

# Caring

A HEALTHIER, HAPPIER LIFE

中文由  
25页起

## INNOVATING HEALTHCARE

With the advancement of innovation,  
healthcare has improved manifold

**MENTAL WELLNESS &  
RESPIRATORY DISEASES**  
HOW BEING PHYSICALLY UNWELL  
CAN HAVE AN IMPACT ON YOUR  
MENTAL WELL-BEING

**KEEP YOUR LUNGS  
STRONG WITH EXERCISE**  
STAY HEALTHY WITH SIMPLE  
EXERCISES



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## EDITOR'S NOTE



2020 has been an unpredictable year for all of us, with many adjustments made to our daily lives. There is no better time than now, to stay fit and healthy, so that we can build up our immunity.

In this issue, we shine the spotlight on the future – innovations that have been created with patients in mind (**page 12**), including an AI tool that can predict the severity of pneumonia. We too highlight other respiratory diseases that might be of interest to you. You can learn more about Chronic Obstructive Pulmonary Disease (**page 2**) and the impact it can have on our physical and mental well-being (**page 8**). If you have asthma, hear from our doctor what are some of the allergens that might trigger it (**page 22**). And when you are relaxing at home, why not treat your body to some simple exercises (**page 20**) that can be done with the whole family.

We hope you will enjoy reading this issue and do take part in our survey (**page 19**) – we would love to hear your views.

From all of us in the team, have a wonderful, healthy year ahead.

Sarah Abdul Karim  
Editor

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# LIVING WELL WITH COPD

Chronic obstructive pulmonary disease (COPD) is a chronic inflammatory lung disease that has long-term impact and is mostly irreversible. How can one manage the condition to lead healthy lives at home?

People with COPD may experience shortness of breath on exertion, productive cough, wheezing and chest tightness. It is often caused by long term exposure to cigarette smoke and is a progressive disease that worsens with time. As COPD worsens, symptoms such as shortness of breath are more severe and can occur with minimal exertion or even at rest. They may also seek medical attention more frequently for their symptoms. Patients with COPD may experience “attacks” (also known as exacerbations) often triggered by infections.

COPD affects mostly adults aged 40 and above. It can occur in smokers or even former smokers (even after they have stopped smoking) as a result of cumulative years of smoking exposure. Once diagnosed, COPD symptoms may be controlled with inhaler medications, however early smoking cessation is key to preventing poorer outcomes. One should see their doctor to determine if they have COPD. A lung function test, which can be performed in hospitals and some clinics, is then required to confirm the diagnosis and to determine the severity of COPD.

People with COPD have a higher risk of developing lung cancer and this risk

increases even more for COPD patients who are heavy smokers. Treatment options for lung cancer in COPD patients depend on the type of lung cancer, the severity of COPD and the patient’s level of activeness.

Although COPD is a progressive disease that gets worse with time, it is a treatable condition. With holistic management and treatment by multi-disciplinary healthcare teams, patients can be empowered to lead healthy and active lives at home with their loved ones.

## If I have asthma, am I at risk of COPD?

There are other lung conditions with similar symptoms as COPD. For example, people with asthma may also experience cough, shortness of breath, chest tightness and wheezing. It is best to see your doctor for a review. Most people with asthma will not develop COPD. Similarly, many people with COPD do not have asthma. However, people with asthma who smoke may develop COPD and are advised to quit smoking. Some tests may then be required to differentiate





**THE RISE OF COPD**

The number of people getting COPD is projected to increase over the years because of continued exposure to risk factors, such as smoking and environmental exposures, and an ageing population. In Singapore, many people are still unaware of COPD and its causes. During the World COPD Day event organised by CGH in 2019, we reached out to 329 members of the community, of which 25% were smokers or ex-smokers. Our survey found that amongst the smokers and ex-smokers surveyed, 78% had not heard of COPD.

between COPD and asthma. Additionally, patients with COPD are at an increased risk of lung cancer as well as heart disease.

**Keep your lungs healthy**

To manage patients with COPD, a multi-specialty team at CGH consisting of case managers, dietitians, physiotherapists, and Certified Quit Smoking Consultants (CQSC) educate and counsel patients and families on managing COPD. For

smokers, early smoking cessation is key to preventing further ongoing irreversible lung damage. The dependence on nicotine may be evaluated using the Fagerstrom Test. It is a standard instrument for assessing the intensity of physical addiction to nicotine. The higher the score, the higher the dependence. Certified smoking cessation counsellors can provide expert advice or recommend options such as oral medications, nicotine patch or gum to help with nicotine withdrawal symptoms.

**Stay active**

COPD not only impacts the lungs, but also affects muscle functions such as the diaphragm and muscles in the body, leading to weakness and weight loss. People with COPD are encouraged to live an active lifestyle by increasing their physical activity and exercising. Activities such as walking, climbing stairs help improve activity tolerance and muscle strength, which allows daily living to be less affected by COPD. An active lifestyle will also help reduce the feeling of breathlessness and keep the lungs clear from phlegm. Special techniques and breathing exercises

prescribed by physiotherapists can also reduce the sensation of breathlessness. Additionally, it is important that people with COPD are aware of their condition and familiar with the symptoms of deterioration. Recognising a deterioration episode such as breathlessness even while resting and responding confidently will empower patients with COPD to manage their condition well.

**Eat well**

Malnutrition can occur in up to 35% of COPD patients, who need more energy for breathing compared to those without the condition. As such, they usually have a higher metabolic rate. Additionally, breathlessness can cause poor appetite. Good nutrition focusing on higher calorie and protein intake is necessary to prevent muscle loss and further weight loss. For COPD patients who have had persistent loss of appetite and weight loss, specialised medical and dietetic inputs are needed. ©

**Dr Jansen Koh** is Chief and Senior Consultant, Respiratory and Critical Care Medicine; **Dr Sean Loh** is Consultant, Respiratory and Critical Care Medicine. Both are at CGH.

**COPD AT A GLANCE**



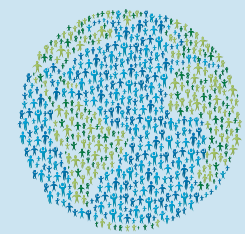
Worldwide, the most commonly encountered risk factor for COPD is **smoking**.

Symptoms of COPD include **breathlessness, chronic cough** and **increased production of phlegm**. In severe COPD, patients may also experience loss of appetite and weight loss. Depression and anxiety may coexist.



According to the **World Health Organization**, COPD has remained the third leading cause of death between 2000 and 2016, killing over

**3m** people a year.



In Singapore, COPD was the **10th** leading cause of death in 2019.

# KNOW YOUR RESPIRATORY THERAPIST

There is an extensive group of specialists involved in a patient's journey. The Respiratory Therapists are part of this group and in this issue we find out more about their role.

## Who is a Respiratory Therapist?

A Respiratory Therapist (RT) is a specialised healthcare practitioner who has been trained to evaluate and care for patients with cardiopulmonary disease. They are part of an Allied Health Professional (AHP) team and their primary concerns are in the treatment, management and care of the patient's breathing. Working closely with doctors in assessing patients, they are also involved in formulating of respiratory care plans and implementing needed interventions for patients suffering from a variety of respiratory disorders, ranging from asthma to lung cancer. Some of the intervention and therapeutic methods include administering oxygen and aerosol therapy, and the management of non-invasive and and invasive mechanical ventilators. Management of ventilator support includes initiation, titration, weaning and care of patient's airway.

