57th Annual General Meeting & Annual Scientific Congress

Clinics in Primary Care
22nd - 23rd April 2017
Pullman Hotel Bangsar,
Kuala Lumpur

SOUVENIR PROGRAMME & ABSTRACT BOOK

Private Medical Practitioners’ Association of Selangor and Kuala Lumpur

www.pmpaskl.org
Committed to care for all the lives we touch by our friendly, caring and compassionate team, ParkCity Medical Centre offers an extensive line of medical services to patients of all ages.

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PMPASKL Committee Members 2016 - 2017

President: Dr Kong Chiew Meng
Immediate Past President: Dr Goh Kay Chee
President Elect: Dato' Dr Ho Teik Kok
Honorary Secretary: Dr Gong Swee Kim
Honorary Treasurer: Dr Wong Ket Keong
Committee Members:
- Dr Chong Yip Boon
- Dr Gurcharan Singh Sidhu
- Dr Ho Shu Nam
- Dr Pearl Leong Yuet Mae
- Dr G Shanmuganathan
- Dr K Skanthadevan

Co-opted Committee Members:
- Dr Steven Chow Kim Weng
- Dr Milton Lum Siew Wah
- Dr Wu Chin Foong

Organising Committee
PMPASKL ASC 2017

Chairman: Dr Kong Chiew Meng

Committee Members:
- Dr Steven Chow Kim Weng
- Dr Goh Kay Chee
- Dr Gong Swee Kim
- Dr Ho Shu Nam
- Dato' Dr Ho Teik Kok
- Dr Pearl Leong Yuet Mae
- Dr Ng Kwee Boon
- Dr G Shanmuganathan
Message

Dear Colleague

Welcome to the 57th PMPASKL Annual Scientific Congress 2017. Every year, PMPASKL organises this Annual Scientific Congress to remind doctors some of the finer points of medical practice and an opportunity to meet up with specialists for a discourse on medical issues affecting patients under their care.

Last year, PMPASKL has organised several events for members and their guests. The lectures on “Rational Techniques on Share Investment” by a very successful stock market investor Mr Woo K Y and “How to Avoid Being Sued by Patients” by Dr Milton Lum had been well received by members. Early this year, we completed our annual PMPASKL Golf Challenge for 2017 successfully at TPC Golf Club (formerly the Kuala Lumpur Golf and Country Club). Congratulations to the winners. We do miss a durian feast last year due to poor harvest at a member’s orchard. We hope there will be a bountiful harvest this year and we can go and enjoy the fruits.

The issue of business registration of clinic premises by Dewan Bandaraya Kuala Lumpur has troubled our members and we have advised them to write in to DBKL for exemption based on provisions in the Registration of Businesses Act 1958 (Act 107). PMPASKL has offered to help members willing to challenge DBKL with legal support. In the meantime, the Malaysian Medical Council has taken up the matter and has met DBKL together with the Bar Council. It is believed that the matter will be advanced to the Cabinet for resolution.

The PMPASKL Committee has represented members at several meets viz. Malaysian Adverse Drug Reactions Advisory Committee, Lembaga Iklan Ubat, meetings concerning PDPA, meetings on Vape and Vaping called by the MOH. The PMPASKL representatives participated in the recent MCO-GP meetings together with MMA, PERDIM, FPMPAM and MPCAM. Our Committee Member, Dr G Shanmuganathan, who is the FPMPAM Honorary Secretary, represented PMPASKL at these meetings and we extend our deep appreciation for his efforts.

The Organising Committee extends its appreciation to the sponsors, advertisers and all who contribute towards the success of this Congress.

Thank you.

Dr Kong Chiew Meng
President, Private Medical Practitioners’ Association of Selangor and Kuala Lumpur & Chairman, Organising Committee
# Daily Programme

## 22nd April 2017 (Saturday)

**Ballroom 2**

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<td>0815 - 0830</td>
<td>Welcome Address</td>
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<td>0830 - 0900</td>
<td>Recent Updates in Dengue and Zika</td>
<td>Associate Professor Dr Sharifah Faridah Binti Syed Omar</td>
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<td>0900 - 0930</td>
<td>Early Detection of Childhood Developmental Disorders</td>
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<td>0930 - 1000</td>
<td>Managing Allergies in Primary Care: Bilastine - Is it Only New or is it Better?</td>
<td>Dr Elizabeth Lim Yen Lynn</td>
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<td>Panic Attack - Presentation &amp; Management</td>
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<td>1100 - 1130</td>
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<td>Early Intervention with Keto Acid Therapy for CKD Management</td>
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<td>Glaucoma in Primary Care</td>
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<td>1430 - 1500</td>
<td>Advancing Topical Analgesics for Better Pain Relief</td>
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<td>Influenza Vaccination in High-Risk Patients</td>
<td>Professor Dr Jamal I-Ching Sam</td>
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0800 - 0830  Arrival / Registration / Tea
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Dr Margaret Leow Poh Gaik
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Faculty Biodata

Dr Azam B Mohd Nor
Dr Azam Mohd Nor is a Paediatrician at the Pantai Hospital Kuala Lumpur. Dr Azam completed his medical studies at University of Malaya, Malaysia. He has more than 18 years of experience in medicine and one of those is at Children’s Hospital at Westmead Clinical School, Sydney, Australia. He is also a member of Royal College of Physicians, United Kingdom.

Dr Lawrence Chan Hon Wah
Dr Lawrence Chan is currently a cardiologist in Subang Jaya Medical Centre, Malaysia, treating mainly angina pectoris, atherosclerosis, cardiothoracic disease, clogged artery, coronary heart disease and peripheral artery disease. He received his MBBS from New South Wales in 1988 with First Class Honors as well as a few awards, which include the Sugarman Prize in Clinical Pathology for the most proficient student in the component of paraclinical service and integrated clinical studies, as well as the Royal Hospital for Women Senior Medical Staff Price for the best performance in the final written and practical examination in Obstetrics and Gynaecology.

He later became a member of the Royal College of Physicians in UK, Fellow in Cardiology of the Royal Australasian College of Physicians, and Fellow of the National Heart Association Malaysia. He finished his internship and progressed to basic medicine trainee in Australia after finishing his resident medical officer posting in Malaysia in 1992. He then became a consultant cardiologist in Australia before coming back in Malaysia in 1997. Up until now, he had performed more than 2000 coronary angiographies, approximately 800 angioplasties, and approximately 250 transoesophageal echocardiograms.

