GP Bulletin

Issue 5 | May 2021

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 this issue!

❖ Foreword by Dr Charn Tze Choong, Head, SKH Department of Otorhinolaryngology – Head & Neck Surgery

Allergic rhinitis and respiratory symptoms are probably one of the most common presentations that one encounters in primary care. Allergic rhinitis is a global health problem affecting around 15-30 % of the adult population in global studies. Chronic rhinitis and rhinosinusitis has been demonstrated to have a greater impact on social day-to-day functioning than angina or chronic heart failure by Gliklich et al.

Increasingly, the academic world has realised that both allergic rhinitis and asthma need to be managed concurrently as part of the unified airway ecosystem. We all have our own magical formulae for optimal management. It is both an art and science to manage these fluctuating, amorphous yet very common symptoms.

I hope that this SKH GP Bulletin and the recent GP webinar dialogue, held on 20 May, on allergy and asthma management will equip you with better strategies to manage your patients more holistically and comprehensively.

❖ SKH CME Webinar | Breathe Easy: Breezing Through Allergy and Asthma Management

SKH recently organised a webinar on 20 May 2021 where a panel comprising SKH Otorhinolaryngologists, SKH Internal Medicine Physician and a Primary Care Family Physician from SingHealth Regional PCN engaged in an open dialogue on the management of allergy and asthma. If you had missed our webinar, you can view the video-on-demand by clicking the button below or this link '**Play Video'**.

Play Video

PANEL SPEAKERS:

Dr Charn Tze Choong
Head & Consultant
Department of Otorhinolaryngology - Head & Neck Surgery, SKH

Dr Phua Chu Qin
Consultant
Department of Otorhinolaryngology - Head & Neck Surgery, SKH

Dr Andy Chua Jian Kai
Associate Consultant
Department of Otorhinolaryngology - Head & Neck Surgery, SKH

Dr Ibrahim Muhammad Hanif
Consultant, Internal Medicine
Department of General Medicine, SKH

Dr Lim Kai Hung
Family Physician
1 Medical Teck Ghee
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 of GP webinars. Details of the next webinar will be shared soon. Stay tuned!

❖ Highlights

New Sleep Dental Service for Repeated Airway Obstruction

Obstructive sleep apnea (OSA) is a type of sleep disorder that causes breathing to stop momentarily due to repeated airway obstruction. It is a prevalent condition with 1 in 3 Singaporeans suffering from this condition. Although continuous positive airway pressure (CPAP) is the gold standard treatment, adherence to CPAP therapy is problematic as many patients find CPAP difficult to use. Dental appliance is a useful alternative for OSA patients who are not able to tolerate CPAP therapy.

SKH Sleep Unit is starting a new **Sleep Dental Service**, in partnership with National Dental Centre Singapore's fellowship-trained orthodontist, to provide dental appliance treatment for OSA patients to help them maintain their airway.

How does it work?

Dental appliance is worn by patient during sleep. It looks similar to orthodontic retainers. It works by advancing the lower jaw forward when the patient is sleeping, which prevents the patient's tongue and soft palate from falling backwards and obstructing patient's airway during sleep.

Referral criteria for dental appliance

- Mild to moderate OSA
- Unable to tolerate CPAP
- BMI < 30

What can patients expect from SKH Sleep Dental Service?

- Patients will undergo lateral neck X-ray for assessment of their facial skeletal and dental structures.
- Patient will try on a trial dental appliance gauge, during which their jaw will be advanced. Flexible nasoendoscopy is performed to check if the patient's airway is enlarged with the trial dental appliance gauge.
- If deemed suitable, the patient's dental mould will be done and the patient will be counselled and fitted with dental appliance.

If you are interested to know more, please contact:

Dr Phua Chu Qin
Consultant
Department of Otorhinolaryngology - Head & Neck Surgery, SKH

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Nasal Obstruction: Procedures to Help Patients Breathe Easy and Look Better

Nasal obstructions affect 10-20% of the general population and over 66% of rhinosinusitis patients. Most common causes are deviated septum (80%), turbinate hypertrophy (77%) and nasal valve collapse (73%). Reasons include congenital (clefts and malformation), previous surgeries and trauma.

History and Physical Examination

Symptoms to look out for:

- Persistent difficulty breathing through one or both nostrils
- Trouble sleeping or exercising

A validated simple Nasal Obstruction Symptom Evaluation (NOSE) survey can assess the severity (Figure 1).

Figure 1

Over the past one month, how much of a problem were the following conditions for you?

	Not a problem	Very mild problem	Moderate problem	Fairly bad problem	Severe problem
Nasal congestion or stuffiness	0	1	2	3	4
Nasal blockage or obstruction	0	1	2	3	4
Trouble breathing through my nose	0	1	2	3	4
Trouble sleeping	0	1	2	3	4
Unable to get enough air through my nose during exercise or exertion	0	1	2	3	4

NOSE score (multiply your total score x5)

Nasal obstruction severity classification: mild (5-25) | moderate (30-50) | severe (55-75) | extreme (80-100)

History:

- Chronicity and severity of obstruction
- History of nasal trauma or surgery
- Symptoms of allergic rhinitis, sinusitis, epistaxis
- Whether nasal medications alleviate symptoms

Close clinical examination may reveal external nasal deviation, asymmetry, collapsed nasal valves on inspiration and relief of obstruction with gentle lateral traction of the cheek to open the nasal valve (Cottle test).

Nasoendoscopy may be helpful to assess extent of septal deviation, turbinate hypertrophy and rule out pathological causes such as sinusitis, polyps and nasal tumours.

Treatment Depending on underlying conditions, medical therapy can include decongestants, antihistamines, intranasal steroids and taping. For clear anatomical abnormalities or persistent blocked nose, referral to the Plastic Surgery and/or ENT surgeons at SKH is recommended.

Services offered:

SKH provides a holistic and comprehensive service, inclusive of functional and aesthetic assessments as well as nasoendoscopy.

For deviated noses, we provide a **combination septo-rhinoplasty** that simultaneously addresses the functional nasal structure to improve breathing and accompanying cosmetic concerns - in a single Medisave-claimable surgery.

Correcting deviated septums involve partial septum removal and/or cartilage scoring with grafts and sutures to straighten septum and open the nasal valve (Figure 2). This is via hidden nasal incisions (Closed) or external columella incisions (Open) (Figure 3).

Osteotomies may be done. The cartilage grafts can be from native septal cartilage, ear or rib.

Depending on pathology, adjuncts include turbinate reduction, radiofrequency ablation of inferior turbinates, nasal valve restoration with alar batten/ rim grafts and suture techniques or adenoidectomy.

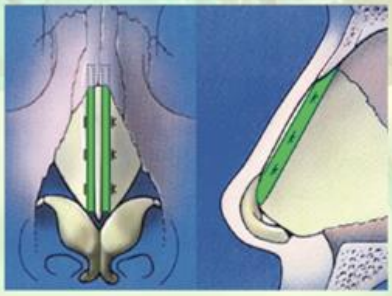

Figure 2: Spreader grafts

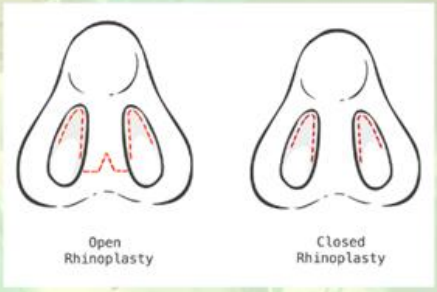

Figure 3: Rhinoplasty incisions

If you are interested to know more, please contact:

Dr Kok Yee Onn
Senior Resident
Plastic, Reconstructive & Aesthetic Surgery Service, SKH

Dr Allen Wong
Associate Consultant
Plastic, Reconstructive & Aesthetic Surgery Service, SKH

Dr Kimberley Kiong
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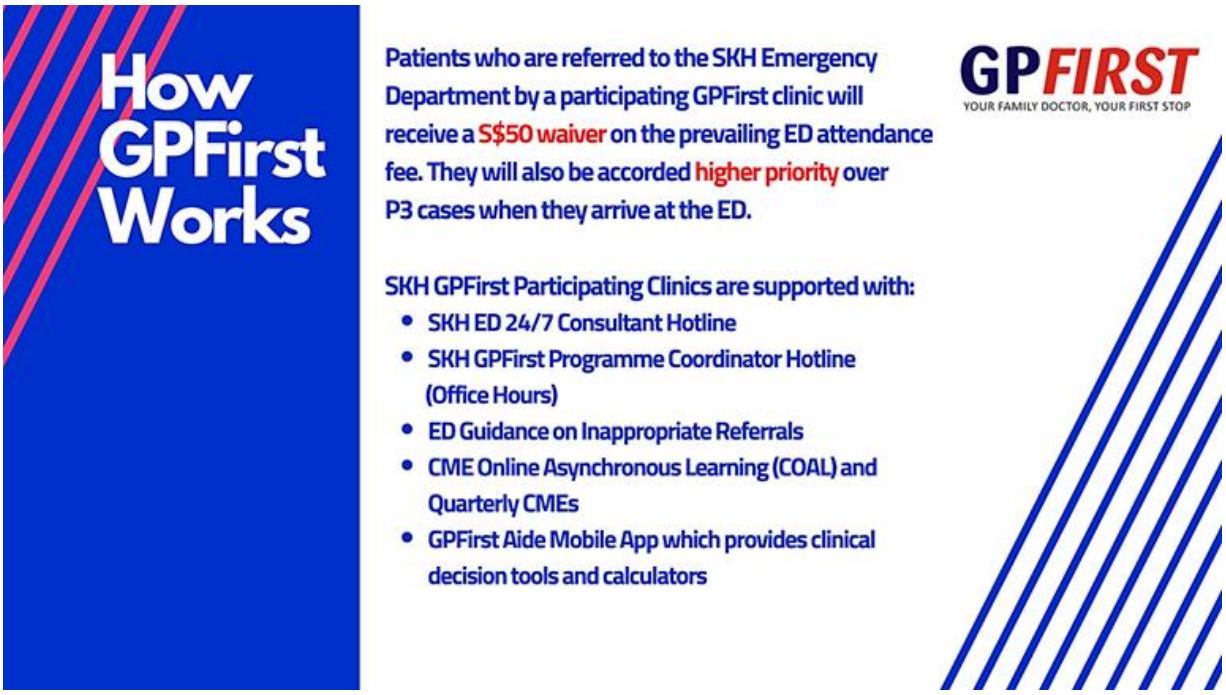
❖ Services

Join the GPFirst Programme (Northeast Region)

GPFirst aims to encourage people to visit their GPs first instead of going to the emergency department, if they are having mild to moderate or non-emergency medical conditions so that they can be cared for more promptly. This will allow ED care teams to focus on urgent cases. SKH has launched this programme since November 2020.



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)

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

Teleconsultations for Patients

[UPDATED 30 April 2021] Teleconsultation services at SKH are available for the following clinical specialties and Allied Health services below.

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

Doctor Consultations

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

SKH patients also pay **lower** teleconsultation charges than face-to-face (**F2F**) consultation charges. Applicable for those with doctor consultations only.

- **Video Consult**: Same rate as F2F consultation charges (**20% discount valid till 30 September 2021**)
- **Phone Consult**: **25% cheaper** than F2F consultation charges

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

PEARLS OF WISDOM

Asthma is a very common disease but it is also one of the most misunderstood medical conditions. In light of World Asthma Day in May, we share the myths and misconceptions of asthma.

Dr Poh Kai Chin
Consultant. Respiratory Medicine
Department of General Medicine
Sengkang General Hospital

MYTHS	TRUTHS
Individuals can grow out of or be cured of asthma.	Asthma **cannot** be cured. It is possible to control asthma and prevent asthma exacerbations.
Asthma is a childhood disease.	Asthma can occur in **all** age groups, in particular there is an **Adult-Onset Phenotype** that occurs more commonly in women. It is also important to consider the possibility of **Occupational** Asthma.
Asthma is always associated with wheezing.	Asthma symptoms include episodic (can progress to persistent) shortness of breath, cough with/without sputum (cough variant asthma), chest tightness and wheezing.
Mild asthma can be managed with short acting bronchodilators (SABA) alone.	Inhaled corticosteroid (ICS) is the mainstay of asthma therapy, especially for those aged 6 and above. GINA and ACG guidelines recommend at least as needed **low-dose ICS-formoterol** for control of mild intermittent symptoms.
Individuals with asthma should not exercise.	When asthma is well-controlled, persons with asthma can exercise and even excel in sports. In fact, some famous athletes and footballers, like David Beckham, have asthma!
Individual reporting of symptoms is the most accurate way to monitor response and risk of further exacerbations.	There is a significant **discrepancy** between patient and clinician's perception of asthma control, based on symptom reporting alone. It is important to monitor SABA use and consider objective tests, such as peak expiratory flow rate.

TAKE-HOME LEARNINGS

Patients with mild asthma are at risk of serious adverse events, with **up to 40% of adults** presenting with acute asthma and **20% of asthma deaths**. The most significant recent update in asthma management is the emphasis on importance of ICS therapy, as needed ICS-formoterol (Step 1) or low-dose ICS (Step 2) for optimal control of mild asthma. The use of ICS in these patients is associated with a significant reduction in severe asthma exacerbations.

For previous GP Bulletin issues, visit SKH website.
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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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