

Issue 4 | January 2021

Welcome!

Wishing you a happy, healthy New Year. Here's hoping 2021 sees a return to some sort of normality for us all. We would like to take this opportunity to thank our GPs for working closely with us, and we look forward to your continued support. The GP Bulletin brings 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 4th issue!

❖ Foreword by Adj A/Prof Melvin Chua, Chairman, Division of Medicine and Inpatient Care



In 2016, the Ministry of Health declared a War on Diabetes casting the spotlight on this “stealthy” disease. I am certain that all of us know of someone close afflicted by this condition which can disable and debilitate. Diabetes affects the entire body system from the brain to the heart and even the feet and therefore, we must spare no effort in achieving awareness so that we can better manage the condition. There has been much progress over the last 4-5 years but there is more to be done.

In Sengkang General Hospital, we have a dedicated, competent multidisciplinary team of physicians, surgeons, allied health professionals and nursing colleagues to provide holistic care for our patients with diabetes. The teams start from identifying and managing weight management issues, to dealing with hyperglycaemia whilst an inpatient and managing complications from diabetes.

Supporting patients suffering from any chronic disease like diabetes requires effort, empathy and lots of patience. As medical professionals, we must work collaboratively both in the hospital and in the community to ensure optimal care for our patients. Let us not allow our patient's chronic conditions define them and make them “bitter” but let us work hand in hand to make them better and allow them to lead their fulfilling lives not defined and limited by their conditions.

❖ SKH CME Webinar | Too Sweet – Is it a Distressing Balancing Act?

We recently organised a webinar on 11 January 2021, where a panel comprising our SKH Endocrinologist, Nephrologist, Psychologist, as well as a primary care physician from SingHealth Regional PCN engaged in an open dialogue on the management of diabetes mellitus. If you had missed our webinar, you can view the video-on-demand by clicking ['Play Video'](#).



FEATURING PANEL OF SPEAKERS:



[Dr Sueziani Binte Zainudin](#)

Consultant
Endocrinology
Dept of General Medicine
SKH



[Dr Lee Pei Shan](#)

Associate Consultant
Renal Medicine
Dept of General Medicine
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[Evangeline Tan Sue Lin](#)

Head & Senior Principal
Psychologist
Dept of Psychology
SKH



[Dr Muhammad Iqbal Bin Abdullah](#)

Family Physician
Sengkang Family Clinic
SingHealth Regional PCN

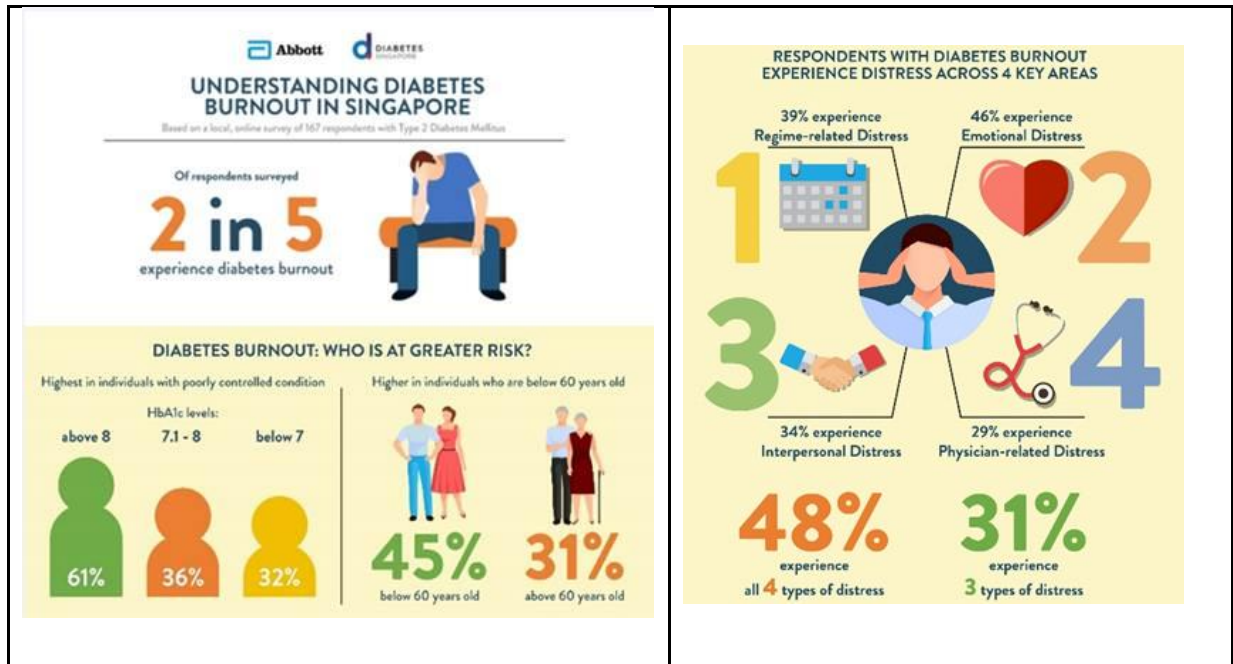
- **1 CME point will be awarded to eligible GPs.**
- Doctors who attended the actual webinar will have points submitted by SKH on your behalf.
- Doctors who watch the recorded webinar in your own time can submit self-claims via SMC portal (under Cat 3A). Please contact Ms Julian Ang (Julian.ang.x.l@skh.com.sg) 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

Too Sweet: Is it a Distressing Balancing act?

