Issue 3 | November 2020

Welcome!

We bring you the latest information to support you in your practice, including recorded CME webinars, highlights on SKH services and 'Pearls of Wisdom' on patient care. We hope you enjoy our 3rd issue!

❖ Foreword by A/Prof Koo Wen Hsin, Chairman, Division of Medicine

Pain is probably the most commonly encountered symptom in clinical practice. We don't need statistics to know that everyone has experienced some form of pain, at present or in the past. Whether due to sports trauma, degenerative arthritis, indigestion or cancer, pain affects anyone, of any background, at any time. Indeed, pain is a multifaceted problem. Our own experience tells us that pain can lead to social and emotional difficulties. In turn, social issues and emotional struggles can change the severity and course of the symptoms.

Given that the majority of the community's pain burden is managed by family physicians and primary care partners, they will have a much better understanding of the multiple issues that shape the patients' lives, as they interact closely with patients, their families and the community.

SKH is ready to support you with the necessary diagnostic tools and allied health evaluation of complex pain syndromes or severe acute exacerbations. However, we should note that the most important ingredient in medical care is a caring family doctor who makes a difference. As renowned physician Sir William Osler once said, "*Often the best part of your work will have nothing to do with potions and powders*", may this enlightening quote remind all physicians and reignite their dedication to the profession of caring for patients.

❖ SKH CME Webinar | The Many Faces of Chronic Pain – When Do We Worry?

We recently organised a webinar on 29 October 2020 where a panel comprising our SKH Pain Management Specialist, Rheumatologists, Physiotherapist, as well as a primary care physician from SingHealth Regional PCN engaged in an open dialogue on the management of chronic pain syndromes. If you had missed our webinar, you can view the video-on-demand by clicking '**Play Video**'.

FEATURING PANEL OF SPEAKERS:

Dr Diana Chan
Director and Consultant
Pain Management Service
Department of Anaesthesiology, SKH

Dr Stanley Angkodjojo
Consultant
Rheumatology Service
Department of General Medicine, SKH

Dr Nur Emillia Binte Roslan
Associate Consultant
Rheumatology Service
Department of General Medicine, SKH

Dr Linus Tan
Prinicipal Physiotherapist
Department of Physiotherapy, SKH

Dr Ong Guan Hong
Family Physician
Pancare Medical Clinic
SingHealth Regional PCN

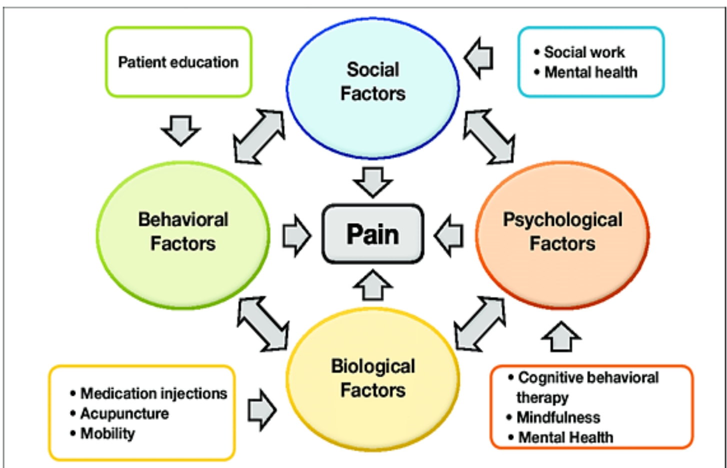
- **1 CME point will be awarded to eligible GPs.**
- Doctors who attended the actual webinar will have points submitted by SKH on your behalf.
- Doctors who watch the recorded webinar in your own time can submit self-claims via SMC portal (under Cat 3A). Please contact Ms Julian Ang (Julian.ang.x.l@skh.com.sg) to obtain the SMC-accredited and approved event ID for your Cat 3A self-claim.
- This webinar is part of a series. Details of the next webinar will be shared soon. Stay tuned!

❖ Highlights

Pain Redefined: Making diagnosis more inclusive for chronic pain sufferers

The International Association for the Study of Pain (IASP) recently updated its definition of pain for the first time in 40 years to "an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage".

This revised definition offers a more nuanced view of a patient's pain experience, and aims to make pain diagnosis more inclusive of all who experience it, including many who live with chronic pain. IASP defines chronic pain as pain lasting more than 3 months.



