

# SINGAPORE Health

THE FLAGSHIP PUBLICATION OF THE SINGHEALTH DUKE-NUS ACADEMIC MEDICAL CENTRE

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The history of Singapore General Hospital (SGH) is closely intertwined with the development of medicine in Singapore. The first general hospital for British troops was established in Singapore in 1819, but it was only in 1821 that it began serving the general populace — marking the true beginnings of SGH. In celebration of SGH's bicentennial, *Singapore Health* presents snapshots of the changes in medicine and its various disciplines in the past 200 years.

# A tradition of teaching

It is not enough to have brilliant clinicians. They have to share a common purpose in ensuring their knowledge, skills and experiences are preserved through the generations.

by Ms Angela Ng, Director, Communications Department, Singapore General Hospital

Some of their teaching methods were decidedly unorthodox. But all of them shared the same purpose — to pass on their knowledge, skills, and importantly, their experiences and values. One of the earliest documented and greatest clinicians and teachers to have passed through the portals of Singapore General Hospital (SGH) is Professor Gordon Arthur Ransome (1910-1978). Born in the UK at the turn of the last century, Sir Ransome came to Singapore in the early 1900s.

The story of Sir Ransome dipping a finger into urine and tasting for diabetes is legendary. His students were tricked into doing likewise but Sir Ransome had actually used two different fingers. The lesson was on the importance of observation in medicine — one that his students were unlikely to forget in a hurry! It is also a great story that has been passed — together with other lessons — down the generations.

Successive generations of doctors may not have resorted to such unconventional ways, but SGH's long reputation as a teaching hospital is without doubt. Many of Sir Ransome's students became legends in their own right.

Professor Seah Cheng Siang (1922-1990) inherited much of Sir Ransome's teachings and values. He regarded care of patients — regardless of their standing — as priority, with the same thoroughness and humility in all ways. He attended to a subsidised patient needing emergency care, keeping then-President Benjamin Sheares waiting.

Professor Navaratnam Balachandran (1928-2000) was another highly respected and sought-after teacher. SGH Emeritus Consultant Professor Tan Ser Kiat, whom he mentored, recalled Prof Bala frequently stressing that "one of our greatest responsibilities as senior staff is the training of our younger colleagues. To be allowed to teach and train itself is a privilege and



▶▶▶ (Clockwise from top left) Professor Gordon Ransome, Professor Ernest Monteiro, Professor Seah Cheng Siang, Professor V Anantharaman, Professor Lee Seng Teik, Professor Tan Ser Kiat, Professor Navaratnam Balachandran.

honour, which we must uphold".

Like Prof Bala, Prof Tan believes clinicians must always aim for excellence and generosity in imparting knowledge. Seniors are successful in training their younger counterparts well only when the latter surpasses their teachers in both skills and knowledge. Prof Tan is particularly passionate about raising the quality of medical education and mentoring of young doctors.

Professor Ernest Steven Monteiro (1904-1989) played a large part in establishing Singapore's very high standard of medical practice. He was held in great esteem by his students, who included former Malaysian Premier Tun Dr Mahathir Mohamad. Like all SGH's greats, Prof Monteiro was known just as much for his research into better treatments and care. His major discoveries included obtaining vitamin B1 extract for the potentially fatal beriberi, common among impoverished Chinese dockworkers subsisting on polished white rice; and diphtheria antitoxin to combat an epidemic then spreading throughout Singapore.

More recently, Emeritus Consultant Professor Lee Seng Teik pioneered cleft lip and

palate procedures, notably the Manchester-Lee Repair for reconstructing bilateral cleft lip deformity. Meanwhile, Emeritus Consultant Professor Venkataraman Anantharaman has passed on resuscitation medicine and out-of-hospital cardiac arrest work to a younger generation specialising in emergency medicine.

To keep healthcare professionals abreast of the latest developments in medicine, SGH established the Postgraduate Medical Institute (1994), the Postgraduate Allied Health Institute (2003), and the SingHealth Alice Lee Institute of Advanced Nursing (1997). The Duke-NUS Medical School was set up in 2005, a century after Singapore's first medical school.

Simulation facilities, using the latest technology and equipment, offer advanced and specialist skills training in situations involving emergencies and various medical conditions at a mini hospital equipped with an operating theatre, intensive care unit, and clinics.

Follow the celebrations at [www.sgh.com.sg/sgh200](http://www.sgh.com.sg/sgh200) and on our social media platforms: Facebook (@SingaporeGeneralHospital), Instagram (@sghseen) and TikTok (@sghseen).

Photos: SGH

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Selected photos featured were taken prior to the COVID-19 pandemic. For all recent photo shoots, safe distancing measures were adhered to.

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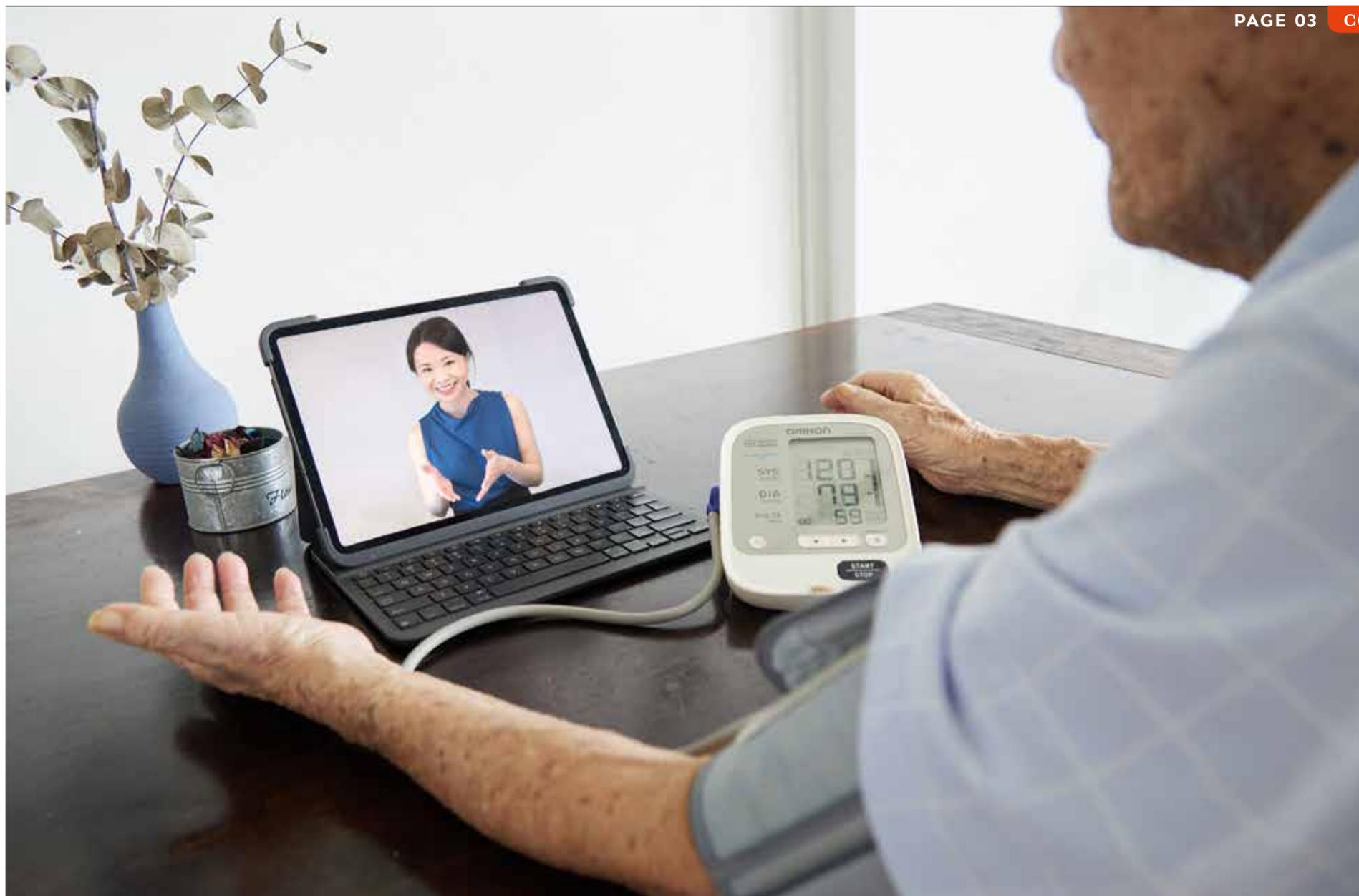
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»» In a staged scene of a video consultation at the patient's home, the doctor (Dr Amanda Lam on the monitor) prompts the patient to take his blood pressure.

# See you on screen

Video consultations have kicked off at Singapore General Hospital and may become the mark of future possibilities in patient care.

by Thava Rani and Desmond Ng

Consulting a doctor does not mean having to wait for hours. With video consultation services now being offered at more than half of Singapore General Hospital (SGH) departments, it is possible to be "in the clinic" just minutes after getting out of bed.