Diabetes care encompasses a wide realm of issues which are interlinked and needs to be managed concurrently. Apart from the most apparent approach, which is glycemic control for prevention of acute life-threatening crises and long-term dire consequences, management of this chronic disease requires a look into day to day issues which impacts on the patients' life, be it social circumstances or mental health issues, and may not be broached in a patient who is less than forthcoming.

Diabetes distress is common. It needs to be elicited and managed timely to provide a positive outlook which can improve the care of the medical issues at hand. This helps to prevent burn out from this additional daily balancing act that our patients have to handle and highlight possible underlying depression.



Providing the appropriate outlook and coping skills early will enable people with Diabetes to focus on good glycemic control and take preventive measures. Screening for diabetes complications, especially diabetic kidney disease, can lead to early management of the disease and prevent progression to End-stage renal disease.

A multi-prong approach with involvement of various disciplines including dietitians, specialty nursing rehabilitation medicine, physiotherapy, occupational therapy and surgeons will be required in varying degrees. Today, consultations can be done through tele-consultation and remote monitoring platforms which offer even more flexibility and convenience and may further enable individualized care for optimal disease management.

Primary care physicians play an essential role as an umbrella for overall management of the patient. They can also engage the support of the family and community to weed out the barriers to improving the control of this condition.

If you are interested to know more, please contact:

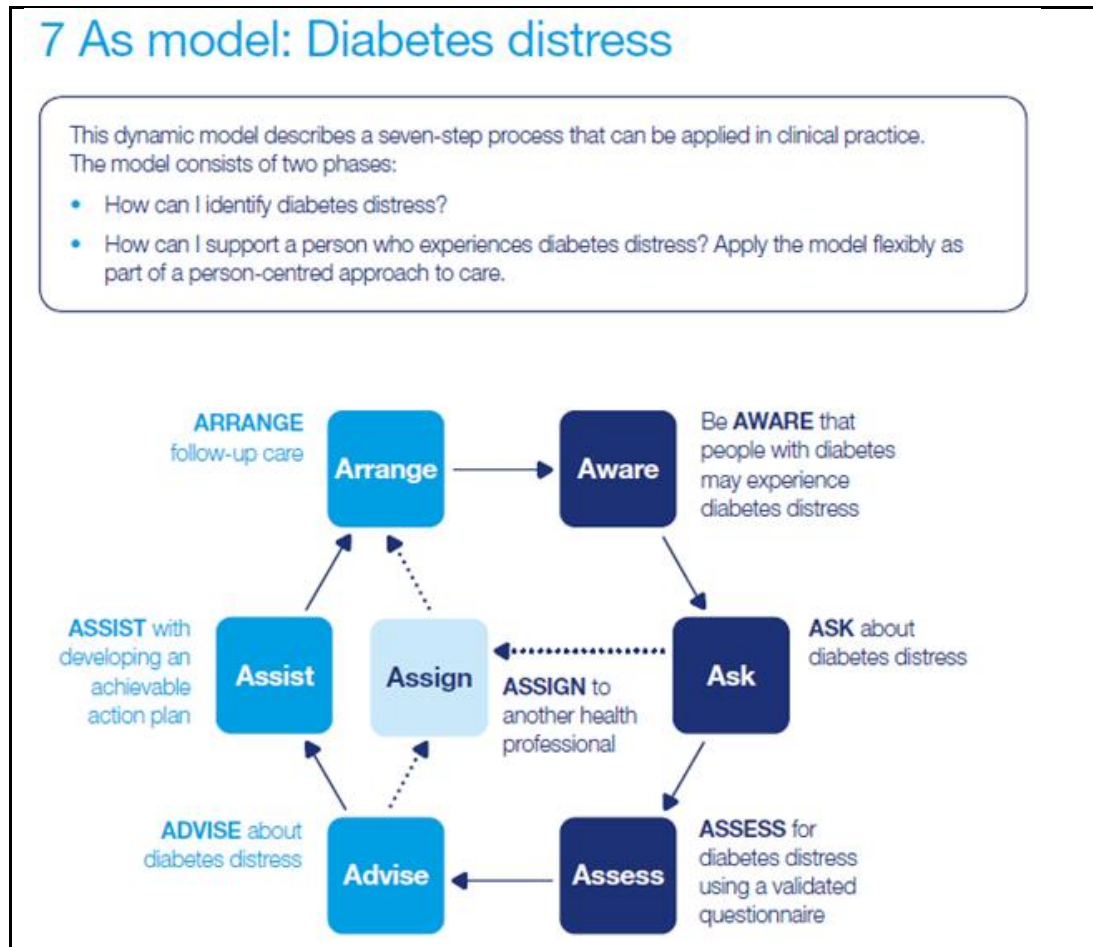


[Dr Sueziani Binte Zainudin](#)

