say, “I know exactly how you feel”. This can trivialise your loved one’s own emotions. If you have been through the loss of someone dear to you, you know how you felt, but you don’t know how the grieving person feels now. Instead, use statements such as, “I know this is difficult”, “I know how hard it was for me when my mother died” or some other statement that is heartfelt and accurate, but leaves room for the uniqueness of somebody’s experience.

Encourage him or her to share his or her feelings. Avoid saying things like, “Be strong for...” or “Don’t cry”. This sends the message that you are uncomfortable with the grieving person’s intense feelings. Since most people feel somewhat overwhelmed by the intensity and unfamiliarity of grief, they may be worried that they will be unable to cope, so these phrases may in fact reinforce their fears rather than help. Instead, encourage your loved one by saying, “It’s okay to cry” or “You don’t have to be so strong”.

Help him or her create new traditions, rituals or activities. Because it is so difficult to deal with change, help him or her re-engage with life. For example, if he or she used to go for morning walks with the person...
There is no right or wrong way to experience grief who passed away, offer to spend mornings walking together or engaging in a new activity. Holidays and other events filled with tradition can also be especially hard to deal with; try to help the grieving person discover new ways to experience these events. At the same time, he or she should be encouraged to cherish the memories and/or traditions associated with the person who has passed away.

Give advice cautiously. Avoid offering advice with phrases such as, “You should...” or “You need to...”. Only the person who is grieving knows what is right for him or her. Often, those grieving are told, “You need to get out more”, “You shouldn’t be alone” or “You should get rid of his clothes”. Again, the message to your loved one is that you think he or she should not be grieving and this message may increase his or her sense of isolation. Instead, give advice that encourages the grieving person to trust him or herself and make choices based on his or her needs, rather than on what others think he or she should be doing or feeling.

Ms Lim Hui Khim is the Principal Mental Health Counsellor at Health Wellness Programme, Community Health Centre, Eastern Health Alliance

HOW TO TELL IF A PERSON IS GRIEVING

Following a loss, one will inevitably experience a range of physical and emotional changes. These are a normal part of the grieving process, and each person’s reactions will vary in duration and intensity. However, if these reactions become severe and interfere with one’s ability to function on a daily basis, you should encourage the grieving person to seek professional help from a doctor or professional counsellor.

PHYSICAL SYMPTOMS
These include shortness of breath, headaches, nausea, changes in appetite (either a loss or an extreme increase), insomnia and fatigue. Intense grief also compromises the immune system, so your loved one may get sick more often and for longer periods. If these symptoms are new, sudden or extremely physical, such as chest pain, get them to consult a doctor.

SADNESS
Most people expect to feel sad immediately after someone’s death. But your loved one may feel sadder as time goes on, especially once he or she resumes his or her daily routine; at this point, he or she may acutely feel the absence of the person who has died. Your loved one may also feel sad if his or her friends and family members become distant. But if extreme sadness persists for an extended period, he or she may be suffering from depression and should seek professional help.

DENIAL
Shock and disbelief are natural reactions to the news of a loss. Denying a loved one’s death is a coping mechanism that allows people to get through the first few days of grief. Denial and the resulting numbness may help your loved one process what has happened and accept the reality of the loss.

There is no right or wrong way to experience grief, though some thoughts and behaviours after a loss can be more beneficial and less destructive than others. Some people recover from grief...
BOOKS TO HELP YOU COPE WITH GRIEF

You Can Help Someone Who’s Grieving
by Victoria Frigo, Diane Fisher and Mary Lou Cook

Giving advice on how to help a grieving friend, this book addresses the problem many of us have felt when we’re just not sure what to say or do when someone close to us has suffered a loss. The main appeal of this book is its simplicity; devoid of jargon, it offers practical suggestions on how to help.

On Death and Dying
by Elisabeth Kübler-Ross

Elisabeth Kübler-Ross is the psychiatrist who popularised the field of thanatology, which is the study of the phenomena of death and of the psychological mechanisms for coping with them. This is her first book on the topic and is considered a classic, as it introduces the famous “five stages” model.

I Can’t Stop Crying: It’s So Hard When Someone You Love Dies
by John D. Martin and Frank D. Ferris, M.D.

This book was written for individuals who are recently bereaved of someone very close to them, typically a partner, although the messages have a wide application. It talks about how it’s normal to feel bad, and that healing will come if you find safe ways to experience your emotions.
WHAT YOU NEED TO KNOW ABOUT DEMENTIA

Understanding the difference between delirium and dementia, and how the latter affects a patient’s behaviour and way of life

Text by Dr Lim Si Ching

By 2050

28 – 36% of the population in Japan, Hong Kong, South Korea and Singapore will be aged 65 and above

ASIA accounts for one-half of the world’s elderly population

According to a nationwide study conducted in 2015, 1 in 10 people aged 60 and above in Singapore has dementia
The number is expected to soar to 80,000 by 2030.

In 2012, 28,000 people in Singapore aged 60 and older had dementia.

DELIRIUM OR DEMENTIA: DO YOU KNOW THE DIFFERENCE?
Dementia is a broad category of brain diseases that causes a slow, chronic decline in brain function. These diseases include Alzheimer’s, stroke (vascular dementia), a combination of Alzheimer’s disease and vascular dementia, Parkinson’s disease and Lewy Body dementia. There are currently more than 70 diseases that can cause dementia, with Alzheimer’s disease being the most common.

Dementia typically affects the elderly, but it can also present in people under the age of 65, known as early onset dementia. This condition is more likely to be hereditary and is devastating to both the patients and their family as the patient is usually still in the productive years of his or her life.

Meanwhile, delirium is a condition that causes a change to the brain’s function. It typically occurs over a few hours to days and has an underlying medical cause. Another feature of delirium is a fluctuation in consciousness levels, with periods of drowsiness alternating with periods of hyper-vigilance. After the underlying medical condition has been treated, the patient’s brain should revert to its normal state. In some cases, it may take up to six months for the patient to fully recover.

Here’s a quick look at the differences between the two conditions:

**DELIRIUM**
- Starts abruptly, emerging over hours or days
- Causes consciousness levels to fluctuate between hyper-vigilance and drowsiness
- Is reversible
- Symptoms fluctuate over hours, several times during the day
- Patient may exhibit new changes in behaviour, become more agitated and restless

**DEMENTIA**
- A slow, progressive condition that spans many years
- Does not disturb consciousness levels
- Is permanent
- Signs and symptoms are fairly consistent
- Behaviour is fairly consistent from day to day, unless there are recent changes in medical conditions or medications

**SIGNS AND SYMPTOMS OF DEMENTIA**
In terms of clinical features, dementia usually starts with complaints of deteriorating short-term memory. The patients are not aware of their problems and it is usually their loved ones who notice subtle signs, which include:
- Asking questions repeatedly, misplacing their valuables such as house keys, identity card or bank book, forgetting their PIN, leaving food burning on the stove, frequent accidents when driving or getting lost on the road.
- Forgetting skills such as how to use a handphone, remote control or kitchen equipment, or having difficulties learning new skills.
- Unable to recognise people and places, getting their family members mixed up, and forgetting friends and relatives whom they have not seen for a while.
- Problems with navigating familiar places, getting lost in their own house, forgetting their way home, asking their family repeatedly that they want to go home when they fail to recognise their house.
- Trouble with language, difficulties in understanding spoken or written words even in their mother tongue, or difficulties expressing themselves, which often comes across as answering questions irrelevantly, becoming quieter or appearing disinterested.
- Changes in behaviour or temper, such as
Dementia affects each person differently because each of us uses our brain differently

becoming more moody and depressed or not motivated to take part in activities.

As dementia progresses, a person’s brain shrinks and eventually even long-term memory is lost. Patients become unsteady on their feet and fall frequently at home or outside, eventually becoming bedridden and dependent on their caregivers for their basic needs.

They will also develop problems with their bladder and bowel control. Initially, they frequently have problems delaying micturition (elimination of urine from the urinary bladder through the urethra), but as dementia progresses, they become unaware of their need to go to the toilet and eventually become incontinent.

Not all dementia sufferers share the initial symptoms of progressive short-term memory loss. Certain types of dementia, such as the rarer frontotemporal lobe dementia, can cause changes in personality, behaviour or speech disorders, or changes in food preference. The patient’s family usually complains of tempers flaring at home or erratic and unpredictable behaviours that can be embarrassing in public.

Other types of dementia develop differently. For instance, Parkinson’s disease dementia usually occurs five to 10 years from the onset of Parkinson’s disease. Vascular dementia typically presents with dementia after an episode of stroke and the symptoms stabilise in between until another episode of stroke occurs. Patients with Lewy Body dementia experience vivid visual hallucinations and the symptoms fluctuate like delirium.

HOW DOES A PERSON WITH DEMENTIA BEHAVE?
Dementia affects each person differently because each of us uses our brain differently. It can affect an individual by making activities of daily living (ADL) difficult, as well as through behavioural and cognitive symptoms.

Dementia affects the whole brain progressively, hence patients show deterioration in all physical functions. Eventually, the sufferer becomes bedridden and ADL-dependent, needing assistance with using the toilet, bathing, grooming and feeding. Towards the end of life, they are uncommunicative, wear diapers and have difficulty eating and drinking.