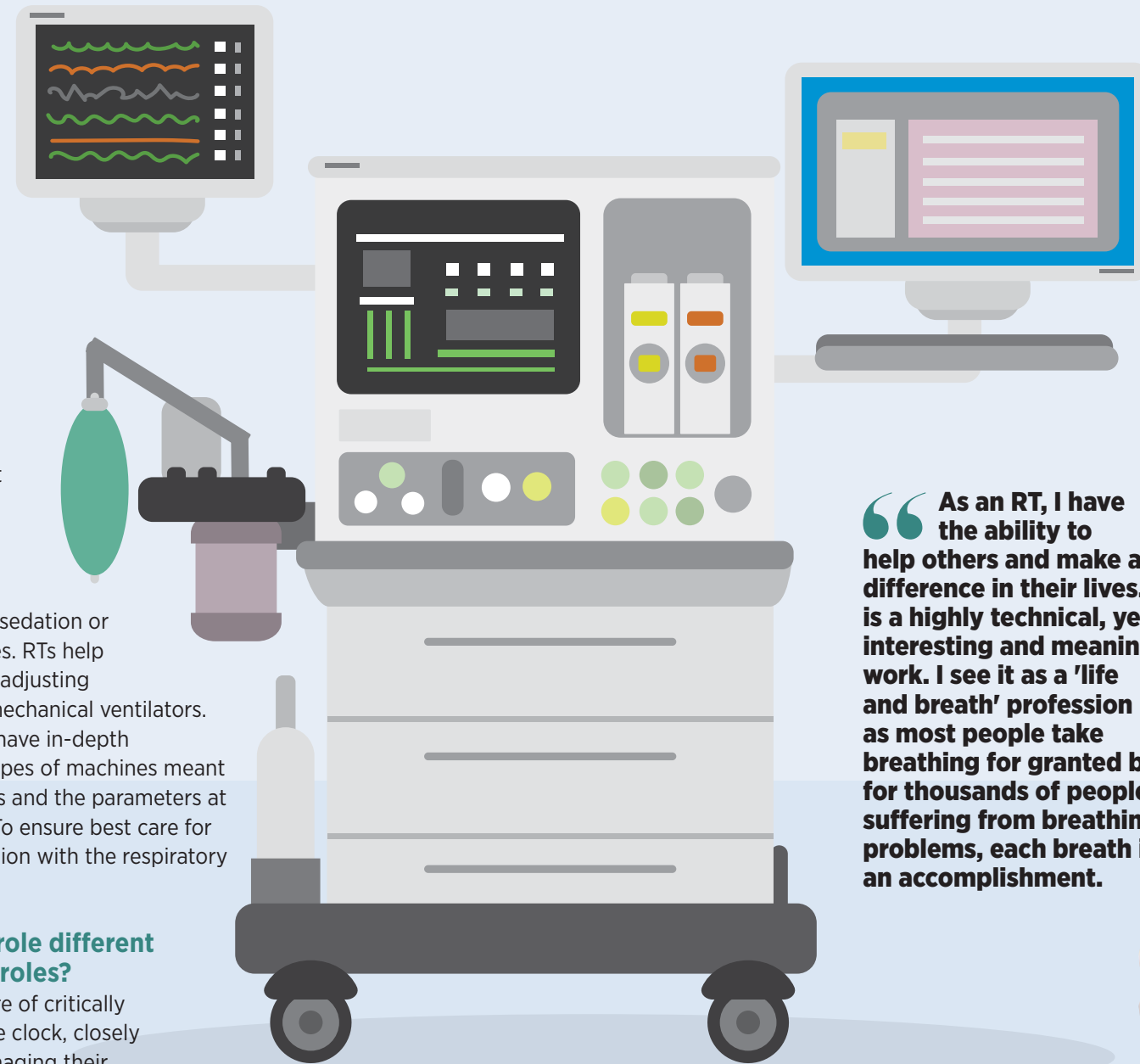
## Where do RTs work?

You will often see RTs in the Intensive Care Unit (ICU) managing critically ill patients. They may also be assisting patients in a general ward setting, particularly those who are having difficulty breathing or are unable to breathe on their own. Most of these patients may need an insertion of the endotracheal tube (ET) through the

mouth and into the airway. This is done so that patient can be placed on a breathing machine to assist with breathing during anaesthesia, sedation or other severe illnesses. RTs help patients breathe by adjusting parameters of the mechanical ventilators. RTs are required to have in-depth knowledge of the types of machines meant for different patients and the parameters at which to set them. To ensure best care for patients, familiarisation with the respiratory machines is vital.

## How is the RT's role different from other AHP roles?

RTs focus on the care of critically ill patients round the clock, closely monitoring and managing their breathing support. Their focus on providing critical care makes RTs unique among other AHPs. They are also the only AHPs who are part of the rapid response team. The presence of an RT helps the team to optimise ventilation, airway, and other skills like the administration of respiratory medications usually via nebulisation during emergencies.



“As an RT, I have the ability to help others and make a difference in their lives. It is a highly technical, yet interesting and meaningful work. I see it as a 'life and breath' profession as most people take breathing for granted but for thousands of people suffering from breathing problems, each breath is an accomplishment.”

## Are there any personality traits that will make a good RT?

An RT must be able to think clearly and act decisively under pressure, especially when dealing with patients having life-threatening breathing problems. ©

## HOW WAS JENNIFER'S WORK DAY LIKE DURING THE PANDEMIC?

Jennifer Sheila Lim Gozun,  
Respiratory Therapist, CGH

Jennifer's shift typically starts with a bedside handover, followed by a patient assessment and joining the multi-disciplinary rounds and discussions on the care plan for each patient.

“The day-to-day job situation did not change much but there were additional precautions implemented and isolation areas identified. We had to deploy a specific group of staff to attend to patients in these specific areas. I believe all healthcare staff will agree that compassion is the real key as to why we carry on taking care of our patients despite the circumstances. I remember the time when we had to transport the ventilated confirmed cases to National Centre for Infectious Diseases (NCID). As an RT, I was tasked to prepare the equipment needed for transport. Working with the ICU doctor and nurse manager, we coordinated with the infection control team, supervisors, and vendors for safe filter use.

As a member of the CGH Care Team, we continue to do what we do because we acknowledge that our chosen profession is a vocation. In the midst of the physical and emotional strain we face, we still manage to smile, continue to work, while trusting and supporting each other to succeed as a team in these challenging times.







# STAYING MENTALLY WELL FOR RESPIRATORY PATIENTS

Being physically unwell, especially if you have a chronic respiratory disease, can have an impact on your mental well-being. How does the state of one's mental wellness affect the coping mechanisms of these patients, especially the seniors?

A study conducted on Singaporeans in 2009 stated that the chronic obstructive pulmonary disease (COPD) patients aged above 55 are twice more likely to have depression than those not living with COPD, when compared to those with similar socio-demographic background. At any point, an estimated 25% of people with COPD suffer from depression, and in the year following diagnosis of COPD, approximately 10% of patients will also be diagnosed with depression. Those suffering from depression reported more disability in their daily activities and poorer quality of

life, with constant breathlessness, which is a highly distressing symptom.

The prevalence of depression in any COPD population can vary widely as it is affected by the specific population studied, and the severity of their COPD and other health problems.

This is particularly significant in the seniors as COPD is a lung disease that is irreversible and has long-term impact. Apart from having to cope with their illness, this group might have other risk factors that could worsen their condition. For example, they might be facing depression

## WHAT CAN WE DO FOR THESE PATIENTS?

The treatment of depression and anxiety in COPD patients at Changi General Hospital includes options such as anti-depressant medication or formal psychotherapies. Depending on their condition, cognitive-behavioural therapy targets worries related to health and



disability while interpersonal therapy targets loss of function and role changes. Group activities focusing on self-care and disease management may be more beneficial to seniors who do not engage so well in formal psychotherapy. They may also benefit from interventions delivered in the community such as house visits, organised outings, and support phone calls. This indirectly addresses other factors that they might be facing, such as social isolation.



“  
**Stress management is often a combination of identifying stress and its symptoms, relaxation techniques, cognitive exercises, and identifying healthy coping methods**

and anxiety or might even be experiencing social isolation. These patients with COPD may also be consuming medications, which can trigger depression as a side effect. Those with depression might also have poorer compliance to medication, which then affects their overall health and in turn increase the risk of suicide.

In the later years, they might face a loss of meaningful roles due to changes in their lifestyles, bereavements or even physical disability. All these are important factors that should be considered when treating the COPD patients with depression.