This means patients no longer have to take the day off to travel to the hospital, queue at stations to register, have their vital signs monitored, wait to see the doctor,

collect medication, and make payments.

"It is actually a win-win situation. With patients opting for video consultation, those who really need physical consultation do not have to wait for a long time," said Associate Professor Goh Su-Yen, Senior Consultant, Department of Endocrinology, SGH. She is also Clinical Director, Department of Future Health System, SGH.

Having video consultations for more services took on greater urgency with the COVID-19 pandemic. "The goal was to facilitate safe distancing, and we wanted to prevent overcrowding and reduce our patients' dwell time in the hospital," said Dr Amanda Lam, Consultant, Department of Endocrinology, SGH.

The department was selected to pilot the service in March 2020, together with the Department of Orthopaedic Surgery. To date, the service has been launched in 27 departments across the hospital, with many more in the pipeline.

Patients in a stable condition can video-consult their doctors at their three-to-six monthly reviews. Most of them also should not need

physical examinations, and are able to monitor their vital signs at home.

Patients only visit the hospital if they have to undergo periodic lab tests or radiological scans. To review their results, they can opt for video consultation, saving them a second trip to the hospital. A physical consultation with their doctor is still a must at least once a year.

"The hospital is looking to achieve at least 10 per cent of all follow-up consults on video, while keeping patient safety in mind," said Prof Goh.

To help patients benefit from new technology, Dr Lam and her team organised step-by-step demo sessions at the clinic. "Our doctors even ran a practice session with the patient in another room so that they can get familiar with the idea," said Dr Lam.

At the end of a video consultation, patient service associates help patients book their next appointment, and provide them with billing details, much like a regular consultation. Additionally, they also arrange for medication and documents to be delivered to the patient.

With patients opting for video consultation, those who really need physical consultation do not have to wait for a long time.



Associate Professor Goh Su-Yen

Senior Consultant, Department of Endocrinology,  
and Clinical Director, Department of Future Health System,  
Singapore General Hospital



The use of video consultations gained momentum among residents who found it a more convenient and feasible alternative to face-to-face meetings.

Mr Nasrifudin Najumudin  
Nurse Clinician, Katong Community Nurse Post



Aside from cost and time savings for the patient, the service allows loved ones to call in from their homes, offices, or anywhere else.

“So far, patients who have used the service are very happy. Around 94 to 96 per cent of them have expressed interest to continue,” said Prof Goh.

She plans to expand the service to SGH’s multidisciplinary clinics. When it happens, a patient will be able to meet the doctor, a nurse educator, medical social worker, dietician, and pharmacist all at the same time via video.

“We want patients to have access to care wherever they are. If they need to visit the hospital, we try to make it as smooth and painless as possible; but if they do not, we want to make sure we get the healthcare to them,” said Prof Goh.

### Supporting virtual care

With the COVID-19 pandemic showing little sign of waning anytime soon, SGH community nurses are engaging residents in the southeast region of Singapore on the use of new technology.

When residents are able to use the hospital’s video call or telehealth services, they can avoid travelling to SGH Specialist Outpatient Clinics (SOCs) or SingHealth Polyclinics (SHP). Even as safe distancing measures are imposed, telehealth services allow residents to receive appropriate healthcare and advice without interruption.

“Last year’s Circuit Breaker and ongoing safe distancing measures made it difficult for residents to meet community nurses, who were previously readily available as they were stationed near their

homes,” said SGH Senior Staff Nurse Suhaila Binte Samsudin, who is stationed at the Katong Community Nursing Post (CNP).

Community nurses play an increasingly important role in keeping residents fit and well since they were introduced in 2018. Stationed at neighbourhood care centres, they provide simple healthcare to elderly residents. They make sure residents take their medicines appropriately, check their general health, and respond to their queries on minor medical complaints under their regular “Ask Missy” meet-the-nurses sessions.

At the CNPs, community nurses and senior care coordinator associates teach residents the intricacies of using their smartphones and other devices for video calls, such as Zoom conferences. For those who do not own such devices, residents can go to their neighbourhood family care or senior activity centres, where such devices are set up for their use.

According to Nurse Clinician Nasrifudin Najumudin, word has spread as residents picked up the skills. “The use of video consultations gained momentum among residents who found it a more convenient and feasible alternative to face-to-face meetings,” said Mr Nasrifudin, who is also from Katong CNP.

Using their smart devices not only allows residents to chat with their community nurses, it also enables them to undergo consults with their doctors. Video calls can also include multiple parties. For instance, a video consultation can involve a doctor, a community nurse and a resident at home. Having all of them on the same



»» In staged photos, (top) Ms Nancy Ang, SGH Senior Patient Service Associate, explains to a colleague playing the role of a patient in a clinic waiting area how to use her smart device for video consultations, while (bottom) Community Nurse Suhaila Binte Samsudin and Montfort Care’s Marine Parade Family Service Centre social worker, Mr Damian Chong, demonstrate the use of video consultations at a resident’s home.

call means better integrated care, as all parties understand and agree with the treatment plan and follow-up care.

Machines to measure weight and blood pressure, as well as fingertip pulse oximeters, are available at the care centres. When the video call begins, the nurse prompts the patient to take his blood pressure and other readings. The first such station, known as a Telehealth Kiosk, was set up at a Montfort Care centre in collaboration with SGH community nurses.

Limitations exist, however, as “patients who require thorough, close-up or immediate examinations or assessments would not be suitable for video consults”, said Tiong Bahru CNP’s Senior Staff Nurse Clarissa Vashti Atchiah.

Healthcare education is a key component of community nursing service. With more patients adept at using their smartphones,

educational talks need not be suspended when safe distancing measures are imposed.

A talk on influenza vaccination was held at the NTUC Health Senior Activity Centre (Lengkok Bahru), which was attended by small groups of residents at neighbourhood centres and some from home. After the talk, 40 residents signed up for free vaccinations organised by Mount Alvernia Outreach Medical Clinic, a mobile clinic service.

Today, 35 CNPs are stationed across the five Communities of Care framework led by registered nurses trained in specialties such as geriatrics, oncology and chronic disease management.

For more information on SGH’s video consultation service, go to [www.sgh.com.sg/patient-care/visiting-specialist/Pages/Video-Consultation.aspx](http://www.sgh.com.sg/patient-care/visiting-specialist/Pages/Video-Consultation.aspx).



»»» (Top, from left) Ms Mumtaz Ibrahim, SGH Chief Nurse Ms Ng Gaik Nai, Assistant Nursing Director Mr Nidu Maran Shanmugam, and Nursing Deputy Director Ms Elena Mohamed Ayob, pose with a mother-son pair of runners, Ms Kandimadhy Pitchy Marie and Mr Shashi Chandra Segaram, who are both Nurse Clinicians.

»»» Outram Community Nurse Mr Shaifullah Abu Bakar (left), in a staged photo, represents the last runner who will end the race at Level 12 of SingHealth Tower, while his brother, SGH General Surgery nurse Mr Khairullah Abu Bakar, runs behind him to complete the run together.



»»» Senior Radiographer Joyce Siew (left) from KK Women's and Children's Hospital and Assistant Nurse Clinician Linda Siew (below) from Singapore National Eye Centre are sisters participating in the SingHealth Digital Relay to raise funds for SingHealth President's Challenge 2021.



# Rising to the challenge

Singapore General Hospital is organising the President's Challenge activities for SingHealth institutions this year.

by Ms Mumtaz Ibrahim, Senior Manager, Communications Department, and Mr Nidu Maran Shanmugam, Assistant Director, Nursing Division, Singapore General Hospital

**E**ight pairs of siblings, spouses, parents and children will take to the roads before climbing to the top of SingHealth Tower come August in a bid to raise funds for this year's President's Challenge.

They are among 200 pairs of runners who together will run a total of 200km in the SingHealth Digital Relay to set a new Singapore Book of Records' Longest Relay Run. Significantly, the 200 number underscores the 200th anniversary being celebrated this year by Singapore General Hospital (SGH), which is organising the President's Challenge activities for SingHealth institutions. The figure also represents the 200 years of medicine that Singapore is celebrating in 2021.

"The SingHealth family has come together as one to support President's Challenge since 2004," said Dr Gan Wee Hoe, Chairman

of SingHealth President's Challenge 2021. "Even as we continue to battle the COVID-19 pandemic, this public health crisis has thrown into sharp relief the challenges faced by vulnerable groups in society. This compels us in SingHealth to once again rally to raise funds for the needy and the less fortunate in our midst," added Dr Gan.

Dr Gan said that the format of this year's events is different from previous years because of the COVID-19 pandemic. "Our physical presence will be scaled down significantly to comply with safe management measures, but we hope that hosting these events in the virtual space will bring together even more supporters and donors than before," said Dr Gan, who is also Head, Department of Occupational and Environmental Medicine, and Chief Medical Informatics Officer, SGH.