Dr Foo Siew Hui
Dr Foo Siew Hui is a Consultant Endocrinologist & Physician at the Department of Medicine, Selayang Hospital. Apart from clinical work, Dr Foo has been involved in various industry-sponsored and investigator initiated clinical research in the field of endocrinology, diabetes & cardiovascular disease including EMPAREG Outcome, EXSCEL etc.

Dr Foo Yoke Loong
Dr Foo Yoke Loong graduated from Melaka Manipal Medical Universities and attained his Membership from MRCP (UK). He is currently working as a Lecturer and Clinical Cardiologist in University Putra Malaysia and Hospital Serdang. He is interested in Interventional Cardiology and Peripheral Intervention and he currently has many publications in both local and international journals.
Faculty Biodata

Dato’ Dr Tikfu Gee
Dr Gee is a Senior Lecturer in the Department of Surgery, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia. He obtained his Master in Surgery from University of Malaya and his fellowship in Minimally Invasive Surgery and Bariatric Surgery in France. He specialises in Minimally Invasive Surgery and Bariatric Surgery. He also has a special interest in clinical nutrition.

He has various publications from the fields of bariatric surgery, clinical nutrition and vascular surgery, and is currently conducting three prospective clinical trials. His main focus of research is on Bariatric and Metabolic Surgery and Peri-operative Nutrition.

His clinical practice includes both Hospital Serdang and Hospital Kuala Lumpur. He is also a Visiting Consultant Surgeon in Prince Court Medical Centre. Most of his bariatric surgery is performed in Hospital Kuala Lumpur. He has performed well over 700 bariatric surgeries since he returned from France in 2010.

Professor Dato’ Dr Hj Abdul Razak Muttalif
Dato’ Dr Razak started work in the Ministry of Health, Malaysia from 1982 as a house officer. He had worked in several district hospitals and in different states in Malaysia. He obtained his speciality and later his sub-speciality in Respiratory Medicine from the Royal Brompton Hospital in 1995. Since 1995 till now, he has been actively involved in treating lung diseases. As there are very few chest physicians in Malaysia, he treats all forms of lung diseases ranging from tuberculosis to lung cancer.

He was promoted as the National Head for Respiratory Diseases from 2010 to 2015. Currently, he holds the post of Senior Consultant Chest Physician at the Institute of Respiratory Medicine, Kuala Lumpur Hospital. He is a member of several committees for CPGs and advisory boards of respiratory diseases and is actively involved as the national technical advisor for the tuberculosis programme.

He has trained more than 100 general specialists and 20 chest physicians and several hundred medical students and is also an honorary/adjunct professor in four major government universities and three private institutions.

Dr Hoh Hon Bing
Dr Hoh graduated with Bachelor of Medicine from the Southampton Medical School, UK in 1988 winning two prizes namely, the Tenovus Oncology Prize and Sutton Surgery Prize. His training in Ophthalmology began at Moorfields Eye Hospital, London and later at Bristol Eye Hospital (1991 to 1997) where he was appointed Clinical Lecturer in Ophthalmology at the latter institution for two years prior to his return to Malaysia in 1997 as Associate Professor in Ophthalmology at University of Malaya. He was the President of the Ophthalmological Society for two terms (1999-2001).

He has won numerous international awards for Ophthalmology Research & Surgery including Bowman’s Cup (for best scientific research in 1995 at the Oxford Congress) and the Ethicon Travelling Scholarship 1997 and written a general ophthalmology textbook ‘Clinical Cases in Ophthalmology’ (published by Butterworth-Heinemann 1995).
Dr Jeyamalar Rajadurai
Dr Jeyamalar earned her MBBS in 1981, MRCP in 1985 and FRCP in 1996. Since then, she has gone on to earn a number of advanced professional qualifications including FACC (1996), FESC (2001), FNHAM (2006) and FAsCC (2008).

Dr Jeyamalar is a Consultant Cardiologist with the Subang Jaya Medical Center, which she has been attached to since 1996. She was previously with the University Hospital Kuala Lumpur, where she trained in cardiology and later headed the cardiology unit from 1995 to 1996, during which time she also held the position of Associate Professor with the University of Malaya. She remained an honorary consultant with the hospital for another three years after joining private practice.

Dr Jeyamalar has chaired the Clinical Practice Guidelines Committees on Heart Failure (2nd and 3rd editions) and Unstable Angina/NSTEMI. She was also on a number of other national-level guideline committees such as Hyperlipidaemia, Acute Myocardial Infarction, Prevention of Cardiovascular Disease in Women, STEMI and Percutaneous Intervention.

Dr Eric Lee Kim Hor
Dr Eric Lee is a Consultant Paediatrician in Pantai Hospital Kuala Lumpur. He obtained his MD from University Kebangsaan Malaysia in 1990 and completed his MRCP (UK) from the Royal College of Physicians, London in 1995. He worked with the respiratory unit in UK in the Royal College of Physicians in London while undergoing the Overseas Doctors Training Scheme from 1994 till 1995. Once back in Malaysia, he served in Paediatric Department, Hospital Kuala Lumpur before moving to private sector.

Dr Lee is an advocate of childhood immunisation and has given several talks to both medical professionals and parents on the benefits of vaccination. He has also contributed content in some publications on Paediatric & Child Health.

Dr Margaret Leow Poh Gaik
Dr Margaret Leow graduated from the Trinity College, University of Dublin (1991) and train in reconstruction surgery in multiple countries, e.g. UK, Scotland, Malaysia and Singapore. She has been a Consultant Plastic and Reconstructive Surgeon since 2004.

Currently she is working as Consultant Plastic and Reconstructive Surgeon at the Sunway Medical Centre since January 2015.

She was also a Senior Lecturer in Plastic Surgery at the University Malaya Medical Centre for many years till January 2015. She has also published widely on the topics on Plastic and Reconstructive Surgery.

