STROKE OR SEIZURE? KNOW THE DIFFERENCE

SPORTS SUPERSTARS BEHIND THE SCENES AT ATHLETIC EVENTS WITH MEDICAL OFFICERS

Hearing Support Group

The power of a LISTENING EAR
We are slowly but surely moving towards the end of 2018. Realising this is simultaneously wonderful and nerve-wracking. But it is the perfect time to think about new possibilities and consider what we’ve achieved thus far. We do all that and more in this issue of Caring!

CGH has begun a new chapter with the opening of the Medical Centre (MC). The MC not only enhances the CGH Campus, but also ensures that patients receive seamless, integrated care (page 14). Join us for various activities that are open to the public.

As we take stock of what’s been happening in the year, it is important to remember those who may need a little extra help or attention. There are myriad ways to take that extra step to help someone. In the Mental Wellness section, Dr Wong Hon Khuan shares helpful tips on how to support elderly people who grapple with anxiety (page 6).

Learn about the activities of our Hearing Support Group in our cover story (page 10) and equip yourself with some medical knowledge, by finding out the differences between stroke and seizure (page 4).

Flip through this issue and you’ll find other interesting and informative articles. Enjoy reading!

Sarah Abdul Karim
Editor
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“家庭医生首选”系列
Hepatitis is simply the inflammation of the liver. Although there are many causes of hepatitis, a commonly known one is viral. The type of hepatitis is named for the virus that causes it, such as hepatitis A, B or C. Other causes include fatty liver, drug or alcohol use, or less commonly, by some autoimmune liver conditions.

While some viral hepatitis like hepatitis A and E are acute, others like hepatitis B and C can cause chronic hepatitis. The continual inflammation of the liver causes liver fibrosis or liver scarring, which can eventually lead to liver cirrhosis (hardening of liver).

Many patients who have hepatitis B or C eventually suffer from liver cirrhosis and its complications, namely water retention in the belly (ascites) and elsewhere in the body, jaundice, substantial bleeding because of inability to clot, mental slowing or confusion, and liver cancer. Additionally, hepatitis B is a known carcinogen and can cause cancer in a normal, unscarred liver.

**Causes**

Hepatitis B is spread when blood, semen or other body fluids infected with the hepatitis B virus enters the body of a person who is not immune. One can become infected with the virus through the following:

- **Childbirth** (spread from an infected mother to her baby during birth)
- **Sexual intercourse** with an infected partner
- **Sharing needles, syringes or other drug-injection equipment**
- **Sharing items such as razors or toothbrushes with an infected person**
- **Direct contact** with the blood or open sores of an infected person
- **Exposure to blood on needle sticks or other sharp instruments**

Hepatitis C is spread in a similar fashion as hepatitis B, though it is less common to get infected through sexual contact. Sharing of syringes and needles remains the main cause of hepatitis C transmission.

**Treatments**

Hepatitis B is preventable with vaccines, whereas none are available for hepatitis C. Those at risk of acquiring hepatitis B should strongly consider vaccination. It is advisable that everyone
be vaccinated against hepatitis B. In particular, people who are at high risk of acquiring hepatitis B, such as health care workers, persons with high-risk sexual behaviour or who have sexual partners with hepatitis B and intravenous drug abusers, are strongly advised to get vaccinated. Three injections spread over six months are needed to successfully immunise a person. Some may need a booster injection every five to 10 years.

If someone has hepatitis B or C, he or she should be seen by a liver specialist to determine the damage to the liver and further course of action.

To determine the extent of liver injury and hardening, various tests need to be carried out. These include blood tests, ultrasound scans of the liver and a special ultrasound technology-based test called Fibroscan. In some patients, Fibroscan may fail due to their body habitus or complications of hepatitis. An MRI scan of the liver, called MRI elastography, may be needed for these patients. If cirrhosis is detected, patients are typically advised to undergo an endoscopic procedure to look for dilated veins in the food pipe and stomach (varices).

All patients who have hepatitis B are advised to undergo periodic ultrasound monitoring and blood tests for the early detection of complications. For those with hepatitis C, periodic monitoring is required once they develop advanced fibrosis or cirrhosis. This helps in the early detection of cancer and in enabling effective treatment.

Currently, there are many approved therapies for hepatitis B and C. These medications help reduce disease progression, lower the risk of liver cancer and, in the case of hepatitis C, achieve cure in over 95 per cent of patients.

The therapy for hepatitis B is mainly oral pills taken once a day. These have shown to be very effective in reducing the rate of fibrosis development and, in some cases, even reversing it and reducing the risk of cancer. Cure for hepatitis B is difficult to achieve, thus not all patients are advised to start therapy. Patients who benefit the most from therapy are those who show signs of liver inflammation or significant liver hardening, or those who have a personal or family history of liver cancer.

All patients who have hepatitis C should be considered for treatment. Currently, oral, highly efficacious, well-tolerated and finite-duration treatment regimens are available. Therapy against hepatitis C is extremely potent and successful. It can eliminate viruses from up to 95 to 98 per cent of patients. The treatment limits chances of liver-related diseases and deaths.

If you or someone you know has hepatitis, see a specialist to assess the liver and stage of the disease. Depending on the type, subtype and stage of the condition, further course of action will be planned. Abstaining from alcohol and alternative medicines and maintaining a healthy weight will go a long way in caring for your liver.

Dr Rahul Kumar is Associate Consultant, Department of Gastroenterology and Hepatology, at CGH.

**FACTS ABOUT YOUR LIVER**

- It is one of the biggest organs in your body.
- It has many roles. It is responsible for creating the cholesterol your body needs, filtering out toxins, breaking down medications, and ensuring blood clotting so that you do not bleed out when you injure yourself, among numerous other tasks.
STROKE AND SEIZURE

Learn about their causes, symptoms, diagnoses and treatments

Alfred Lim (not his real name) was at a mall having dinner with his wife when he suddenly lost consciousness. He was seen to have a crooked face and weakness of the left upper and lower limbs. Shocked, his wife quickly called 995. She presumed that her husband was having another stroke. That was because Mr Lim had one six months ago. The previous stroke had caused him to suffer weakness on the same side. However, this episode was actually a seizure. He had recovered well after a few days of rehabilitation (exercises) and had been independent until now.

But his recent bout of cough and runny nose, though already treated by a general practitioner, could have triggered the seizure.

Upon admission to the hospital, he was confused and had left upper limb and lower limb weakness. The following day, he became alert, no longer confused and weak. An MRI

The Epilepsy Foundation in the US estimated that seizures affect 22 per cent of stroke survivors
(Magnetic Resonance Imaging) brain scan showed only the scar from the previous stroke.

So what actually happened to Mr Lim? It can be confusing to differentiate different medical conditions with similar symptoms. Seizure and stroke are two different conditions sharing similar symptoms. They can both be life-threatening. However, they have different origins, complications and treatments.

Stroke is caused mainly by blockage of a blood vessel or bleeding in the brain, while seizure is caused by overactivity of brain cells. There are similarities between stroke and seizure, but there are major differences as well. If you experience any symptoms (see table on right), it is advisable to get immediate medical attention to prevent complications and to be managed accordingly by a doctor.

Post-stroke seizures
In Mr Lim’s case, he had been previously diagnosed with a stroke in his right brain, which left a scar. Scarring would lead to changes in electrical activity in the brain, thus increasing the chances of seizure. The upper respiratory tract infection, which he had been recovering from, had triggered the seizure.

While there is no current data on the percentage of patients in Singapore with post-stroke seizure, the Epilepsy Foundation in the United States estimated that seizures affect 22 per cent of stroke survivors. The Oxfordshire Community Stroke Project, in the United Kingdom, which examined immediate and long-term risk of seizures in stroke survivors after a first-ever stroke with minimal follow-up of two years, reported that 11.5 per cent of them were at risk of developing post-stroke (that is, delayed) seizures.

So, for Mr Lim who previously had a stroke, it was not surprising that he developed a seizure and not a new stroke. He was advised to continue taking his medication for stroke. His doctors felt that he had a high risk of further seizures due to the scar in his brain from his old stroke. Thus, anti-seizure medication was also prescribed. Frequent reviews with his doctors to monitor his progress are necessary. ☞

Dr Marlie Jane N. Mamauag is Senior Staff Registrar, Neurology, Department of Medicine, at CGH
ALL ABOUT ANXIETY: KEEP CALM AND READ ON

What can you do for older persons with anxiety issues?