Besides ensuring that the race does not violate safe management measures, passing on the baton virtually is in line with this year's national President's Challenge focus to build a digitally inclusive society. The traditional donation Pledge Cards will include a QR code to encourage donors to give digitally. SingHealth is also organising outreach activities for beneficiaries, as well as a ticketed virtual concert and art exhibition titled "A Night to Remember".

Singapore's largest healthcare group is aiming to raise \$550,000, with donations to benefit the SingHealth Fund (CGH Homecare Assist), South Central Community Family Service Centre, Metta Welfare Association, Rainbow Centre, and Yong-En Care Centre. These organisations offer assistance to the unwell, those with special needs as well as other vulnerable groups.

# App buddy for stroke survivors

Patients can now get personalised support to aid their recovery and rehabilitation.

by Suki Lor

Patients who survive a stroke have a new, constant virtual companion to turn to for support and information on their rehabilitation journey. The Stroke Buddy mobile app offers personalised advice based on the profile of the individual user, exercise videos, and a wide array of other educational resources, all on one platform. Users can also set alerts to start their exercise routine and reminders to take their medicine.

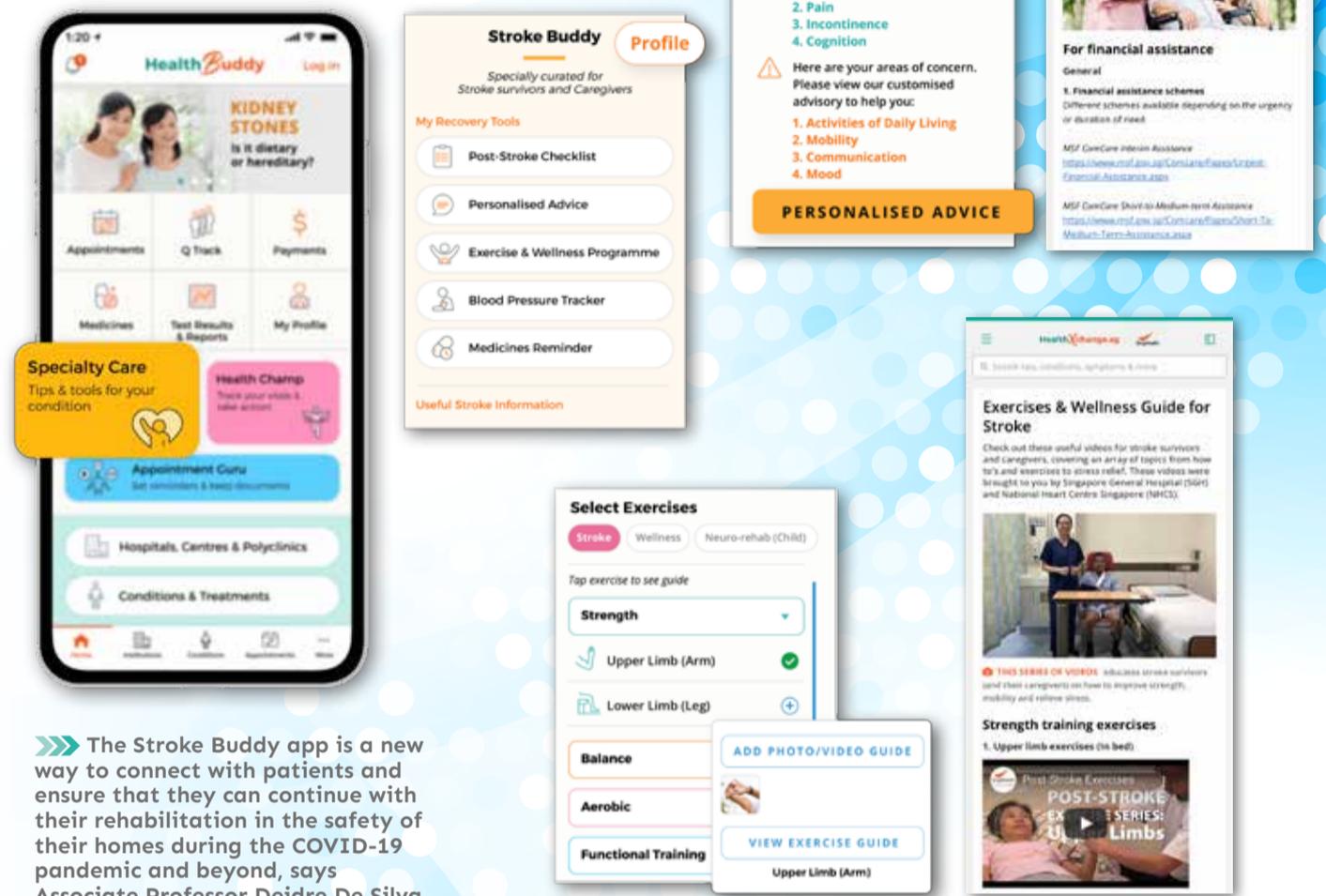
Launched at the 18th Singapore International Stroke Conference in March 2021, the app addresses key findings of a study conducted by the National Neuroscience Institute (NNI) and Singapore General Hospital (SGH) team on the support needs of stroke survivors and caregivers during the Circuit Breaker period in April 2020.

In the survey with 83 respondents, more than half reported being less active, and feeling more depressed and anxious due to the restriction of physical contact as well as suspension of face-to-face appointments at post-stroke clinics, rehabilitation services in hospitals, and community and support groups.

## Empowering patients

"Our stroke care team wanted to find a way to connect with our patients, and ensure that they can continue with their rehabilitation and access advice in the safety of their homes during the COVID-19 pandemic and beyond," said Associate Professor Deidre De Silva, Head and Senior Consultant, Department of Neurology, NNI@SGH Campus.

A collaborative team from SGH and NNI specialising in the treatment of stroke, together with SingHealth's Group Marketing Communications Department, spent nine months to develop and test the app. The team received funding from the



» The Stroke Buddy app is a new way to connect with patients and ensure that they can continue with their rehabilitation in the safety of their homes during the COVID-19 pandemic and beyond, says Associate Professor Deidre De Silva.

SingHealth Duke-NUS COVID-19 Innovation Grant.

Feedback during the trial period was positive. Users found the exercise videos helpful and easy to follow. A caregiver said that a video on caring for stroke survivors, particularly how to transfer a person from a wheelchair to bed and *vice versa*, was very useful and helped her care effectively for her family member.

This digital platform complements face-to-face and teleconsultations with doctors and therapists. Users can state their stroke conditions and risk factors on the profile page, and highlight their goals and motivations. They can also answer a 13-point questionnaire that is internationally used to screen for post-stroke complications. Based on the issues identified, the app will offer relevant information.

"We hope these tools can empower stroke survivors and their caregivers to self-manage their conditions," said NNI Senior Staff Nurse Peggy Lim Peck Kee, who helped coordinate and produce content for the app. She gathered input from various healthcare professionals, including nurses, physiotherapists and psychologists, to make sure that

the information was relevant and useful for all stroke survivors, regardless of their age or when the stroke occurred.

The app can also be used to log blood pressure readings. The data can be shared with a patient's doctor at his or her next clinical appointment to assess if there is a need to tweak medication prescriptions.

The app is accessible by patients from anywhere in the world.

## A one-stop app

The Stroke Buddy app is housed within SingHealth's Health Buddy app so that users' health information is consolidated and can be accessed from a single platform.

To ensure the functions are relevant and easy-to-use, the team designed the user experience and interface for elder-friendliness, with streamlined navigation and clear visuals to supplement text information for easy understanding.

"With NNI's insights and in-depth understanding of patients' needs, the collaborative development of exercise-monitoring and medicine-tracking functions in the app is a boon not only

for stroke patients. This new functionality can help all other users to track their own exercise and medication usage too," said Ms Kathryn Ng, Deputy Group Chief Communications Officer, Marketing Communications, SingHealth.

"Stroke Buddy leverages the breadth and depth of the Health Buddy app's features, which include a wide range of e-services, such as appointment scheduling, payment, ordering of medication, and self-monitoring trackers for blood glucose, body mass index, and more," said Mr Chan Fun Jui, Senior Manager, Group Marketing Communications, SingHealth.

With the inclusion of Stroke Buddy, Health Buddy's 'Specialty Care' section now offers specialised care resources for stroke, eye care, heart, knee, liver transplant, pregnancy, and infant care. "We have noticed the trend of more patients wanting to take charge of their health via the app, as digital literacy improves amid the COVID-19 pandemic. Our ageing population also sees the importance of self-care to keep healthy and active," Mr Chan added.

As at May 2021, the Health Buddy app has had more than 1.5 million downloads and an active monthly user base of close to 300,000.

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»» Pharmacy Practice Manager Lim Ching Hui says that the self-collection option will bring much convenience to patients and caregivers.