Dr Elizabeth Lim Yen Lynn
Dr Elizabeth Lim is currently a Consultant Otorhinolaryngologist in the Tropicana Medical Centre, Selangor. She passed her membership examination by the Royal College of Surgeons, Ireland in 2008 and obtained her Masters of Surgery in Otorhinolaryngology, Head & Neck Surgery from University of Malaya in 2013. She became a Clinical Specialist at the Department of Otorhinolaryngology, UMMC immediately after that. As a young and dynamic doctor in the field of otorhinolaryngology, Dr Elizabeth Lim had been regularly invited to speak at the national and regional conferences.
Dr Rajini Sarvanathan
Dr Rajini embarked on her career in Paediatrics in 1994 and has been working in the field of Developmental Paediatrics and Neurodisability since 1996 in the UK and has continued working in the field on her return in 2003. She currently practices at the ParkCity Medical Centre where she is part of their Child Development Centre. She is also a Visiting Consultant at University Malaya Medical Centre.

Professor Dr Jamal I-Ching Sam
Professor Dr Jamal I-Ching Sam is a Lecturer at the Department of Medical Microbiology, Faculty of Medicine, University of Malaya. Dr Sam is a medical graduate from University of Nottingham in the UK, and completed his postgraduate training in Medical Microbiology in London. He joined the University of Malaya in 2005.

He is Head of the Diagnostic Virology Unit in the Diagnostic Microbiology Laboratory which serves the University Malaya Medical Centre, a 1000-bed tertiary referral centre in Kuala Lumpur.

He is also involved in teaching at both undergraduate and postgraduate levels. His research interests cover clinical, epidemiological, diagnostic and pathogenesis aspects of Chikungunya virus, respiratory viruses including influenza, and enterovirus 71.

Associate Professor Dr Sharifah Faridah Binti Syed Omar
Associate Professor Dr Sharifah Faridah began her training in Infectious Diseases immediately after obtaining her Masters degree in Internal Medicine from the University of Malaya in 2007. She worked under the supervision of Professor Dato’ Dr Adeeba Kamarulzaman, the current Dean of the Faculty of Medicine, University Malaya and Dr Tan Lian Huat, previous Consultant in Infectious Diseases in University Malaya Medical Centre.

Associate Professor Dr Sharifah Faridah is currently the Consultant and Head of the Infectious Diseases Unit in University Malaya Medical Centre. Besides her busy schedule as a clinician treating patients in the wards and in clinics, she teaches both the under and postgraduate students at the Faculty of Medicine, UM. She also carries out important clinical and scientific research in the field of Infectious Diseases. Her research interest is very wide and diverse which includes research in Tropical Medicine, HIV Medicine and Antibiotic Stewardship. She has several peer reviewed publications including a recent publication in Lancet on prophylactic platelet transfusion in patients with dengue fever. More recently her focus has also been in Hepatitis C Co-infection and Neurocognitive Impairment in HIV patients.

Dato’ Dr Syed Abdul Latiff Alsagoff
Dato’ Dr Syed Alsagoff is currently Consultant Orthopaedic Surgeon at the Ampang Puteri Specialist Hospital, Ampang, Selangor, Malaysia. He received his medical degree in 1983 from the Faculty of Medicine at the University of Malaya, Kuala Lumpur. Additionally, in 1990 he became a fellow of the Royal College of Physicians & Surgeons of Glasgow and a fellow of the Royal College of Surgeons of Edinburgh. His main interests include the management of paediatric orthopaedics and tumour surgery. He also does arthroplasty and trauma work.

Recent interest also includes management of osteoporotic fractures, ulcer healing and chronic pain management.

He is a member of many local and regional societies and associations including being the Past President of the ASEAN Orthopaedic Association and the Past President of the Malaysian Orthopaedic Association. He is a council member of the Asia Pacific Orthopaedic Association and Chief Delegate for Malaysia APOA Chapter. He also received various awards including the Darjah Dato’ Setia Negeri Sembilan (DSNS) which carries the title of Dato’.
Dr Tai Cheh Chin

Dr Tai graduated from University of Cambridge, United Kingdom and completed his postgraduate subspecialty training in Orthopaedic & Trauma Surgery in London, UK. Upon completion of his training in UK, he then received further subspecialties training in joint trauma, joint reconstruction and joint replacement surgery in Ulm, Germany and Sydney, Australia. Later, he returned to UK and worked full time as a Specialist in Orthopaedic & Trauma Surgery in a London Hospital prior to return to Malaysia, after being abroad for more than 18 years.

Upon return to Malaysia in August 2006, Dr Tai joined one of the oldest and premium institutions in Malaysia - the University Hospital, as a Consultant in the Division of Joint Replacement Surgery. He was later promoted as the Associate Professor in January 2009. He joined the Sime Darby Medical Centre as a full time Orthopaedic Consultant in March 2010.

Dr Tai has a special interest in the treatment of joint diseases, particularly arthritis, and has treated many arthritic patients successfully. Over the past few years in Malaysia, Dr Tai has performed many successful operations, particularly in joint reconstruction and total joint replacement. Dr Tai’s reputation extends beyond this country; he is also a well-known hip and knee surgeon at international level. Not infrequently, he is invited to operate in overseas such as Hong Kong, China, etc. To date, he has performed more than 2500 total joint replacements successfully, both abroad and in Malaysia.

Beside his busy clinical work, Dr Tai has a keen interest in medical education and training. He has organized many courses and workshops both in Malaysia and overseas especially in joint disease and arthritis which attracts both local and international specialists. Due to his vast experience in joint diseases and clinical management, he is regularly being invited as a faculty member to give talk and lectures in his expert field. He lectured comprehensively in the field of bone and joint diseases and headed several award-winning research projects. He also extensively published articles about bone and joint diseases in various international and national orthopaedic peer-reviewed journals and has contributed to several book chapters. In addition, he is a panel reviewer for both local and international orthopaedic journals.

Dr Vincent Tan Eng Soon

Dr Vincent Tan is currently a Resident Consultant Ear, Nose & Throat (ENT), Head and Neck Surgeon in KPJ Klang Specialist Hospital. He has worked as a international clinical fellow and done stints in centres of excellence far and wide to gain as much experience as possible in his areas of passion. He has a keen interest in endoscopic ear, sinonasal and neck surgeries, ultrasound-based clinic procedures, ENT allergies, thyroid, and head and neck surgeries. He also tries hard to incorporate the latest technological advancement in his practice.
Dr Wong Mun Hoe
Dr Wong Mun Hoe is currently Consultant Nephrologist and Physician in Pantai Hospital Klang. He graduated from the International Medical University in 2004 and pursued his Masters in Internal Medicine and Nephrology sub-specialty training at University of Malaya. His fields of interests include chronic kidney disease, glomerulonephritis, medical education and has been involved in training and examining medical students, postgraduate students, nurses and paramedical staff in both government and private institutions. He has numerous publications in journals and books and participates actively in nephrology activities in Malaysia and across the globe. Besides running a busy clinical practice, he continues to give talks to general practitioners, paramedical staff around Malaysia regarding chronic kidney disease.