Influence of multiple biopsychosocial factors on the multi-dimensional experience of pain

There are many causes of chronic pain. Often, it lasts beyond the period of tissue healing, leaving physicians baffled. Initial assessment will require exclusion of red flags and conditions that need emergency treatment. What needs to be noted that in patients with chronic pain, there is involvement of sensitisation of the central pain pathways.

Pain becomes a multi-dimensional experience requiring a biopsychosocial and multidisciplinary approach. It is important to note that stress/anxiety or depression can worsen the pain and aggravate the mood, leading to a vicious cycle.

Managing patients with chronic pain not only involves medications such as NSAIDs, gabapentinoids, antidepressants, weak opioids, but more importantly paying attention to social stressors, engaging patients in self-management of their pain through physiotherapy and psychotherapy.

For one-stop multidisciplinary management of patients with chronic pain, the **SKH Pain Management Centre** offers treatments such as medication titration and opioid management, interventional pain management such as epidural steroid injections and radiofrequency ablations, referrals for psychotherapy, physiotherapy and occupational therapy. SKH also offers acupuncture services. Fast

gaining acceptance by the public, acupuncture has been recognised by the World Health Organization an effective adjunct to pain relief.

If you are interested to know more, please contact:

Dr Diana Chan
(diana.chan.x.h@singhealth.com.sg)
Director and Consultant
Pain Management Service
Department of Anaesthesiology, SKH

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Management of Rheumatological Conditions

Patients with rheumatological conditions are maintained on chronic medications which include glucocorticoids and Disease-modifying Anti-rheumatic Drugs (DMARDs). These medicines ensure good control of conditions like rheumatoid arthritis, psoriatic arthritis, spondyaloarthritis and systemic lupus erythematosus. ***A common concern would be how differently should such patients be managed, compared to the general population?*** **Here are suggestions for the common scenarios**:

Scenario 1

Patient with Rheumatoid Arthritis presents with flare of arthritis

Recommended actions

- Increase patient's predinisolone or NSAIDs temporarily, as needed
- Keep baseline DMARDs (eg. Methotrexate, Sulfasalazine, Leflunomide, biologics) for now
- Ask patient to bring forward appointment with rheumatologist who will re-assess chronic treatment regime to prevent future flares

When to refer to SKH ED*

- Suspicion for septic arthritis
- Poor response to initial uptitration of prednisolone or NSAIDs
- Patient is generally unwell requiring urgent investigations and management

Scenario 2

Patient with rheumatological condition on chronic immunosuppresents presents with infective symptoms

Recommended actions

- Suspend baseline DMARDs (eg. Methotrexate, Sulfasalazine, Leflunomide, biologics) in view of his infection
- Don't stop patient's baseline prednisolone as this may cause a flare of underlying rheumatological condition, in addition to precipitating adrenal insufficiency
- Treat infection as clinically indicated
- Ask patient to bring forward appointment with rheumatologist who will re-assess if it is safe to resume baseline DMARDs post-infection, and check for evidence of disease flares

When to refer to SKH ED*

- Patient is generally unwell, at risk of deteriorating and may need escalation of care (e.g. urgent investigations, closer monitoring and intravenous medications)

*Emergency Department

Rheumatology patients under SKH follow-up have access to the following should they need to reach out to discuss their conditions or medications.
SKH Hotline: 6930 6000
Email: **SKH_Rheumatology@skh.com.sg** (for non-urgent matters during office hours, Mon-Fri)

If you are interested to know more, please contact:

Dr Nur Emillia Binte Roslan
(nur.emillia.roslan@singhealth.com.sg)
Associate Consultant
Rheumatology Service
Department of General Medicine, SKH

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❖ Services

SKH Joins GPFirst Programme

The **GPFirst programme** aims to encourage people with mild to moderate medical conditions to visit their GPs first, rather than going to the emergency departments. The programme first started with Changi General Hospital (CGH) in 2014, where residents in the east of Singapore get a S$50 waiver on the prevailing attendance fee when they are referred to the CGH Accident and Emergency Department by participating GPs. The programme has now expanded to the northeast region, with Sengkang General Hospital (SKH) launching this programme from November 2020.

Patients who are referred to the SKH Emergency Department by a participating GPFirst clinic will receive a S$50 waiver on the prevailing ED attendance fee. They will also be accorded higher priority over P3 cases when they arrive at the ED.