»» Mdm Yoo Boo Eng (above in red top) once missed a delivery for her wheelchair-bound husband. She likes the new service as she can collect his prescription monthly at a Guardian pharmacy near her home, instead of travelling to SGH.

# A more convenient way to collect medication

SGH has enhanced its medication delivery service by providing an additional option of self-collection from designated Guardian pharmacies islandwide.

by Dang Hui Ling

**S**ingapore General Hospital (SGH) is widening the avenues for patients to fill their prescriptions.

In addition to having their medication delivered to their homes or to their preferred location like a 24/7 secured parcel locker, patients can opt to collect their medicines at selected Guardian Health and Beauty pharmacies.

“We understand the hassle that patients and their loved ones have to go through just to get the prescription filled. Some even have to take leave from work to make a trip to the hospital, or

wait again in queue after seeing their doctor,” said Ms Lim Ching Hui, Pharmacy Practice Manager, Pharmacy Department, SGH.

Within the first month of the new service in October 2020, more than 40 orders were fulfilled. By May 2021, some 600 prescriptions were filled via Guardian pharmacies. Most of the prescriptions belong to elderly patients with chronic conditions.

“Often it is the family members who put in the order request on behalf of the patients. The majority of them are working adults who drop off the prescriptions during their breaks or when they finish work,” said Ms Grace Chew, Manager, Pharmacy Practice, Guardian.

As SGH prescriptions are now digital, patients do not need to submit their paper prescriptions, although they may still do so. Prescriptions are usually for 12 months from the consultation date. The Guardian pharmacist places the order, and notes the patient’s preferred date, time and place for collection. The patient or caregiver then picks up the medication on the appointed day, time and location.

Patients, who will get their bill

via SMS, do not have to return to SGH to pay for their medication. Instead, they can do so online via the SGH website or SingHealth’s Health Buddy app, or in person at any 7-Eleven store or Singapore Post branch.

SGH has been looking at different ways of making it easier for its patients to see their doctors and to collect their medications. In 2002, it introduced a medication delivery service, or MDS, which became more widely used after the COVID-19 pandemic began. Deliveries jumped to 23,000 in October 2020 from a monthly average of 2,500 in January 2020. It now accounts for about half of all outpatient prescriptions filled.

This also means thinner crowds at the hospital pharmacies, so more pharmacists can advise patients on various issues like the use of asthma devices.

Meanwhile, patients can get professional health advice on issues ranging from smoking cessation to diabetes care from Guardian pharmacists when they collect their medications. “Our pharmacists not only give advice on their conditions and medications, but also on lifestyle modifications,” said Ms Chew.



Collect your medications from Guardian pharmacies at these locations during operating hours: AMK Hub, Bedok Mall, Causeway Point, Bukit Panjang Plaza, JEM, Jurong Point, NEX, Northpoint City, Paya Lebar Quarter, Tampines Mall, The Clementi Mall, Tiong Bahru Plaza, VivoCity, Waterway Point, White Sands, and Yew Tee MRT.

Medications that require refrigeration, bulky items, controlled drugs, and those that need to be administered immediately cannot be collected at Guardian pharmacies.

For more information on the service, visit [www.guardian.com.sg/services/medication-collection-service](http://www.guardian.com.sg/services/medication-collection-service) and [www.sgh.com.sg/patient-care/visiting-specialist/Pages/MDS-medication-delivery.aspx](http://www.sgh.com.sg/patient-care/visiting-specialist/Pages/MDS-medication-delivery.aspx).

# Artificial intelligence and digitisation in healthcare

Improving technologies are changing the healthcare experience and clinical outcomes.

by **Dr Charlene Liew**

Deputy Chief Medical Informatics Officer and Consultant, Department of Diagnostic Radiology, Changi General Hospital

**M**y chosen specialty, Radiology, is at the forefront of the Digital Age, with more than 70 per cent of our work taking place in the digital space. Much like other industries that have undergone disruption, we are the proverbial canary in the coalmine, the first to be impacted significantly. At the same time, we also have the potential of having the first-mover advantage if we capitalise on the opportunities.

Herein lies what we term the 'incumbent's dilemma': the same processes, assets and rules that made our field great in the first place may be the very same roadblocks preventing us from moving forward in this digital world.

## An ongoing process

The adoption of electronic medical records (EMR) has been a gradual, ongoing process for the past 10 years. EMR has been a great boon for healthcare systems, linking doctors to medical records across public

healthcare institutions, so that care is continuous and seamless. Patients can transit from hospital to community and across the continuum of care.

The digitisation of medical records may have unintended consequences — doctors spend more time on digital record entry, which can detract from time spent communicating with patients, but artificial intelligence (AI)-assisted scribe systems that can accurately take down physician notes using voice commands may help alleviate this issue.

Furthermore, EMR generates a huge amount of data, mostly unstructured. The ongoing challenge is to implement EMR systems that are contextual, searchable and structured, so that this data can be harnessed for population-based research, leading to new insights and discovery.

## What it means for you

The changes we implement will increase convenience for patients and caregivers. Some are already

in use, such as telemedicine for general practitioner consults, booking of appointments on the smartphone, and accessing medical records online.

These initiatives save time and enhance convenience for patients.

Big data is poised to be the epidemiologist and public healthcare doctor's silver bullet, allowing them to predict where the next cluster of flu or dengue fever will happen so mitigating actions can be taken.

The next wave of changes will directly impact clinical medicine and hopefully improve clinical outcomes. Initiatives include early warning systems for discharged patients at risk of readmission, inpatients at risk of acute kidney injury or a potentially fatal condition like sepsis, where one's body responds to an infection and damages its own tissues, and those at risk of falls. These systems will positively impact lives, saving thousands, if not millions, worldwide.



Eventually, digitisation and AI will transform healthcare and introduce new models of care, some of which are currently being developed.

In the realm of imaging, opportunistic screening for cardiovascular risk may occur with routine images taken for other purposes, and screening for cancer and neurodegenerative conditions in our bodies can be partially automated and become common practice.

Therefore, we can expect to be told, at a young age, which food to consume or avoid; and at an old age, which symptoms to be aware of and what personalised medications to take. In this utopian picture of the future, we should also be prepared to live much longer, healthier lives.

Medicine has always been and will continue to be a 'high-touch' profession. Digital automation will help ease doctors from the burden of mundane manual entry of clinical records, and allow us to become more like the doctors of yesteryear — at patients' bedside, where we are needed most.

What this means for my area of practice, and everyone working in today's 'industrial revolution 4.0', is that we need to be acutely aware that the assets, services and processes, which once made our profession a success, may not ensue. Symptoms of this 'incumbent's reflex' is the reticence to go on the offensive or to disrupt our current model of practice.

As we take our first steady steps towards the future, it is important to reflect upon the medical traditions gifted by generations of our founding doctors, and carry their wisdom with us.





Mr Peter Seah's visionary leadership and people-centred approach have steered SingHealth through changing and challenging times.



(From left) Group Chief Executive Officer Professor Ivy Ng, Minister Gan Kim Yong, Mr Peter Seah, and Group Chief Nurse Dr Tracy Carol Ayre at a previous Nurses' Day celebratory event.

# Saluting a stalwart and steadfast leader

SingHealth thanks Chairman Peter Seah for his years of unwavering support and guidance.

## Defining Tomorrow's Medicine

As SingHealth celebrates 200 years of Medicine in Singapore in conjunction with Singapore General Hospital's (SGH) bicentennial, we pay tribute to our Chairman, Mr Peter Seah, whose visionary leadership has been instrumental in guiding our transformational journey over the decade, and in charting the way forward for the development of healthcare for Singapore's largest public healthcare cluster.

## Academic Medicine: A quantum leap in healthcare transformation

Since Mr Seah's appointment as Chairman of the SingHealth Board in 2009, SingHealth has made

significant advances in realising our Academic Medicine aspirations.

"When I came on board, the term Academic Medical Centre, or AMC, was an acronym that I was not familiar with. But today, we are a very successful AMC and frankly, second to none in Singapore. We have brought a lot of value to the public healthcare system through research and education, and that is probably one of SingHealth's biggest accomplishments," he said.

Harnessing the strong partnership with Duke-NUS Medical School, the SingHealth Duke-NUS AMC has been single-minded in pursuing continuous improvement through research and education, with steadfast focus on a unified goal: to improve care for the patients we look after.

Within three years of Mr Seah's chairmanship, the AMC established our first Academic Clinical Programmes (ACPs) in Medicine, Paediatrics, and Obstetrics and Gynaecology in 2011. This was the first of several key milestones in transforming the AMC ecosystem into one that thrives on the symbiotic relationships between clinical care, medical research and teaching. Fast forward 10 years, today, there are 15 ACPs in a spectrum of specialties that bring together specialists in their

respective disciplines across different institutions in SingHealth to maximise the potential of shared knowledge, expertise and resources. This framework sets the foundation in fostering closer collaboration not just within each specialty, but across different disciplines to engender scientific and research breakthroughs.