The behavioural symptoms of dementia may cause significant caregiver burden and stress. These symptoms are present in 90 per cent of patients with Alzheimer’s disease at some point during the course of their condition. The onset of behavioural symptoms is difficult to predict and often catches caregivers off guard. Caregivers can become emotionally overwhelmed as they try to cope with the various behaviours. Examples of behavioural symptoms include depression, anxiety, mood swings, aimless pacing, poor sleep, loss of motivation, screaming, shouting, unprovoked aggression, agitation, stripping, or passing urine and faeces at inappropriate times and places.

There are no standardised treatment recommendations for behavioural symptoms, and drug treatments are often compounded with undesirable side effects. Managing these symptoms requires an understanding of the patient’s background, life story, personality before the onset of dementia, hobbies, occupation and coping styles in order to form creative strategies in managing their outbursts.
as well as to understand why they behave the way they do. It is time-consuming and labour-intensive, but is also rewarding for the caregivers when it works.

The cognitive decline that manifests as the brain’s function declines is easier to predict compared to the behavioural symptoms and are often not a source of stress for caregivers. Caregivers are able to cope with increasing dependency on ADL, such as when their loved ones are unable to dress or feed themselves any longer.

**WHAT HAPPENS WHEN THEY GET ADMITTED TO HOSPITAL**
The elderly with dementia have compromised brain function (diminished brain reserve). When they get sick, their brain is no longer able to cope with the stress and they frequently develop delirium.

When they are admitted to the hospital, the new changes in their surroundings, unfamiliar staff and changes to their daily routine often make them restless, frightened and agitated. The risk of falling is high because they are unable to ask for help when they need to go to the toilet. When they are too restless and agitated, they may be restrained to reduce their risk of falling, which is undesirable over a long period because being restrained can cause them to be even more restless and confused. The enforced immobility causes problems such as constipation, urine retention infection, and pneumonia.

Therefore, a balance must be found between restricting their movement against their risk of falling, and finding ways to orientate them, walking them to the toilet regularly and ensuring they get adequate sleep in the night and enough fluid and nutrient intake.

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**A CHAT WITH DR LIM SI CHING**

Interview by Cherry Lui

1. **Can you tell us about the role of geriatricians for elderly care in the community?**

   Singaporeans are living longer, with many needing to manage a host of chronic diseases, including hypertension, arthritis, heart disease, diabetes, osteoporosis and dementia. Geriatricians must be adept at treating patients who are sometimes managing five to eight chronic conditions.

   The focus is on understanding the patient’s goals and preferences, which could mean pulling back on some of the aggressive care for certain medical conditions in order to reduce medication side effects, balancing risks against benefits, and sometimes focusing on quality of life for patients who are terminally ill.

   We also need to pay special attention to a person’s cognitive and functional abilities, including walking, eating, dressing and other ADL. We look for little things that can improve their quality of life, promote independent living and reduce caregiver burden.

   A geriatrician takes a holistic approach – we look at how we can help patients be as functional as possible and exist in the community as independently as possible.

2. **What is unique about the geriatric medicine department at CGH?**

   Elderly patients tend to have more than one medical, functional and care problem. To consult a different specialist for each medical problem can be very confusing and taxing for both the patients and their caregivers. Our geriatricians, therefore, work alongside a dedicated multidisciplinary team of nurses, therapists, pharmacists and medical social workers to coordinate the care needs of older patients and their families, and advise them on the optimal utilisation of the various support services available in the community.

   Our goal is to restore the independence of our patients so that they can continue to do as many things for themselves as possible. We hope to enhance the quality and dignity of patients’ lives.

   The Dementia Ward (Ward 58), housed in the Integrated Building at CGH, provides holistic medical care for the elderly, especially those who have dementia/delirium with behavioural symptoms, under the supervision of geriatricians. The ward has been designed to create a more homely environment so the patients feel less disoriented in a hospital environment. It has a Reminiscence Corner with objects from the patient’s past for reminiscence therapy, and facilities for music therapy and a sensory room, which are designed to soothe and calm an agitated patient. It also has a rehabilitation facility with a small gym to keep patients engaged and happy during the day.

   Ward 58 was designed to include a purpose-built physical environment and a person-centred care model that avoids the use of restraints. The emphasis is to maximise the quality of life for patients with dementia and provide a platform for educating family members, nurses, doctors and allied health staff on caring for the elderly.

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Dr Lim Si Ching is a Senior Consultant at the Department of Geriatric Medicine, Changi General Hospital.
A WAKE-UP CALL

Obstructive sleep apnoea and type 2 diabetes mellitus are associated with excessive body weight

Text by Dr Mok Yingjuan and Cherry Lui
If you are diagnosed with type 2 diabetes mellitus (T2DM), there is another condition that you should be aware of – obstructive sleep apnoea (OSA). It is a sleep disorder in which people experience pauses in their breathing, punctuated with loud snoring throughout the night. These conditions often co-exist because of shared risk factors, such as obesity.

Recent data from the Singapore Health Study estimates the prevalence of moderate to severe OSA to be as high as 30.5 per cent in Singapore. This is a problem because OSA alters glucose metabolism, promotes insulin resistance and is associated with development of T2DM. Reduction in blood oxygen levels, abrupt waking-up in the night, and the stress associated with chronic sleep deprivation contribute to the increase in blood sugar levels.

What is OSA?
OSA is characterised by episodes of complete or partial upper airway obstruction during sleep, leading to repetitive oxygen desaturation and sleep fragmentation. Common signs and symptoms include:
● Excessive daytime sleepiness, restlessness during sleep or daytime fatigue
● Gasping or choking while sleeping
● Loud or disruptive snoring
● Morning headaches
● Frequent night-time urination

Obesity puts you at risk for OSA as excess weight can increase fat deposits around the upper airway, leading to obstruction in breathing during sleep. A 10 per cent increase in weight has been shown to cause a six-fold increase in the risk of developing OSA.

The condition is associated with adverse health consequences, such as an increased risk of coronary artery disease, cardiac arrhythmias and sudden cardiac death. It has also been identified as one of the most common secondary causes of drug-resistant hypertension. Other diseases that may occur together with OSA include stroke, depression and diabetes. Many patients with OSA also suffer a significant reduction in their quality of life.

The diagnosis of OSA requires an overnight sleep study, which involves several measurements, such as the recording of brainwaves and other sleep-related physiological parameters.

Our CGH Sleep Lab conducts more than 800 in-laboratory sleep studies a year. The lab has achieved its successful reaccreditation by ASA/NATA (Australia) in September 2016 and is one of only two accredited sleep laboratories in Singapore.

About T2DM
T2DM is a common chronic disorder of glucose metabolism that mostly affects adults, although onset at a younger age can occur as well. Diabetes occurs when the body does not produce enough insulin or the body cells do not respond appropriately to the effects of insulin. When insulin is not doing its job, high blood sugar levels build up in the body and this can harm the eyes, kidneys, nerves of the heart. Common symptoms include polydipsia (excessive thirst), polyuria (excessive urine output), weight loss, fatigue and recurrent infections. The diagnosis of T2DM can be made through blood investigations.

In Singapore, the soaring diabetes rate is expected to worsen as more young adults are getting obese, and obesity is a big risk factor for this condition. Based on current projection, approximately 35 per cent of young adults aged between 25 and 36 can be expected to have diabetes by the time they are 65.

The diagnosis of OSA requires an overnight sleep study, which involves several measurements, such as the recording of brainwaves for this condition. Based on current projection, approximately 35 per cent of young adults aged between 25 and 36 can be expected to have diabetes by the time they are 65.

The relationship between OSA and T2DM
The existence of a link between OSA and T2DM is not surprising. Both conditions share common risk factors. In addition, OSA and T2DM are risk factors for cardiovascular diseases. Epidemiological evidence has demonstrated a high prevalence of OSA in patients with T2DM and vice versa. Research
has also suggested that OSA worsens diabetes control and may contribute to diabetes-related complications.

**Treatment for OSA**

**Continuous positive airway pressure (CPAP)**

CPAP is the standard treatment for OSA. It involves applying a positive pressure to the airway with the aim of keeping it open. This will remove the repetitive airway obstruction and oxygen desaturation that occur in OSA. The treatment uses a CPAP machine (right), which contains a motor that generates a positive pressure, a nasal or oronasal mask that is strapped to the patient’s face, and a tube that connects the machine and the mask.

Treatment of OSA with CPAP improves the patient’s sleep-related breathing problems and quality of sleep. In addition, it helps to alleviate daytime symptoms, including sleepiness, low mood, impaired concentration, memory loss and morning headaches. Adequately treated OSA has also been associated with improved glycemic control and insulin sensitivity.

**Weight management**

Weight management plays an important role in the holistic management of an obese OSA patient. This can be achieved through dietary and lifestyle modifications.
Undernutrition is a common problem among the elderly and this is due to various reasons (see sidebar), such as poor appetite, social factors or medical issues. If it persists over a long period of time, undernutrition may cause anaemia, weight loss, muscle wasting, osteoporosis, vitamin deficiencies, wounds that heal poorly, and skin tears and breaks that will lead to pressure sores.