Dr Felix Yap Boon Bin
Dr Felix Yap Boon Bin is a dermatologist in Ting Skin Specialist Clinic and Subang Jaya Medical Centre. He also serves as Associate Professor of Medicine in Universiti Tunku Abdul Rahman. His research interest is in acne, psoriasis, infectious and tropical diseases.

Dr Yeap Swan Sim
Dr Yeap is a Consultant Rheumatologist at Subang Jaya Medical Centre, Selangor. Her previous appointments include Associate Professor and Head of the Rheumatology Unit at the Department of Medicine, University of Malaya.

She is the current Vice-President of the Malaysian Osteoporosis Society and its Immediate Past President, a Past President of the Malaysian Society of Rheumatology, and was previously a Vice-President of the Asia-Pacific League of Associations for Rheumatology (APLAR).

Dr Yen Teck Hoe
Dr Yen Teck Hoe received his M.D. in 1992 from Universiti Kebangsaan Malaysia. He subsequently completed his postgraduate training at the Psychological Medicine Department, University of Malaya in 1999. After completed his postgraduate training, he served as a lecturer and psychiatrist in Faculty of Medicine, University of Malaya. His interests centred on psychopharmacology, psychiatric assessments, Christian-based counseling and sleep disorders. He is currently involved as a consultant and an advisor to governmental organizations, non-governmental organizations, pharmaceutical industries, media and colleges. While his focus is on maintaining good medical practicing standards, he also reinforces his belief in good mental health through public education. Dr Yen was the Past President of Malaysian Psychiatric Association and has a private practice in Kuala Lumpur.
Datuk Dr Zulkifli Ismail is a Consultant Paediatrician and Paediatric Cardiologist at KPJ Selangor Specialist Hospital and Visiting Paediatric Cardiologist at the KPJ Damansara Specialist Hospital. He was formerly Professor of Paediatrics and Paediatric Cardiology in Universiti Kebangsaan Malaysia (UKM). He has also served as the Head of the Paediatric Department and Director of Hospital Universiti Kebangsaan Malaysia (HUKM) as well as Medical Director of its private wing before opting for early retirement from the academic world in 2005. He is currently adjunct professor with the KPJ University College of Medical Sciences.

Datuk Dr Zulkifli has served as a Past President of the Malaysian Paediatric Association (MPA) and is currently the Editor of the association’s quarterly newsletter, Berita MPA. He chairs the Positive Parenting programme, serving as the Chief Editor of the Positive Parenting Guide, a quarterly publication aimed to equip Malaysian parents with reliable and practical local information on maternal, child and family care since 2002.

Datuk Dr Zulkifli is currently the Secretary General of the Asia Pacific Pediatric Association (APPA) after serving at its President in 2012-2016, current Chairman of the Asian Strategic Alliance for Pneumococcal Disease Prevention (ASAP) and a member of the Rotavirus Organization of Technical Allies (ROTA) Council. He serves as a board member of the National Population and Family Development Board (LPPKN), is a member of the Malaysian Ministry of Health Unrelated Transplant Approval Committee (UTAC) and was on the editorial board of the Malaysian Journal of Paediatrics & Child Health (MJPCH). He has also served as a reviewer for the Medical Journal of Malaysia and the Philippines Pediatric Infectious Disease Journal. He is a member of the KPJ group Research & Development Committee.

He has more than 35 publications in peer-reviewed international and local journals in addition to numerous abstracts and articles for the lay public on various issues involving child health, paediatrics and vaccinology. He has authored or co-authored two books for parents, one for medical students and one for nurses. In 2008 he was conferred the Darjah Panglima Mahkota Wilayah by the Malaysian King that carries the honorific title of ‘Datuk’.
Level 2

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Acknowledgements

The Organising Committee of the 57th Annual General Meeting and Annual Scientific Congress of PMPASKL wishes to thank the following for their support and contributions:

- A Menarini Singapore Pte Ltd
- Bayer Co. (Malaysia) Sdn Bhd
- Boehringer Ingelheim (Malaysia) Sdn Bhd
- DKSH Malaysia Sdn Bhd
- Ego Pharm Malaysia Sdn Bhd
- Fresenius Kabi Malaysia Sdn Bhd
- Fusion Cosmetics Sdn Bhd
- Hyphens Pharma Sdn Bhd
- Meda Healthcare Sdn Bhd
- Merck Sharp & Dohme (Malaysia) Sdn Bhd
- MIMS Medica Sdn Bhd
- Mundipharma Pharmaceuticals Sdn Bhd
- Sanofi Pasteur
- SWPFREHA
Photo Gallery

56th AGM & ASM of PMPASKL
23th - 24th April 2016, Dorsett Grand Subang, Selangor

Datuk Dr. Amar on Gadgets and Children
ASC 2016 participants

ASC 2016 participants

Sorting the prizes for PMPASKL Annual Dinner 2016

Trophies and more prizes at PMPASKL Annual Dinner 2016

Prize Galore for the Annual Dinner 2016
Photo Gallery
Photo Gallery

Doctors’ Day 2016, 9th October 2016
Jointly organised by the FPMPAM and PMPASKL
MEMBERSHIP
The membership has increased from 911 to 935 members as of 20th March 2017. Communications with members has been mainly through emails. The membership annual fee remains at RM30.00 and life membership at RM500.

DOCTORS’ DAY 2016
PMPASKL co-organised the Doctors’ Day 2016 with FPMPAM to coincide with its Family Day. This was celebrated on 8th to 10th October 2016. The main activities were held on 9th October 2016 at the Medical Academies Building, Jalan Tun Razak, Kuala Lumpur. The activities included blood and organ donation campaign, fun activities for children from orphanages and CME activity.

https://www.youtube.com/watch?v=zlsr7TBV5ag

ANNUAL GOLF TOURNAMENT
The PMPASKL Annual Golf Challenge was held on 22nd January 2017 at the Tournament Players Club, Kuala Lumpur.