Following the ACPs, the Academic Medicine partnership has also gone from strength to strength, with the establishment of 15 Joint Research Institutes that cut across specialties, such as health sciences and precision medicine, as well as Joint Institutes and Centres focusing on key areas like patient safety and quality, and global health.

## People-centred leadership

During his tenure as Chairman, Mr Seah has steered SingHealth through changing and challenging times. His most memorable moments were working with the Board and the leadership team to introduce changes, raising the bar in healthcare standards, and handling each challenge with courage as it came.

"We have been through the hepatitis C crisis, the cybersecurity incident, and now we are confronted with managing the COVID-19 pandemic. These



Mr Peter Seah attending Nurses' Day celebratory events.



➤➤➤ He is well known for his support towards staff, often making sure to attend events celebrating our people and achievements.



➤➤➤ Launch of SGH Campus Master Plan in 2016.

are times that test the resolve, commitment and passion of our people, and they always come through well. We have a team of very dedicated workforce; about 30,000 people across SingHealth. It's amazing," said Mr Seah.

Mr Seah credits everyone in the SingHealth family for their support; from the Board to leaders, clinicians, nurses, allied health professionals, administrators and auxiliary staff, each showing passion, commitment, courage and dedication to public healthcare through his respective area of work.

"At the end of the day, it's all about the people. In 2019, SGH was ranked the third best hospital in the world by *Newsweek*. In fact, for three years in a row, we have been ranked top 10 in the world. It is not only a good recognition of the quality of our medical services, but also a great tribute to the quality of our people. You need good people; not just doctors but nurses and all other allied health staff as well as administrative and backend support. Together, they provide the standard and quality of services that earned us this recognition."

For many in the SingHealth family, Mr Seah is best known for his personal touch and unstinting support for staff. He is no stranger to staff events that celebrate our people, including Nurses' Day, Allied Health Day

and Long Service Awards presentation ceremonies.

"Despite his busy schedule, he attends our Nurses' Day celebrations every year, where he chats with the nurses to find out how they are doing, distributes flowers to them, and celebrates their achievements. It may be a small gesture on his part, but it makes a difference to our nurses to know that he genuinely cares and appreciates the hard work that they have put in. He is the ultimate cheerleader. I am very grateful for his unwavering support of nurses through both good and challenging times. I will never forget how he rallied behind our nurses during the hepatitis C crisis," said Dr Tracy Carol Ayre, Group Chief Nurse, SingHealth.

Even when the annual Nurses' Day celebrations were cancelled in 2020 due to the COVID-19 pandemic, he joined the virtual festivities on Zoom to encourage and thank the nurses for their selflessness, sacrifices and hard work.

### Building for the future

Over the last 12 years, Mr Seah has seen significant growth and developments in the healthcare landscape not only in SingHealth, but also across Singapore. He has played a pivotal role in leading SingHealth's advancement

through groundbreaking initiatives and organisational changes. Under his sterling leadership, SingHealth launched SGH Campus Master Plan in 2016, and opened three new hospitals (Sengkang General Hospital, Sengkang Community Hospital and Outram Community Hospital) in 2019, the new National Heart Centre Singapore in 2014, and the Academia, a purpose-built facility that catalyses advances in medicine, in 2013.

In 2018, Mr Seah also ably led the team through the reorganisation of Singapore's public healthcare system into three integrated clusters, with the successful reintegration of Changi General Hospital (CGH) into the SingHealth family. On this reorganisation in 2018, he said, "The formation of the three clusters allows for better integration as we take full advantage of the synergies and strengths that SingHealth brings to the public healthcare system."

Mr Seah looks forward to the opening of the Goh Cheng Liang Proton Therapy Centre that will be housed in the new National Cancer Centre Singapore (NCCS) building in the next couple of years. A project close to his heart, he hopes that the Centre, which aims to offer specialised and new treatments for cancer, will bring hope to more patients and put Singapore at the cutting edge of the global healthcare hub.

"Mr Seah has steered SingHealth steadily through some very exciting and challenging times, amidst increased demands and pressures that come with us being the largest public healthcare cluster that cares for more than half of Singapore's population. We have benefited immensely from Mr Seah's wealth of experience, visionary leadership and most

of all, his unwavering belief and support in our common purpose of placing our patients at the heart of all we do," said Professor Ivy Ng, Group Chief Executive Officer, SingHealth.

As Mr Seah looks back at his fulfilling journey with SingHealth over the last 12 years, he said, "This year, as we celebrate 200 years of Medicine in our nation, we take pride that despite having started from very humble beginnings in SGH's earliest days, we have done Singapore proud in being able to provide the man on the street with a very high standard of medical care. It is a collective history and achievement that we, as Singaporeans, can all be very proud of. It leaves me only to say a very big 'thank you' to the team; I am very honoured to have been part of this big family."

On behalf of SingHealth Board of Directors, senior leadership and staff, we thank Mr Seah for his years of dedication, wise counsel and guidance as we look back on the many milestones we have achieved during his tenure as SingHealth's Chairman.

As we celebrate 200 years of Medicine in our nation, we take pride that despite having started from very humble beginnings in SGH's earliest days, we have done Singapore proud in being able to provide the man on the street with a very high standard of medical care.

Mr Peter Seah  
Chairman,  
SingHealth Board



➤➤➤ Gift presentation at KK Women's and Children's Hospital's 160th anniversary event.

# KEY MILESTONES

**2009** **APR** Mr Peter Seah appointed as SingHealth's Chairman 

**2010** SingHealth celebrated its 10th anniversary 

**MAY** Launch of SingHealth Residency Programme

**JUL** Launch of SingHealth Investigational Medicine Unit (IMU)

**NOV**

- Published SingHealth Age-Friendly Guidelines *This led to the Singapore Healthcare Age-Friendly Infrastructure Guide that was shared with other public healthcare clusters in May 2015.*
- Launch of Academic Medicine Research Institute

**SEP** Launch of Academic Medicine Education Institute 

**AUG** Mr Seah awarded the National Day Awards Distinguished Service Order

**2013** Launch of SingHealth Duke-NUS Disease Centres (SDDCs) *These Centres bring specialists across various subspecialties together to deliver holistic patient-centric care, focusing on particular disease groups. Since then, 13 SDDCs have been formed.*

Two distinguished Professorships established *Since then, 16 more Professorships have been established.*

**JUL** Celebrated 130 years of nursing; launch of book *Nursing the Heart* 

**MAY**

- Launch of Diabetes and Metabolism Centre on Singapore General Hospital (SGH) campus
- Groundbreaking ceremony for Outram Community Hospital (OCH)



**2015**

**OCT** Launch of SingHealth Duke-NUS Surgical Skills and Simulation Centre (now under SingHealth Duke-NUS Institute of Medical Simulation)

**2016** **FEB** Launch of SGH Campus Master Plan by Prime Minister Lee Hsien Loong 

**APR** Launch of Target Zero Harm movement for patient safety

**JUN** Groundbreaking ceremony for the new National Cancer Centre Singapore (NCCS) building 

**MAY** Launch of Institute for Patient Safety and Quality 

**2018**

- KKH celebrated its 160th anniversary
- NHCS celebrated its 20th anniversary




**JAN** Reorganisation of Singapore public healthcare system by the Ministry of Health into three integrated clusters, with Changi General Hospital (CGH) rejoining the SingHealth family

- SingHealth celebrated its 20th anniversary and 15 years of AM partnership with Duke-NUS
- SingHealth Polyclinics celebrated its 20th anniversary
- Singapore National Eye Centre celebrated its 30th anniversary



**2020** **NOV** OCH opened its doors to receive its first patient

**MAR** Official opening of SKH and SKCH 

**JAN**

- SGH identified Singapore's first case of COVID-19 infection *SingHealth continues to fight alongside Singaporeans in the battle against the pandemic.*



- Groundbreaking ceremony for the new SGH Elective Care Centre and new NDCS building



**MAR** SGH ranked Top 10 for World's Best Hospitals by *Newsweek*

**AUG** SingHealth IMU administered the first-in-human COVID-19 vaccine clinical trial in Singapore

Under Mr Seah's leadership, SingHealth has won many accolades and awards over the years, which solidified its position as Singapore's leading public healthcare provider.