“Help me, doctor! You must save me!” These were the first words that a middle-aged patient I saw some time ago said to me. She had been suffering from anxiety symptoms for the past decade. When I took over her care, along with taking a detailed history, I sent her for blood tests and other investigations to make sure that her symptoms were not due to other underlying medical conditions that could also produce similar symptoms.

After a few consultations, I was able to understand more about her life and experiences. I prescribed medications to help her relieve and control her anxiety symptoms. I also reviewed her case regularly and provided talk therapy to help her cope with life’s stressors. She was regular with her follow-up appointments and improved after a period of time.

Mental health statistics in Singapore
According to a Ministry of Health (MOH) report on population statistics, there are about 3,933,000 Singapore residents in 2016. Among them, about 12.4 per cent are 65 years and above. The average life expectancy at age 65 years and above has increased from 18.0 to 19.0 years for men and 22.1 to 22.4 years for women.
Another MOH report (2015) on disease burden for the population stated that mental and substance-use disorders accounted for 11 per cent of the total distribution of disability-adjusted life years.

In addition, a National Mental Health survey of Singapore adults (not inclusive of older persons) in the early 2000s done by Lim et al. (Dec 2005) quoted a lifetime prevalence of generalised anxiety disorder of 3.3 per cent, with a female to male ratio of 3.6:1.

As a follow-up, the Singapore Mental Health Study 2016 led by the Institute of Mental Health is aiming to find out the prevalence of mental disorders, barriers to mental health treatment locally, as well as the socio-cultural and economic impacts of major mental disorders.

**What are anxiety disorders?**

“Anxiety disorders” is an umbrella term for a variety of conditions. They include generalised anxiety disorders and panic disorders, which can be seen amongst older persons. One easy way to understand anxiety disorders in older persons is to ask the following questions:

- How do the older persons feel?
- How do the older persons behave?
- How do the older persons think?

**How do the older persons feel?**

Older persons usually present themselves to their family members and/or doctors.
MENTAL WELLNESS

with physical symptoms that are distressing to them. These uncomfortable bodily sensations can occur from head to toe:

- Dizziness and giddiness
- Excessive sweating
- Dry mouth
- Tensed muscles
- Trembling of, or feeling of numbness, in hands and legs
- Palpitations
- Sensation of shortness of breath
- Heaviness over the chest area
- Tummy aches (butterflies in the stomach)
- Urinary incontinence

Often, these bodily symptoms can also be seen in older persons with underlying heart disease, diabetes mellitus or asthma, and even those who consume too much caffeine. That is why thorough history taking and physical examinations, as well as appropriate investigations, are necessary to ensure that other underlying causes are not missed out.

How do the older persons behave?
The above physical symptoms can cause distress to older persons, resulting in the following:

- Anxiousness
- Nervousness
- Low mood
- Poor sleep

These can in turn affect the ability of the older persons to concentrate on their daily activities. Sometimes, these may make them tired and irritable.

How do the older persons think?
Because the physical symptoms are similar to those of a stroke or heart attack, older persons may think that they are dying soon. Sometimes, they may think of the worst-case scenarios of everyday life events happening to them. This type of thinking may heighten their anxiety level. With higher anxiety level, the brain then triggers more uncomfortable bodily sensations, which then increase the intensity of the fear of dying. All this may end up as a vicious cycle.

Older persons can call their family members several times a day asking for help or seek reassurance frequently at the doctor’s clinic because of their bodily symptoms. Sometimes, they are viewed as attention-seeking or forgetful as a result of their behaviours and are thus ignored or scolded by their family members. This is not ideal, for it can make them feel uncared for, isolated and helpless.

Who are the older persons at risk?
Some older persons may be at higher risk of developing anxiety disorders because of the following factors:

- Being female
- Vulnerable personality and temperament
• Experience of significant stressful life events
• Social isolation
• Multiple ongoing and additional medical and health problems
• Alcohol and substance use disorder

How are anxiety disorders in older persons treated?
Anxiety disorders can be managed with medication and with non-medication methods.

With medication
A group of short-acting quick-relief medications called benzodiazepines can be prescribed in some instances. Doctors are very cautious about prescribing this group of medications because of possible risks such as drowsiness, falls, dependence and confusion.

The mainstay of medication therapy is a group of medication called selective serotonin reuptake inhibitors, or SSRIs. Through scientific research, it has been demonstrated that a brain chemical called serotonin is important in the treatment of anxiety. However, patients must take this medication regularly for at least a couple of months and should not simply discontinue on their own without proper discussions with their doctors. Some common side effects older persons may experience are stomach discomfort, giddiness and headaches.

Without medication

1 Psychotherapy
Talk therapy can help older persons work through their anxieties. Older persons with anxiety disorders will be able to cope with stressful life events under the guidance of their therapists or counsellors.

Do not underestimate the value of having someone to talk to. It means a lot to older persons to have someone listen to them and who can understand what they are going through.

2 Healthy Lifestyle
A healthy lifestyle is vital to any health condition, including mental health disorders. A supportive circle of family, friends and healthcare professionals can help encourage the following:

• A well-balanced diet
• Regular physical and cognitive exercises
• Increased meaningful social interactions

These are important steps towards recovery. Many research studies through the years have documented the benefits of lifestyle modifications as an adjunctive treatment to medication.

Be ALL that you can be
You can give it your ALL for older persons with mental health issues:

• Always be there for older persons
• Listen to older persons
• Lead older persons to appropriate healthcare solutions

In addition:

• Advise older persons to seek prompt treatment from healthcare professionals
• Address the medical problems older persons are enduring
• Do not resort to quick-fix solutions such as alcohol and other inappropriate drugs or supplements.

Dr Wong Hon Khuan is Senior Resident Physician, Department of Psychological Medicine, at CGH
LISTENING TO HEAL

Don’t underestimate the therapeutic power of a listening ear. Patients gain strength and motivation in CGH’s Hearing Support Group.
“Support” – a simple word, one that appears in everyday conversations. Yet, it is a word that is full of depth and meaning. Let’s break it down and get to the core of its significance.

“S” is for strength
Having support means you do not have to face challenges – or celebrate happy moments – alone. There is always strength in numbers. Being surrounded by people who are willing to help can ease the bumps in life and make you emotionally stronger.

There are different avenues of support at a hospital. Apart from medical care, CGH also has a number of support groups to help patients navigate certain situations.

One such group is the Hearing Support Group, run by a team comprising audiologists, speech therapists and a surgeon from the Otorhinolaryngology Department. Since 2016, the group has catered for patients who have undergone cochlear implantations and who grapple with the hearing restoration process.

The Hearing Support Group is the brainchild of Adjunct Associate Professor Yuen Heng Wai. “A person’s hearing restoration journey is filled with happiness, challenges, excitement, disappointments and fulfillment, and it is often too much for the patients and their families to undertake alone,” he shares.

“U” is for understanding
Being aware that there are people who are in similar situations and can understand how you are feeling makes a lot of difference.

This is one of the building blocks of the Hearing Support Group. Successful cochlear implant users share their experiences, and other patients with hearing loss learn about...
“P” for present
Healthcare professionals are better equipped to provide professional and medical advice instead of advice based on first-hand experience. At the same time, they are also present and available to point patients to the right direction and resources. They play an essential role in the support network for patients.

The well-being of their patients is always on their mind; this is evident in the team behind the Hearing Support Group. Apart from the usual lectures and sharing sessions, they have introduced a novel way of engaging patients who may have a slightly more difficult time in their recovery – music therapy! Music therapy is commonly used for children and the elderly with dementia, and not so much for hearing impairment. Senior Principal Audiologist Dr Steven Lee, a member of the organising team, explains that this initiative, which is still in its pilot stage, aims to make the process of discerning sounds and notes more appealing to the patients.

During the first session in March this year, the patients and caregivers had the chance to write and compose their own songs with the help of a music therapist. Participants received audio recordings of their songs so that they could continue to practise identifying sounds and words, and be motivated by this accomplishment.

“P” for patience
Cultivating patience is an important aspect of support. And it is not only caregivers who must be patient. Patients should be patient with themselves as well. “The road to recovery can be frustrating, and every individual has his or her own pace,” reminds Dr Lee.