SEMINARS/TALKS
Many talks was held around the Kuala Lumpur area in conjunction with the pharmaceutical industry on various topics which included Vaccine Updates; Pain Management in regards to Osteoarthritis; Treatment for Acne Vulgaris without the use of Antibiotics, Retinoids and Steroids and Infectious Disease Forum 2017.

CURRENT ISSUES
PMPASKL with FPMPAM is now working closely with MMA, MPCAM and PERDIM on current issues, including FOMEMA, MCOs and Local Authority licensing of clinics.

FOMEMA
The PMPASKL and the FPMPAM had received complaints from members that FOMEMA had asked panel GPs to sign a lopsided new agreement and new standard operating procedures.

FOMEMA also had imposed a registration fee. Failure to pay would result in their removal from the FOMEMA panel. This payment requirement was rescinded later after joint pressure to the Ministry of Health from MMA, PERDIM, MPCAM and Federation via letters and emails.

Subsequently, FPMPAM and many other parties were invited to attend a meeting which was chaired by the Secretary-General of the Ministry of Health Malaysia on 22nd February 2017 to discuss the long standing issues concerning foreign workers screening by general practitioners with FOMEMA.

RANG UNDANG UNDANG FARMASI (RUUF): UPDATE
The Pharmaceutical Services Division, Ministry of Health Malaysia (PSD MOH) has proposed the Pharmacy Bill to replace the pre-independence legislations namely the Registration of Pharmacists Act 1951, Poisons Act 1952, Sale of Drugs Act 1952, the Medicines (Advertisement and Sale) Act 1956.

March 2015: Briefing Session on the RUUF by PSD
Meeting abruptly adjourned when the Pharmaceutical Services Division Chairperson could not accede to the request for the proposed draft Bill to be shown to the doctors who refused to be named as participants in a process devoid of their consultation and informed input.

December 2015: RUUF Stakeholders’ Meeting
Moderated by PEMANDU. It was a week-long meeting, where nearly a hundred pharmaceutical industry representatives were invited as opposed to less than ten medical, dental and veterinary practitioners. Here the doctors opposed mandatory prescription filling and presented the Joint RUUF Memorandum.
April 2015, signed by Medical, Dental and Veterinary associations, and which had earlier been submitted to the MOH. Credit goes in particular to FPMPAM President, Dr Steven Chow leading the organisation of this memorandum in a carefully written document.

9th May 2016: DG of Health announced that there will be no dispensing separation as of now as MOH had to contend with the Bill which seeks to intrude into existing regulations, into regulations of other professions and which did not take heed of impact of changes to delicate patient care and potential for disruption of accepted norms of Malaysian health care.

While the doctors were pleasantly surprised by the temporary reprieve, they did take note of the DG’s reminder that many of the proposals forwarded by the pharmaceutical lobby could only be implemented once a system change of health care financing is in place.

**LICENSING BY DEWAN BANDARAYA KUALA LUMPUR**

Dewan Bandaraya Kuala Lumpur (DBKL) added to the strains of running private medical practice when they imposed new licensing payments on the private practitioners.

The Director-General of Health had earlier written to the DBKL to state that the need for private clinics to have local authority business license was a duplication as private clinics premises were already registered under Federal Law via the PHFSA 1998.

The PMPASKL Committee had informed members that it was their prerogative whether to apply and pay for the licence. However, PMPASKL has offered to seek a judicial review of this matter should it come to that. At time of writing, the Ministry of Health Malaysia represented doctors at a stakeholder meeting with DBKL on 22nd March 2017. The Bar Council was also presented at the meeting as its members also face the same dilemma. It was pointed out by all parties that the DBKL has flouted the law by imposing this new licensing fee on private clinics. The issue was supposedly to be referred to the Cabinet by the respective Ministers for a solution.

**MANAGED CARE ORGANISATIONS**

The Malaysian Medical Association had undertaken to make a study of the price of common ailments and the major diseases of lifestyle to provide a guideline to MCO on the consultation amount. This process is ongoing and at the time of writing, ten meetings have been held.

Key developments on the engagement with the MCOs/TPAs are:

1. MCOs are agreeable to conform to the Fee Schedule as per law.
2. MCO contracts which are lopsided will be reviewed with input from medical organisations and to conform to the PHFSA.

The organisations attending opted for a new Act while the problems of MCOs to be tackled by the National Committee on Managed Care in the interim.

**PERSONAL DATA PROTECTION ACT**

There is duplication of regulation in regards to the PDPA where we are mandated by law to register and pay an annual fee as well.

Malaysian Medical Council has been meeting and interacting with the KKMM.

The position taken by MMC is that doctors do not have to register until this issue has been sorted out and further announcement made.

**WEBSITE**

Dr Kong Chiew Meng continues to manage the PMPASKL website (www.pmpaskl.org). Members are encouraged to contribute articles and write-ups and also to visit the website and provide ideas and comments.
Dengue is the fastest spreading mosquito-borne viral disease in the world, with approximately 50 - 100 million dengue infections occurring yearly. Since 2014, the incidence of dengue fever in Malaysia has been increasing dramatically and has put a burden on the healthcare system. By the beginning of December 2015, according to the World Health Organisation (WHO) Western Pacific Region (WPRO), there were 111,285 reported dengue cases with 301 deaths in 2015. This number is 16.3% higher than the previous year.

Dengue has a wide spectrum of clinical presentations, ranging from a non-severe illness to severe disease. Non-severe dengue fever only requires outpatient treatment whilst severe disease due to plasma leakage requires hospitalization.

Severe disease resulting in hypovolemic shock carries high morbidity and mortality. A prospective observational study in University Malaya Medical Centre in 2008 enrolled 214 patients aged 16 years and above with ≤72 hours of undifferentiated fever, 65% of whom had a laboratory confirmed diagnosis of dengue. Of the 140 patients with confirmed dengue, 11.4% developed plasma leakage but 37.1% required hospitalization and none developed dengue shock syndrome.