**2011**

**MAR**

Formation of SingHealth Duke-NUS Joint Academic Medicine Executive Committee (AM EXCO) to steer Academic Medicine (AM) initiatives and collaborations

**APR**

- Bright Vision Hospital joined the SingHealth family
- Pilot of Outpatient Pharmacy Automation System solution to further enhance safety and efficiency

**JUL**

SingHealth Academy awarded the '.edu.sg' domain status

**JUL**

Landmark clinical trial to test the world's first drug to treat patients with dengue fever begun

**JAN**

Professor Ivy Ng took over as SingHealth's Group Chief Executive Officer from Professor Tan Ser Kiat

**2012**

**DEC**

Formation of Academic Medicine Advisory Council

**AUG**

Launch of SingHealth Duke-NUS Academic Clinical Programme (ACP)  
*An ACP brings specialists in a particular discipline together to further the sharing of knowledge and advancement of AM. Since then, 15 ACPs have been established.*



**JUL**

Opening of the Academia building



**OCT**

Groundbreaking ceremony for Sengkang General Hospital (SKH) and Sengkang Community Hospital (SKCH)



**NOV**

Medical Social Workers developed a "One Medifund" system

**SEP**

Official opening of the new National Heart Centre Singapore (NHCS) building



**MAY**

Formalised strategic partnership with Duke-NUS with the signing of the SingHealth Duke-NUS MOU



Received transformational gift from Goh Foundation



**2014**

**JUN**

Launch of Esther Network Singapore  
*This helped us drive patient-centred care by constantly asking ourselves "What is best for Esther?", with Esther being the patient we serve.*

**OCT**

KK Women's and Children's Hospital (KKH) sets World Guinness Record for largest reunion of people born at the same hospital



**JAN**

Launch of five SingHealth Duke-NUS Colleges and Institute of Medical Simulation under SingHealth Academy

National Dental Centre Singapore (NDCS) celebrated its 20th anniversary



**2017**

**APR**

Groundbreaking ceremony for new SGH Campus Emergency Medicine building



**SEP**

Launch of SingHealth Duke-NUS Global Health Institute

**NOV**

Launch of Medical Centre at CGH



**MAR**

SGH ranked third for World's Best Hospitals by Newsweek



- NCCS and the National Neuroscience Institute celebrated their 20th anniversary
- Received major gifts from Ngee Ann Development and Goh Foundation



**2019**

**NOV**

SingHealth to operate new integrated hospital next to Bedok North MRT station in 2030

**2021**

SingHealth celebrates 200 years of Medicine in Singapore



**MAR**

SGH ranked Top 10 for World's Best Hospitals by Newsweek for the third consecutive year

**JUN**

Launch of Academic Medicine Innovation Institute

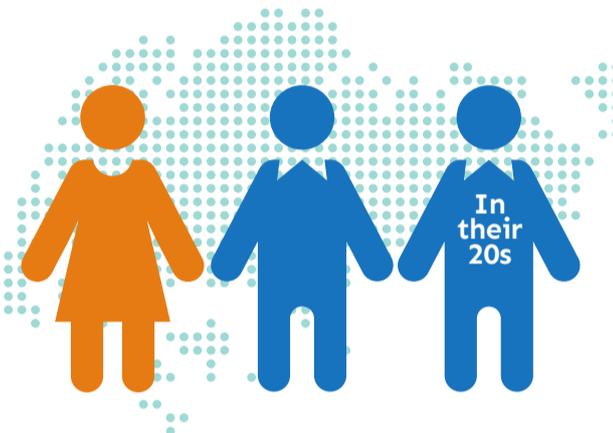
# Spotlight on suicide

Falling on 24 July every year, Samaritans Awareness Day recognises the efforts of the unsung heroes who help patients through a life crisis.

Information provided by **Ms Jackie Erh**  
Principal Medical Social Worker (Clinical), Singapore General Hospital; Member of Suicide Intervention Team

## Suicide in numbers

- Lives lost (nationwide):
  - ▶ 400 (2019)
  - ▶ 166 (Jan to Sep 2020)
- Leading cause of death for those aged between 10 and 29
- Mainly male (about 2/3); and mostly in their 20s (1/3)
- For every suicide, there are 40-100 more suicide attempts or self-harm cases



## Telltale signs...

- Withdrawing from friends and family
- Losing interest in appearance
- Giving things away
- Losing appetite and sleep
- Expressing sadness, loneliness, anger, guilt and hopelessness
- Thinking about suicide



## If someone says he is thinking of suicide...

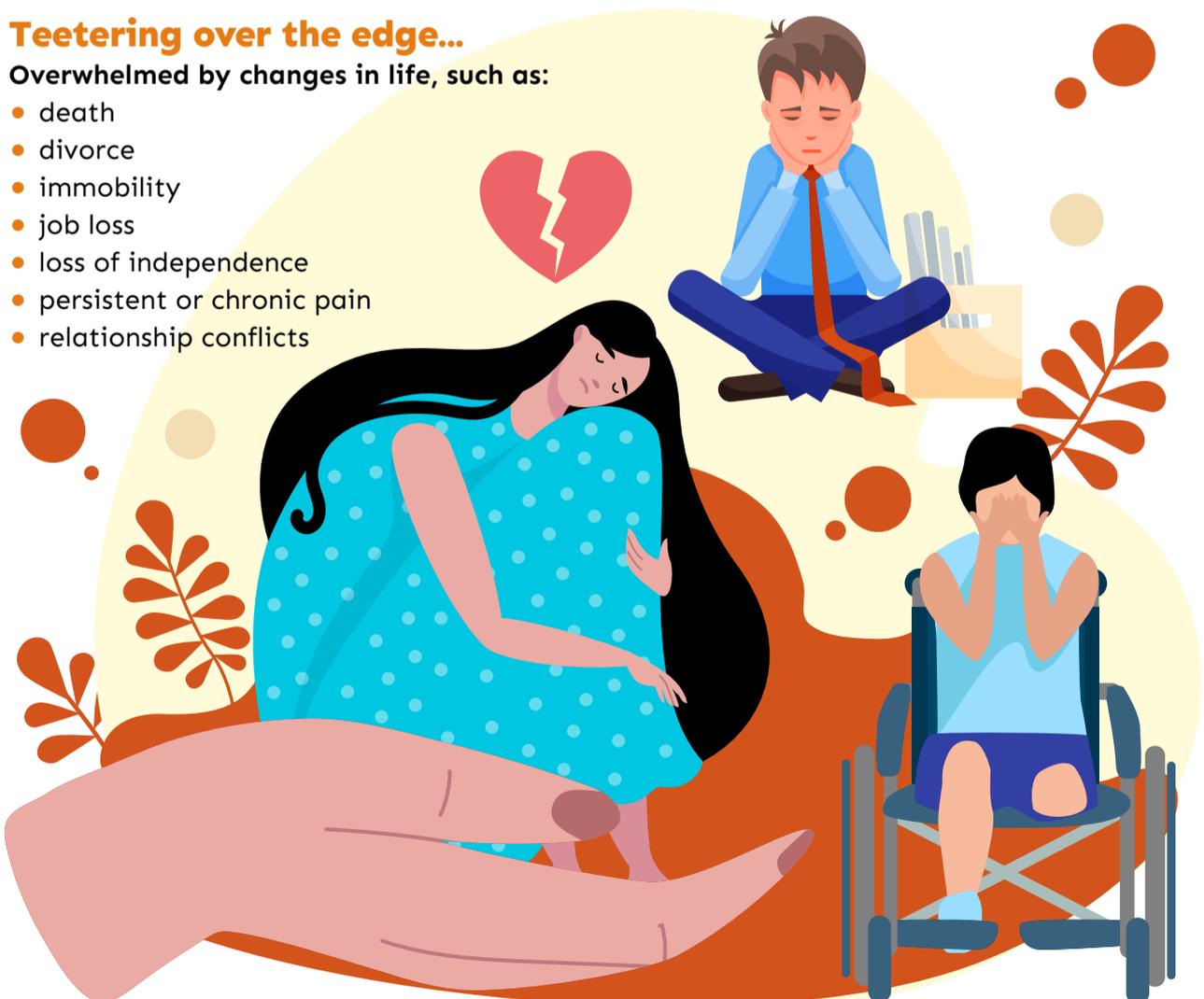
- thank them for sharing as it takes courage to tell someone
- offer to call or find a professional whom they can talk to, and offer to accompany them to the appointment
- try to find out what is meaningful for them, and remind them what they are living for



## Teetering over the edge...

Overwhelmed by changes in life, such as:

- death
- divorce
- immobility
- job loss
- loss of independence
- persistent or chronic pain
- relationship conflicts



## Samaritans of Singapore lifelines

24-hour hotline:

1800 221 4444

Caremail: [pat@sos.org.sg](mailto:pat@sos.org.sg)

Care Text via website:

[www.sos.org.sg](http://www.sos.org.sg)



# Preparing for a doctor's visit

Simple tips that empower patients to be more involved in the care of their own health.

by Annie Tan



**H**ave you ever stepped out of a doctor's office only to realise you had a burning question that you forgot to ask?

This is a common scenario for many patients. According to Ms Julia Ng, a member of the SingHealth Patient Advocacy Network (SPAN), many patients, especially those managing multiple conditions, may be too overwhelmed or afraid to probe further during a doctor's visit.

Ms Ng shares her personal experience of being diagnosed with gastrointestinal stromal tumour (GIST), a rare form of sarcoma cancer, in 2019. The tumour was surgically removed and she has since been undergoing oral targeted therapy.