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Diabetes Distress – Simple Steps towards Finding a Balance

Patients with diabetes often come to see their doctors to discuss their medical needs. We may not realise their day-to-day struggles with managing diabetes. Here are 7 simple steps to help us identify diabetes distress and support our patients.



Hendrieckx C, Halliday JA, Beeney LJ, Speight J. Diabetes and emotional health: a practical guide for healthcare professionals supporting adults with Type 1 and Type 2 diabetes. London: Diabetes UK, 2019, 2nd Edition (UK).

If you are interested to know more, please contact:



[Evangeline Tan Sue Lin](#)

Head & Senior Principal Psychologist
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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 directly to the hospital emergency departments. The programme first started with Changi General Hospital (CGH) in 2014, where residents living in the eastern part of Singapore get a S\$50 subsidy 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.

How GPFirst Works

Patients who are referred to the SKH Emergency Department by a participating GPFirst clinic will receive a **\$50** subsidy 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

GPFIRST
YOUR FAMILY DOCTOR, YOUR FIRST STOP

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)

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 14 Dec 2020). *Note: Patient's eligibility is assessed after first face-to-face consultation with SKH healthcare professional.*

<ul style="list-style-type: none">• Bariatric Surgery• Breast Surgery• Cardiology• Colorectal Surgery• Endocrinology & Diabetes• General Surgery• Geriatric Medicine• Hepatobiliary Surgery• Internal Medicine• Neurosurgery• Otolaryngology (ENT)	<ul style="list-style-type: none">• Pain Management• Palliative Medicine• Psychiatry• Respiratory Medicine• Rheumatology• Sleep Medicine• Upper Gastrointestinal Surgery• Urology	<ul style="list-style-type: none">• Anti-Coagulation Clinic• Dietetics• Occupational Therapy• Psychology• Speech Therapy
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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 March 2021**)
- Phone Consult: **25% cheaper** than F2F consultation charges.

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

❖ Pearls of Wisdom



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Department of General Medicine, SKH

CASE A: A 55 year old lady had recent onset lethargy and weight loss. She had a haemoglobin of 9.3 g/dl. MCV was 76.1 fL (NR 80-98). Her appetite was normal and she had no bowel disturbances.

CASE B: A 38 year old man was referred for anaemia found incidentally during a routine company medical screening. He was completely asymptomatic. His Hb was 10.9 g/dl and MCV was 60 fL.

COMMENTS: Anaemia is a very common problem -patients may be asymptomatic or they may have non specific symptoms. Severe anaemia usually causes symptoms like tiredness. A cause for the anaemia must be meticulously searched for, guided by history and examination. Besides looking for potential bleeding sites (haemorrhoids, ulcers, menorrhagia in women, gastric symptoms) a drug, nutritional (include alcohol) and family history are important. Patient A gave a family history of colonic carcinoma in siblings while patient B gave a history of "minor blood problems" in his parents.

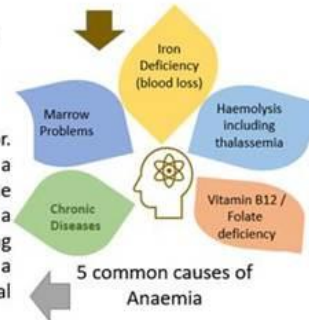
MANAGEMENT: Patient A was eventually diagnosed to have a colonic carcinoma while Patient B had a thalassaemic trait diagnosed – he was reassured.



LEARNING POINTS

- ✓ Anaemia may be broadly classified as a production problem (marrow issues nutritional deficiency) or an increased loss (blood loss or haemolysis)
- ✓ The two commonest causes of microcytic anaemia (MCV <80) are iron deficiency (including blood loss) and thalassaemic traits (common in up to 4% of our population)
- ✓ Both B12 and Folate deficiency in isolation usually cause macrocytic anaemia (MCV >100)
- ✓ Occult bleeding must be considered in those with microcytic anaemia – these could be gastric or colonic. Bowel disturbances need not be present

CLINICAL EVALUATION: Patient A had pallor. Examination revealed a right sided mass in the abdomen consistent with a tumour of the ascending colon. Patient B had a completely normal physical examination.



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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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