Recent research in dengue for clinicians includes research in fluid management, the role of prophylactic platelet transfusion, macrophage activation syndrome, early scoring systems to identify patients with severe disease and the impact of comorbidities and age in dengue.

Zika virus is an arthropod-borne flavivirus. It is also transmitted by Aedes aegypti which is the same vector for dengue and chikungunya. Other modes of transmission include maternal-fetal transmission, sex (including vaginal, anal and oral sex), blood transfusion, organ transplantation and laboratory exposure.

Most infections are mild illness, lasting for about two to seven days. Infected individuals are conferred immunity post primary infection. Severe disease requiring hospitalization is uncommon, and case-fatality rates are low.

Infected individuals typically present with low-grade fever (37.8 - 38.5°C) with maculopapular pruritic rash, arthralgia (notably small joints of hands and feet), or conjunctivitis (nonpurulent). However, only about 20 - 25% of infected individuals will be symptomatic. This disease alarmed the world community when reports of a possible link between Zika virus and more severe complications to the individuals and unborn babies surfaced from South and Central America, especially from Brazil. Studies have shown that Zika virus is neurotropic and may cause complications of the central nervous system such as congenital microcephaly (risk 1 - 12%, in addition to other developmental problems among babies born to women infected during pregnancy), Guillain-Barré syndrome, myelitis, and meningoencephalitis. Fortunately to date this fear has not escalated further.
EARLY DETECTION OF CHILDHOOD DEVELOPMENTAL DISORDERS

Rajini Sarvananthan
ParkCity Medical Centre, Kuala Lumpur

Neurodevelopmental disorders (such as speech and language disorders and autism spectrum disorder) present themselves in infancy and early childhood and the role of early intervention in these disorders has been shown across many disorders. Ideally, intervention should begin as early as the first two years of life and definitely before the age of five years to optimise the potential of the child. The role of the primary care physician is thus extremely important, not only in detection but also in initiating investigations, intervention and parental counselling. The talk will aim to discuss some of the more common neurodevelopmental disorders, screening of disorders as well as what to do next.

MANAGING ALLERGIES IN PRIMARY CARE: BILASTINE - IS IT ONLY NEW OR IS IT BETTER?

Elizabeth Lim Yen Lynn
Tropicana Medical Centre, Selangor

Allergic rhinitis is a common allergic disease that may have a major negative impact on patients’ quality of life. Bilastine, a novel new-generation antihistamine that is highly selective for the H1 histamine receptor, has a rapid onset and prolonged duration of action. This agent does not interact with the cytochrome P450 system and does not undergo significant metabolism in humans, suggesting that it has very low potential for drug-drug interactions, and does not require dose adjustment in renal impairment. As bilastine is not metabolized and is excreted largely unchanged, hepatic impairment is not expected to increase systemic exposure above the drug’s safety margin. Bilastine has demonstrated similar efficacy to cetirizine and desloratadine in patients with seasonal allergic rhinitis and, in a Vienna Chamber study, a potentially longer duration of action than fexofenadine in patients with asymptomatic seasonal allergic rhinitis. It has also shown significant efficacy (similar to that of cetirizine) and safety in the long-term treatment of perennial allergic rhinitis. Bilastine is generally well tolerated, both at standard and at supratherapeutic doses, appears to have less sedative potential than other second-generation antihistamines, and has no cardiotoxicity. Based on its pharmacokinetic properties, efficacy, and tolerability profile, bilastine will be valuable in the management of allergic rhinitis and allergic rhinoconjunctivitis.
Panic disorder with and without agoraphobia is a debilitating condition that will afflict at least one out of every 75 people in this country and worldwide during their lifetime.

What causes panic disorder? Currently, most professionals who treat panic disorder rely on a multi-dimensional theory to understand the causes of panic and anxiety symptoms. This theory is based on the notion that a combination of factors leads to the development of panic disorder, meaning that a chemical imbalance may be partly to blame, but that other influences, such as genetics and environmental factors, also likely play a role in a person’s experience with panic disorder.

Genetic theories are based on the solid evidence of the familial link of panic disorder. For example, studies have determined that people with panic disorder are up to eight times more likely to have a first-degree relative who also suffers from this condition.

Other theories look at environmental factors, such as one’s upbringing or current life stressors, as key influencers in the development of panic disorder. For instance, problems in childhood, such as being raised by overprotective and anxious parents, attachment issues, and experiences of abuse or neglect, may impact a person later in life. Additionally, experiencing difficult life stressors and transitions, including grief and loss or other major life changes can affect a person’s wellbeing and vulnerability to developing a mental health condition.

A growing body of knowledge indicates that some medications and selected psychosocial treatments are effective for panic disorder, with and without agoraphobic avoidance. Two classes of antidepressants (i.e., tricyclics and SSRI) as well as certain high-potency benzodiazepines (e.g., alprazolam, lorazepam, and clonazepam) have been found to be effective in reducing or eliminating panic attacks associated with the various forms of panic disorder.

This lecture will provide an overview of the current status of clinical development of all sodium glucose co-transporter inhibitor-2 globally. A brief summary on the efficacy of empagliflozin in type 2 diabetes including its ancillary benefits in blood pressure and body weight and its applicability in the Asian context will be discussed.

An update on the EMPA-REG OUTCOME® study will be presented with focus of the recently published Asian sub-analysis, the renal outcome data as well as the sub-analysis based on heart failure data and age. Lastly, some updates on safety data for empagliflozin / sodium glucose co-transporter inhibitor-2 will be reviewed including the position statement by American Association of Clinical Endocrinologists / American College of Endocrinology on the association of sodium glucose co-transporter inhibitor-2 with diabetic ketoacidosis and recommendations to health care providers.
THE PAINFUL HEEL
Tai Cheh Chin
Subang Jaya Medical Centre, Selangor

The human heel bone is designed to provide a rigid support for the weight of the body and enormous amount of stress is placed on it during our daily activities of daily living. Every mile you walk puts 60 tons of stress on each foot. Consequently, the heel is vulnerable to damage and eventually pain.

Heel pain is the most common problem affecting foot and ankle. It can have many causes. Patients might complain of pain beneath the heel or behind the heel. The most common is due to mechanical cause. In addition, it may also be caused by arthritis, infection, autoimmune diseases, trauma, neurological problems or some systemic condition.