"Most visits with doctors last approximately 10 to 15 minutes, depending on the situation and condition. You can make the most of it by preparing five to six questions you have in advance," said Ms Ng.

## Clarify your doubts

Another good practice is to record your medical history, existing prescriptions, supplements as well as alternative medicine taken and allergies, if any. It is advisable to share this information with your doctor because some medications and herbs may interact with the new treatments and drugs.

"Prior medical problems and medications can affect a patient's subsequent tests or treatments. For example, a patient who is on blood-thinning medications may need to stop using them before going for a biopsy. These medications may also interact with the newly prescribed treatment to decrease its effectiveness or increase the side effects of either medications," said Dr Teh Yi Lin,

Director of Cancer Education and Information Services, and Associate Consultant in the Division of Medical Oncology, National Cancer Centre Singapore.

"As doctors, we aim to treat our patients holistically, hence it is important to balance our patients' multiple medical issues," she added.

Another area relates to dietary restrictions. This includes foods, supplements and home remedies to take or avoid. Dr Teh encourages patients to be proactive by taking a variety of nutritious food.

"One side effect of the drug I am taking is a reduction of white blood count and a weaker immune system. After checking with my doctor, I feel more confident knowing which supplements can be taken safely with my prescribed medicines. Take the initiative to ask questions and clarify your doubts, and allow medical professionals to advise you accordingly," Ms Ng said.

Other important questions you can ask their doctor include lifestyle changes, exercise recommendations, and alternative therapies you may be keen on exploring.

## Empowering oneself

For many patients, information can help them better understand the length, effectiveness and cost of treatment, as well as side effects and complications that may come with certain procedures or treatments.

"Doctors will usually take the initiative to share many of these with patients, but if you need more information, do not be shy to ask. In some cases, this can help you decide if you want to proceed with the treatment," said Ms Ng.

Knowing what to expect next in the treatment plan or what other options are available can help patients anticipate and plan,

take responsibility for their own healthcare, and ease anxiety from uncertainties.

Dr Teh cautioned that patients must be mindful and careful when researching on their own condition, especially with a plethora of information readily accessible on the Internet. "As every patient's condition is different, not all advice online may be applicable. It would be good for patients to clarify with their doctor directly," she said.

## Coping with treatment

It is only natural for patients to experience anxiety, especially when diagnosed with critical illnesses. In such cases, it is helpful for them to find out how the condition may affect their lives and that of their caregivers. Psychologists, counsellors or support groups can provide an important mental and emotional buttress.

"GIST is a rare condition, so only a handful of people were familiar with my condition. I was thankful to find a local and some international support groups, which enabled me to learn a lot about the disease and side effects through other patients' and caregivers' experiences," said Ms Ng.



»» Patients must be mindful when researching on their condition, and they should consult their doctor directly for clarifications, says Dr Teh Yi Lin.

Another useful tip is for patients to have a family member accompany them on visits where possible, especially if they feel unwell or stressed. Beyond providing support, the family member can also help ask important questions and take note of instructions.

## Common questions to ask your doctor

### Consumption

- What food can I take to improve my condition?
- I am currently taking a cocktail of supplements. Would any of these interfere with my medication? Should I continue taking them?
- What should I do if I accidentally miss taking the prescribed drugs on a certain day?

### Activities

- What kinds of exercise can I do to improve my condition?
- Is there any support group I can join?

### Symptoms

- How do I monitor for symptoms or side effects?
- Are there any long-term effects?

### Treatments

- Are there alternative treatment options?
- How long would the treatment last? What is the long-term outlook with and without the recommended treatment?
- How much would the treatment cost?

# Seek help for urinary issues

Pelvic floor muscle exercise, bladder training and medication can ease or resolve some cases of urinary incontinence.

by Suki Lor

**F**requently needing to get up at night to urinate or being unable to control an overwhelming urge to pee can cause inconvenience and embarrassment, and affect one's quality of life. The reality is, many cases of urinary incontinence — an involuntary leakage of urine — can improve through relatively simple measures, and people should seek help rather than suffer in silence, said Dr Ami Nagashima, Senior Staff Registrar, Sengkang Community Hospital.

There are various types of urinary incontinence, with the more common ones being stress and urge incontinence. Some may suffer from more than one type of urinary incontinence.

Stress incontinence occurs when an activity, such as coughing, laughing or exercising, puts pressure on the bladder, resulting in leakages when the muscles controlling urination are weak.

Patients with urge incontinence experience a strong urge to pass urine immediately, due to an overactive bladder.

Overflow incontinence is more prevalent in elderly men with prostate problems. This is when the bladder muscle fails to function properly or there is an obstruction to the bladder outlet, which causes urine to be retained. Urine leaks out due to an overflow when the bladder fills up.

For patients with mobility or cognitive problems, including stroke and dementia, they may not be able to get to the toilet in time when the need arises. This is a condition known as functional incontinence, which is contributed by cognitive, functional or mobility difficulties.

## Quality of life at stake

Urinary incontinence can erode patients' quality of life and self-esteem. "Those affected may go into social isolation because they prefer to stay home to prevent embarrassing situations. Besides affecting their daily life and activities, their quality of sleep suffers if they have to wake up multiple times at night because of the urge to pee," said Dr Ami.



However, not all with urinary incontinence seek help for this condition. "Patients may feel too uncomfortable or embarrassed to volunteer information, even with their doctor. It may also be due to a lack of knowledge about the causes and available treatment options. Some also assume that urinary incontinence is a natural part of ageing, which is a myth," she added.

## Causes for incontinence

Age is a risk factor but urinary incontinence is not a normal part of ageing. The condition may be reversible and treatable.

When patients experience urinary incontinence, it is important for doctors to determine whether the condition is transient or chronic. For instance, a sudden onset of incontinence may be due to a urinary tract infection (UTI), and doctors will check for other symptoms of UTI, such as fever and pain when passing urine.

If tests confirm an infection, antibiotics can be used to clear it and resolve the incontinence.

Medication that patients take for other conditions can also lead to urinary incontinence as a side effect. For example, there are drugs that affect the bladder muscles, and cause urine retention and overflow incontinence. In such cases, switching to other suitable drugs can be a solution.

## Non-drug treatments

Very often, doctors will suggest ways that do not involve medication to relieve incontinence.

Some ways patients can ease their symptoms, such as nocturia or frequent urination, include limiting the intake of caffeine and alcohol, and avoid drinking any fluids at least two hours before bedtime.

As obesity and smoking are also risk factors, losing weight and quitting smoking would be suggested where appropriate.

Exercises to strengthen pelvic floor muscles can be



»» Urinary incontinence is not a natural part of ageing, and may have various causes and treatment methods, says Dr Ami Nagashima.

especially helpful for stress and urge incontinence, while bladder training can help in urge incontinence. In bladder training, patients are taught ways to focus on reducing the sense of urgency when it occurs, such as pelvic muscle contractions or relaxation techniques, with the aim of progressively extending the interval between voiding without incontinence.

Symptoms usually improve after the various non-drug measures.

"It takes time and compliance for these measures to help," said Dr Ami. Age is no barrier to these strengthening exercises.

If non-drug measures do not work, medication may be prescribed to counter overactive bladder muscles. Surgery may be an option in cases whereby measures such as lifestyle changes and exercises fail to improve symptoms. Patients are recommended to consult their family doctors should symptoms arise.

# Losing his mojo

Similar to what women go through with menopause, older men may experience symptoms caused by an age-related decline in testosterone.

by Desmond Ng

**M**en also experience menopause — or at least something similar.

As men age, they can experience depression, mood swings, decreased energy levels, and even low sex drive. Known as andropause, or late-onset hypogonadism, this medical condition is essentially triggered by an age-related decline in testosterone, a hormone produced in the testes.

Testosterone stimulates sperm production as well as a man's sex drive, and is responsible for male physical characteristics, such as muscle strength, body and facial hair, and deep voice.

"As men age, their testosterone levels will go down, but not all men will suffer from the signs and symptoms," said Dr Jonathan Teo, Consultant, Department of Urology, Singapore General Hospital (SGH).

Even if they do, they may not seek treatment. "Some men may decide to just live with it. For example, for an old man who does not have sex anymore, the lowered sex drive does not affect him in any way," added Dr Teo.

Some men may feel embarrassed, preferring to suffer in silence. Still, Dr Teo has noted an increase in the number of men seeking help for this condition.

"I think it is partly because our society is opening up to such patients wanting some help. Increasingly, we are also seeing women dragging these men into the clinic, bringing their husbands in for check-ups," he said.

Some 26 per cent of men in Singapore suffer from low testosterone levels, according to a clinic-based health screening conducted on 1,000 men between 2007 and 2009. Andropause typically affects older men aged

above 50 years, and the symptoms include erectile dysfunction, low energy levels, changes in attitude, and insomnia.

Having a blood test is often among the first steps in diagnosing low testosterone, coupled with a physical examination and whether a patient is experiencing any of the symptoms associated with andropause.