As a way to provide additional help, patients who would benefit more from...
Let’s get to know one of the people behind the Hearing Support Group – Dr Steven Lee, Senior Principal Audiologist at CGH.

**1) WHAT DOES AN AUDIOLOGIST DO?**

The job scope of an audiologist can broadly be categorised under two areas: diagnostics and rehabilitation. For diagnostics, I have to select the most appropriate tests and conduct these tests on patients to uncover their hearing and/or balance issues. As for rehabilitation, I make use of devices like hearing aids, hearing implants and accessories to help patients optimise their residual hearing so that they can hear and communicate better, hence improving their quality of life. This means I need to have both hard and soft skills. The hard skills are for using equipment and gadgets; one should have the dexterity to do that. The soft skills come in handy when empathising with patients’ situations, counselling them and teaching them how to use the devices according to their individual abilities.

**2) WHAT DREW YOU TO THIS PROFESSION? IS IT SOMETHING YOU HAVE ALWAYS BEEN KEEN ON?**

I like biology and physics but not chemistry. I also like to deal with people. After I completed a Bachelor of Science degree in biology and a Post-Graduate Diploma in environmental engineering at the National University of Singapore, I asked myself what I should do next. At that time, the Singapore General Hospital offered an overseas scholarship for a Master of Clinical Audiology degree in Sydney, Australia. I researched on audiology and wondered why nobody had ever told me there was such a profession! I applied for the scholarship, got it and have never looked back since.

Since then, the team has received positive feedback from the participants. It hopes to continue music therapy as part of the Hearing Support Group’s regular activities.

**“O” for open-mindedness**

Being open-minded allows people to be receptive to new ideas, while benefitting others as well. It is this very quality that led to the introduction of music therapy. Savitha Kamath, another team member, had observed one such session in the United Kingdom and thought that it would be a good initiative to start at CGH.

**“R” for realistic**

Having a support group helps with forming realistic goals and expectations. It is not just those who are recovering who can benefit from a dose of reality.

“This group of patients, families and caregivers is extremely important in providing realistic perspectives to potential recipients who are contemplating surgery to restore their hearing. They know what hearing implants can and cannot do,” notes Adj A/Prof Yuen.

**“T” for togetherness**

Coming together to face a challenging situation not only alleviates the burden, but also connects people through a sense of solidarity. The Hearing Support Group aims to accomplish this by bringing patients, caregivers and families together to provide psychological, emotional and social support to one another. They can even be regarded as ambassadors to raise awareness of hearing health and the options for hearing rehabilitation. Indeed, when there is support, the possibilities are immense!

**3) WHAT WOULD YOU CONSIDER AS THE HIGHLIGHTS AND CHALLENGES OF YOUR JOB?**

We deal with many elderly patients. We often have to counsel them on how to wear and maintain their hearing aids. Many will not remember what we have taught them after they return home. But with a couple of rounds of practice and reinforcement, they will eventually remember what to do. Many of these patients end up being very appreciative of our efforts.

**4) WHAT ADVICE WOULD YOU GIVE SOMEONE WHO IS INTERESTED IN THIS CAREER?**

Research online to see if the job matches your strengths and personality. If so, actively seek out job-shadowing opportunities. At CGH, we try to accede to requests for job shadowing so that more people can find out if they are suitable to take up this career.

**5) DO YOU GET INTERESTING REACTIONS WHEN YOU TELL PEOPLE THAT YOU ARE AN AUDIOLOGIST?**

They will usually mistake me for a radiologist or a medical doctor! After explaining that I am an allied health professional like a pharmacist or speech therapist, they will usually understand and start asking me questions about problems related to the ear and hearing.
Residents in the eastern region of Singapore can now access more seamless and coordinated care with the opening of the Changi General Hospital Medical Centre (MC).

Joint multi-disciplinary consultations and integrated services are some of the key features in the MC. Besides giving patients a more holistic picture of their treatment plan, the integrated systems and innovative technology will also streamline the patient journey and help save time.

Explaining the drive behind developing a multi-speciality model of care, Chief Executive Officer of CGH, Dr Lee Chien Earn, said: “With the prevalence of chronic disease, healthcare needs are becoming increasingly complex. Patients may need to see several specialists and this can end up time-consuming and stressful. Our goal is to meet the evolving needs of our patients and ease their healthcare journey.

The multi-disciplinary concept and integrated services in the MC have allowed this patient-centric approach has allowed for an efficient use of time, and has resulted in an improved patient experience and better health outcomes.
us to deliver patient care in a coordinated manner. This has been especially helpful to patients with multifaceted medical conditions like diabetes that often require multi-specialty input.”

Booking of appointments, payment for clinic visits and medication have also been consolidated into one touchpoint. Upon finalisation of payment at the clinic, the patient’s medication order is sent electronically to the pharmacy. An automated medication dispensing machine then begins to pack the medication, even before the patient’s arrival at the pharmacy.

The patient will need to collect his medication at the pharmacy only before he leaves for the day. This patient-centric approach has allowed for an efficient use of time and has resulted in an improved patient experience and shorter waiting time.

The MC marks the final instalment to the CGH Campus, joining the CGH Main Building that is designed to offer a comprehensive range of medical specialties and services, and the Integrated Building that provides a conducive healing environment across hospital and rehabilitation settings, to complete the continuum of care available for the community in the east.

Since 30 April 2018, clinics from the CGH Main Building have been progressively relocating to the MC. All clinics have now opened their doors to patients.

As part of the MC’s official opening celebration in November, CGH will hold the Integrated Multi-disciplinary Care Conference on 2, 3 and 10 November. Members of the public and healthcare professionals are welcome to find out more and register for the event at www.imcc2018.sg.
IT’S EASY BEING GREEN

CGH is contributing to saving the planet with environmentally friendly efforts. You can join in too!

A sustainable lifestyle is all about looking after the environment so as to safeguard the well-being of others and the generations to come. We all have a part in saving the planet. Here are some of CGH’s green efforts:

1) Don’t get blinded by the light
Given that a hospital functions around the clock, the use of light is essential. However, that doesn’t mean a hospital can’t use energy sources efficiently. As part of the hospital’s Facilities Management’s energy conservation initiative, conventional lights are being replaced by LED lights with motion sensors, as the latter have higher electrical efficiency and longer lifespans. These lights are used at staircases in the Main Building where there is limited traffic. The used lights are then recycled as part of a light bulb recycling programme that has been in place since 2015.

Another way to conserve light energy is the use of sunlight. On Level 1 of the Integrated Building (IB) within the CGH campus, the open corridor allows sunlight to filter into the
building so that the operational hours of the lights can be reduced. Sunlight is also tapped to generate a portion of the energy supplied to the building. This is achieved using the solar panels that were installed when the IB was constructed in 2014.

2) Let it flow, but not too much
Water conservation is another important way to use resources efficiently. At the IB, water-efficient taps are installed. These taps are graded three ticks under the mandatory water-efficiency labelling scheme. (Yes, you can also use these taps in your own home!)

At the IB, NEWater is used in the toilet flushing systems. Rainwater is also collected in irrigation tanks and recycled for watering the plants and maintaining the green spaces around the hospital.

3) Don’t throw it out just yet
Recycling is a familiar initiative at CGH. Over the years, a few recycling measures have been implemented in conjunction with the National Environment Agency’s “3Rs” and “ZeroWaste” initiatives.

One example is the e-waste recycling scheme launched by CGH’s Environment Services Department in late 2017. The scheme is aimed at decreasing e-waste, such as electronic and electrical devices, and curbing its improper disposal, which can lead to pollution and even potential health threats.

Two e-waste recycling depository boxes are available in the Main Building (Level 1 of Lift Lobby A and B1 of Lift Lobby D) for both visitors and staff to deposit their e-waste.

DO YOUR PART

Join the worldwide drive to be green. This simple and quick guide will get you on the right track in no time.

1) CONSIDER THE ALTERNATIVES
Take public transport or choose carpooling over driving to reduce your carbon footprint. If you need to travel short distances, why not walk? This way, you can get in more steps on your fitness tracker too! If not, rent a bike from Ofo or other bike-sharing systems.

2) SWITCH OFF
Are you guilty of unplugging your electrical or electronic equipment without switching off the power? Here’s another easy way to get on the green bandwagon: Switch off power sources when you are not using them. It will help lower your utilities bill as well.