The causes of the heel pain, the available diagnostic investigations and the most up to date treatment for heel pain will be explored.

EARLY INTERVENTION WITH KETO ACID THERAPY FOR CKD MANAGEMENT
Wong Mun Hoe
Pantai Hospital Klang, Selangor

Chronic kidney disease (CKD) affects roughly one in every ten Malaysians and this figure is estimated to rise with increasing prevalence of diabetes mellitus. This talk aims to provide insights into diagnosis, current thinking and treatment strategies on chronic kidney disease. General practitioners play an important role to recognize and even treat early chronic kidney disease. With limited treatment options available, the role of ketoacid therapy is increasingly popular now to retard the progression of chronic kidney disease.
Glaucoma is a complicated disease resulting in damage to the optic nerve leading to progressive, irreversible vision loss. Glaucoma is the second leading cause of blindness after cataracts.

There are three types of glaucoma namely;
1. Open angle glaucoma (or chronic glaucoma) which can be primary or secondary
2. Narrow angle glaucoma (or acute glaucoma) which can be primary or secondary
3. Normal tension glaucoma

Symptoms
a) Open-angle and normal tension glaucoma has no symptoms because the pressure rise is very gradual (around 22-38 mmHg). Without treatment, people with glaucoma will slowly lose their peripheral vision and finally end up with tunnel vision
b) Narrow angle glaucoma usually present with painful red eye, blurred vision, nausea and vomiting as the pressure rise is sudden (around 40-60 mmHg)

Ophthalmological tests for glaucoma
1. Tonometry (checking the eye pressure which should be within normal range 10-21mmHg)
2. Gonioscopy (measuring the angle of the eye)
3. Perimetry (visual fields to measure glaucoma peripheral field defects)
4. Ophthalmoscopy (looking at the optic disc and retina)
5. OCT scan of the optic disc (measured cup:disc ratio which is normally <0.5) and nerve fibre layer around the optic disc

Recommended eye screening schedules of normal population
- Below 40 years (every 3-4 years)
- 40 to 55 years (every 2-3 years)
- After 55 years (every 1-2 years)

Risk factors for developing glaucoma include family history, use of steroids (either topical or systemic), previous ocular trauma, diabetes. If there is a family history of glaucoma, family members should be screened yearly for life-long. If the patient has glaucoma, it should be every four to six months for life-long.

Treatment of Glaucoma

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Open-Angle or Normal Tension Glaucoma</th>
<th>Narrow Angle Glaucoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Line</td>
<td>Glaucoma eye drops (to maximum of 3)</td>
<td>Laser iridotomy or iridectomy</td>
</tr>
<tr>
<td>2nd Line</td>
<td>Surgery</td>
<td>Surgery</td>
</tr>
</tbody>
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Types of Glaucoma Eye Medication

<table>
<thead>
<tr>
<th>Class of Eye Drops</th>
<th>Name of Eye Drops</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beta-Blockers</td>
<td>Timolol, Betoptic, Timo-Comod</td>
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<tr>
<td>Alpha-Agonist</td>
<td>Iopidine, Alphagan</td>
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<td>Carbonic Anhydrase Inhibitor</td>
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<td>Prostaglandin Analogs</td>
<td>Travatan, Xalatan, Taflugan, Lumigan</td>
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<tr>
<td>Combined Medications</td>
<td>DuoTrav, Combigan, Cosopt</td>
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ADVANCING TOPICAL ANALGESICS FOR BETTER PAIN RELIEF

Syed Abdul Latiff Alsagoff
KPJ Ampang Puteri Specialist Hospital, Selangor

The lecture covered the role of topical NSAIDs in current clinical practice of acute and chronic mild to moderate musculoskeletal pain management. Besides the point that topical NSAIDs are recommended as first-line treatment for such pain conditions by numerous guidelines, it has definite advantages over systemic formulations, with fewer side effects.

Topical NSAIDs have the following strengths: it provides better patients acceptability in which the gel formulation has better absorption, high local tissue concentration with minimal systemic concentration. Its drug effectiveness could be increased by therapeutic ultrasound (phonophoresis).

In summary, not all topical analgesics are the same and ketoprofen are among the better topical NSAIDS.

INFLUENZA VACCINATION IN HIGH-RISK PATIENTS

Jamal I-Ching Sam
University Malaya Medical Centre, Kuala Lumpur

Influenza virus types A and B cause considerable morbidity and mortality worldwide. The WHO estimates there are 3-5 million severe cases and up to 500,000 deaths annually. Seasonal epidemics occur in temperate countries, while the disease occurs year round in tropical regions. The burden of influenza in the tropics is under-studied, although available evidence indicates it is similar to temperate countries. The WHO recommends seasonal influenza vaccination for pregnant women as the highest priority, and other risk groups including children aged 6 months to 5 years, elderly individuals aged >65 years, individuals with chronic medical conditions (such as HIV/AIDS, and chronic heart or lung diseases), and healthcare workers. The rationale for vaccinating these high-risk groups will be outlined. Quadrivalent vaccines covering two influenza A types and both influenza B lineages are now recommended. However, vaccines are under-used in Asia-Pacific countries such as Malaysia when compared to Europe and the Americas. Some of the barriers to vaccination in Malaysia will be described including the relative lack of published data on disease epidemiology and burden. Greater understanding and communication of the burden of disease in high-risk groups in Malaysia are required to inform policies to prevent influenza.
GOUT AND PSEUDOGOUT
Yeap Swan Sim
Subang Jaya Medical Centre, Selangor

Gout and pseudogout are both crystal deposition diseases, monosodium urate (MSU) in the former and calcium pyrophosphate (CPP) in the latter. The typical clinical syndromes for gout and pseudogout arise from the deposition and precipitation of these crystals in the joints and tissues. The diagnosis and treatment of these two conditions will be discussed. Below are some frequent areas of confusion about gout:

1. Allopurinol/ULT should not be started during an acute attack of gout, but once started, it should not be stopped during an attack of acute gout. The acute attack of gout should be treated in addition to continuing ULT.
2. Allopurinol/ULT do not have analgesic effects.
3. NSAIDs/COX-2 inhibitors and colchicine do not lower uric acid levels.
4. The presence of hyperuricaemia without typical symptoms of gout is NOT gout.