Unlike younger people, the elderly have very low reserves. Once they lose weight during illness, they lose their muscle mass and strength. Some may never regain their muscle strength, causing them to be permanently disabled. If they have any wounds, these may get infected because healing becomes slow.

Here are some tips to improve nutritional intake for the elderly who eat poorly:

- Let them have a full meal, with enough salt, sugar and fat content to make their food palatable.
- Ensure their oral hygiene is good and their dentures fit well.
- Be patient during mealtimes, particularly when dealing with dementia patients.
- Ensure their food and drink are of the correct consistencies, especially for the elderly with swallowing difficulties, so they don’t choke during meals.

At CGH, our geriatricians work together with dietitians to ensure that the food served to the elderly are packed with all the nutrients they need. The dietitians also provide advice to the family taking care of the elderly on the snacks they can eat, and the recommended oral nutritional supplements that are suitable for them.

Eat Well. Stay Well.
A nutrition guide and recipe book developed by CGH, Eat Well. Stay Well, aims to boost the nutritional intake of elderly patients who eat poorly. Seniors and caregivers can now pick up simple tips on how to make delicious foods that meet the nutritional requirements of the elderly. The book is available at the Geriatric Medicine Centre, CGH Integrated Building, Level 2 (while stocks last).
On 31 August 2017, Changi General Hospital (CGH) and Abbott announced their partnership, supported by Singapore Economic Development Board, to set up a Nutritional Health for the Elderly Reference Centre (NHERC) in Singapore. As the centre’s first project, CGH and Abbott are working with SingHealth Polyclinics (SHP) to conduct Asia’s largest clinical study of its kind to evaluate the effects of nutrition management in the elderly in Singapore.

The centre aims to drive regional leadership in elderly nutrition by studying the association between nutrition and health outcomes, establishing nutrition standards for the elderly in Asia, and developing scalable solutions that are customised to the Asian context.

“We are glad to support the collaboration between CGH and Abbott, as it is a good demonstration of developing innovative healthcare solutions out of Singapore. We hope this will help build the necessary capabilities to drive the transformation of healthcare towards evidence-based and preventive models, for Singapore and beyond,” said Ms Ho Weng Si, Director, Biomedical Sciences, Singapore Economic Development Board.

UNDERNUTRITION: A COMMON CONDITION AMONG THE ELDERLY

“Undernutrition in older adults is a common condition that can affect up to 35 per cent of community-dwelling elderly who are admitted to hospitals. Undernutrition has a ripple effect on individuals and the healthcare system at
Asian countries are ageing faster than other continents. In the last decade, Singapore’s resident population has grown older with a higher number of elderly persons. By 2030, the number of Singaporeans aged 65 and above is projected to double to 900,000, which means 1 in 4 Singaporeans will be in that age group, up from 1 in 8 today.

“There is a pressing need to create a ‘reference’ database of measurements of the physical properties of the human body and ranges of biological markers related to nutrition for the local Asian population, to guide clinicians and researchers in determining nutritional ranges for the elderly in Singapore. These will be useful in the development of more accurate diagnosis, screening and monitoring of outcomes for treatment or intervention. The NHERC study aims to fill these gaps in the knowledge of nutrition standards among the elderly in Asia, because dietary factors have a significant impact on the health of older persons,” added Adjunct Assistant Professor Samuel Chew.

ABOUT NHERC

The NHERC study is a large-scale prospective, randomised, double-blind, placebo-controlled study to investigate the effects of nutrition management on community-dwelling elderly in Singapore. It will be conducted at the newly set-up centre, located within CGH, which provides the clinical setting and expertise for collection of baseline data using screening tools. Study participants will be interviewed at the centre for nutrition-related assessments.

This will be the largest randomised controlled trial in the Asia-Pacific region investigating the effects of nutritional supplementation in improving health outcomes, and reducing the hospital (re) admission rate and length of stay among elderly with nutritional deficiency aged 65 and above in Singapore.

“In Asia’s fast ageing population today, nutrition plays a vital role in improving the health of elderly. Understanding their nutritional status, their behaviours toward nutrition and studying the effects of dietary modifications including usage of nutritional supplements will be key to achieve the desired nutrition goals for the elderly,” said Dr Low Yen Ling, Director of Research & Development, Abbott Nutrition Asia Pacific Centre.

The study is recruiting 1,200 community-dwelling elderly aged 65 years and above who are ambulant, clinically healthy or with well-managed chronic diseases.
Residents in the east can now visit three new facilities that provide a holistic suite of healthcare services. Eastern Community Health Centre (CHC), St. Andrew’s Senior Care (Tampines) and Tampines Family Medicine Clinic (FMC) are now open at Our Tampines Hub, allowing for greater synergies to support and complement general practitioners’ (GPs) efforts to deliver holistic care. This initiative by Changi General Hospital (CGH) and Eastern Health Alliance (EHA) hopes to give patients better access to appropriate care, and enhance outcomes while keeping costs affordable.

“We also intend to leverage the co-location of these facilities to develop integrated services for the elderly. Our aim is to transform our healthcare system from one that is hospital-centric to one that is more community-centric, focusing on the needs of our population in the east,” said Dr Lee Chien Earn, CGH CEO and EHA Group CEO.

Here are the benefits and services available at the three facilities:

**Benefits**
- Patients will be able to access nurse counsellors for individualised advice to manage their conditions, including lifestyle and dietary modifications.
- There will be better access to services such as diabetic foot and eye screening.

**Services**
- Diabetic eye screening
- Diabetic foot screening
- Nurse counselling services
- Dietetics services
- Health wellness programme
- Physiotherapy
ST. ANDREW’S SENIOR CARE (TAMPINES)

Designed to support seniors with multiple care needs and provide relief to their caregivers, St. Andrew’s Senior Care (Tampines) is an integrated eldercare facility that offers a wide spectrum of social and healthcare services. The facility is operated by St. Andrew’s Community Hospital.

SERVICES

- Day care activities for seniors, such as social-recreational activities and exercises, while caregivers are at work.
- Dementia day care for seniors diagnosed with mild and/or moderate dementia. Includes a structured programme to improve seniors’ well-being and support their caregivers.

BENEFITS

- Greater convenience
  - One-stop service provider.
  - Easy access to supported services, e.g. physiotherapy, diabetic eye and foot screening, dietetics, mental health wellness.
  - Patients will be managed by the same care team during each visit.

- Healthy lifestyle and fitness solutions
  - A collaboration with ActiveSG to pilot the first Active Health Lab will create fitness solution pathways, and equip Active Health Ambassadors with the knowledge and skills to prescribe appropriate levels of physical activity to prevent, treat and manage common chronic health conditions.

- Affordable primary care in the neighbourhood
  - Patients who qualify for the Community Health Assist Scheme enjoy subsidised rates.
  - Patients can also use their Medisave to pay for treatment of chronic conditions under the Chronic Disease Management Programme and/or MOH-recommended vaccinations.
  - Patients above 65 years old can use up to $200 per year of Flexi-Medisave to pay for their treatment here.

TAMPINES FAMILY MEDICINE CLINIC (FMC)

Working closely with the Eastern Community Health Centre (CHC) next door, Tampines Family Medicine Clinic (FMC) offers a wide range of primary healthcare services, with a focus on chronic disease management. In line with the shift beyond Hospital to Community, the FMC provides team-based care, point-of-care diagnostics and minor surgical procedures, so that patients can enjoy greater convenience, affordability and accessibility to such services in the community.

SERVICES

- General/doctor’s consultation and follow-up.
- Treatment of acute conditions, common ailments and chronic conditions (e.g. high blood pressure, high cholesterol, diabetes).
- Community rehabilitation therapy for seniors recovering from stroke, hip fracture and other medical conditions.
- Centre-based nursing for simple procedures such as wound dressing, etc.
- Home-based services for the elderly who are home-bound and need therapy, medical or nursing services.

BENEFITS

- Greater convenience
  - One-stop service provider.
  - Easy access to supported services, e.g. physiotherapy, diabetic eye and foot screening, dietetics, mental health wellness.
  - Patients who qualify for the Community Health Assist Scheme enjoy subsidised rates.
  - Patients can also use their Medisave to pay for treatment of chronic conditions under the Chronic Disease Management Programme and/or MOH-recommended vaccinations.
  - Patients above 65 years old can use up to $200 per year of Flexi-Medisave to pay for their treatment here.

- Accessibility
  - Convenient access to public transportation means savings in travel costs.
  - Patients can be seen by appointment. Hence, they can expect a shorter waiting time.

For more information, please visit cgh.com.sg for FMC and CHC, and sach.org.sg for St. Andrew’s Senior Care (Tampines)
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 *Caring* readers might face.

Visit [www.gpfirst.sg](http://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 outer ear infection and food poisoning.

### OUTER EAR INFECTION

I am an 18-year-old male and I swim three to four times a week. Recently, I experienced some worrying symptoms in my right ear. It started with some redness on my ear, along with slight pain when I pulled my earlobe. I did not pay much attention to this initially. However, after two days, the redness spread and the pain worsened, and they were accompanied by a smelly discharge. My hearing is also muffled and I hear a ringing sound occasionally.

Your symptoms point to an infection in your ear canal. This is a common condition that your GP can attend to. Patients with ear canals that are narrow and tortuous are especially prone to this condition. High humidity, excessive sweating, contaminated water in the ear after swimming, and habits such as ear digging are contributing factors as well.

It is advisable to stop swimming till your ear gets examined by a doctor. More importantly, you should refrain from digging your ear or inserting anything including cotton buds when trying to relieve the discomfort.

Tell your GP if you have any pre-existing medical conditions. Some diseases that reduce your immunity can make you prone to a particularly severe form of ear infection called malignant otitis externa. Certain skin and autoimmune diseases can manifest in the ear canal too.

The doctor will examine your ear canal with an otoscope to determine if:

- a) the infection is limited to the superficial part of the ear canal
- b) the eardrum is intact
- c) the middle ear behind the eardrum is involved.

The treatment prescribed will depend on which part of the ear is affected. Most cases of outer ear infections caused by bacteria can be resolved with antibacterial ear drops. Gentle removal of pus and debris may also be performed by your doctor. Certain types of ear drops may need to be avoided.
FOOD POISONING
My 16-year-old daughter woke up to four to five episodes of vomiting and loose, watery stools, accompanied by stomach cramps, weakness and fever. She was at a barbecue with her friends the night before and I suspect that undercooked food could be the culprit. Currently, she is complaining of increased thirst but is unable to drink water as she is still throwing up. I am worried that she will become dehydrated.

Your daughter’s symptoms are suggestive of acute gastroenteritis, which usually occurs with diarrhoea, vomiting and/or fever.

Gastroenteritis can be caused by food poisoning, which usually follows ingestion of foods that contain bacteria, virus, protozoa or even preformed toxins that disrupt gastrointestinal function. These foods include undercooked meat, seafood, ready-to-eat meats, milk, pre-cut fruits, undercooked eggs and overnight leftovers.

Mild gastroenteritis is usually self-limiting and will subside with sufficient hydration and rest. Oral rehydration solutions containing sodium, potassium and glucose should be considered for mild to moderate dehydration. Signs and symptoms of dehydration include excessive thirst, lethargy and little or no urination.

Your daughter should avoid consuming dairy products, oily food and fruit juice. She should stick to eating small, light and non-fatty meals, such as toast, crackers, rice and bananas.

If she has a high fever, an inability to retain food or any symptoms of dehydration, please visit the GP for medical attention.

Your GP will help to further diagnose her condition and will prescribe the necessary treatment. Symptomatic treatments such as antiemetic medicine, anti-diarrhoea medicine and oral rehydration solutions are available at GP clinics.

If your daughter experiences severe pain, blood in her stools, jaundice, high fever for a few days or severe dehydration and weakness, your GP may refer her to the hospital, where further investigations such as blood/stool tests and treatment such as intravenous (IV) drips may be given.

Generally, mild gastroenteritis is easily avoided by following these simple guidelines:
1. Wash your hands before and after eating.
2. Ensure that meat and seafood are thoroughly cooked, and separate raw and cooked food.
3. Avoid eating leftover or cooked food left unheated for more than four hours.
4. Consume a healthy balanced diet; include pre- and pro-biotics to enhance your gut health.

Dr Samuel Toh

Dr Samuel Toh is a general practitioner at O2 Medical Clinic in Pasir Ris. He received his MB BCh BAO (Bachelor of Medicine and Surgery) in Ireland and Graduate Diploma in Family Practice Dermatology in Singapore. He has a special interest in nutrition, and preventive and aesthetic care.
UDON AGLIO OLIO
A fusion of Italian and Japanese flavours that will excite your taste buds

PREPARATION TIME
30 minutes

SERVES

WHAT YOU’LL NEED

- Udon noodles
- Canned anchovies in oil
- Garlic
- Bird’s eye chillies
- Shiitake mushrooms
- Asparagus
- Prawns (shrimps)
- Cherry tomatoes
- Black peppercorns
- Mixed dried Italian herbs
- Water
- Spring onion (scallion)
- Salt

- 600g (1lb 5 1/3 oz)
- 15g (½ oz), drained and minced, reserve 3 tsp oil for frying
- 3 cloves, peeled and finely chopped
- 4, finely sliced
- 55g (2 oz), caps wiped, stems discarded and finely sliced
- 150g (5 1/3 oz), ends trimmed and diagonally sliced
- 250g (9 oz), peeled, tails left intact
- 20g (2/3 oz), halved
- 1 tsp, lightly crushed
- 200ml (6 ½ fl oz / 4/5 cup)
- 1 sprig, diagonally sliced
- a pinch

METHOD

+ Bring a pot of water to the boil. Blanch udon noodles for 30 seconds, then drain and keep warm.
+ In a frying pan, heat reserved oil from anchovies over medium heat. Add garlic and stir-fry until fragrant, then add anchovies and fry for 20 seconds. Add chillies, mushrooms, tomatoes, and asparagus and stir-fry for 1–2 minutes. Add prawns and stir-fry until they turn pink. Toss lightly to mix well and season with pepper and herbs.
+ Add 200ml water to another pan, and leave to simmer for 1 minute. Add udon noodles and simmer for another minute. Add spring onion and salt, and stir to mix well. Simmer until almost dry, then remove from heat.
+ Toss the udon with the mixture from step 2 above and serve immediately.

NUTRITIONAL INFO (PER SERVING)

- Calories 386 kcal
- Carbohydrate 61.7 g
- Fat 7.1 g
- Cholesterol 81.3 mg
- Fibre 2.7 g

Note: This recipe has a high carbohydrate level, so serve in small portions and make sure it is within the limit of your carbohydrate allowance. As an alternative, reduce the quantity of noodles, and serve together with a high-protein dish and salad.
香蒜橄榄油
意式乌冬面

结合了意大利与日本两种口味，
这道佳肴正等待着挑逗您的味蕾

准备时间	可供
30分钟		五人份

所需材料

- 乌冬面	600克 (1磅和5 1/3盎司)
- 凤尾鱼罐头	15克 (½ 盎司), 滤干后剁碎, 保留3茶匙油供煎炒使用
- 大蒜	3瓣 , 去外皮 , 剁碎
- 指天椒	4条 , 切细状
- 香菇	55克 (2盎司) , 清洗香菇帽、去蒂, 再切成细片
- 芦笋	150克 (5 1/3盎司), 修剪尾部后斜切
- 虾仁	250克 (9盎司) , 去壳但保留虾尾壳
- 樱桃番茄	20克 (2/3盎司), 切半
- 黑胡椒粒	1茶匙, 稍微压碎
- 混合意大利干香料	1茶匙
- 清水	200毫升, (6½液体盎司／4/5杯水)
- 青葱	1梗 , 斜切
- 食盐	少许

做法

+ 把一锅清水煮开, 将乌冬面放入滚烫的清水中快煮30秒后滤干保温。
+ 使用炒锅, 把凤尾鱼罐头里的油用中火加热。加入辣椒、香菇、番茄和芦笋翻炒1至两分钟。加入虾仁翻炒至呈粉色。稍微搅拌, 再加入胡椒粒和香料干调味。
+ 将清水倒入锅里, 用文火煮1分钟。加入青葱和盐, 搅拌均匀。用文火煮至水分几乎完全蒸发, 关火。
+ 盛入餐盘里, 立即上桌。

营养信息（每份）

卡路里	 386千卡
碳水化合物	 61.7公克
脂肪	 7.1公克
胆固醇	 81.3毫克
纤维	 2.7公克

备注：这道菜的碳水化合物含量相当高，因此最好是以小份量上桌，并确保您所摄取的分量是在您所摄取的碳水化合物分量范围内。您也可考虑把面条的分量减少，并搭配蛋白质含量高的菜肴与沙拉一同食用。

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。
皮肤作为人体最大的器官，好与坏用肉眼看就能显而易见。由于每个人的个性和应对能力各有不同，因此甲先生可能觉得身上出皮疹或长肉瘤是件小事，但对乙小姐来说却可能是件很严重的事，从而使她感到压力倍增、焦虑，甚至变得情绪化。据估计，有约30%的皮肤病患会因其皮肤问题而引发出心理问题。事实上，我们的皮肤与心理有着密不可分的关系，因为在胚胎发育的过程中，皮肤与大脑都是由同一个外胚层所形成的。

皮肤、神经系统（包括大脑、脊椎和末梢神经）和免疫系统是通过化学物质的传送和神经搏动来“互通消息”的，其过程非常复杂。如果皮肤受到刺激，我们的精神状态也可能会受到影响，反之亦然。我们不难发现这当中可能会导致恶性循环：皮肤问题引起压力，而压力使皮肤问题恶化，从而使压力进一步增加。

在皮肤病学里，皮肤和心理的互动体现在3大类型的皮肤问题上。第一类的皮肤问题会因压力而恶化。第二类的皮肤问题会带来压力和情绪变化。第三类（也属少数类型）会发生在有潜在压力或其他心理问题的患者身上。这些问题会出现在他们的皮肤上，并出现痕痒、疼痛、破裂、脱发等。