**How about stress and allergies?**


Stress and allergies interact similarly. In itself, stress is not a cause of allergy but it can provoke an allergic reaction or allergy exacerbation. Stress responses cause the release of hormones and other chemicals in the body, many of which are the same as in an allergic reaction. Chronic psychosocial stress is associated with longer-term immune system changes, which are similar to those seen in allergy exacerbations. This can then result in a flare of pre-existing allergies, making them harder to control.

Allergies are also a source of stress as they often result in chronic nasal congestion and poor sleep. They affect daily living,



**CAN SUPPORT GROUPS HELP?**

Support groups can be an important part of recovery from all sorts of illnesses. To have a successful and helpful group, the leader (whether it's a therapist or one of the patients) should aim to create a secure environment, for people to share their personal circumstances and struggles. All groups benefit from openness and kindness. Clear boundaries would have to be set on what can be said and done in the group, and activities planned for a balance of structured and more free-flowing interactions. A lot can be said about serendipitous connections too. Sometimes, total strangers find a certain easy connection when they meet. People do not have to think that just because they are more introverted, they cannot participate in groups as listening is as important an action as talking.



causing people to consciously avoid various environmental triggers, adhere to higher levels of dust control and restrict certain activities.

For COPD patients with allergies, stress management guidance would be a useful adjunct to their allergy management. This entails educating them about the interaction between their stress and allergy flares, which may not be apparent to everyone. Stress management is often a combination of identifying stress and its symptoms, relaxation techniques, cognitive exercises, and identifying healthy coping methods.

The physical and mental well-being of COPD patients are closely connected. Seek professional help if you need to and know that you are not alone in this journey. ©

**Dr Cheryl Loh** is Chief and Senior Consultant, Psychological Medicine, at CGH



# INNOVATING HEALTHCARE

With the advancement of innovation, healthcare has improved manifold. It is no different here in Changi General Hospital (CGH). We feature two innovations at CGH to enhance patient care.

## Predicting the severity of pneumonia

Pneumonia is one of the leading causes of death worldwide. It is also the main cause of deterioration in COVID-19. If we have the ability to predict a patient's expected severity of pneumonia, it enables the clinicians and administrators to decide and efficiently allocate healthcare resources and treat patients. With this objective in mind, the Community Acquired Pneumonia and COVID-19 Artificial Intelligence (AI)

Predictive Engine (CAPE) was developed. Based on the preliminary data, CAPE has an approximate 80% accuracy in predicting severe pneumonia. This predictive tool supports doctors so that patients who are likely to require critical care can be more closely monitored, and can receive treatment in a timely manner.

## HOW CAPE WORKS

Using more than 3,000 chest x-ray images and 200,000 data points including lab results and clinical history, CAPE has been trained to generate a score for:

- (a) Low-risk pneumonia with anticipated short inpatient hospitalisation
- (b) Risk of mortality (death) and
- (c) Risk of requiring critical care support – indicators of pneumonia severity – from chest x-ray images

CAPE can potentially be calibrated to identify and predict the severity of respiratory infections globally. This is crucial in pandemics as there is an increased need for inpatient and critical care support. Especially in areas where healthcare resources are limited, CAPE enables the healthcare provider to prioritise their resources to provide appropriate and timely care to patients who are more likely to develop severe pneumonia.



“The main advantage of using artificial intelligence as a predictive tool is that the risk of patients requiring critical care can be calculated almost instantaneously. Emergency department and ward doctors can receive an early warning for possible clinical deterioration and prescribe the appropriate interim measures to improve patient outcomes.”

Dr Charlene Liew, Project Lead and Deputy Chief Medical Informatics Officer, CGH, and Director of Innovation, SingHealth Radiological Sciences Academic Clinical Programme (RADSC ACP)





## Enabling patients to walk again

For a patient who's learning to walk again, rehabilitation is an integral part of the care plan. It helps the patient regain as much function as possible after a catastrophic event such as stroke, spinal cord injury, cancer treatment or Intensive Care Unit (ICU) stay. When that happens, the patient will be in a rehabilitation setting where a team of CGH nurses, doctors, therapists, dietitians and social workers will help him regain his motor strength, endurance and function including the ability to engage in daily activities.

Rehabilitation differs from patient to patient. For stroke patients, it can start as early as day two or three of a stroke. Only when their condition has stabilised will the rehabilitation program start.

### Robotics pave the way for rehabilitation

Robotic therapy is also used in CGH to supplement conventional physiotherapy of stroke patients to improve their recovery. Andago™ is a relatively new and smart robotic patient-guided system. When attached to Andago™, the patient is provided with partial weight support as the machine offloads up to 25kg from the patient's weight. It has many benefits, such as:

- Enabling patients to explore the area and environment around them, and not remain fixed to a place.
- Allowing remote control by therapy assistants through selection of gait speed.
- Detecting and minimising impact via sensors and applying auto-brakes. Should the bumpers hit any objects while in use, it will come to a safe stop.
- Preventing patients from falling through the harness which automatically tightens when sensing any "drop" in movement.
- Recording the distance and time taken for each session, allowing the therapist assistants to track the patient's progress.
- Helping the patients to perform more repetitions in gait practice, expediting recovery and enabling them to return to their homes.

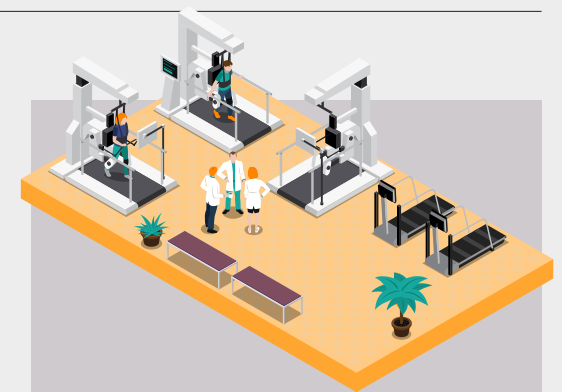
Dr Tay San San, chief and senior consultant of Rehabilitation Medicine, at CGH, said, "The use of robotic therapy to supplement conventional physiotherapy helps to improve mobility and facilitates the patient's journey from hospital to home with an early return to the community." ©

## CONVENTIONAL PHYSIOTHERAPY V/S ROBOTIC THERAPY

The main difference between conventional physiotherapy and robotic therapy is that the latter allows for the patients to have greater number of gait repetitions. The average distance that can be covered by a patient per robotic therapy session is about 358m, which is much further than 60m in an inpatient environment. Fathiah Samsudin, a principal physiotherapist at CGH, said: "Robotic therapy provides safety to patients and allows for repetitive task practice as it is not dependent on the therapist's support and stamina. Because of these benefits, robotic therapy is used for patients who require more assistance, particularly those requiring moderate to maximum assistance."



A stroke patient (not Mr Tan) undergoes robotic therapy.



## A NEW LEASE OF LIFE!

Mr Tan contracted COVID-19 and stayed in CGH for 44 days. When his condition worsened, his lungs inflamed, making it difficult for him to breathe. As a result, Mr Tan was intubated and hooked up to a mechanical ventilator for 15 days. Gradually as his condition improved, Mr Tan was ready to start rehabilitation.

However, when he tried to stand, Mr Tan was shocked to learn that he could not walk or balance without support. This was due to his weakened muscles from being confined to bed for a long period of time. Dr Tay San San, chief and senior consultant of Rehabilitation Medicine, used Andago™ to assist in his rehabilitation.

Mr Tan remembers his first session well – it was easier for him as he knew there was oxygen support tied to the machine and he was able to regulate the distance he could cover. In his first session with Andago™, Mr Tan clocked 302m, with only one break and some oxygen support. By his sixth session, he was able to walk 368m without oxygen support. Mr Tan said, "When I walked with Andago™, I felt lighter (due to the weight support), and I felt more secure, and more confident. I knew I would not fall or be out of breath."