SKH GPFirst Participating Clinics are supported with:

- SKH ED 24/7 Consultant Hotline
- SKH GPFirst Programme Coordinator Hotline (Office Hours)
- ED Guidance on Inappropriate Referrals
- CME Online Asynchronous Learning (COAL) and Quarterly CMEs
- GPFirst Aide Mobile App which provides clinical decision tools and calculators

Please visit **www.gpfirst.sg** for more information.

If your clinic is located in northeast Singapore and you wish to join GPFirst, or have any queries, please contact:
Ms Ivy Goh at **ivy.goh.y.h@skh.com.sg** (Tel: 6930 4282)
Ms Jayne Tan at **tan.lih.jing@skh.com.sg** (Tel: 6930 4167)

SKH Appointment Hotline*:* Tel: 6930 6000 **|** Email: appointments@skh.com.sg

❖ Services

Online Consultations for Patients

We are now offering video or phone consultations to patients. Teleconsultation services at SKH are available for the selected clinical specialties and Allied Health services listed below (as at 28 Oct 2020).

Note: Patient's eligibility is assessed after first face-to-face consultation with SKH healthcare professional.

• Bariatric Surgery • Breast Surgery • Cardiology • Colorectal Surgery • Endocrinology & Diabetes • General Surgery • Geriatric Medicine • Hepatobiliary Surgery • Internal Medicine • Neurosurgery • Otolaryngology (ENT)	• Pain Management • Palliative Medicine • Psychiatry • Respiratory Medicine • Rheumatology • Sleep Medicine • Upper Gastrointestinal Surgery • Urology	• Anti-Coagulation Clinic • Dietetics • Occupational Therapy • Psychology • Speech Therapy

SKH patients also pay **lower** teleconsultation charges than face-to-face (**F2F**) consultation charges.

- Video Consult: Same rate as F2F consultation charges **(20% discount valid till 31 December 2020)**
- Phone Consult: **25% cheaper** than F2F consultation charges

** VC discount of 20% is not applicable for Non-Residents.*

❖ Pearls of Wisdom

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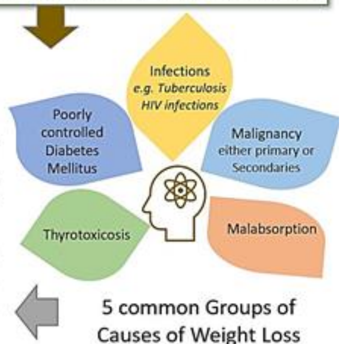
Senior Consultant
Department of General Medicine, SKH

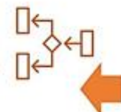
CASE: A 69-year-old housewife was noted to be losing significant weight over the preceding year. The patient attributed it to the stress of taking care her grandchild and ill husband. She had no fever, change in bowel habits or cough. She had a history of diabetes mellitus with no current symptoms. Her control of diabetes was good with HbA1c of 6.9% on oral drug therapy She was referred to the gastroenterology clinic for consideration of endoscopy. How would you assess and manage the patient ?

COMMENTS: Weight loss is a common complaint in primary care. Much as stress and excessive workload can be a consideration, it is important to not just label these as factors without further clinical details. More so in this age group, malignancy is an important consideration. One can start with looking for common and reversible causes in those whose weight loss is non-voluntary. A history and physical examination would be most useful – although this alone may not always be sufficient to determine the cause.



5 common Groups of Causes of Weight Loss

CLINICAL EVALUATION: The patient was clinically well with a weight of 40.5 kg and Height 152 cm. Her pulse was 100/min. She had no atrial fibrillation. She was not in cardiac failure. She had fine finger tremors. She had no goitre



MANAGEMENT: The patient had confirmed thyrotoxicosis with an elevated free T_4 = 92 pmol/L (normal 12.7-20.3) & appropriately suppressed TSH of <0.014 mU/L

- ✓ The elderly may not present with typical symptoms of thyrotoxicosis and cardiac manifestations like atrial fibrillation and cardiac failure are commoner.
- ✓ For the elderly, in particular, a goitre may be absent in thyrotoxicosis.
- ✓ Some elderly patients may trivialize their manifestations in an attempt to avoid investigations or seeing a doctor

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If you have any questions or wish to provide feedback, please email Julian.ang.x.l@skh.com.sg
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