### 皮肤问题：导因与结果

**压力**

众所周知，有些皮肤疾病如湿疹、牛皮癣、粉刺、红斑痤疮和荨麻疹会因压力而产生。举例来说，压力会减低湿疹患者抓痒的容忍度，而这可能是由于敏感度的提升及脊椎功能的减弱以致患者无法忍住不抓痒。患者不停地抓痒便会加强痕痒的感觉，使患者更要抓痒（普遍叫做“抓痒循环”）。

压力也可增加体内某些荷尔蒙的分泌，如皮质醇。皮质醇是“有名的”促炎性激素，它可引发或使湿疹或红斑痤疮恶化。这可导致一连串的社会心理问题，其中包括抑郁症、日常生活受影响和因患者自以为受歧视或真被歧视而找不到工作。负责照患者的家人也可能会因患者的皮肤问题而出现精神透支、家庭经济状况出现问题和与家人的关系变差。情况严重的话，有些患者可能还会有轻生念头，甚至会自杀。

**负面情绪**

那些会使患者破相或带来疼痛的皮肤问题会给他们带来压力、烦躁的情绪、使他们自尊心受创，甚至引起抑郁症。这类型的常见皮肤问题包括严重的粉刺、化脓性汗腺炎、牛皮癣。由于皮肤是人体最外在且最容易被他人看见的器官，因此即使在医学上并非大问题的皮肤问题，却有可能对病人造成严重的社会心理影响。

那些患有更严重皮肤问题如化脓性汗腺炎的病人还会在腋下、腹股沟皱褶处和臀部出现疼痛及流脓水的疔疮，而且还会留下疤痕。除了影响他们的外观外，患者也会经常因疔疮所引发的异味而感到尴尬，也会因坐下时挤压到疗疮所引起的剧烈疼痛而不太愿坐下来。这些患者的自我意识度可能会使他们患上抑郁症，甚至还有轻生的念头。

### 另一个常见且会给患者带来心理冲击的皮肤问题是白癜风

白癜风的临床症状是身体上较为明显的部位如脸部和手部会出现乳白色的斑块。虽然受影响的皮肤面积不大，且在医学上属无“杀伤力”的病症，但患者还是可能会因而非常介意自
自己外观并且不愿与他人接触。在某些文化里，这个皮肤问题被视为是一种社会污点，主要因为大众对的错误理解为会传染的皮肤病所致。当大众远离这些患者，不愿意与他们接触时，这种被社会排斥的感觉让他们感到很糟糕。因此，在治疗这组病人时，如果只是治疗皮肤问题而不理会他们在心理上所承受的压力的话，治疗方案是不够全面的。

心理问题
当面对来自家庭、工作或个人生活的压力时，有些病人可能会感觉到皮肤瘙痒、疼痛，或是有意识或无意识地对其皮肤或头发做一些重复性的动作。这可能是因为压力改变了大脑里的化学传导体，以致以上所述的感觉和行为。

有些病人会感觉到有蚊虫在身上爬动，一些病人甚至还会把这些“蚊虫的标本”交给医生进行显微镜评估。医生一般都只会发现脱落的表皮或被刮削下来的碎屑。由于这种有蚊虫在身上爬动的感觉对这些病人来说是非常真实的，因此他们会感到很烦躁。他们也可能会因向多名医生求医后仍无法解决而感到更加无助。他们会重复地抓痒、挖凿皮肤或在皮肤上涂抹强烈化学药物而留下疤痕。有些病人也会因压力而无法控制自己拉扯头发，以致秃头。

健康皮肤从“心”出发
所幸的是，面对皮肤问题的病人都能在我们多学科的“皮肤支援诊所”里获得帮助。这家诊所由皮肤科与心理医学科的医生联手坐诊，且还有一组强大的心理医生、医疗社工与教育护士团队助阵。

医疗和护理团队会尽可能地了解病人的压力、焦虑和情绪上的改变，并针对因为病人提供辅导、教导他们应对技巧和在必要时让其服用药物。当他们的压力和情绪获得改善的同时，他们也会发现自己的皮肤状况有了好转。此外，皮肤本身的问题也不会被忽略，被刮削的皮肤可通过口服或外敷的抗生素治疗，并在需要时为病人开口服或外敷的止痒药处方。

皮肤问题的治疗方案：
- **如果您的皮肤问题是因压力而恶化**，您将接受辅导，让了解压力如何引起皮肤病。能够正视和意识到这两者间的关系是控制病情最重要的第一步。皮肤问题的好转会缓解您的压力和改善您情绪，尤其是如果因皮肤问题对外观的影响和身体上的不适所困扰。
- **如果您的皮肤问题导致情绪受创**，您可被转诊到我们的心理学科部门，让医疗社工进行适当的治疗。尽可能地解决您的皮肤问题是减轻您情绪受损的有效治疗方案。我们会给予患者鼓励，让他们不要气馁，并小心管理好他们对治疗见效程度的期望。出现更严重情绪变化的病人可向我们的心理医生求助。
- **如果您的皮肤问题是因心理压力所致**，您在我们的多学科皮肤支援诊所可以获得适当的管理。在与皮肤科医生的初次会诊中，医生将首先通过病史记录、身体检查和其他相关的检查来排除那些导致皮肤敏感度改变、瘙痒、脱发等的常见因素，如药物副作用（由于其他病症，患者正在服用的药物）、其他疾病（如肾脏病、肝病、甲状腺疾病、贫血病）和寄生虫侵扰等。当这些常见原因都被排除后，医生才考虑压力或心理问题为导因的可能性。

Koh Wei Liang医生是樟宜综合医院皮肤科的助理顾问医生。
给予可依靠的肩膀
一个因失去亲人、朋友或宠物而感到悲伤是一个正常的过程。悲伤的人往往只准他人能够聆听和关怀自己，而不是给各种意见。

若您想安慰悲伤的友人，您须了解的是，虽然他所经历的感受与大家相同，但这些感受的强度和时间的长短是因人而异的。换言之，这是一一个急不来的过程。您或许无法完全减去友人的伤痛，但您该地帮助他度过这个难关。以下建议或许能助到您：

1. 与他谈起已故者，并对他的失去表达认同感。您不应仅仅在他的至亲刚过世的时候，而应持续这样做。许多人会选择避谈已故者，深怕勾起伤心的回忆，但很多时候，人们会避开这个话题是因为他们觉得不舒服或无助。其实，假装您已忘记或不去认同他的痛苦反而让他觉得自己在孤军作战。

2. 聆听。一个充满悲伤的人或许会重复述说自己的故事，这是他为自己疗伤的方式。您可作的是聆听，而不要批判。您可用80%的时间细心聆听，20%的时间说话。您要让他知道，在他感到悲痛时，您仍愿意留在他身边给予他鼓励与支持。

3. 若他出现抑郁症状，您须坚持陪他去看医生。极度悲痛可引发抑郁症。若您发现他表现额外沮丧或沉默，您应建议他寻找专业帮助。您可陪他看医生，让医生指导他如何接受辅导。东区保健中心的身心保健计划便提供针对应对丧亲之痛的专业辅导服务。

4. 鼓励他做出明智选择。敦促您正在悲伤的亲人注意自己的需要，并做出相应的选择。您可在他做选择时与他分析各种可能发生的情况，或当需要做重大决定时劝他慢慢思考，无需急着做决定。

5. 自发地提供实质帮助，别等他向您开口。悲伤是一种非常消耗精力的情绪，因此悲伤的人有时会对日常琐碎事感到力不从心。您可给予一些实质的帮助，如把晚餐送到他家、自发地帮他买菜，或是帮他打扫卫生、看孩子、打理花园等。重复地提议固定地帮助，并鼓励他接受您的帮忙。避免说“如果您需要帮忙，不妨和我说”这类话。他通常不会直接跟您说他需要帮助，因为他又担心打扰到您。您可直接说出您可以给予的帮助。如“我帮您打电话”，或“我今晚帮您看看孩子，您不如去轻松一下？”等。
您要记得从悲伤中走出来是一个很漫长的过程。您所关心的人可能会悲伤很长一段时间。在亲人去世后的数月或更长时间里，那种失去感可能会变得更强烈，而他之前所获得的支持也已大多退去。正是这个时候，您的亲人最需要您的支持。生日庆典、传统节庆或其他具纪念性的日子都可能勾起他强烈的情感。

别把他的失去看的太轻。避免说“我完全明白你的感受”这类话，因为这样会让他感觉自己的情绪是微不足道的。如果您自己曾经历过丧亲之痛，您可能清楚自己的感受，但对于他人，您未必真的能体会他内心的感受。您可转而说“我知道你很不容易”、“我记得我的母亲过世时，我有多么的难受”，或其他真诚的话语，因为这样能保留他对自己的独特感受。

鼓励他分享他的感受。避免说“你得为…坚强起来”，或“别哭了”，因为这样会让他以为您对他强烈情绪的表现感到不舒服，从而使他内心感到孤独。由于很多人对这种强烈情绪和悲伤的表现不太熟悉，因此他们会担心自己应付不来，所以如果您说了以上这些话，将增加他们的恐惧感，致帮倒忙。您可换个方式，使用较鼓励性的字眼，如“你哭吧，没关系的”，或是“你可以不用这么坚强的”等。

帮助他开展新生活、日常作息或习惯。要面对改变是件非常困难的事，因此您可帮他重新接触生活。例如，如果他之前常与已故者一起晨运，您可主动约他一起晨运或计划新的活动。碰到传统节日和其他节庆假日或许会让他尤其难受，因此您能帮他寻找新方式来过节。与此同时，您也能鼓励他，让他珍惜曾与已故者一起度过的美好记忆。

如何察觉一个人正处于悲痛中
当一个人失去自己心爱的人或物时，他会因感到悲伤而引起各种生理和心理反应。这些都是经历悲伤的一个正常过程，而每个人的表现都是主观且各有不同的（换言之，这些反应持续的时间和强烈度会因人而异）。然而，若这些反应越发严重，并影响到他的日常作息，您就该鼓励他向医生或专业辅导员求助。

生理症状 - 包括呼吸短促、头痛、作呕、胃口起变化（减少或大增）、失眠和感觉疲累。极度悲伤也会使免疫系统变弱，因此他或许会经常生病，且生病时间也较长。您得注意，若出现新的、突如其来的，或是非常极端的生理症状如胸口疼痛，请马上带他去看医生。

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否认 - 震惊和怀疑是我们在面对失去时会出现的正常反应。接受到至亲的离去是一种极度的痛苦，并会引发失去亲人的心理状况。因此人们往往在失去亲人的前几天，否认（及之后的麻木）可帮助他面对失去的事且接受失去的现实。

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亚洲拥有全球一半的老年人口

到了2050年，28%-36%的日、韩、新加坡人口将达到65岁或以上

根据2015年的全国调查，约每10名60岁或以上的老年人中便有1名失智症患者

失智症知多少
了解精神错乱与失智症的不同，及后者如何影响病人的行为举止

原文：Lim Si Ching 医生
在 2012 年，本地有 28,000 名超过 60 岁的失智症患者。

到了 2030 年，这个数字预计将增至 80,000 人。

樟宜综合医院中，60%的床位由 65 岁以上的病人使用。

精神错乱还是失智症：您能辨别吗？

失智症是一组使脑部功能逐渐退化的疾病，其中包括老年痴呆症、中风（血管性失智症）、中风老年痴呆综合症、帕金森病、路易体失智症等。目前，超过 70 种病症可引发失智症，而老年痴呆症是最常见的导因。

失智症较常发生在老年人身上，但年龄在 65 岁以下的中年人也有可能患上早发性失智症。早发性失智症因遗传所致，而且由于病人正当壮年，所以对他们及家属的打击尤其重大。

精神错乱则是导致脑部功能变化的疾病，一般可持续几小时至几天，且因有潜在病症所致。精神错乱的其他症状还包括意识水平起伏不定，一时会精神恍惚、一时却过度警觉。精神错乱可被医治，当潜在的病症获得治愈并成功被控制后，病人将能逐渐恢复正常。病人一般需长达 6 个月的时间才能痊愈。

失智症

- 逐渐恶化的慢性疾病，可持续数年
- 不影响意识水平
- 永久性疾病
- 病征具连贯性
- 日常行为具连贯性，除非近期有病情或药物改变

精神错乱

- 突发的急性疾病，可持续数小时或数日
- 导致意识水平起伏，时而恍惚时而警觉
- 可被治愈
- 病征在每天数小时内不断起伏
- 行为上可能出现变化；变得较为急躁又不耐烦

失智症的病征

以临床症状来说，失智症病人一般会先出现短暂记忆力变差。患者并不知自己拥有这个问题，而一般是由亲人留意到其变化，包括：

- 不断提问、遗失贵重物品如钥匙、身份证或银行存折、忘记个人密码、忘记自己正在炉上烹煮食物、开车时经常发生意外和迷路。
- 遗忘重要技能如怎么使用手机、遥控器、厨房用具或在新技能学习上出现困难。
- 认不出人和地方、把家人混淆、遗忘有段时间没见过的亲朋戚友。
- 在自己熟悉的地方迷路、在自己的家里走失、忘记回家的路，并在他们认不得自己的家时，不断向亲人要求回家。
出现语言障碍、无法完全明白别人说的话或写的字，即使那是他熟悉的母语，或是无法表达自己，不是答非所问或沉默寡言，就是表现出不感兴趣。

行为或脾气在近期内起变化，情绪变得低落，并且不想参与活动。

当失智症逐渐恶化时，患者的脑部会不断萎缩，还可能失去长期记忆。他们无法站立，且经常在家里或外头跌倒，最终就只能卧病在床依靠看护者照料其基本所需。患者的膀胱与肠胃也会出现问题，从而影响他们的排泄功能。他们开始时会频尿且经常需上厕所，但随着失智症的恶化，他们会忘记自己需上厕所，而演变成大小便失禁。

失智症对每个人的影响都不同，因为我们每个人使用大脑的方式都不一样

失智症对影响与冲击
失智症对每个人的影响都不同，因为我们每个人使用大脑的方式都不一样。失智症的症状可影响病人的日常生活及行为与认知能力。

随着失智症逐渐恶化，脑部功能会逐渐退化，从而影响患者的生理功能。患者最后只能卧病在床，其日常所需都要由他人协助，包括如厕、洗澡、梳洗和进食。到了后期，他们完全无法与他人沟通、需穿纸尿裤，并
且还有进食的困难。

失智症所伴随的行为症状或许会给看护者带来沉重的负担和压力。90%的老年痴呆症患者都会在患病期间呈现一定程度上的行为症状。

行为症状是无法预测的，并通常会让看护者措手不及，因此给他们带来很大的心理压力，使他们疲于应付。行为症状包括抑郁、焦虑、情绪化、无目的地来回徘徊、夜里睡不好、失去人生目标、尖叫、狂吼、无故动怒、急躁、脱衣，以及在不适当的地方和时候排泄。

目前并没有针对行为症状的常规治疗方案，而药物治疗通常会导致不良的副作用。要想管理好行为症状需先了解患者的背景、其人生故事、发病前的个性、嗜好、职业和应对生活的方式，这样才能设计出具创意的策略来应对他们发作时的情况，并同时更好地体谅他们为何会有异常行为和举止。这个过程既耗时又耗力，但如果行得通的话，对看护者而言却无疑是件好事。

随着脑部功能退化以致认知功能衰退所呈现的症状要比行为症状较为容易预测，并且一般不会给看护者造成压力。看护者较能够应付其亲人日渐依赖自己照料，如帮助患者梳洗或进食。

**老年失智症患者入院后会出现什么状况？**

老年失智症患者一般上的脑部功能已显著退化。当他们生病时，其脑部再也无法承受更大的压力，从而引发精神错乱。患者在入院后对陌生的环境和医护人员及日常生活的变化，会使他们忐忑不安、害怕和急躁。他们也会因上厕所时无法寻求帮助而提高了在医院跌倒的风险。当他们过于急躁和不耐烦时，他们或许会被束缚以减低其跌倒的风险。然而，长时间这样做并不理想，因为被束缚只会使他们更急躁不安和困惑。使用这种强制性的束缚使患者无法自由活动可导致便秘、尿潴留、肺炎、尿道发炎等。

因此，我们必须在限制他们的动作和减低跌倒的风险之间寻求平衡，并找出可帮助他们适应新环境的方法，确保他们在晚上有充足的睡眠和摄取足够的液体和营养素，以及定时带他们去上厕所。

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与**Lim Si Ching**

医生的访谈

1. 请问老年学专家在社区老年人护理中扮演着什么角色？

新加坡人的寿命越来越长，而大部分的人都需管理多种慢性疾病如高血压、关节炎、心脏病、糖尿病、骨质疏松症和失智症等。作为一名老年医学专家，我们必须能够治疗同时患有多达8种慢性疾病的病人。我们的工作重心是了解病人的目标和喜好，可能包括削减针对某些疾病的积极护理，以减低药物的副作用，在风险与利益间取得平衡，并对临终病人的生活质量更加关注。

我们也需加倍留意患者的认知能力和生理机能的变化，包括行走、进食、换衣、梳洗和其他日常活动。我们寻找可改善生活质量的小细节，以便提高患者独立生活的能力及减少看护者的负担。我们往往会以全面性的方式，帮助病人尽可能维持其生理机能和他在社区里的生活。

2. 樟宜综合医院的老年医学部有什么特色？

年长病人通常面对至少一种健康、生理机能与护理的问题。要为各别的病症去看不同的专科医生对病人与看护者来说，都是件混乱及耗时耗力的事。因此，我们的老年医学专家与一组包含护士、医师、药剂师和医疗社工的专业多学科医疗团队合作，协调年长病人和其家人的护理需求，并教导他们如何充分利用社区里的各种援助服务。我们的目标是让病人能重拾独立自主，让他们继续为自己做决定。我们希望能改善他们的生活质量，以及定重带他们去上厕所。
如果您患有乙型糖尿病，那您还必须注意另外一个健康问题——阻塞性睡眠呼吸暂停。这是一种睡眠障碍，患者会在睡觉时呼吸不时出现停顿，并且彻夜大声打鼾。一般来说，睡眠呼吸暂停和乙型糖尿病会同时并存，因为它们有共同的风险因素，例如肥胖。

新加坡健康调查的近期数据显示，中度和严重阻塞性睡眠呼吸暂停在我国的普及率高达30.5%。这是一个值得关注的现象，因为阻塞性睡眠呼吸暂停会更改患者的葡萄糖代谢、促进胰岛素抗性，并且还可导致乙型糖尿病。血液里的氧程度减少、夜里经常突醒，以及由于长期睡眠不足所致的压力也会使血糖指数上升。

阻塞性睡眠呼吸暂停的诊断过程需要一个晚上的睡眠监测。睡眠监测涉及许多数据的读取，其中包括记录脑电波和其他与睡眠相关的生理指标。每年，有超过800个睡眠监测在樟宜综合医院的睡眠实验室内进行。实验室睡眠监测是诊断阻塞性睡眠呼吸暂停的标准做法。樟宜综合医院睡眠实验室在2016年9月成功获得了国家检测机构协会（澳大利亚）的复评，并且是本地仅有的两家获认证的睡眠实验室之一。

阻塞性睡眠呼吸暂停会带来不良的健康影响。患者会更容易患上冠心病、心律失常和心源性猝死。阻塞性睡眠呼吸暂停也被证实为抗药物高血压的继发性原因之一。其他和阻塞性睡眠呼吸暂停相关的同病还包括中风、抑郁症和糖尿病。许多患者的生活质量也会受到严重的影响。

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- 夜里经常排尿
- 早晨头痛
- 睡眠时喘气或哽咽
- 大声或干扰性打鼾
- 昼日嗜睡、醒来后仍觉没精神或疲倦
- 体重增加10%可使患上阻塞性睡眠呼吸暂停的风险增加6倍。

肥胖是阻塞性睡眠呼吸暂停的风险因素之一，这是由于过重使得多余的脂肪累积在上呼吸道，从而影响睡眠时的呼吸。体重增加10%可使患上阻塞性睡眠呼吸暂停的风险增加6倍。

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- 早晨头痛
- 夜里经常排尿

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什么是乙型糖尿病？
乙型糖尿病是一个常见的葡萄糖代谢失调慢性疾病，虽然患者以成人居多，但并不表示没有年轻患者。在本地，持续攀升的糖尿病患病数量预计将随着越
越来越多的年轻成人过胖而恶化，这是由于过胖是糖尿病的其中一个主要发病因素。根据目前的预测，在年龄介于25至36岁的年轻成人中，就有约35%将在65岁之前患上糖尿病。

糖尿病发生在当身体无法生产足够的胰岛素，或是体内的细胞无法适当地对胰岛素所产生的影响做出反应。当胰岛素无法发挥其功能时，体内的血糖指数便会上升，从而损害到眼睛、肾脏和心脏神经。典型的症状包括烦渴、频尿、体重减轻、疲劳和多发性感染。糖尿病可通过血液检查获得诊断。

阻塞性睡眠呼吸暂停和乙型糖尿病之间有什么关系？
阻塞性睡眠呼吸暂停和乙型糖尿病之间有关其实一点也不让人意外。两者拥有共同的风险因素，如肥胖和年龄。此外，阻塞性睡眠呼吸暂停和乙型糖尿病是导致心血管疾病的风险因素。流行病学研究显示，阻塞性睡眠呼吸暂停患者同时患有乙型糖尿病的频率极度非常高。研究也显示，阻塞性睡眠呼吸暂停会使患者无法良好地控制其糖尿病的病情，从而导致与糖尿病有关的并发症。

**阻塞性睡眠呼吸暂停的治疗方法**

**持续正压通气**
持续正压通气是阻塞性睡眠呼吸暂停的常规治疗方法。其原理是给呼吸道施正压，疏通呼吸道，从而改正由于阻塞性睡眠呼吸暂停所引起的呼吸道重复受阻和氧气饱和度下降的问题。治疗的过程包括了使用持续正压通气仪，让病人带上连接仪器的鼻罩，而里头有个可产生正压的发动机，及一个连接仪器与鼻罩的管子。

接受持续正压通气治疗的病人可感觉睡眠呼吸及睡眠质量有所改善，也能降低嗜睡、情绪低落、恍惚、失忆及早晨头痛等症状。血糖生成的控制与胰岛素敏感度也会有所加强。

**体重管理**
体重管理对肥胖阻塞性睡眠呼吸暂停患者的整体病情管理扮演着重要角色，其间可通过改变饮食和生活习惯来达到减轻体重的目标。

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**阻塞性睡眠呼吸暂停与乙型糖尿病的共同风险因素**

- 睡眠障碍
  - 睡眠时经常醒来
  - 睡眠分裂，长期缺乏睡眠
- 间接性组织缺氧
- 交感神经激活
- 皮质醇指数上升
- 胰岛素敏感度下降
- 胰岛素抵抗
- 口渴
- 体重增加
- 疲劳
- 早晨头痛
- 增加患糖尿病风险
携手设立老年人营养准则

两家机构将协创老年人营养保健参考中心，并展开亚洲最大规模的临床研究

于2017年8月31日，樟宜综合医院与雅培宣布合作，携手在新加坡设立一家老年人营养参考中心。这两家机构的合作获得新加坡经济发展局的支持。作为中心的首个项目，樟宜综合医院和雅培将与新加坡保健服务集团综合诊疗所一起展开一个亚洲最大规模的临床研究，以评估营养管理对新加坡老年人所带来的影响。

中心旨在以区域领导者的身份推动有关老年人营养的知识，其策略是为亚洲老年人建立营养准则、钻研营养和健康状况之间的关联，并设计解决方案。这些解决方案是专门以亚洲人的特质量身定做，为的是要应对老年人口营养不足的问题。

经济发展局生物医药科学部司长何颖思女士说：“我们非常高兴能够支持樟宜综合医院与雅培之间的合作。他们的合作充分体现了在新加坡以外发展创新的医疗解决方案。我们希望这能为我们转型为一个以循证应用及预防模式为基础的医疗体制助力。”

营养不足：老年人当中的常见现象

“年纪较大的成人营养不足是一个常见现象，而且入院的社区老年人中有35%拥有这个问题。营养不足无论是对个人或整个医疗体系都会起着连锁反应的影响。它会提高病人罹患并发症的风险，如受感

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染、肌肉流失、延长住院时间及提高再住院的几率。”樟宜综合医院老年医学部高级顾问医生周忠恩助理副教授说道。

亚洲国家的老化程度比其他国家要快。在过去10年里，新加坡的常驻人口便老化了许多，而到了2030年，年龄在65岁及以上的新加坡人估计将增加两倍至90万人，也就是从目前每8人中就有1人是老年人，增加至每4人中就有1名老年人。

周教授补充说：“我们急需创建一个‘参考’数据库，以收集亚洲人群体制以及营养相关的各种生化标志的数据，从而引导临床医生和研究学者制定新加坡老年人的营养需求范围。这有助于医生在制定治疗和干预方案时做出更准确的诊断、筛查和治疗结果的观察。参考中心的研究便是希望能够补充有关亚洲老年人营养准则的知识不足，因为饮食因素对老年人的健康有着重大的影响。”

关于老年人营养参考中心
老年人营养参考中心的研究是一项大规模的前瞻性、随机性、双盲、安慰剂对照研究，目的是调查营养管理对新加坡社区老年人的影响。这项研究将在位于樟宜综合医院的新成立中心内进行，以便提供临床环境和让专业人员使用筛查工具来收集基线数据。参与研究的老年人将在中心接受访问，以进行营养有关的评估。

这将是亚太区最大规模的随机性控制试验，目标是调查营养补充剂能否有效改善缺乏营养的65岁及以上新加坡老年人的健康状况，减低其住院和重复住院率及住院时间。

雅培营养亚太研发中心总监刘燕玲博士说：“在今天人口迅速老龄化的亚洲，营养学对改善老年人的健康状况扮演着重要的角色。了解他们的营养状况、他们对营养的态度和研究饮食调整所带来的影响如营养补充剂的使用，将是达到老年人理想营养目标的关键因素。”

这项研究将邀请1200名年龄在65岁及以上的社区老年人参与。他们行动方便、健康状况良好或是所患的慢性疾病受到了良好控制。
优质护理

聚集一堂

Our Tampines Hub 容纳三个设施，为东部国人解决医疗上的需求

原文: Cherry Lui

东部居民现可在一个地点，享受3个崭新医疗设施的全面性保健护理服务。东部医疗联盟、圣安德烈（淡滨尼）老年护理中心与淡滨尼家庭医疗诊所现已聚集于Our Tampines Hub，增强了彼此间的合作与协调，辅助家庭医生为病人提供整体性的护理。这项由樟宜综合医院与东部医疗联盟共同推出的计划希望给予病人更适当的护理及提升医疗效果的同时，仍能保持合理的医药费。

东部综合医院总裁兼东部医疗联盟总裁李建恩医生说：“我们也有意借助这些设施同在一个屋檐下的优势，发展能为年长者提供一体化护理服务的计划。我们旨在把我们以前医院为核心的医疗保健体系转变成以社区为本的系统，以专注于应付东部国人的需求。”

以下是3个设施所提供的服务及所给予的好处:

好处

- 病人将能咨询护理辅导员，以获个性化的指导来管理自己的病情，如生活方式和饮食的调整等;
- 可更方便地使用各项服务，如糖尿病足部和眼科检查。

服务项目

- 糖尿病眼科检查;
- 糖尿病足部检查;
- 护理辅导服务;
- 饮食咨询服务;
- 身心保健计划;
- 物理治疗。
特写

圣安德烈（淡滨尼）老年护理中心（St Andrew's Senior Care）

以照顾需多种护理服务的年长者及为看护者提供支援为设计理念的圣安德烈（淡滨尼）老年护理中心，是一个一体化的老年护理设施，旨在提供广泛的社区保健护理服务以应付年长者的需求。它是由圣安德烈社区医院所经营管理。

服务项目

- 日间看护服务，在看护者工作时为年长者安排社交休闲及体育活动；
- 痴呆症日间看护服务，为患轻微及/或中度痴呆症的年长者提供看护，包括能改善年长者整体身心状况的规范计划和为看护者提供支持；
- 社区复健服务，让正在从中风、骨折和其他疾病康复中的年长者接受复健治疗；
- 中心内提供的护理服务，如清理伤口等；
- 居家服务，为行动不便的居家年长者提供医疗、护理或复健服务。

好处

- 更方便：
  ◇ 提供一站式的服务；
  ◇ 更容易获复健服务，如物理治疗、糖尿病眼科及足部检查、饮食咨询、心理健康。
- 病人在每次复诊时都是由同一组医护团队照料。
- 健康的生活方式：
  ◇ 与ActiveSG合作初步推出活跃保健实验室（Active Health Lab），目的是设计保健解决方案，及赋予活跃健保大使相关知识与技能，以便他们能开出程度适当的“运动处方”来预防、治疗和管理常见的慢性疾病。
- 在邻里提供负担得起的初级护理服务：
  ◇ 符合社区保健援助计划CHAS申请资格的病人将可享受补贴；
  ◇ 病人也可使用其公积金保健储蓄来支付《慢性疾病管理计划》下的慢性疾病治疗及/或卫生部所建议疫苗接种的费用。
  ◇ 年龄65岁以上的病人每年可使用高达200元的灵活保健储蓄来支付他们的医疗费用。
- 方便：
  ◇ 诊所附近有公共交通设施，如巴士和地铁，有助节省交通费；
  ◇ 病人都以预约方式看医生，因此在诊所的等候时间也较短。
- 治疗急性情况、常见病及慢性疾病（如高血压、高胆固醇、糖尿病）：
- 血液与尿液检查（HbA1c/骨痛热症检查可同天获得结果）；
- 一般和企业身体检查，包括由女医生进行的妇科及宫颈检查；
- 体育计划与避孕咨询；
- 成人疫苗接种和旅游保健；
- 儿童免疫接种和发育评估；
- 法定和雇佣身体检查；
- 小型手术，包括伤口缝合、皮肤肿块切除、脓肿引流及注射洗耳；
- 综合性慢性疾病护理协调和管理，如个案管理（用于较复杂疾病）、远程护理支持、家访及出院后跟进护理；
- 戒烟、实验室测试及药房服务。

淡滨尼家庭医疗诊所（Tampines FMC）

淡滨尼家庭医疗诊所将与毗邻的东部社区保健中心紧密合作，为居民提供范围广泛的初级保健护理服务，并主要关注慢性疾病的管理与控制。为配合从医院到社区的策略性转变，该中心将提供团队护理、即时诊断和小型的外科手术，以便病人能在社区里更方便和更容易地享受到收费合理的服务。

服务项目

- 一般／医生就诊及复诊；
- 治疗急性情况、常见病及慢性疾病（如高血压、高胆固醇、糖尿病）；
- 血液与尿液检查（HbA1c/骨痛热症检查可同天获得结果）；
- 一般和企业身体检查，包括由女医生进行的妇科及宫颈检查；
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- 戒烟、实验室测试及药房服务。

欲知更多，请浏览cgh.com.sg了解家庭医疗诊所与东部社区保健中心相关信息，及浏览sach.org.sg获知圣安德烈（淡滨尼）老年护理中心的相关信息。
外耳感染
问题: 我是一名18岁的男生, 每星期会到泳池游泳3至4次。 近日, 我的右耳出现了一些症状。 起初, 我只是发现耳垂发红, 且在用力拉时会有点痛, 所以也不在意, 但在两天后, 除了红疹蔓延及疼痛加剧外, 耳朵还会流出带有异味的分泌物。我的听力也受影响, 偶尔会出现耳鸣。我该先向家庭医生求助, 还是直接到医院的急诊部门求医?

解答: 您所描述的症状听似右耳道感染。这是家庭医生常见的问题, 而耳道狭窄和弯曲的病人尤其容易患上此症。因为空气潮湿、多汗、游泳后污水滞留耳中及挖耳等习惯都可能是风险因素。

您在让医生检查耳道前不宜继续游泳, 而且您若有挖耳或将任何异物 (包括棉花棒) 插入耳内的习惯, 都必须马上停止。

此外, 您需告知家庭医生您现有的任何疾病, 因为某些减低免疫力的疾病会提高您患上严重耳部感染病症“恶性外耳炎”的风险。某些皮肤疾病和自身免疫疾病也可能在耳道内显现。

医生会使用耳镜检查您的耳道以确定:
1. 感染是否局限于外耳道;
2. 耳鼓是否完整无损;
3. 位于耳鼓后的中耳部分是否也受影响。

医生会根据耳道受影响的部分, 采用不同的治疗处方。

绝大多数的外耳感染是由细菌引起, 并能以抗细菌滴耳液进行治疗。医生也可能以柔和的方式将脓液与碎屑去除。若耳鼓有缺损, 某些滴耳液是不宜被使用的。若医生断定感染是由真菌所引起, 他将以抗真菌滴耳液进行治疗。长期过度使用抗细菌滴耳液也会导致真菌增生。
食物中毒
问题: 我16岁的女儿半夜突醒呕吐和腹泻4到5次，并且连带腹部抽筋、四肢无力和发烧。她在同天晚上和朋友一起吃烧烤，所以我很怀疑她可能是吃了没煮熟的食物。她现在说口渴，但由于她不时还是会吐，所以也无法吞咽任何食物或液体。我担心她会脱水。我应该呼叫救护车把她送到最近的急诊部门吗？

解答：您女儿的症状似乎是患上急性肠胃炎。急性肠胃炎的常见症状有腹泻、呕吐和／或发烧。急性肠胃炎可由食物中毒所致，一般是在吃下含细菌、病毒或寄生虫，甚至是有毒素的可疑食物后所引致，从而影响肠胃功能。这些可疑食物包括没有煮熟的肉类、海鲜、即食肉类、牛奶、预切水果、没煮熟的鸡蛋及隔夜的剩饭菜等。

轻微的肠胃炎通常属自限性，会随着补充水分和充足的休息而逐渐康复。口服的补液液体里含有钠、钾和葡萄糖，适合轻微和中度脱水的病人服用。脱水症状包括饥渴、无精打采和少量或完全没有排尿。

在这段期间，您的女儿应避免食用乳制品、牛奶、油腻食物及果汁，并选吃少量、清淡和不油腻的食物如烤面包、饼干、米饭和香蕉等。

若她发高烧、一吃东西就呕吐或腹泻，或有以上所述的脱水症状，请立即到最靠近的家庭诊所求医。

您的家庭医生将会针对她的情况做进一步的诊断，并开出适当的治疗处方来帮助她应对肠胃炎。家庭诊所可提供症状性的治疗如止吐药、止泻药和口服的补液液体。

若您的女儿呕吐或腹泻超过48小时，或有上述的脱水症状，请立即到最靠近的家庭诊所求医。

一般上，轻微肠胃炎可透过良好的卫生习惯预防。

1. 饭前饭后洗手
2. 确保肉类和海鲜完全煮熟，不要把生食和煮熟的食物混在一起
3. 避免吃剩饭剩菜或在煮好后逾4小时没再加热的熟食
4. 保持均衡饮食，包括摄取益生元和益生菌，以改善肠道功能

解答由Samuel Toh医生提供

除非是少数的顽抗病例或同时患有中耳感染，不然一般的外耳感染无需用口服抗生素进行治疗。

大多数的耳部感染能在家庭诊所取得成功的治疗。但您的家庭医生也可能将带有以下特点的病例转诊至耳鼻喉专科：

- 患者的治疗频频无效
- 耳道内产生过多的脓液，需要用显微镜仪器抽吸才能作彻底的检查
- 久不愈合的耳鼓缺损
- 酷似耳部感染的其他罕见耳部疾病

解答由王加文医生提供
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:

- Sprains & Bruises
- Nausea & Vomiting
- 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