3) DONATE OR RECYCLE
Refrain from throwing your old or unused clothes away. A few sustainable ways of disposal: Give them to someone who has a similar taste in fashion, donate them to charity or recycle them at your nearest H&M outlet.

4) DO THE FOURTH ‘R’
Research! Read up on the benefits of being eco-friendly and the different ways you can be environmentally conscious. Being green can also be fun and interactive when you participate in eco-friendly projects.

Retna Devi is Executive, Corporate Affairs, at CGH
THE UNSUNG HEROES OF SPORTS

Four chief medical officers tell us what goes behind the scenes at international athletic events.

When you talk about sports, the athletes are the first to come to mind. However, apart from them, there is another group of people who play a vital role in ensuring that sporting events go on smoothly – doctors! The medical expertise of doctors is required in any sporting event to guarantee the success and safety of the athletes. Here, four Sport & Exercise Medicine doctors from the Changi Sports Medicine Centre (CSMC) share their experiences as the chief medical officers (CMO) at different international sporting events.

DR LIM ANG TEE
Associate Consultant, CSMC

“...It was such an honour to serve as the CMO for Team Singapore at the Rio Paralympics in 2016. I got to witness the enormous grit and determination of our Paralympians as they overcame seemingly insurmountable odds to reach their level of proficiency in their sports – that’s nothing short of being superhuman. The contingent was the largest Singapore had ever fielded and the athletes did not disappoint! Most of them achieved their personal bests, and our boccia team managed to claim victory over one of the juggernauts of the sport during the semi-finals! Of course, Team Singapore also achieved their best showing at the Paralympics that year, with two gold medals and a bronze won by swimmers Yip Pin Xiu and Theresa Goh respectively.

During the games, it was a privilege to witness the hard work, blood, sweat and tears from the para-athletes not just from Singapore, but from all over the world. Personally, I felt that the games brought increased awareness of the athletes and their abilities, showcasing how empowered they were despite their physical handicaps, some of which were quite extreme. I couldn’t agree more with the words of one senior sports physician who was there; she said, “This will be a life-changing experience for you!”
Mixed martial arts (MMA) is a controversial sport. Some say the risks outweigh the benefits, and it is a ‘hurt’ game. Statistically, however, it appears to be safe. Over the eight years of covering the One Championship, CSMC doctors have screened more than 100 fighters pre- and post-fight. The events usually proceed without significant issues. The most common injuries recorded are lacerations, contusions and concussions. The lacerated wounds and contusions are dealt with promptly at the recovery suites, while fighters with concussions are monitored and given advice.

I was in Kuala Lumpur for the 9th ASEAN Para Games (APG) as the CMO with Dr Gregory Chan as my deputy CMO. It was the largest away contingent that Singapore ever sent to the APG. My team was spread over three sites: Hotel Renaissance, which housed most of the athletes and the medical team; Nilai Resort with the para-cycling team; and Sunway Resort, which hosted the bowling team. Dr Chan and I coordinated the medical coverage both in-house at Hotel Renaissance as well as on-site at certain sports events.

One memorable aspect was being able to support the para-cycling team for their debut race at the velodrome as well as at the road-cycling events. The para-cycling team was one of the most bemedalled teams in the contingent despite being debutants at the APG.

The worse injury I had to handle during the games was also at the velodrome, when a para-cyclist fell and fractured the neck of his right femur, which happened to be the leg for which he had an above-knee amputation. He required same-day surgery at Hospital Kuala Lumpur (HKL). If not for the local medical support and goodwill as well as the Singapore National Paralympic Council, the surgery would not have been possible. The photo above was taken on the morning after the para-cyclist’s surgery with Minister Grace Fu and the High Commissioner in Kuala Lumpur.

I was in Kuala Lumpur for the 9th ASEAN Para Games (APG) as the CMO with Dr Gregory Chan as my deputy CMO. It was the largest away contingent that Singapore ever sent to the APG. My team was spread over three sites: Hotel Renaissance, which housed most of the athletes and the medical team; Nilai Resort with the para-cycling team; and Sunway Resort, which hosted the bowling team. Dr Chan and I coordinated the medical coverage both in-house at Hotel Renaissance as well as on-site at certain sports events.

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on their head injuries. If they display any ‘red flag’ symptoms, they are brought to the hospital for further evaluations.

I recall one serious incident when I was the CMO in 2016. A 26-year-old Russian fighter delivered an explosive right-leg kick to his opponent. His shin impacted against his opponent’s knee. Immediately, his shin flailed and was visibly distorted. What seemed like a well-executed kick turned unfortunate. He sustained a severe fracture in his lower leg and was evacuated promptly to the hospital. The surgery was successful and he returned to Russia.

MMA is a thrilling and spectacular sport but we – fighters, the organising committee and medical team – have the responsibility to make it safe. From a medical point of view, we advocate pre-participation screening, detailed evacuation plans and careful post-fight examinations. All this is made possible only with good teamwork from the doctors, nurses, administrators from CSMC and our ambulance crew.”

ADJUNCT ASSOCIATE PROFESSOR KELVIN CHEW
Senior Consultant and Director, CSMC

“ When I was shortlisted to assist in organising medical support for the inaugural Formula One Singapore Grand Prix in 2008, I had no experience in motor sports. The learning curve was steep, but it was tremendously enriching. I took on the CMO role from 2009 onwards. One of my responsibilities was to recruit and train a medical team with no motor sport experience. The team needed to be familiar with extrication, communication, race operations and terminology. Most important of all was the issue of safety. Maximum effort was placed on track craft and how to manoeuvre safely in a high-speed environment.

During the 2008 event, F1 driver Felipe Massa was released too early before the fuel hose was disconnected, causing a mechanic to be injured. We had talked through the various scenarios that could happen in the pit lane weeks before the event and devised strategies to swiftly and safely manage such situations, and one of them really happened! Within minutes, together with the pit lane medical team, we stabilised the injured and evacuated him to the medical centre via a pre-arranged route through the paddock. This incident impressed on me the importance of contingency planning and simulations training.

Seeing through a successful event and providing the volunteers a meaningful and positive experience was rewarding. Volunteering for motor sport is not an easy task, so it is heartening to see our volunteers joining us year after year.”

All this is made possible only with good teamwork
C GH organised a Ceramic Art Exhibition from 22 to 27 October 2018, in partnership with Clay Connections, a group of local ceramic artists. The exhibition showcased a plethora of handmade, wood-fired ceramic pieces created by the artists.

This year marks the fifth year of partnership between CGH and Clay Connections, and to commemorate this milestone, 2019 calendars featuring selected ceramic pieces are up for sale at $15 each to raise funds for HomeCare Assist (HCA), a CGH charity programme.

HCA aims to provide interim assistance to underprivileged patients. The assistance tides patients over the most crucial and immediate period after their discharge from the hospital so that they can continue to be cared for at home. Through HCA, CGH provides help in the form of consumable supplies, home modifications and medical equipment. Since its inception in 2002, HCA has benefitted more than 3,000 patients. It has also expanded its services to include interim dialysis and respiratory equipment.

Purchase a calendar and support our patients! 📆

Support our patients by picking up your copy of *Shaping Art, Moulding Lives* 2019 calendar.

Scan the QR code to find out how you can buy one!
The GPFirst Programme was launched in 2014 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 eastern community GPs offer advice on common ailments CARING readers might face.

In this issue, we would like to share with you about knee pain and diaper rash. Do visit www.gpfirst.sg or see your GP for more information on other common conditions such as cuts, bruises, mild scalds, nausea, headaches, sprains and fevers.

KNEE PAIN
I am a 57-year-old male. I have been working in an office environment for more than 30 years. Recently, while carrying my newborn grandson in the park, I have been experiencing pain in my right knee after walking for 10 minutes. My office is located on the second storey with no lift access; climbing the stairs and lifting my leg seem to be more challenging than before. I have no recent knee injury, though one occurred when I played rugby in secondary school. I hope to see my GP about this but I am unsure if there is any medication or treatment for such a condition.

You should first consult your GP, who will take your history and ask you the following:
• if you have any rest pain, and swelling or weakness of the knee
• if the pain is worse early in the morning or as the day progresses
• if you have undergone any investigations such as x-rays and tried any treatments such as anti-inflammatory medications
• if there have been any other injuries other than your rugby injury, especially twisting injuries, and subsequent treatments such as physiotherapy
• if there are any other contributory conditions such as gout
• if you do activities such as repetitive running

During the examination, he or she will assess...
how you walk and whether there is any deformity, swelling, redness or tenderness at your knee. Your doctor will also check for a range of movements, the stability of your knee, and the strength of your thigh and hamstring muscles.

You may be suffering from degenerative arthritis, or meniscal/ligamentous injury of the knee, or a combination of both. The meniscus is a cartilage disc that cushions the joint surfaces of the bone ends, whereas the ligaments stabilises the joint.

Your GP may order a knee x-ray to look for degenerative signs and examine the joint alignment. Depending on the outcome, he or she may further request an MRI scan to check for meniscal and ligamentous tears. It could also be a case of osteoarthritis of the knee.

Conservative treatment includes physiotherapy and anti-inflammatory analgesic medications. Regular and moderate physical activities with minimal impact on the knees, such as swimming, is beneficial. If conservative treatment fails, an orthopaedic review may be necessary to assess the need for surgery.

DIAPER RASH
I am a stay-at-home mother and I have a 9-month-old baby. Like me, my baby has sensitive skin. She is prone to diaper rash. I noticed that for the past few days, since she completed a course of antibiotics for an upper respiratory tract infection, her bum has gotten red and sore again. However, the rash patches are bright red, round and slightly raised. I also noticed a similar rash on her groin and genitalia. Her usual diaper cream does not work. It hurts me to see her distressed and cry every time she poos. Is there anything I can do or use to make her feel better?

Based on her history, your baby is likely suffering from diaper rash with a secondary candida infection. This is a form of irritant contact dermatitis resulting from urine and fecal bile salts creating ammonium hydroxide and raising the pH in the skin. Sometimes bacteria and fungi, most commonly a fungus called candida albicans, can also infect the damaged skin.

Physical examination typically reveals well-demarcated, red, swollen and scaly skin, similar to what you have described. The affected skin is usually in contact with wet diapers, thus sparing the skin folds. The rash may also be present on the lower abdomen and upper thighs.

In general, no investigations are needed, though on rare occasions, swabs may be performed to confirm fungal or bacterial infections. Your GP may prescribe antibiotic creams, barrier creams, antifungals and weak steroids to treat the diaper rash.

You can follow these steps to prevent the condition from recurring:
• Breastfeed your baby. The stools of breastfed babies have lower pH
• Use disposable diapers as they cause less diaper rash compared to cloth ones
• Change her diaper frequently if they are wet. During every diaper change, clean your baby’s bottom with a non-soap cleanser. Rinse and dry. Avoid soap-based cleansers and excessive use of wet wipes
• Use barrier creams to protect her skin.
BROCCOLI BUNS
Here’s a creative way of introducing broccoli into your diet

WHAT YOU’LL NEED

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bread flour</td>
<td>280g, sifted</td>
</tr>
<tr>
<td>Wholemeal flour</td>
<td>85g</td>
</tr>
<tr>
<td>Instant yeast</td>
<td>1 tsp</td>
</tr>
<tr>
<td>Salt</td>
<td>½ tsp</td>
</tr>
<tr>
<td>Water</td>
<td>160ml (3/5 cup)</td>
</tr>
<tr>
<td>Low-fat UHT milk</td>
<td>70ml (2/5 cup)</td>
</tr>
<tr>
<td>Olive oil</td>
<td>30ml</td>
</tr>
<tr>
<td>Broccoli</td>
<td>55g, boiled until slightly tender, drained and chopped</td>
</tr>
</tbody>
</table>

PREPARATION TIME

1h 30min

MAKES

14 buns

METHOD

• Preheat the oven to 210°C.
• Combine both bread and wholemeal flour in a bowl and mix well.
• Add the yeast and salt and mix well, then add the water and milk and knead for 2 minutes.
• Add the olive oil and knead until a soft dough is formed. Add the broccoli, mix well and leave the dough to rest at room temperature for 30 minutes.
• Divide the dough into 50g portions and leave to rest at room temperature for another 10 minutes.
• Use the palm of your hand to flatten the dough into round-shaped pieces on a lightly floured surface. Leave the dough rounds to prove for 1 hour or until they double in volume.
• Place the proved dough rounds on a greased baking tray, making sure they are evenly spaced out. Lightly brush with olive oil and bake for 12 to 15 minutes until light golden brown. Set aside to cool before serving.

NUTRITIONAL INFO (PER SERVING)

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories</td>
<td>110 kcal</td>
</tr>
<tr>
<td>Carbohydrate</td>
<td>19.2g</td>
</tr>
<tr>
<td>Fat</td>
<td>2.7g</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>0.4mg</td>
</tr>
<tr>
<td>Fibre</td>
<td>1.3g</td>
</tr>
</tbody>
</table>
西兰花小面包
以别出心裁的方式把西兰花融入您的饮食里！

所需材料

- 高筋面粉 280克（10盎司），筛滤
- 全麦面粉 85克（3盎司）
- 即时酵母 1茶匙
- 盐 半茶匙
- 清水 160毫升（5 2/5液体盎司/3/5杯）
- 低脂 UHT 牛奶 70毫升（2 1/3液体盎司/2/5杯）
- 橄榄油 30毫升（1液体盎司）
- 西兰花

做法

- 把烤箱预热至210摄氏度（410华氏度）。
- 把两种面粉倒入搅拌碗里搅拌均匀。
- 加入酵母粉和盐，搅拌均匀，然后加入清水和牛奶，揉捏2分钟。倒入橄榄油，揉捏至面团变得柔软。
- 加入西兰花，与面团混合均匀，把面团放置在常温下30分钟。
- 把面团分成每份50克（1 3/4盎司）的分量，放置在常温下10分钟。用你的手心把面团压成圆状。
- 让面团发酵1小时或至成双倍体积。
- 把发酵好的小面团放在一个抹了油的烤盘上，注意面团之间的距离要均等间隔。在面团上稍微涂抹一些橄榄油，放入烤箱烘烤12到15分钟或呈浅金黄色。从烤箱取出，让面包变凉后才上桌。

营养信息（每份）

- 卡路里：110干卡
- 碳水化合物：19.2公克
- 脂肪：2.7公克
- 胆固醇：0.4毫克
- 纤维：1.3公克
学习如何分辨两者的病因、症状与治疗吧！

中风与惊厥

Alfred（非真实姓名）和妻子在食阁吃晚餐时突然失去知觉，并且面部扭曲和左边肢体无力。妻子被吓坏了，赶紧拨打995。她怀疑Alfred可能是再度中风，因为他刚在6个月前中过风，而当时他的左侧也是感到无力。但其实，他经历的却是惊厥发作。他经过了几天的复健治疗（运动）后便康复了，并且可以独立行动。然而，他最近因咳嗽及流鼻涕去看了家庭医生，而这些症状可能是引发惊厥发作的原因。

被送到医院时，Alfred意识混乱，左边肢体仍然无力。但到了第二天，他的意识便恢复正常，肢体也恢复了力量。此外，磁共振脑部扫描也只显示上次中风所留下的瘢痕。

那在Alfred身上究竟发生了什么事？不同的医疗状况但却拥有相同的症状确实会让人感到困惑。惊厥发作和中风这两种病症的发病症状相似，并且也有可能导致生命危险。然而，它们的病因、并发症和治疗却可能不同。

中风是由于血管受到阻塞或脑部出血所致。惊厥发作则是由于脑细胞过度活跃所引发。

经过以上讲解，我们不难发现中风和惊厥发作有许多相似的症状，但两者其实也有许多不同的地方。如果您观察到有人呈现上述症状，可以学习如何分辨两者的病因、症状与治疗吧！
中风 VS 惊厥发作

导因和风险因素

<table>
<thead>
<tr>
<th>中风（导因）</th>
<th>惊厥发作（导因）</th>
</tr>
</thead>
<tbody>
<tr>
<td>血块阻塞或血管破裂</td>
<td>脑电活动异常</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>中风（风险因素）</th>
<th>惊厥发作（风险因素）</th>
</tr>
</thead>
<tbody>
<tr>
<td>抽烟</td>
<td>病史含有家族病史</td>
</tr>
<tr>
<td>高血压</td>
<td>中风或头部受創</td>
</tr>
<tr>
<td>高血糖</td>
<td>低血压</td>
</tr>
<tr>
<td>高胆固醇</td>
<td>受感染（脑部或其他部位）</td>
</tr>
<tr>
<td>老年</td>
<td>滥用药物或药物中毒</td>
</tr>
</tbody>
</table>

中风和惊厥发作的症状

<table>
<thead>
<tr>
<th>中风</th>
<th>惊厥发作</th>
</tr>
</thead>
<tbody>
<tr>
<td>身体其中一侧的面部、手臂或脚突然感觉无力</td>
<td>手和脚抽搐或变得僵硬，患者可能会失去知觉</td>
</tr>
<tr>
<td>意识混乱，说话困难或理解能力变差</td>
<td>意识混乱和嗜睡</td>
</tr>
<tr>
<td>症状维持数日或数星期，并且可能成为永久性</td>
<td>呆白眼</td>
</tr>
<tr>
<td>翻白眼</td>
<td>一般，症状只是暂时性的，通常维持数分钟</td>
</tr>
</tbody>
</table>

诊断中风和惊厥发作

<table>
<thead>
<tr>
<th>中风</th>
<th>惊厥发作</th>
</tr>
</thead>
<tbody>
<tr>
<td>电脑断层扫描或脑部磁共振检查</td>
<td>血液化验查看血糖指数、是否受感染、电解质失衡</td>
</tr>
<tr>
<td>若怀疑脑部受感染便进行腰椎穿刺检查</td>
<td>做脑电波检查（通过贴在头皮上的电极记录下脑部的电活动）</td>
</tr>
</tbody>
</table>

中风和惊厥发作的治疗

<table>
<thead>
<tr>
<th>中风</th>
<th>惊厥发作</th>
</tr>
</thead>
<tbody>
<tr>
<td>溶解血栓疗法（血块溶剂）</td>
<td>如果是第一次惊厥发作，首先针对导因进行治疗</td>
</tr>
<tr>
<td>把脑部里的血块打散。如果是血管堵塞并且情况允许的话便使用支架修复术（抽取血块）。</td>
<td>如果是第一次惊厥发作，可能需要服用抗惊厥药物，这可能是暂时性或需维持数年，甚至永久性的治疗。</td>
</tr>
<tr>
<td>如果是血管破裂（血压非常高）的话，可能得服用降血压药物</td>
<td>如果是第一次惊厥发作，可能需要服用抗惊厥药物，这可能是暂时性或需维持数年，甚至永久性的治疗。</td>
</tr>
<tr>
<td>如果是血管受堵，可能需要永久性服用血液循环剂和降胆固醇药物</td>
<td>如果是第一次惊厥发作，可能需要服用抗惊厥药物，这可能是暂时性或需维持数年，甚至永久性的治疗。</td>
</tr>
<tr>
<td>为严重变窄的颈动脉进行手术或支架修复手术</td>
<td>采用手术或其他方法来治疗出血或预防再出血</td>
</tr>
<tr>
<td>采用手术或其他方法来治疗出血或预防再出血</td>
<td></td>
</tr>
</tbody>
</table>

中风后惊厥发作

回到Alfred的案例。他之前被诊断出右中风，而这在他的脑部留下了瘢痕。瘢痕会导致脑电活动产生变化，从而提高惊厥发作的机率。他不久前所得的上呼吸道感染刺激了他的惊厥发作。

虽然目前并没有中风后惊厥发作病人在本地的数据，但美国癫痫基金会估计，有22％的中风病人会受到惊厥发作的影响。在英国开展的“牛津郡社区卒中项目”对首次中风的病人进行至少两年的观察，以便研究中风对于引发惊厥发作的短期和长期风险，其项目结果显示，有11.5％的中风病人出现中风后惊厥发作（也就是迟缓发作）的风险。

因此，以Alfred的例子来说，由于他曾中过风，所以他出现惊厥发作而不是再度中风其实并不叫人感到意外。医生建议他继续服用中风的药物。医生也认为，由于上次中风而在脑部留下了瘢痕使得他日后惊厥发作的风险相当高，因此也让他服用抗惊厥药物。Alfred也必须定期去复诊，以便医生监控他的情况。SMART

Marlie Jane医生是樟宜综合医院神经科部门的高级主治医生。
保持冷静，细细倾听年长者的焦虑

遇到年长者的焦虑问题，您该怎么办？

“救命啊！你一定要救我！”这是我不久前与一名中年病人初次会面时，她对我说的话。她在过去十年里一直饱受焦虑症状的折磨。当我接管她的病例时，我为她做了详尽的病史记录，并且安排她去做血液化验和其他检查，以确保她的症状并非其他拥有类似焦虑症状的潜在病症所引起。

经过了几次的临床问诊后，我才能够更好地了解她的人生和生活经历。我开给她一些药物来帮助她缓解和控制其焦虑症状、安排她定期来复诊，以及为她提供谈话疗法，以帮助她应付生活中的各种压力。

在经过一段时间的定期复诊后，她的情况有了显著的好转。

新加坡的精神健康数据

根据新加坡卫生部的人口统计数据，我国在2016年由约393万居民，当中12.4%的年龄在65岁及以上。在65岁及以上的本地居民当中，男性的寿命从18.0年增值19.0年，而女性的则从22.1年增值22.4年。另一项，卫生部在2015年的疾病负担报告里也提到精神与吸毒障碍占了残疾调整寿命总分配的11%。此外，一项在2000年代初期所做的全国新加坡成人心
焦虑症是多种障碍的统称，其中包括广泛性焦虑症和惊恐症。理健康调查提到了广泛性焦虑症的终身患病率是3.3%，而女性对男性的比例是3.6对1。心理卫生学院在2016年也只能开了一项新加坡心理健康调查以做为跟进调查，其目标是确认精神病的流行程度、在本地接受心理健康治疗的障碍，以及各主要精神病对社会文化和经济的影响程度。

什么是焦虑症
焦虑症是多种障碍的统称，其中包括广泛性焦虑症和惊恐症，而且在年长群体里相当普遍。一个有助您了解年长者焦虑症的简单方法便是回答以下3个问题：
• 年长者的感觉如何？
• 年长者的行为如何？
• 年长者的想法如何？

年长者的感觉如何：
一般，年长人士会向其亲人和/或医生申诉自己身上哪里不舒服。这些生理症状的所在范围非常大，可从头部一直延伸到脚趾：
• 感觉晕眩或头晕
• 过度出汗
• 口干舌燥
• 肌肉紧绷
• 手脚发抖或感觉麻痹
• 心悸
• 感觉喘不过气
• 胸口感觉沉重
• 腹痛（肠胃不适）
• 尿失禁

很多时候，那些有潜在心脏病、糖尿病、哮喘或甚至是过度摄取咖啡因的年长者也会申诉自己有上述生理症状。因此，
为年长者做详细的病史记录、体检和其他适当的检查是非常重要的，这样才能确保不会错过这些潜在导因。

**年长者的行为如何：**
上述生理症状会让年长者感到不适，从而导致：
- 焦虑
- 紧张
- 情绪低落
- 睡眠质量差

这些都会影响他们进行日常活动的专注力。有时候，他们甚至会因此而感到疲倦和急躁。

**年长者的想法如何：**
由于这些生理症状和中风或心脏病发作的症状相似，年长者因此会以为自己就快死了。有时候，年长者会把日常生活的事件往最坏的方面想。这正是这种不理性的想法加剧了他们的焦虑感。随着焦虑感的提升，大脑会引发更多不舒服的生理感觉，从而增加他们对死亡的恐惧感，最后变成一种恶性循环。

年长者会由于其生理症状而在一天里多次给家人打电话向他们求助，或经常去看医生以获得他的保证。有时候，年长者会由于这些行为而被视为“要引人注意”或“健忘”，并且不被家人理会或被训责。这样做会让年长者觉得没有人关心他，并且感到孤立和无助。
哪些年长者罹患的风险较高？
有些年长者会由于以下因素而有更高机率患上焦虑症：
• 女性
• 个性和性情较为脆弱
• 经历过重大、压力大的事件
• 被社会孤立
• 患有多种其他的健康问题
• 有酒精和吸毒障碍

如何治疗年长者的焦虑症？
焦虑症的管理可分为药物使用和非药物使用两种方法。

药物的使用
在某些情况下，医生会给病人开一种叫苯二氮的药物，它能够在短时间内迅速缓解症状。但医生在决定是否要开这种药物时会格外小心，因为服用药物可能会导致晕眩、跌倒、药瘾和精神错乱。

药物治疗主要是使用一组名为选择性血清素再吸收抑制剂的药物。科学研究结果显示，一种名为5-羟色胺的脑部化学物质在治疗焦虑症方面扮演了非常重要的角色。然而，年长者必须定期服用这个药物至少数月，并且不可在没有征求医生意见的情况下自行停用药物。服用此药的可能副作用包括肠胃不适、头晕及头痛。

非药物使用
1 心理治疗
谈话治疗可帮助年长者理清其焦虑。在治疗师或辅导员的指导下，有焦虑症的年长者将能够应付生活中的压力。
不要低估和人分享心事的举动。有人愿意聆听他们的心事和了解他们内心的挣扎，对年长者而言其实意义重大。

2 健康的生活方式
拥有健康的生活方式其实对于应付任何疾病都是非常重要的，其中包括心理健康疾病。与家人、朋友和保健护理专业人员维持一个可互相扶持的社交圈，将有助患有焦虑症的年长者保持：
• 均衡的饮食
• 定期锻炼身体和做认知运动
• 更具意义的社交互动

这些是带领年长者迈向康复道路的重要环节。多年来，许多研究都显示，在生活方式上做出改变是有益处的，并且对药物治疗有辅助的作用。

全力以赴！
我们每个人都能为有心理健康问题的年长者尽一份力：
• 陪伴年长者
• 聆听年长者的心声
• 引导年长者获得适当的保健护理治疗

切记！
• 建议年长者及早向保健护理专业人员求医
• 正视年长者所必须应对的健康问题
• 不要采用速成的解决方法，如使用酒精和其他不适当药物或补充剂

Wong Hon Khuan医生是樟宜综合医院心理医学部门的高级住院医师
千万别小看聆听的力量。病人可从樟宜综合医院的聆听支援小组身上获得力量和推动力。
“支持”

这是一个我们日常交谈中经常会提到的简单词汇。然而，它却蕴含了丰满的意义和深度。现在就来剖析这个词汇，一起寻找它背后真正的意思吧！

力量

若有人在一旁支持，您便无需独自承担和面对所有不开心或开心的事，因为团结就是力量。如果围绕在您身边的都是乐于助人的家人朋友，他们将能够减轻您在生活中所碰到的不愉快，让您变得更坚强。

寻找“支持”的途径有很多，即使在医院里也能找到。除了提供医疗护理，樟宜综合医院也有多个支援小组来帮助病人在各种状况里寻找出路。

其中一个支援小组名为“聆听支援小组”，在2016年由一群听觉病矫治医师、语言治疗师及一名耳鼻喉科外科医生所组成。它的目的是服务那些接受了人工耳蜗植入，并且在修复听觉的过程中碰到困难的病人。这个小组的发起人 Yuen Heng Wai 副教授分享道：“一个人在修复听觉的过程中会遇到开心、挑战、兴奋、失望和满足等情绪，而这一切往往会让病人和他们的家人感到应接不暇。”

了解

当您知道有相同遭遇的人能够了解您时，您会感觉好过些。这便是聆听支援小组的其中一块“结构积木”，通过聆听成功接受了人工耳蜗植入的病人分享其经历，其他的病人便能更好地设想听力植入器如何为他们的听觉、健康、人际关系和生活各方面带来好处。这些成功的案例将让失去听觉的人获得信心，相信自己的听觉是可以修复的，并且有勇气通过各种方式改善其生活。
这对于小组所针对的目标群体尤其重要，因为他们通常是因各种疾病以致失去听觉的年长者。即使他们接受了人工耳蜗植入手术，他们也需要时间来适应生活上的改变。此外，让看护者与成功接受听力植入器的人见面和向其学习将能够增强他们的信心度。

伴随着你
比起从其他病人的第一手经验里取经，保健护理专业人员能够更好地提供专业和医疗指导，他们也会在您的身边指引您前往正确的方向和获得适当的资源。他们在病人的支援网络里扮演着举足轻重的角色。

聆听支援小组总是以病人的利益为先。除了平时的讲课和分享会，他们还推出了创新的音乐治疗法来帮助那些在康复过程中遇到困难的病人。音乐治疗法较常使用在幼童和痴呆症年长患者身上，而并不是有听觉障碍的人。这个治疗法目前还在实验性阶段。协调小组成员之一的高级首席听觉病矫治医师 Steven Lee 医生解释说，这个机制的目的是把辨别声音和音符

耳恭听您的心声！
听听听觉支援小组成员之一的 Steven Lee 医生分享更多有关他的听觉病矫治医师工作吧！

1) 听觉病矫治医师的工作内容有哪些？

听觉病矫治医师的工作内容可大致分为两个部分——诊断和复健。在诊断的过程中，听觉病矫治医师会选择最适当的测试，为病人检查他在听觉和/或平衡方面的问题。在复健方面，我们使用一些仪器，如助听器、听力植入器和其他配件来帮助病人把剩余的听觉尽可能优化，以增强他们的听力与沟通能力，从而改善他们的生活质量。这意味着我们需要硬软件和软件。硬件是利用我们灵巧的双手，操控所需设备和仪器；而软件则是温暖的心，能够了解他们的处境，并根据他们个别的能力，教导他们如何使用仪器。

2) 是什么吸引您从事这份职业？这是您一直想做的事情吗？

我喜欢生物学和物理学，但不喜欢化学。我也喜欢与人沟通。我在新加坡国立大学完成了生物学的理科学士学位和环境工程学的研究生文凭后，我问自己接下来该怎么走。当时，新加坡中央医院正提供一项在澳大利亚悉尼的临床听觉病矫治学硕士学位的海外奖学金。我研究了一下有关听觉病矫治学，还惊奇怎么从来没有人告诉我有这个职业呢！后来，我成功申请到这项奖学金，完成了学业后就一直从事这份职业。

3) 您的工作有哪些亮点和挑战？

“除了平时的讲课和分享会，他们还推出了创新的音乐治疗法来帮助那些在康复过程中遇到困难的病人。音乐治疗法较常使用在幼童和痴呆症年长者身上，而并不是有听觉障碍的人。这个治疗法目前还在实验性阶段。协调小组成员之一的高级首席听觉病矫治医师 Steven Lee 医生解释说，这个机制的目的是把辨别声音和音符

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3) 您的工作有哪些亮点和挑战？

我们所接触到的病人大多是年长者。很多时候，我们需要教导他们如何穿戴和维护其助听器。许多病人回到家后就忘了我们教过的东西。但经过几次的练习和重复教导后，他们最终还是记住了应该怎么做。许多病人也对于我们的努力深表感谢。
过程变得更有趣。在今年3月份举办的第一个课程中，病人和其看护者还在音乐治疗师的指导下编写了自己的歌曲呢！参与者随后还会获得他们的创作录音，以助他们继续练习辨别声音和文字，同时也能推动他们不断学习与适应。

耐心

培养耐心是支援过程中非常重要的环节。不仅看护着需要耐心，就连病人本身也要学习如何对自己更有耐心。“在康复的道路上，由于每个人的进度不同，有时病人会感到沮丧。”Lee医生提醒道。作为提供额外帮助的其中一个方式，小组都会亲自挑选接受音乐治疗的病人，以让他们能够获益更多。

“人类对于旋律特别有感觉，同时病人和他们的家属也非常享受创作的过程，”Lee医生回忆道。

思想开明

拥有开明的思维方式会让您更容易接受新思想和事物，而这往往也会给其他人带来好处。正是这个特质促使了音乐治疗的推行。Savitha Kamath是小组里的另一名成员，她之前在英国实地观察过音乐治疗法是如何进行的，并且意识到这是一个适合在樟宜综合医院推行的措施。

开展至今，音乐治疗法获得了参与者的好评，小组因此希望能够继续进行这项疗法，并将其融入他们的常规活动里。

不好高骛远

拥有一个支援小组不但为正在康复的病人设立现实的目标和期望值，也能帮助其他正在考虑接受植入手术的病人。

“康复中的病人、其家属和看护者可以提供新的建议和价值观，帮助患者了解植入术的好处和局限。它们可能会对患者产生影响，”Yuen Heng Wai副教授说道。

一起面对

与他人携手一起面对困难不仅能够减轻自己的负担，还能把大家团结起来。通过把病人、看护者和他们的家人聚集在一起，他们便能够给予对方精神、心理和交流上的支持。听觉支援小组希望达到“团结就是力量”的效应。此外，小组也希望提高公众对于听觉保健和听觉复健的意识度。

4) 对于有兴趣加入这个行业的人，您会给予什么忠告？

如果您有兴趣成为听觉病矫治医师，我会建议您先上网搜集有关这份职业的资料，看看这份工作是否适合您的个性及能否让您发挥所长。如果您对这份工作仍感兴趣，不妨积极寻找影子实习的机会。在樟宜综合医院，我们会尽可能地配合影子实习的要求，以让更多人能够评估自己是否适合这份职业。

5) 当您和别人说自己是听觉病矫治医师时，他们有什么反应？

当我和别人说自己是听觉病矫治医师时，他们会误以为我是放射线技师或医生！在我讲解完就像药剂师或语言治疗师一样是一名综合医疗专业人员时，他们通常会明白，然后便开始问我有关耳部和听觉的相关问题。

Retna Devi 是樟宜综合医院企业事务部门的执行人员
推行一站式中心概念，简化病人医疗保健流程

病人的医疗保健需求日渐复杂，促使樟宜综合医院重新打造其全新的医疗中心。

随着樟宜综合医院医疗中心的正式启用，新加坡东部的居民们现在可以更容易地获得快捷和具协调性的保健护理服务。

多学科联合会诊和综合性的服务是医疗中心的其中几个主要亮点。除了给病人一个更全面性的治疗方案以外，中心内备有的综合系统和创新科技也有助简化病人的医疗保健流程，并且节省时间。
以促使多学科会诊和设施集成的专科门诊医疗护理做为设计理念的医疗中心，是樟宜综合医院医学园区迈向一站式中心的其中一项举措，目的是提供更以病人为中心的医疗保健护理。中心将在2018年11月2日正式启用，但整个启用过程已经在今年4月份分阶段进行。

在医疗中心所推行的多学科理念和综合服务将能够让我们以一个具协调性的方式为病人提供医疗保健服务。这对于那些患有多种疾病的病人来说尤其有帮助，其中就包括需要看多种专科医生的糖尿病患者。

预约会诊时间及支付会诊和药物的费用也已合并，一旦完成付费手续，药物订单便直接被转发到药房，而且在病人抵达前就已经以自动化系统为药物进行包装。

病人只需在离开医院前到药房领取药物。这个以病人为中心的做法更充分地利用时间，同时提升了病人体验和缩短等候时间。

医疗中心是在樟宜综合医院医学园区里所落实的最后一个项目，它与提供服务范围广泛和多元化医学分科的樟宜综合医院总大楼，以及提供适宜疗养和复健环境的综合大楼，共同为东部的居民提供完整和持续性的医疗保健护理。

从2018年4月30日开始，位于樟宜综合医院总大楼的专科诊所便已逐步迁移到医疗中心。到目前为止，所有的诊所已完成搬迁工作，在其“新家”开始营业。

为了庆祝医疗中心于11月的正式启用，樟宜综合医院也会在11月2日至3日和10日举办综合多学科护理研讨会。公众与医疗保健专家可注册参与活动，并浏览 www.imcc2018.sg 了解更多详情。
陶瓷艺术展

樟宜综合医院与本地一群陶瓷艺术家Clay Connections合作，在2018年10月22日至26日之间举办一个陶瓷艺术展览会。会上展出这群艺术家们亲手制作的多个柴窑陶瓷工艺品。为了纪念与Clay Connections合作5周年，樟宜综合医院售卖了2019年印有艺术家们制作的陶瓷杰作日历。每份日历的售价为$15，而所有款项已全数捐赠给樟宜综合医院的慈善项目HomeCare Assist。

HomeCare Assist是樟宜综合医院的慈善项目，目的是为有需要的病人提供过渡援助，帮助他们渡过刚出院后的最关键时期，以便他们能够在家中修养。医院通过HomeCare Assist项目，为病人供应日常用品、改造家居环境和提供医疗仪器。

从2002年开展至今已有超过3000名病人从中受惠。此外，HomeCare Assist也扩展了其服务范围，开始提供过渡洗肾仪器和呼吸仪器，如正压通气仪和双气道正压通气仪。

现在就前往樟宜综合医院购买一份限量特制的日历，帮助有需要的病人吧！

通过购买Shaping Art, Moulding Lives的2019年日历，向我们的病人给予支持。

现在就扫描QR Code，以了解如何购买这款限量日历吧！
您的家庭医生能治疗这些病症！

黄汉威医生是莱佛士医疗集团（112加东）的家庭医生。他毕业于悉尼大学，并且是纽西兰皇家全科医师协会的研究员，同时也是澳洲民航安全局的指定航空体检医生。

膝盖疼痛

你好，我是一名57岁的男性，在办公室环境工作了超过30年。最近，我经常抱着刚出生的孙子去公园散步，但总是在走了10分钟后，由于膝盖发疼，而得停下来。我的办公室在二楼，但没有电梯通行，我现在爬楼梯和举起脚时要比以前更困难。我近期并没有膝盖受伤，只有曾经在念中学时玩英式橄榄球的时候伤过膝盖。我原本打算去看家庭医生，但我不确定是否有药物或治疗有助我这种情况。

您应该先去看家庭医生。他会做一个病史查询，其中的问题包括您的膝盖是否有静息痛或感到虚弱，以及疼痛是否在早晨时分较为恶劣还是在日间逐渐加剧等。他也会询问您是否做过任何检查，如X-光检查，以及您是否服用过抗炎药或接受过其他治疗。他还会询问更多有关您多年前玩英式橄榄球时膝盖受伤的情况，查看您是否还有其他的伤势，尤其是扭伤，以及之后的治疗方案如物理治疗。他也会询问是否有其他的促成因素，如痛风或您正在进行的某些运动如跑步所致。

他在为您做检查时会观察您的步态，以及膝盖是否畸形、肿胀、泛红或压痛。他也会查看膝盖的活动范围和稳定性，以及大腿和腿筋肌肉的力度。您很有可能是患
你好，我是一名在家里带孩子的妈妈，目前有一个9个月大的宝宝。像我一样，我的宝宝有皮肤过敏的问题，并且经常有尿布疹。过去几天里，自从她吃完了治疗上呼吸道感染的抗生素后，我发现她的屁股又开始泛红和发疼了。但这次的皮疹呈鲜红色、圆形并且稍微凸起。我也观察到腹股沟和生殖器官周围也有同样的皮疹。就连她平时使用的护臀膏也起不了作用。我看着她每次大便时难过地大哭，让我觉得很心疼。我还可以做些什么或在她的屁股上涂什么乳霜，让她不再那么难受吗？

根据您的描述，您的宝宝很可能患上了尿布疹连带继发性念珠菌感染。

这是一种刺激性的接触性皮炎，继发于尿液和粪胆盐，并产生氢氧化铵，从而提高皮肤的pH值。有时候，细菌和真菌如最常见的白色念珠菌也会导致受损的皮肤受感染。

临床症状为界限分明、泛红、肿胀和呈鳞状的皮肤，与您所描述的症状相似。受影响的部位通常为接触是尿布的皮肤，所以皱褶部位不受影响。皮疹也可能会出现在下腹部和大腿上方。

一般，病人不需要做其他的检查。在少数的情况下，医生可能会做拭子化验以确认是否有真菌或细菌感染。

医生可能会为病人开护肤脂、抗真菌药膏和较轻微的类固醇药膏来治疗尿布疹。

预防尿布疹只需要以下几个简单的步骤：

- 喂食母乳。婴儿喝母乳的话，粪便pH值比较低。
- 使用一次性尿布。比起布制的尿布，一次性尿布有助于降低引发尿布疹的几率。
- 经常更换尿布，并且每次为宝宝换尿布时，用无皂清洗剂冲洗和擦干她的屁股。避免使用皂基的清洗剂和过多的使用湿纸巾。
- 使用保护性的护肤脂来保护她的皮肤。
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