Andropause can affect those aged below 50 years if they have undergone surgery to remove testicular cancer or if the patient is under medication that lowers the testosterone in his body, said Dr Teo.

Once diagnosed, andropause can be treated with testosterone replacement therapy in the form of pills, an injection every three months, or the application of testosterone gel on the shoulders or upper arms of the patient. Those undergoing testosterone replacement therapy are closely monitored for side effects. This therapy can bring on blood thickening, which increases the risk of a heart attack or stroke, and also a drop in sperm production.

"When you give a patient testosterone, it tricks the body into producing less sperm, so such therapy will not be possible for those trying to have a family," said Dr Teo. Once the testosterone replacement therapy stops, the sperm count will recover.

Therapy can alleviate, and in some cases, reverse many of the symptoms associated with andropause. Healthier lifestyle choices, such as diet changes, more sleep, exercise, and treatment for depression or anxiety, are also important in relieving symptoms.

Andropause and low testosterone levels are just one of a range of andrology issues. Other men-related issues include erectile dysfunction and ejaculatory disorders, said Dr Teo, who also runs a clinic for men's health at SGH's Diabetes and Metabolism Centre. It aims to address the gaps in men's health screening, which contrasts with the wide range of screening initiatives for women, such as breast screening and cervical cancer screening programmes.



## Q&amp;A

HealthXchange.sg

## Improve posture when working from home



I am working frequently from home because of the COVID-19 pandemic, and would like advice on sitting and working posture, as well as the right table and chair to use. Also, is standing while working on the computer better than sitting down?

When sitting on a chair, both feet must be able to rest comfortably on the floor. If the seat height is not adjustable, rest your feet on a stool or raised platform. The seat must be wide enough to accommodate the buttocks and deep enough to stop just before the back of the knees. Sit comfortably with the back against the backrest. The knees and elbows should be bent at 90 degrees, or right angles, while sitting comfortably. If the chair has armrests, the 90/90 rule applies, and the arms should rest comfortably at right angles.

The 90/90 principle also applies in terms of the height of the table. Your forearms should be able to rest comfortably on the table without causing your shoulders to be elevated. The space below the table should be free of clutter so that you can stretch and move your legs easily. Sitting in the same position for a long time can bring on a host of problems, such as leg swelling, blood clots, and varicose veins. Find a position or posture that is comfortable. Change positions every 30 to 45 minutes; for example, get up and take a walk or do a stretch.

It is important to change your posture and to keep moving frequently. Having a chair with castors allows you to move back and forth easily, and stretching of the legs, especially where there is little space below the table.

**DR PHILIP CHEONG KWOK CHEE**

Principal Physiotherapist, Singapore General Hospital



## Managing high cholesterol



After being on medication for high cholesterol, I have seen an improvement in my condition. My doctor continues to prescribe me with medication, but I am worried it will cause my body to become dependent on the drug. What will happen if I miss my medication for a day?

The decision to start on medication for hypercholesterolemia will depend on your risk profile and cholesterol levels. You should visit your doctor for a deeper discussion on the targets you should aim for, as this will help you decide when to start on your medication.

Cholesterol-lowering medications have good data in the scientific literature in the prevention of stroke and heart attack. They do not cause you to become dependent on them. It is recommended to follow up regularly with your family doctor should you be diagnosed to have high blood cholesterol.

**DR LIEW BOON WAH**

Senior Consultant and Chief, Department of Cardiology, Changi General Hospital

# DID YOU KNOW...

Photo: Justin Loh



... that locations in Singapore General Hospital (SGH) are now identified by colour? Colours are used to help visitors find their way easily and quickly around the mammoth hospital complex. For example, someone looking for a Specialist Outpatient Clinic (SOC) at SGH Block 3 can follow the yellow signs to his destination. SMS appointments and reminders sent to patients will indicate the colour of the location where they are supposed to go. The colour codes are being progressively rolled out, with some letters and diagnostic order forms also indicating to patients where to go by colour.



Photos: © World Health Organisation / Juliana Tan



... that SingHealth Community Hospitals has launched an e-social prescribing programme at Sengkang Community Hospital since last year? Under this programme, well-being coordinators guide elderly patients on the use of QR code scanners to help them with the digital contact-tracing measures across Singapore. These patients are also taught other basic digital skills, such as how to connect to Wi-Fi, and the use of messaging applications like WhatsApp. Apart from group lessons, there are also one-to-one practice sessions to build patients' confidence in using technology.



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(ACCREDITED BY SINGAPORE NURSING BOARD)  
AWARDED BY EDINBURGH NAPIER UNIVERSITY, UK

BACHELOR OF SCIENCE (HONS) HEALTHCARE MANAGEMENT (TOP-UP)  
AWARDED BY TEESSIDE UNIVERSITY, UK

BACHELOR OF SCIENCE (HONS) IN NUTRITION SCIENCE  
AWARDED BY UNIVERSITY OF ROEHAMPTON, UK

MDIS EDUCATION RECOVERY GRANT

EDUCATION RECOVERY GRANT IS NOW AVAILABLE FOR BACHELOR OF SCIENCE NURSING (TOP-UP), SEPTEMBER 2021 INTAKE. TERMS AND CONDITIONS APPLY.

ENQUIRE NOW!



SCAN TO REGISTER



UNIVERSITY PARTNERS:



Management Development Institute of Singapore  
Reg. No. 201001793H  
20 May 2018 to 19 May 2022



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MDIS

# For Cough: Prospan® Bring Joy back into Your Life



For Adults

For Infants & Adults



- > Dissolves mucus
- > Relaxes airways
- > Relieves cough

- alcohol-free • sugar-free • no colourings
- pleasant taste • non-drowsy

*If you experience respiratory symptoms, please consult doctor.  
\*For infants and young children, please consult doctor.*

MAHP2100105

Distributor: Pharmline Marketing Pte Ltd  
Tel: 6286 0291

The #1 phyto-cough expectorant medicine worldwide†

† IQVIA, Global Market Insights, Category 'R5C (Expectorants)', MAT 12/2019 (units)



## GLUCOSAMINE: Not effective or not the right BRAND of glucosamine?

Before buying a glucosamine brand,  
ask yourself these questions:

1. How many clinical studies have proven that the brand works for painful joint conditions?
2. How many clinical studies have shown that the brand does not work?
3. How many long term, large-scale studies were conducted using the brand to prove its safety for long-term use?

### For Viartil-S:

1. There are more than **100** clinical studies and all the studies have proven that Viartil-S works for painful joint condition.
2. No clinical studies have shown that Viartil-S does not work.
3. There are long-term studies using Viartil-S involving over 7000 patients proving its safety for long-term use. These include one 2-year, one 2.5-year & two 3-year studies with an 8-year follow-up study which has also shown that **Viartril-S reduces the risk of Total Knee Replacement surgery by 57%.**

*What about the glucosamine brand that you are taking?*

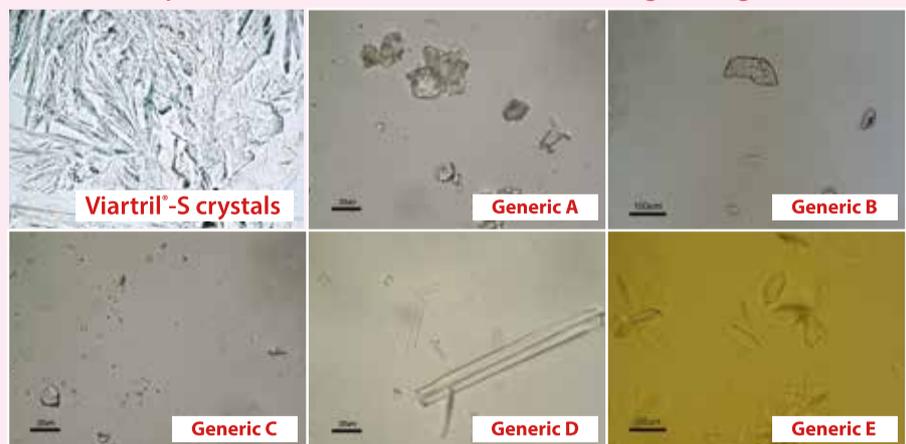
## Viartril-S®

The Patented Prescription-Grade Crystalline Glucosamine Sulphate for Joint Health<sup>1,2</sup>

In Singapore, glucosamine products are sold to public without the need for registration & approval by HSA. This means that even simple checks on purity are not required. So, the safety and efficacy of a brand can only be confirmed by lab & clinical studies.



The microscopic structure of Viartil-S is different from generic glucosamine:



1. Dario Gregori et al. JAMA. 2018;320(24):2564-2579 2. Olivier Bruyère et al. Seminars in Arthritis and Rheumatism 44(2014) 253-263 3. Bruyère O, Altman RD, Reginster JY. Semin Arthritis Rheum. 2016 Feb;45(4 Suppl):S12-7.



The glucosamine brand used in  
all successful clinical trials<sup>3</sup>

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