After 44 days, Mr Tan was finally well enough to be discharged and could walk on his own to the car where his family members were waiting to bring him home. While initially unable to drive, Mr Tan could carry his daily chores and eventually regained the ability to drive again. Mr Tan is thankful to the CGH staff, who took care of him and also for his rehabilitation, which has enabled him to regain his normal daily functions. Now, he continues to keep fit by doing his daily workouts. ©

# SAY NO TO COPD, BY BEING SMOKE-FREE

People with COPD have a higher risk of developing lung cancer. The risk increases even more for COPD patients who are heavy smokers.

According to the Ministry of Health, chronic obstructive pulmonary disease (COPD) is the 10th leading cause of death in Singapore. COPD is a respiratory disease that can limit airflow in the lungs and cause breathing difficulties. COPD affects mostly adults more than 40 years old, and can occur in smokers or even former smokers (even after they have stopped smoking) as a result of cumulative years of smoking exposure. Once diagnosed, COPD symptoms may be controlled with inhaler medications, however, early smoking cessation is key to preventing poorer outcomes. Research has also shown that quitting smoking before the age of 40 reduces the risk of dying from smoking-related diseases by 90%.

The CGH inpatient smoking cessation programme team found that a substantial proportion of patients have smoking-related medical conditions. For example, about one in five have known heart disease, around one in four have respiratory conditions such as chronic obstructive pulmonary disease and 8% have had a previous incident of stroke. It has been shown that the risk of heart attack decreases by half after a year of non-smoking. However, simply by quitting smoking, it could cut down these health risks.

## But why do people smoke in the first place?

There are many factors, as explained by Lum Yeow Chun, a nursing coordinator at the specialty nursing unit at CGH and a Certified Quit Smoking Consultant. For the younger group, they might have picked up smoking due to curiosity or peer pressure, while adults tend to smoke when they are faced with certain emotions like anger, anxiety, and stress.

The older smokers might smoke due to boredom or loneliness, and believe that they might not be able to quit after years of smoking. There are also misconceptions that they might die, should they suddenly quit after being a smoker for many years. So, if you are looking to quit smoking, what can you do?

Individuals can choose to approach professionals, like the Smoking Cessation Clinic in CGH. The clinic is run by Certified Quit Smoking Consultants (CQSC) pharmacists, who will be there with those intending to quit smoking. Patients are assessed for their nicotine dependence by obtaining their personal smoking and medical history, as well as relevant information required to devise a





quit plan that may include medication.

Methods to help smokers quit can include the use of pharmacologic aids such as nicotine replacement therapy or non-nicotine medications such as Champix (varenicline). Through regular reviews, patients' quit plans are adjusted according to their progress. Quitting smoking can lead to benefits very early on with an improved sense of taste and smell even within days. Cutting down or gradual reduction in smoking is also a method of quitting but complete cessation should be the aim, so as to reap the most benefits.

**Is it hard to stop smoking?**

The nicotine present in cigarettes works like a drug, making the smoker dependent on it resulting in addiction. People are addicted when they still smoke knowing very well that smoking is bad for them. When they stop smoking, they may suffer from withdrawal symptoms, which include irritability, nervousness, headaches and having difficulties in falling asleep. There are many who might not be able to quit, due to lack of social support.




**Start a smoke-free life now, by using these tips:**


- Make the intention to quit, now!
- Surround yourself with people who can support you in this journey
- Distract and occupy yourself with activities other than smoking
- Get out there, exercise and breathe in the fresh air
- Be strong and positive in your journey ☺

*Dr Jason See* is Consultant, Cardiology, at CGH


**SMOKING CESSATION PROGRAMME IN CGH**



**600** INPATIENTS  
**300** OUTPATIENTS



AVERAGE AGE OF PATIENTS:  
**15-53** years old



About 1/2 are heavy smokers (>20 sticks per day)

**Inpatient**

When patients are admitted into CGH, they are asked for their smoking status as they might be open to receiving help and advice during a period of illness and perceived vulnerability. These patients are then advised briefly by our ward nurses and offered to be enrolled into our programme. Should they be agreeable, our Certified Quit Smoking Consultants will provide intensive counselling, followed by phone calls after discharge for supportive contact, or they can be referred to the HPB Quitline.

**Outpatient**

If you have been trying unsuccessfully to quit or finding the first few weeks of quitting difficult to get through, consider enlisting professional help and make an appointment with the CGH Smoking Cessation Clinic, at 6850 3333.



# BEING HEALTHY – YOUR NEW NORMAL

Let's start 2021 on the right note with these little reminders to keep you and your loved ones safe and healthy.

- 1 I will eat healthy to become fitter.
- 2 I will develop positive lifestyle habits and drop those that are harmful to me.
- 3 Exercise, no matter how light, will be a part of my daily routine.
- 4 I will go for all my medical appointments and check-ups as required.
- 5 I will make time for self-care by taking time out when needed.
- 6 I will practise good hand hygiene and keep my environment clean.
- 7 A little kindness can go a long way – I shall choose to always be kind to those around me.
- 8 My loved ones are important to me and I will make time for them.
- 9 I will live each day with gratitude for the little things in life.
- 10 I choose to be positive, in the face of challenges, and know that I can reach out to my family and friends for support.



## TELL US WHAT YOU THINK!

Dear readers, thank you for staying with *Caring* all these years. We would love to hear your thoughts on the magazine so we can keep your read refreshing. Please take a few minutes to complete the survey by scanning the QR code or copy this link onto your browser: [bit.ly/caring2021survey](https://bit.ly/caring2021survey)



**We hope to hear from you soon!**



# KEEP YOUR LUNGS STRONG WITH EXERCISE

Exercise is important for everyone, regardless of age, gender, physical abilities, and fitness levels. While it is best to start young, it is never too late to start exercising.

**D**id you know that exercising can help strengthen how your lungs function? Plus, you can even exercise in the comfort of your homes. Here are some things to keep a lookout for:

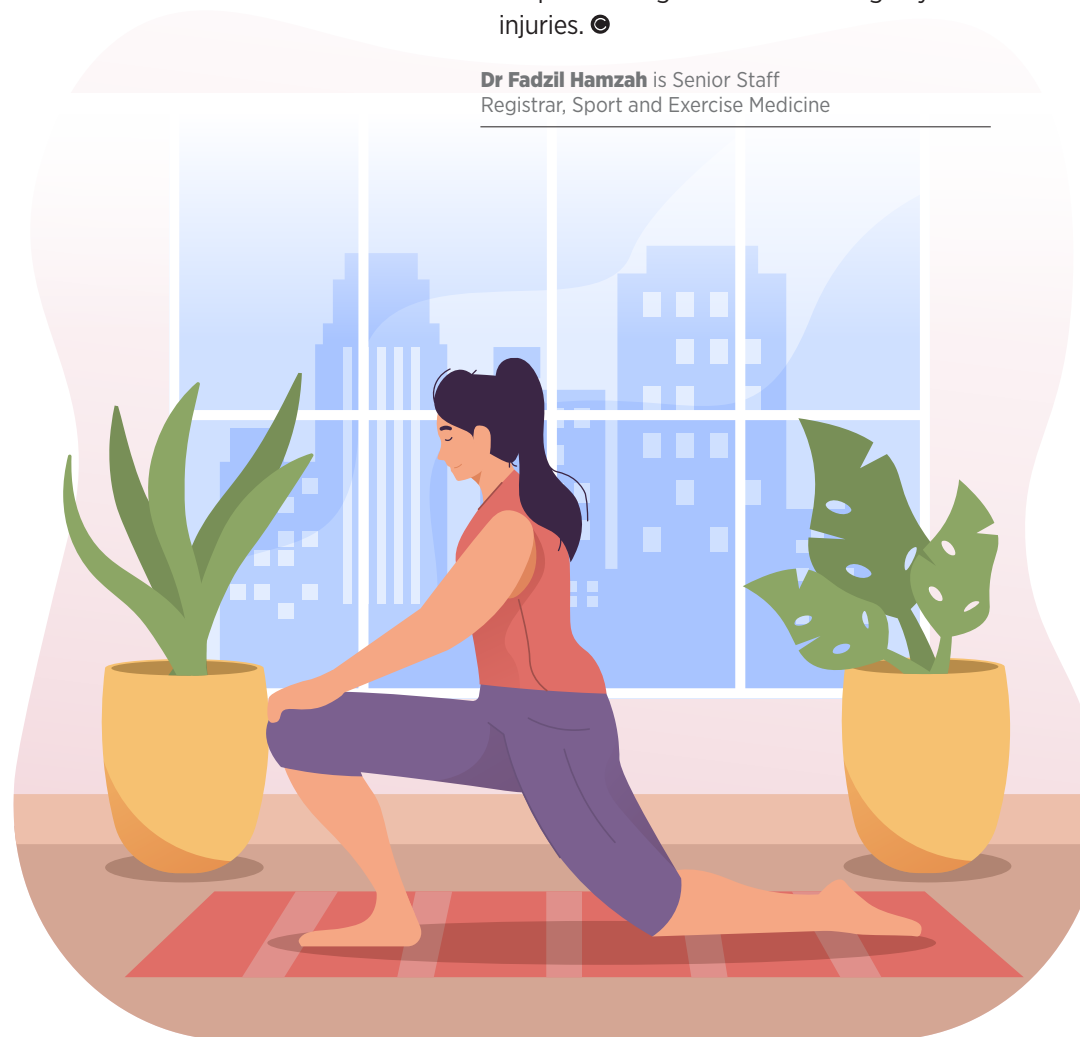
## Exercising at home

- **You do not need a gym or special equipment.** Common household items such as a bucket or a detergent bottle filled with water can act as weights for home-based strengthening exercises.
- **Choose an online workout.** Exercise judgement and choose an appropriate routine that you enjoy and keep to an exercise programme. Know your body and your limits; do not pick a workout that is too intense or beyond your skill level and abilities.
- **Stay focused on your goals.** The journey to good health and fitness requires perseverance, consistency, and discipline. You do not get fit overnight or after just one intense exercise session.
- **Use the right equipment.** Choose the right one and make sure it is correctly set up to avoid accidents and injuries. For example, anchor resistance bands to your door frame or window grills instead of the cupboard. With the lack of access to professional help or assistance, it is also possible that

you could get injured due to improper form when doing your home workouts. Bodyweight exercises usually utilise higher repetitions and having improper form during repetitive movements can lead to injuries. Never rush through your exercises.

## Important safety tips

- **Clear the space.** Designate a corner in your home as your workout spot. Ensure your environment is clear of any hazards, obstacles and obstructions, and has sufficient room for your selected activity.
- **Dress appropriately even when you are working out at home.** Wear clothes that are loose, comfortable and allow you to move freely while you exercise. Avoid any clothing that gets in the way of the activity.
- **Shoes on or off.** For all exercises, look at the surface on which you are doing the exercises, as it might not be a safe fit for barefoot training. Workouts like yoga and pilates are typically performed without shoes. If you sweat a lot in cardio workouts, wearing shoes may help you avoid slipping on the floor and getting injured.
- **Clean up.** Even if you work out on your own personal home fitness equipment, you should still wipe it down after each use. This is because germs can easily spread through sweat.




- **Know your body.** There are many free workouts available, but everyone has different goals, priorities, and different fitness levels. Listen to your body – you should not experience any pain during or after the exercise. Mild soreness over one to two days is normal but acute bone or joint pain that does not subside with time means you should discontinue the exercise and seek medical advice for the pain.
- **Warm up and cool down.** With any physical activity, doing a proper warm up and cool down is critical to reduce the risk of injury.
- **Have fun.** No matter what type of workout you do, it's important that you enjoy every bit of it. Build up good habits so you can keep exercising without sustaining any injuries. 🧘

Dr Fadzil Hamzah is Senior Staff Registrar, Sport and Exercise Medicine

## TIPS ON MINDFULNESS EXERCISES TO COMPLEMENT YOUR PHYSICAL WORKOUT

Whatever the physical workout – jogging, dancing, weightlifting – instead of simply working out to burn calories, being mindful during exercising helps to relieve stress, makes you feel good, helps you accomplish better results during workouts and also reduces the risks of injuries. Here are some tips on how you can practise mindfulness:

- **Have a purpose.** Focus on a set goal, something you can feel good about and accomplish *right now*. For example, your purpose of exercising should not be to lose weight (as this does not happen immediately), but to finish your planned workout, strengthen specific muscles or work on a specific area of fitness. 
- **Reflect.** Remind yourself why you have made exercising a priority and how this workout will help you *right now*. 
- **Start low, go slow.** Do not rush to complete your workout but take your time with each activity, each movement, particularly with strength training exercises. Focus on your form, think about your posture, your core, and the rest of your body, including the muscles you are targeting. 
- **Breathe.** If you are distracted during your exercise, close your eyes and take a deep breath to bring yourself back to the moment. Remember that you are exercising *right now* and that is all you must do. 
- **End on a happy note.** Remember all the good things about the workout and how good it feels when you are done. Give yourself time to cool down and take time to stretch the muscles you worked. Incorporate breathing exercises as part of your cool down. 

Exercise is a priceless investment for your future. You can enjoy all these benefits when you grow old by maintaining a regular fitness routine, and there's no better time to start than now!



# WHAT THE DOCTOR SAYS

What you might want to know about adult asthma.

**A**sthma and chronic obstructive pulmonary disease (COPD) are both chronic lung diseases that narrow the airways, making it hard to breathe. While COPD occurs mainly in older patients and is most commonly caused by smoking, asthma can occur in both children and adults, with many different triggering factors. Here are commonly asked questions about adult asthma.

**If I get asthma as an adult, will I also acquire the other allergies associated with it, like rhinitis and eczema? What triggers adult asthma?**

Having asthma does not necessarily mean you will have other allergic manifestations such as rhinitis. However, studies do indicate that allergic rhinitis is very common in asthma, where up to 80% of patients with asthma can have rhinitis as well. There can be many potential asthma triggers but an individual's response to these differs. For example, house dust mite may trigger symptoms in one person but not in another. Commonly identified triggers include the following:

- Allergens such as house dust mites, moulds, animal fur, cockroaches and pollen
- Workplace allergens (depending on the workplace environment) such as latex, flour, enzymes, wood dust and chemicals
- Irritants such as smoke (active and passive smoking), environmental pollution, cleaning products



- Medications such as aspirin, non-steroidal anti-inflammatory drugs like ibuprofen
- Weather changes such as cold temperature and humidity
- Food additives such as sulphites
- Strong emotions ☹️

**I have childhood asthma and did not have it for almost 40 years. However recently, I have been experiencing many different allergies, such as swollen eyes, mouth/nose sore, hives around the eyelids, blocked nose, and my asthma symptoms are back. Am I having asthma or allergy symptoms?**

Allergy is an immune response to a foreign substance, whereas asthma is a chronic airway condition. Both conditions will cause the airways to narrow excessively giving rise to symptoms such as wheezing, breathlessness, chest tightness and cough. Asthma, together with allergic rhinitis (sensitive nose) and eczema are common allergic conditions. Allergic response to environmental exposure such as dust mites might trigger asthma in susceptible individuals. If your asthma symptoms are persistent and uncontrolled, a preventer inhaler is required. You would also need to ensure that your inhaler technique is correct. You may wish to speak to your doctor or pharmacist about this. Salbutamol is a reliever medication used to temporarily dilate your airways. The need to use



salbutamol frequently is a sign of poorly controlled asthma. If you feel that you depend on salbutamol very frequently, you should see your doctor about optimising your asthma control. You should not just be using salbutamol without a preventer as this increases the risk of asthma deaths. ☹️

**My mum has asthma, allergic rhinitis and eczema. I am now 28 years old and do not have any of those. Is there a possibility that I could get asthma when I am older?**

There is a genetic component to allergic diseases and asthma. Having an allergic condition, for example, allergic rhinitis, increases the risk of developing asthma. However, the development of asthma is influenced by environmental factors as well as genetic factors. Therefore, not everyone with a family history of asthma will eventually develop asthma. ☹️

**Dr Tay Tunn Ren** is Senior Consultant, Respiratory and Critical Care Medicine at CGH



# DOUBLE-BOILED CHICKEN AND PEAR SOUP

Pear adds a sweet and energising flavour to this healthful soup. Its soft texture makes it easy to chew and swallow.

## WHAT YOU'LL NEED

Chicken	60g, skinned
Australian pears	2, skin left intact, cored and cut into wedges
Winter melon	300g, skinned and cut into wedges
Dried figs	12
Sweet apricot kernels	45g
Bitter apricot kernels	20g
Water	800ml
Salt	to taste
Ground white pepper	to taste

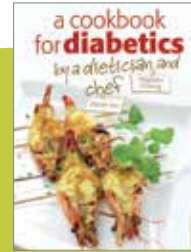
## METHOD

- Bring a pot of water to the boil.
- Scald chicken for about 30 seconds, then remove and rinse under running water.
- Place chicken and remaining ingredients in a large claypot. Cover and simmer gently over low heat for 2 hours, stirring occasionally. Adjust seasoning if necessary.
- Dish out, garnish as desired and serve hot.

## NUTRITIONAL INFO (PER SERVING)

Calories	169 kcal
Carbohydrates	13.3g
Fat	3.1g
Cholesterol	50mg
Fibre	4.0g

This recipe was first published in *A Cookbook for Diabetics by a Dietitian and a Chef*, which is available at all major bookstores. 该食谱于《A Cookbook for Diabetics by a Dietitian and a Chef》首次出版，在各大书局出售。



PREPARATION TIME

2hrs

SERVES



准备时间

2小时

可供



# 鸡梨炖汤

梨子给这滋补汤增添了甜味和清新的口感。梨子果肉的柔软质地也非常适合那些咀嚼和吞咽有困难的人。

## 所需材料

鸡肉	60公克，去皮
澳洲梨	2个，无须去皮、去果核、切成块状
冬瓜	300公克，去皮、切成块状
无花果干	12个
甜杏仁	45公克
苦杏仁	20公克
清水	800毫升
盐	少许
白胡椒粉	少许

## 做法

- 将一锅水煮开。
- 加入鸡肉，用开水烫约30秒，然后取出，用清水冲洗。
- 将鸡肉和剩余食材放入一个大砂锅里。盖上锅盖，用小火慢煮2小时，偶尔搅拌一下。若有需要，可调整调味料的用量。
- 盛汤，点缀并趁热享用。

## 营养信息 (每份)

卡路里含量	169大卡
碳水化合物	13.3公克
脂肪	3.1公克
胆固醇	50毫克
纤维	4.0公克





# 呼吸病患者该如何保持心理健康

身体不适，尤其是患有慢性呼吸系统疾病，可能会影响您的心理健康。患者的心理健康状况如何影响他们的应对机制？

在2009年对新加坡人进行的一项研究中显示，年龄55岁以上的慢性阻塞性肺疾病（COPD）患者得抑郁症的几率要比非患者高两倍。即使与社会经济背景相似的非患者相比而言所得结论还是一样的。在任何时候，估计有25%的COPD患者患有抑郁症，并且在确诊COPD之后的一年里，大约10%的患者也被诊断患有抑郁症。

## 我们可以为患者做什么？

治疗患有抑郁症和焦虑症的COPD患者的方案包括服用抗抑郁药或正规心理治疗等选择。

方案的选择将根据他们的病情，其中认知行为疗法针对与健康残疾相关的担忧，而人际关系疗法则针对功能丧失和角色改变。

专注于自我保健和疾病管理的小组活动可能对那些不太擅长正式心理治疗的老年人更为有益。他们还可以受益于社区提供的干预措施，例如家访、郊游活动和电话支持。这些措施间接解决了他们可能面临的其他问题，如社会隔离。



压力管理通常是由识别压力及其症状、放松技巧、认知锻炼以及确认健康应对方法所组成的

患有抑郁症的人声称，他们在日常活动中会遇到更多障碍，且生活质量较差，此外还会经常感到呼吸困难，这是非常令人痛苦的症状。

抑郁症患病率在任何COPD人群中可能会因受研究的特定人群、其COPD的严重性和其他健康问题影响而大不相同。

这在老年人当中尤其值得关注，因为COPD是一种不可逆转且具有长期影响的肺部疾病。除了必须应对他们的疾病外，此人群可能还有其他可能使他们的病情恶化的危险因素。例如，他们可能面临抑郁和焦虑，甚至可能经历与社会脱节。这些COPD患者也可能在服用药物，从而引起抑郁症的副作用。抑郁症患者可能对药物的依从性较差，从而影响他们的整体健康，进而增加自杀的风险。到了晚期，由于生活方式、丧亲甚至身体残疾等改变，他们可能觉得生活失去意义。这些都是治疗COPD抑郁症患者时应考虑在内的重要因素。

## 压力和过敏反应相互影响

压力本身并不是导致过敏的根源，但它会引起过敏反应或使得过敏加剧。压力反应会导致体内激素和其他化学物质的释放，其中许多与过敏反应相同。慢性社会心理压力与长期免疫系统变化有关，这与过敏加剧中所见相似。然后，这可能会导致先有的过敏症发作，使它们更难控制。

过敏也是压力的来源，因为它们通常导致慢性鼻塞和睡眠不足。它们影响日常生活，使人们有意识地避免各种环境诱因、想方设法保持高水平的粉尘控制，并限制某些活动。



对于COPD过敏患者而言，教导他们如何管理好压力是帮助他们管理好过敏症的辅助手段。这其中包括教育他们有关压力和过敏发作相互作用的知识，因为不是每个人都意识到这一点。

压力管理通常是由识别压力及其症状、放松技巧、认知锻炼以及确认健康应对方法所组成。

COPD患者的身心健康是息息相关的。如果有需要，请寻求专业帮助，并且意识到您并非孤身一人走在患病的旅途上。☺

Cheryl Loh医生是樟宜综合医院心理医学首席兼高级顾问

## 支持小组有用吗？

支持小组在各种疾病的康复过程里都扮演重要的角色。若想把支持小组办好，领导者（无论是治疗师或是患者）应致力于营造一个可靠的环境，让参与者分享自己的处境和挣扎。无论是什么类型的团体，持有开放和善良的态度都会让其受益。

设立明确的团规，计划活动的同时也让团友自由互动以取得平衡的互动结构。有句成语说：相见不如偶遇。这便说明了有时候与之前完全不认识的陌生人可能会一拍即合。

较为内向的人群不必认为因为内向就不能参与支持小组。其实聆听和交谈是一样重要的。





# 创新 医疗保健

随着创新的发展，医疗保健也获益良多。樟宜综合医院也不例外。我们与您分享以病人为中心的两项创新。

## 预测肺炎的严重程度

肺炎是全世界主要的死亡原因之一。这也是导致新型冠状病毒肺炎恶化的主要原因。如果我们能够预测患者的预期肺炎严重程度，这将有助于临床医生和疾病管理人员决定并有效分配医疗资源和治疗患者。以这个目标为主，樟宜综合医院与综合保健信息系统公司(IHiS)携手研发可独立运作的电脑应用“冠病2019人工智能预测引擎”(COVID-19 Artificial Intelligence

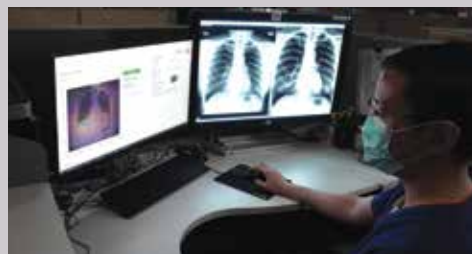
Predictive Engine, 简称CAPE), 可以让医生尽早治疗病情较可能恶化的病患。根据初步数据, CAPE预示严重的肺炎的准确度约为80%。该预测工具帮助医生识别较可能需要重症监护的病人并给予更密切观察, 以及及时为他们进行治疗。

## CAPE是如何操作的?

CAPE使用3,000多个胸部X光图像和200,000个数据点, 其中包括实验室结果和临床病史, 经过训练后可为以下分级评估打分:

- (a) 患肺炎的风险低, 预期住院时间短
- (b) 死亡风险
- (c) 从胸部X光图像估算需要重症监护的风险

经过校准的CAPE可用于识别和预测全球呼吸道感染严重程度。在大流行中, 由于住院和重症监护需求增加, 这种预测能力至关重要。尤其是在医疗资源有限的地区, CAPE让医疗服务提供者能够优先分配其资源, 以便为更可能患严重肺炎的患者提供适当和及时的护理。



“利用人工智能作为预测工具的主要优点是我们几乎可以立即计算出患者需要紧急治疗的风险程度。急诊部门和病房医生可及早收到病人情况可能会恶化的预警并规定适当的临时措施, 以改善病人的治疗效果。”

樟宜综合医院项目领导人兼副首席医药信息员, 以及新加坡集团放射学科医学教研项目创新处长刘静莹医生



## 使患者能够再次行走

对于正在学习再次行走的病人而言，康复是护理方案中不可缺少的部分。在病人经历了重创事件后，如中风、脊髓损伤，癌症治疗或重症监护护理等，康复有助于病人尽可能恢复功能。病人在接受复建治疗的过程中会有一组由樟宜综合医院的护士、医生、治疗师、营养师和医疗社工所组成的医疗团队来帮助他恢复运动强度、耐力和功能，其中包括进行日常活动的的能力。

康复方案因人而异。如果是中风病人的话，有时候康复计划可以在中风后的第二天或第三天开始。只有在病情稳定后，康复计划才会开始。

### 机器人技术为康复铺路

樟宜综合医院也使用机器人疗法辅助中风患者的常规物理疗法，改善其康复结果。Andago™是一个较新的智能机器人病人指导系统。当Andago™连接到病人时，它可以为病人承担其体重高达25公斤。它有很多好处，如：

- 让患者能够探索周围的环境，而不是固定在某个地方。
- 允许治疗师助理远程控制步态的速度。
- 通过传感器和应用自动刹车监测到撞击并将其最小化。若保险杠在使用中碰到任何物体，机器将安全停止。
- 防止患者跌倒。当机器感觉到病人任何的“下降”动作时，便会自动将背带束紧。
- 记录每次疗程的距离和时间，以便治疗师助理跟进患者的进度。
- 帮助患者执行更多次的步态练习，从而加快康复进度并让他们早日回家。

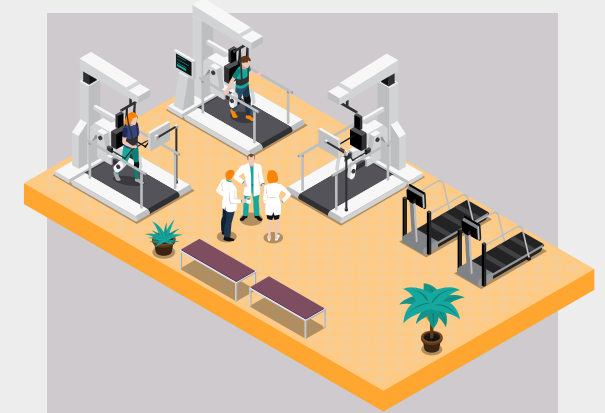
樟宜综合医院康复医学主任和高级顾问郑珊珊医生说：“使用机器人疗法辅助传统物理疗法有助于改善活动能力，让患者从医院到回家的过程更顺利，让其尽早返回社区。”

### 常规物理疗法和机器人疗法的不同

常规物理疗法和机器人疗法主要区别在于后者使患者能够获得更多的步态重复次数。每次机器人治疗过程中，患者可以覆盖的平均距离约为358米，比住院环境中的60米远得多。首席理疗师Fathiah Samsudin表示：“机器人疗法可为患者提供安全复建，并允许重复性的练习，因为它不依赖治疗师的支持和耐力。基于这些有利因素，机器人疗法适用于需要更多援助的患者，特别是那些需要中度到极度援助的患者。”



照片不是文章提及的陈先生



## 重获新生!

陈先生感染了COVID-19，并在樟宜综合医院住了44天。当他的病情恶化时，他的肺部发炎，使他呼吸困难。结果，陈先生须接受插管并连接呼吸器15天。随着病情的逐渐好转，陈先生准备开始复健。然而，当他尝试站起来时，陈先生竟然发现自己无法在没有支撑的情况下行走或保持平衡。这是由于他长时间卧床而导致肌肉变得虚弱。樟宜综合医院康复医学主任和高级顾问郑珊珊使用Andago™来协助他进行复健。

陈先生还清晰地记得第一次的康复治疗——他觉得蛮轻松的，因为他知道仪器上有氧气支持，同时他可以调节自己要覆盖的距离。在第一次使用Andago™时，陈先生行走了302米，他使用了少量的氧气支持，并且中间只休息了一次。到了第六次疗程时，他无需依赖氧气支持便可以步行368米。陈先生说：“当我与Andago™同步时，我感到更轻（由于有重量支撑），也觉得更安全，更有自信。我知道我不会跌倒或喘不过气来。”44天后，陈先生的身体状况复原到可以出院的阶段，他可以独自步行到停车场，他的家人正在车上等着带他回家。虽然陈先生在刚出院后无法开车，但他可以从事日常活动，并且最终恢复了开车的能力。陈先生感谢樟宜综合医院的工作人员在他住院和复健期间给予的照顾，让他恢复日常活动。现在，他通过日常锻炼继续保持身体强壮。

# 运动可 保持肺部健康

运动对每个人都很重要，不论年龄、性别、体能和健康状况。虽然最好是从年轻就开始运动，但其实无论什么时候开始都不算太晚。

**您**知道运动可以帮助增强肺功能吗？您还可以在家中舒适地锻炼肺部。以下是一些需要注意事项：

## 在家运动

- **您不需要健身房或特殊设备。**常见的家用物品，例如装满水的水桶或洗涤剂瓶，可以作为居家力量训练的哑铃。
- **选择一项线上锻炼。**用自己的判断力来选择一项您认为适合自己并且喜欢的锻炼计划，且持之以恒。要懂得自己的体能和极限；不要选择过于激烈或超出您的技能水平和能力的锻炼。
- **专注于锻炼的目标。**要达到身强体健需要毅力、坚持和纪律。您不会在一夜之间或仅做了一次剧烈运动后就变得强壮。
- **如果使用任何设备，**请选择正确的设备并确保设置正确，以免发生事故和受伤。例如，将阻力带固定在门框或窗户格栅上而不是橱柜上。由于缺乏专业帮助或指导，您可能会在进行居家锻炼时由于不正确的姿势而受伤。减肥运动通常会有较高频率的重复性动作，如果在姿势不正确的情况下做重复性的运动可能导致受伤。此外，切勿匆忙进行锻炼。

## 重要安全提示

- **腾出空间。**在家里指定一个角落作为锻炼区。确保锻炼区周围没有任何危险物或障碍物，并有足够的空间。
- **即使在家锻炼，也要穿着适当。**穿宽松、舒适的衣服，让您在运动时可自由活动。避免穿任何会妨碍进行该活动的衣服。
- **穿鞋或不穿鞋。**这取决于锻炼的类别和锻炼区的地面。评估原则是：在这样的地面做这样的运动，若不穿鞋的话是否安全。像瑜伽和普拉提这样的运动通常是不需要穿鞋的。如果您在做有氧运动会出很多汗的话，那么穿鞋可以帮助您避免在地板上滑倒而受伤。
- **锻炼后清理干净。**即使您使用的是自己的健身器材，在每次使用后仍应擦拭干净。这是因为细菌很容易通过汗液传播。
- **了解自己身体。**在网上有许多免费的锻炼视频，但每个人的锻炼目标、重点和健身水平都不同。聆听您的身体——您不应该在运动期间或之后感到任何疼痛。一到两天的轻度酸痛是正常的，但持续

的骨骼或关节疼痛意味着您的锻炼方法出错了，您应该停止锻炼，并且去看医生。

- **热身和暖和运动。**在锻炼时进行适当的热身和暖和运动对于减低受伤风险是至关重要的。
- **玩得开心。**无论您进行哪种锻炼，重要的是要享受其过程。养成良好的运动习惯，这样您就可以长期运动而不会受伤。●

Fadzil Hamzah 医生是运动与运动医学高级注册主任



## 学一学正念减压运动， 补充您的体育锻炼

无论进行哪种体育运动——慢跑、跳舞、举重——除了可以燃烧卡路里之外，若在运动时持有正面的想法将有助于缓解压力、使您感到心情愉悦、让您在运动时取得更好的效果，并降低受伤的风险。

以下是如何在每次运动时融入正念减压的小贴士：

- **设立目标。**专注于目标，一个您可以当下就完成，并且增强自我好感的目标。例如，您的锻炼目标不应该是要减肥，因为这不会立即发生，而是要完成今天安排好的锻炼计划、加强某些部位的肌肉，又或者是增强某项体能。
- **反思。**提醒自己为什么要优先进行锻炼，以及此锻炼如何在当下可帮助您。
- **从简开始，从慢做起。**不要着急完成运动。花时间去完成每一个活动、每一个动作，尤其是力量训练的动作。专注于您的姿势、体态、核心部位，以及身体其他部位，其中包括您想要针对锻炼的肌肉。
- **呼吸。**如果您运动时察觉到自己的思想不集中，闭上眼睛，然后深呼吸，并把自己带回到当下。记住，您现在正在运动，而这就是您当下要做的事。
- **以愉快心情结束锻炼。**记住运动的所有好处以及当您在完成运动后那种愉快的感觉。花一些时间做暖和运动，以及肌肉伸展运动。不妨考虑将呼吸锻炼融入暖和运动里。

运动是您对未来的无价投资。在您年长时便会收获因保持常规锻炼计划的所有好处，马上就开始运动吧！



# 医生怎么说

## 您可能想知道的成人哮喘知识

哮喘和慢性阻塞性肺疾病都是使呼吸道变窄，导致呼吸困难的肺部疾病。虽然慢性阻塞性肺疾病主要发生在年长患者身上，并且最常见是由吸烟引起的，但成人和儿童都可患上哮喘病，而且其触发因素有很多。以下是有关成人哮喘的常见提问。

**如果我成年后患上哮喘，是否意味着我会患上其他过敏反应，例如鼻炎和湿疹？成人哮喘的诱因有哪些？**

患有哮喘不一定意味着您会有其他过敏表现，如过敏性鼻炎。但是有研究表明，过敏性鼻炎在哮喘患者中确实较为常见，其中有高达80%的哮喘患者也会有鼻炎。引起哮喘发作的潜在触发因素有很多，但是每个人的反应可能有所不同。例如，屋尘螨可能会触发一个人的症状发作，但另一个人可能就没有反应。常见的触发因素包括：

- 过敏原，如屋尘螨、霉菌、动物毛发、蟑螂和花粉
- 工作场所变应原（取决于工作场所环境），如乳胶、面粉、酶、木屑和化学物质
- 刺激物，如烟雾（主动和被动吸烟）、环境污染、清洁产品
- 药物，如阿司匹林、非甾体抗炎药如布洛芬
- 天气变化，如低温气候和空气湿度
- 食品添加剂，如亚硫酸盐
- 情绪激动



**我患有儿童哮喘，并且已经有近40年没有发作了。但是最近我总有很多不同的过敏反应，例如眼睛肿胀、嘴/鼻子酸痛，眼睑周围出现荨麻疹、鼻子阻塞等，而且哮喘症状又开始出现了。我究竟是有哮喘还是过敏症？**

过敏是我们身体对异物的免疫反应，而哮喘是一种慢性气道疾病，也就是气道过度狭窄所引起的症状如喘息、呼吸困难、胸部紧绷和咳嗽等。哮喘以及过敏性鼻炎（鼻子敏感）和湿疹是常见的过敏性疾病。环境里的一些刺激元，如尘螨，所引起的过敏反应可能会引发哮喘发作。

如果您的哮喘症状持续存在且不受控制，您就需要使用预防吸入器。您还需要确保吸入器的使用方法是正确的。您可以考虑寻求医生或药剂师的建议。沙丁胺醇是一种缓解性药物，用于暂时扩张气道。如果您需要经常使用或依赖沙丁胺醇的话，这是哮喘控制不佳的征兆。这时，请去看医生，以优化病情的控制。请注意不可以仅使用沙丁胺醇而完全没有使用预防剂，因为这会增加哮喘死亡的风险。



**我的母亲患有哮喘、过敏性鼻炎和湿疹。我现在28岁，并且没有患上以上所述的任何一种病症。等我再年轻一些时，有可能会得哮喘吗？**

过敏性疾病和哮喘具有遗传成分。例如，患有过敏性疾病如过敏性鼻炎会增加患哮喘的风险。然而，触发哮喘病的因素不仅仅只是遗传因素，还有环境因素。因此，并非每个有哮喘家族史的人最终都会患上哮喘。

**Tay Tunn Ren**是樟宜综合医院呼吸和重症监护医学的高级顾问医生



# 保持身心健康是您的新常态

您可参考下列清单，让您和家人健康、安全地迈入2021年！

- 1 我会吃得健康，让身体变得更强壮。
- 2 我会培养积极、正面的生活习惯，戒掉恶习。
- 3 运动，无论多少，将成为我日常生活的一部分。
- 4 我会定期做身体检查，需要时准时去复诊。
- 5 我会抽出时间休息，照顾好自己。
- 6 我会保持良好的手部及环境清洁。
- 7 小小关怀，善待他人，温情满人间。
- 8 我的亲人对我来说很重要，我要抽时间陪他们。
- 9 我要感恩生活中的小事物。
- 10 面临挑战时，我选择积极乐观，需要旁人支持时，我会向家人朋友求助。



## 与我们分享您的意见！

亲爱的读者，非常感谢您多年来对《关怀》的支持。我们希望您能够与我们分享对于本杂志的看法，以便我们为您带来更精彩的内容。在此恳请您抽出几分钟完成此调查。您可扫描此二维码或登陆网页 [bit.ly/caring2021survey](http://bit.ly/caring2021survey)



我们期待您的回复！



Mild to Moderate Medical Conditions?

# Your GP can treat it!



The **GPFirst Programme** is an initiative by Changi General Hospital's Accident & Emergency Department in partnership with over 200 participating GP clinics in eastern Singapore.

Patients with mild and moderate symptoms are encouraged to visit their GPs first to seek treatment at the GP clinics instead of going to the A&E.

### Should the patient be referred by his or her GP via GPFirst:

- Accorded higher priority over other non-emergency cases
- \$50 programme subsidy\* for their A&E attendance fee

For more information, visit [www.GPFirst.sg](http://www.GPFirst.sg)

Like us on Facebook at  [gpfirst.sg](https://www.facebook.com/gpfirst.sg)

\*Terms and Conditions apply



## GPFIRST

YOUR FAMILY DOCTOR, YOUR FIRST STOP



# BE PART OF CHANGI RUN 2021!

1 February to 31 March

Registration ends 12 March



## CATEGORIES

10km / 50km - Individual  
50km - Groups of 3 to 5

*Distance can be completed  
in multiple sessions*

## REGISTRATION FEES

10 km (Individual): \$35  
50 km (Individual): \$50  
50 km (Groups of 3-5 pax): \$130

CGH is launching its first ever virtual run- Changi Run 2021! Themed "We Dare to Care," net proceeds from this run will go towards HomeCare Assist, CGH's patient welfare programme.

Sign up for the Changi Run today, and help us create a brighter future for those in need while staying healthy!

All donations received from CGH Health Fund: Changi Run 2021 are managed by SingHealth Fund, an Institution of Public Character (UEN 201624016E).

# REGISTER NOW



For exciting updates, follow

 **changirunsg**