SMALL AIRWAY: DO THEY MATTER?
Abdul Razak Muttalif
Institute of Respiratory Medicine, Kuala Lumpur

Asthma is one of the most common chronic diseases worldwide, affecting an estimated 334 million people. However, this figure may be an underestimation due to differences in defining and diagnosing asthma, globally. In Malaysia, prevalence of asthma patients are 6.4% of the total population. I will cover how well controlled of Asthma in the Real Life studies (perceptions within physicians, patients vs GINA Guideline), the role of small airways in the pathology of asthma and share the Utility of ICS/LABAs (Fluticasone/Formoterol) in the Treatment of Asthma Control.
DTP-BASED PEDIATRIC COMBINATION VACCINES: MOVING FROM 5 TO 6

Eric Lee Kim Hor
Hospital Kuala Lumpur, Kuala Lumpur

Combination vaccines have long been part of immunization programs worldwide. Today, most countries routinely use various modern combination vaccines. These combination vaccines provide many advantages for the patients, healthcare providers and public health programmes. Hexaxim is currently the only hexavalent combination vaccine that is WHO Prequalified. It is indicated for the prevention of six major diseases, namely diphtheria, tetanus, pertussis, poliomyelitis, Haemophilus influenza type b (Hib) and hepatitis B. The immune response to all Hexaxim (6-in-1 vaccine) antigens is high and similar to that of Pentaxim (5-in-1 vaccine) co-administered with standalone hepatitis B vaccine. Furthermore, usage of the fully liquid 6-in-1 Hexaxim vaccine has demonstrated reduction in preparation time and immunization errors. Options on how 6-in-1 vaccines can be incorporated into the Malaysian National Immunization schedule will be discussed.

EARLY COMBINATION THERAPY: HOW CAN WE MAKE IT WORK FOR OUR UNCONTROLLED AND ADDED-RISK HYPERTENSIVE PATIENTS?

Foo Yoke Loong
Hospital Serdang, Selangor

Hypertension is the most common medical condition which can lead to multiple target organ damage such as stroke, myocardial infarction, renal failure and premature death. It is a silent disease which the majority of the patients remain undiagnosed. The prevalence of hypertension in Malaysia has risen since 1996 from 35.8% till 43.5% in 2011; however only 35% of the patients achieved blood pressure control. The current recommendation to treat hypertension is individualized through risk stratification of each patient and to start combination therapy in high or very high risk patients as early as possible to reduce the blood pressure to goal. With the reduction in BP through diet, exercise and medication, we can reduce the patients risk of target organ damage significantly and lead a healthy lifestyle.
SPOT DIAGNOSIS - ECZEMA OR TINEA
Felix Yap Boon Bin
Subang Jaya Medical Centre, Selangor

Skin condition is commonly encountered in the primary care setting. However, many primary care physicians have difficulty differentiating various types of skin disorders. Although being the easiest form of medicine, visual medicine, misdiagnosis is the norm in dermatology. Differentiating fungal infection from eczema to psoriasis might seem easier on paper but proved to be difficult practically. In this lecture cum quiz session, we will explore the various types of common skin diseases seen in the primary practice and decode some of the pearls to proper diagnosis.

ATOPICLAIR IN MANAGEMENT OF ITCHY ATOPIC DERMATITIS IN THE YOUNG
Azam B Mohd Nor
Pantai Hospital Kuala Lumpur, Kuala Lumpur

The talk will focus on the burden of atopic dermatitis to young children. I will also be sharing some insights of eczema management and how to choose the right emollient for eczema patients, in order to achieve optimal disease control and cost effectiveness. In the lecture, I will include some myths about current trend of using “organic products”, and whether it is the right choice for children.
Universal vaccination programmes have become a victim of its own success! With successful vaccination comes a decrease in disease incidence and its related morbidity and mortality. This leads to subsequent generations disbelieving the benefits of the programme. There will be controversial issues brought up but the vaccine sceptics have been in our midst from the first inoculation by Edward Jenner.

Vaccination controversy revolves around (1) safety issues, (2) religious issues, (3) conspiracy theories and (4) propagation of natural and alternative treatments. The issues brought up by the small number of loud and prominent anti-vaccination lobbies hinge on the four areas stated. Despite millions of children being vaccinated, there will be vaccine-hesitancy among the population largely fuelled by the anti-vaccine influence.

Controversial issues include mercury in vaccines, the religious purity of vaccines, vaccines being used by certain groups to incapacitate other groups, promoting the notion that breastfeeding by itself will prevent all diseases and many others, including its relationship with autism.

The controversies surrounding vaccination should be familiar to all healthcare professionals so that we can effectively advocate for vaccination.

Otitis externa is a common inflammatory process of the external auditory canal. The patient can present with extreme pain, ear discharge and even a transient hearing loss. It also causes significant loss of productive hours from work and school. In the local context, frequent or habitual cotton bud usage to remove ear wax leading to superimposed bacteria and/or fungal infection remains a common cause. Skin defenses disruption favours the proliferation of Pseudomonas aeruginosa and Staphylococcus aureus. Topical antibiotics are the treatment of choice in uncomplicated cases. The role of Ciprofloxacin ear drops with the optional addition of topical steroid, fluocinolone as an effective topical treatment is highlighted here. Other treatment options for varying degrees of severity are discussed as well.
Obesity is a growing concern in the developing and developed world. Weight gain and obesity occur when calories consumed exceed those burnt through physical activities. The body stores these extra calories as fat. However, calories do not necessarily add up proportionately or mathematically. Weight gain and body fat distribution are influenced by many factors including genetic and hormonal factors, inactivity, unhealthy eating habits and diet, lifestyle factors, age, lack of sleep, certain medications and rarely, secondary to medical problems. Conversely, one is not destined to become obese even if these predisposing factors are present and preventive measures can be taken to avoid weight gain. Unfortunately, once weight gain has reached the point of morbid obesity, it is unlikely for the obese individual to lose significant weight. Morbid obesity is associated with diabetes mellitus, metabolic syndrome, obstructive sleep apnea, weight-related arthritis, infertility and a shorter average lifespan. Bariatric and metabolic surgery is currently the most effective long term solution for obesity. This surgery also has the potential to ameliorate or even cure diabetes mellitus and metabolic syndrome. The main mechanism in which metabolic surgery work is through hormonal and weight-independent factors.
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References: