

# New Clinical Sessions

Minimally Invasive Centre		
Booking & Enquiry: 2608 3383		Time Schedule
Clinical Psychology Ms Chan Hoi Ching, Bianca	Mon	09:00 - 18:00
	Fri	09:00 - 18:00
General Surgery Dr She Wong Hoi	Mon	09:00 - 12:00

Specialty Clinic		
Booking & Enquiry: 2608 3368		Time Schedule
Ophthalmology Dr Yip Lai Ting, Fanny	Sat	11:00 - 13:00

Union Dental Centre		
Booking & Enquiry: 2608 3393		Time Schedule
Dental Surgeon Dr Leung Ka Ming, Philip	Mon	09:00 - 13:00
		14:00 - 18:00
	Tue	09:00 - 13:00
		14:00 - 17:00
	Thu	09:00 - 13:00
		14:00 - 18:00
	Sat	09:00 - 12:00
		13:00 - 18:00

Union Hospital Polyclinic (Ma On Shan)		
Booking & Enquiry: 2608 3377		Time Schedule
Obstetrics & Gynaecology Dr Choi Sze Ngar, Sylvia	Mon	15:00 - 18:00
	Wed	10:00 - 13:00

Union Hospital Polyclinic (Tseung Kwan O)		
Booking & Enquiry: 2721 0100		Time Schedule
Obstetrics & Gynaecology Dr Yu Kai Man	Mon	10:00 - 15:00
	Sat	10:00 - 13:30

# Regular Meetings

Meeting :	X-Ray Meeting	Mortality and Morbidity Meeting
Date :	9 Oct 2024 (Wednesday)	13 Nov 2024 (Wednesday)
Time :	8:30am – 9:30am	8:30am – 9:30am
Co-ordinator:	Dr Hui Ping Kuen, John Head, Department of Medical Imaging, Union Hospital	Dr Yiu Ying Chang, Raymond Consultant in General Surgery, Union Hospital
Venue:	Training Room, 8/F MIC, Hospital Building, Union Hospital	
Booking & Enquiry:	2608 3160 (Quality Assurance and Training Department)	

## CME Programme

### Recent Update in Management of Hip and Knee Osteoarthritis

**Date:** 4 Oct 2024 (Friday)  
**Time:** 2:00pm-3:00pm  
(Lunch will be served at 1:30pm)

**Venue:** 2/F Conference & Seminar Room, Union Hospital or zoom

**Speaker:** Dr LAM Kin Wai, Michael  
Specialist in Orthopaedics & Traumatology  
Union Hospital

**Chairperson:** Dr NG Yuet Sun, Roy  
Consultant in Orthopaedics & Traumatology  
Union Hospital



On-site Registration

2608 3180



Online Registration (Zoom)

cme@union.org

# New Clinical Members

Please extend a warm welcome to the following health professionals for joining our clinical team!



Ms Wong Ching Wah, Annabelle  
Audiologist



Dr She Wong Hoi  
Consultant in General Surgery



Dr Yip Lai Ting, Fanny  
Specialist in Ophthalmology

# UNION connection

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## Message from the Chief Hospital Manager

Dear Colleagues,

In my personal experience, Hong Kong had been struck with a few waves of emigration of her residents in the past years. The first one was in 1966 when there were riots against British colonial rule. The riots were quite scary and at times home-made bombs were involved. Another wave of emigration occurred in the 1980's when Mrs Margaret Thatcher, the then British Prime Minister, had an accidental fall when she was walking down some steps at the Tiananmen Square in Beijing. This was taken to be a bad omen for the changeover to Chinese sovereignty and triggered a wave of emigration lasting a decade. The recent one began after the enactment of the National Security Act (Clause 23) early this year. To my mind, this is a necessity because the HKSAR is a part of China and thus part of the 'Country'. As long as the spirit of 'One Country, Two Systems' remains intact, i.e. Hong Kong even though being part of China is by decree authorized by the Central Chinese Government to be governed by a patriotic 'HongKonger' according to her own jurisdiction. However, when it comes to security of the country, i.e. China, being threatened, Clause 23 of the Act becomes applicable and over-rides the local law, even the Basic Law, according to my understanding. Thus, there is nothing to be scared of if one is a law-abiding citizen.

I myself was an emigrant back in the year 1986 when I moved to Australia with the whole family. There were two reasons for my doing so. The main one was the uncertainty of the looming 'change-over' 1997 issue and the other was that I was offered a job as physician-in-charge in the Grace McKellar Centre in Geelong, the state capital of Victoria in Australia. Grace McKellar was touted as a model institute of elderly care. Its services were multi-tiered and included two hospital wards of fifty beds each, male and female. I was the physician in charge with two senior residents working under me. There was a Medical Superintendent being the overall head of the institute.

Geelong became world-famous because Prince Charles, the present King of England, spent a year at the Timbertop campus of Geelong Grammar School. It was a great opportunity for my two daughters, Fiona and Denise to be educated for two years at that school. This is not unfamiliar to them in terms of exposure to international education institutes because they had spent a year at the Rockefeller Center Kindergarten of New York City back in 1974. My family of four did have a leisurely sojourn in Geelong for two years. Then my elder daughter Fiona got enrolled into the medical school of Melbourne University and we had to move again. Denise was transferred to a private girls' school there, and after another year, she joined her sister in Melbourne University. In her case, it was the Faculty of Architecture and Design.

In Melbourne we made quite a number of friends, so we had regular tennis and mahjong parties. I was also fortunate enough to become acquainted with the legendary restaurateur Gilbert Lau of the famous Flower Drum in Market Lane of Chinatown. So we were never short of tasty Cantonese food! So far it seemed that life as an immigrant in Australia could make us live happily ever after.

In 1995, during one of my trips back to Hong Kong on holiday, a previous classmate of mine, Dr Benedict Chung, told me about a newly opened private hospital in Tai Wai, Shatin, i.e. the Union Hospital. I took his advice and hailed a taxi but the driver did not know exactly where it was initially. It was Ms Ho Suet Yee, now a Senior Nursing Officer, who met me and showed me around. At that time, only two wards were open — the Maternity ward on the 3rd floor and a mixed ward on the sixth. The most valuable asset was a spiral CT scanner situated at where our Emergency Medicine Centre is.

What influenced me to take up the offer of the position of Medical Director of Union Hospital were multiple. Firstly, I and my wife were suffering from the 'empty nest syndrome' with Fiona going to various country hospitals in Victoria for her training and Denise in New York City doing an internship in a small architect firm which advocated 'Green' designs. Secondly, it was 'mid-life' crisis which caused me to yearn for a change in life-style from deep inside my heart. Lastly but not the least, Dr Colin Lam, Vice-Chairman of the Henderson Group, tempted me with an offer which was too good to refuse! Thus I began the third era of my career which I deemed most gratifying and fruitful with a lot of achievements. The rest is history.

I would like to end this 'odyssey' of mine with my Best Wishes to you for a Happy Mid-Autumn Festival! 祝人月共圓慶中秋！

Yours most sincerely,

Dr Anthony K Y Lee

Chief Hospital Manager & Medical Director

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## Dementia in older populations: from prevention to palliation

### Dr Lo See Kit, Raymond

Consultant in Geriatric Medicine  
Union Hospital  
MBBS (Lond), MD (CUHK), MHA (UNSW), MRCP (UK), Dip Geriat Med (RCPS Glasg),  
FHKCP, FRCP (Lond, Edin, Glasg), FHKAM



Hong Kong is now facing the acute challenges with a super-ageing population. Geriatric care should start from prevention, not just in primary but also in secondary and tertiary level.

Dementia care necessitates the rationale of utilising the above approach. The prevalence of ageing and dementia in Hong Kong is rapidly escalating, with an expected 2.3 million people aged 65 and above by 2036, and 32.1% of aged over 85 years currently estimated to have dementia.<sup>1</sup> World Health Association has emphasized the strategies in risk reduction of cognitive decline and dementia in 2019.<sup>2</sup> Six main key health advice advocated for the general population have been suggested as follows: regular exercise; balanced diet; cognitive training; adequate sleep; stress reduction and social activities.<sup>3</sup>

### Advance in Alzheimer's Disease treatment and its implications

Recent advances with monoclonal antibody treatment against amyloid protein in the brain, revolutionised the treatment of Alzheimer's Dementia. Two such monoclonal antibody treatments namely Lecanemab and Donanemab are licensed overseas, with Lecanemab available in Hong Kong now for treatment of dementia at early stages. In the Clarity AD trial, a randomised controlled study using Lecanemab for mild cognitive impairment and early dementia, 1795 patients were recruited and 898 patients were randomised into treatment arm.<sup>4</sup> The interventional treatment is a humanised IgG1 monoclonal antibody that binds with high affinity to amyloid-beta soluble protofibrils. Results showed that the treatment group had a better primary outcome of Clinical Dementia Rating scores at 18 months, with the adjusted least square mean change from baseline: 1.21 for Lecanemab vs 1.68 for placebo (95% CI -0.67 to -0.23;  $p < 0.001$ ). Also improvement is seen in secondary outcome in treatment group with lesser amyloid burden on FDG PET; better ADAS COG-14 scores; and ADCOMS scores (Table 1). Although there are more infusion reactions (26.4%) and amyloid related imaging abnormalities with oedema or effusions (12.6%) in the treatment group, many did not cause significant symptoms. So far to the best of knowledge, no adverse reactions amongst the treated local cases are seen, and the preliminary unpublished data from the Asian subgroup in the Clarity AD study actually have lesser side effects compared to Western population. Hydromethylthionine mesylate is an anti-tau agent yet to be licensed for clinical use, though available on a name patient basis. Selective nutritional supplementation if given at early stages may also slow down cognitive decline.<sup>6</sup>

The new treatment requires a shift in paradigm to detect Alzheimer's Disease early, as benefits are evidenced currently only at initial stages of decline. Revised criteria for diagnosing and staging Alzheimer's Disease are proposed.<sup>5</sup> It is now classified into 7 stages, from Stage 0 to Stage 6. Stage 0 is asymptomatic with deterministic gene and no clinical change, while biomarkers still in normal range; while stage 6 is with progressive cognitive decline with severe functional impairment and dependance for basic activities for daily living.

### Fluid and blood biomarkers of Alzheimer's Disease

Fluid or blood biomarkers are now also available for detection and diagnosis of dementia. Biomarkers are proposed to be differentiated into core 1 and core 2 biomarkers, incorporating the ATN criteria.<sup>5</sup> The diagnosis of Alzheimer's Disease can be established by abnormality on a single core 1 biomarker, though not all available core 1 biomarkers have sufficient diagnostic accuracy to be suitable for clinical use. Currently, it is proposed that core 1 biomarkers such as Amyloid PET; cerebrospinal fluid ABeta42/40, pTau 181/aBeta 42, CSF tTau/ABeta 42; or "accurate" plasma biomarkers such as Ptau 217 are regarded to be diagnostic. Core 2 biomarkers such as Tau PET, non-phosphorylated TAU, and neurofilament light chains are not typically considered as standalone tests for diagnosis of Alzheimer's disease.<sup>5</sup>

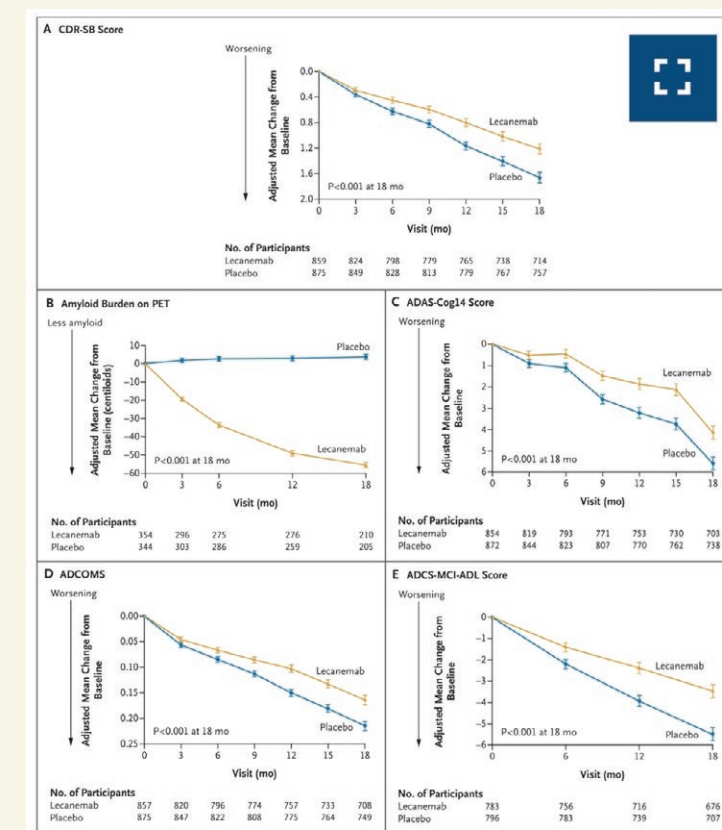
## Palliative care for advanced dementia

It should not be forgotten that many older people are already suffering from moderate to advance dementia, where the current treatment options are of limited symptomatic benefits only. Depression, delirium, and other behavioural or psychological symptoms are prevalent, causing much distress to both patients and caregivers. Depression can aggravate pseudodementia and should be aptly treated. Delirium can be triggered by common exacerbating factors such as **P**ain, **I**nfection, **N**utrition, **C**onstipation, **H**ydration, **M**edications and **E**nvironment (as represented by mnemonic PINCHME). Another useful mnemonic of **5Ps** referring to Pain, Pus, Poo, Pee and Pills, is also a good reminder for the common preventable causes.<sup>7</sup>

Advance care planning should be started from the moment of diagnosis of dementia. Local training videos as adapted from Harvard University Serious Illness Conversation Guide are available locally for physicians' interest and reference.<sup>8,9</sup> (Figure 1)

Together with the preparation of legislation of Advance Medical Directive in Hong Kong, professionals should be better prepared to safeguard patients' best interests.<sup>10</sup>

With synergistic collaboration, dementia can be better managed at all stages. Investigations and treatment at private health care setting especially have an important role to play, for a seamless model of integrated care.



### Primary and Key Secondary End Points.

Table 1. From Van Dyck H, Swanson CJ, Alsen P et al. New Eng J Med 2023;(388): 9-21.

### References

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### 現在我們想和你談一談你親人的病情及未來進展，可以嗎？

- 請問你此刻了解你親人的病情狀況有幾多呢？
- 關於你親人將來的病情，我希望我告訴你幾多呢？
- 病情：「我擔心時日無多」、「有幾多得幾多」
- 若你親人的健康轉差，哪幾項人生目標對你親人是最重要？
- 關於你親人將來的健康，你及你親人最擔心及恐懼的是什麼？
- 當你考慮到你親人將來的病情，有什麼最能給你親人力量？
- 有哪個方面的能力是你親人覺得是最重要，如失去了便難以繼續活下去？
- 若你親人病得更重，你親人願意接受幾多來換取更長壽命？
- 你其他家人知道你親人所看重的及所願望的有幾多？
- 似乎這...對你親人來說十分重要？
- 顧及到你及你親人的目標及首要考慮，及了解到你親人此刻的病情，我建議...
- 我們會一起面對。



Figure 1. From Lo RSK, Tsang ATW, Li KCT et al in Serious Illness Conversation Guide with Caregivers video from CUHK Institute of Ageing.

## Mentalization-Based Treatment: Addressing Childhood Behavioural Challenges

Ms Chan Hoi Ching, Bianca  
Clinical Psychologist  
Union Hospital



### Introduction

Children with medical conditions or who are receiving care in a hospital environment often face additional stressors and challenges that can contribute to the development or exacerbation of behavioural problems. For example, a child with a chronic illness may struggle with the disruption to their daily routine, feelings of anxiety or uncertainty about their health, or difficulties in adjusting to new caregiving environments and relationships. Clinicians are often tasked with supporting children and families grappling with complex behavioural issues. While traditional family therapy has been a mainstay of this work, the Mentalization-Based Treatment for Children (MBT-C) (Midgley et al., 2017) offers a distinctive means of addressing such challenges.

At the core of MBT is the concept of mentalization — the ability to understand one's own and others' thoughts, feelings, and intentions (Fonagy & Target, 1996). How we interpret the behaviours of others and ourselves have a huge impact on the way we think and behave. The development of mentalization skills is influenced by various factors, including early childhood experiences, attachment relationships, and social environments. When we are able to make sense of others' behaviours (and ourselves), the interpersonal world becomes more predictable and sense of safety developed. When this capacity is impaired, it can manifest in a range of behavioural problems, emotional dysregulation, and communication difficulties within the family (Ensink et al., 2016).

The basic model of MBT-C is 12 individual sessions, with separate meetings for caregiver(s). It is specifically developed with an aim of enhancing mentalization skills both in caregivers and their children (ages of 5 to 12 years) with emotional and behavioral issues. During individual therapy sessions, clinicians work collaboratively with children to develop a better understanding of their own and others' mental states, and cultivating more adaptive emotional regulation strategies. At the same time, therapy sessions with caregivers help them to foster mentalization skills within the family system by addressing family dynamics and enhancing communication patterns, thereby supporting the overall development of mentalization abilities. Booster sessions may be arranged 3 to 12 months after the completion of treatment.

### Case Study: Addressing Frequent Temper Outburst through MBT-C

Andrew (a fictional name) is an 11-year-old boy who presents with frequent temper outbursts at home and always gets into conflict with his peers at school after being discharged from hospital following surgery. During the initial assessment, it became clear that Andrew struggled to understand and express his emotions, often resorting to temper outbursts when he felt overwhelmed or misunderstood. His parents' mentalization skill was assessed, and they were guided to understand his temper outbursts within the framework of impaired mentalization. A **focus formulation** (a short phrase which points to the work that can be done in therapy) was developed with Andrew and his parents: **"helping Andrew to adjust to life after surgery and finding out triggers of strong emotions."**

Over the course of 12 sessions, Andrew learned to identify and express his feelings and thoughts and develop skill to take others' perspectives. At the same time, Andrew's parents learned to recognise Andrew's emotional cues and respond with empathy. The joint therapy sessions with Andrew and his parents addressed the family dynamics that had contributed to Andrew's temper outbursts, with the aim of developing more adaptive interaction patterns within the family.

As Andrew and his parents progressed through the MBT-C, Andrew showed improvement in emotional regulation and ability to consider the perspectives of others. The family developed more effective ways to resolve their conflicts by taking each other's perspectives into account. This included learning to communicate their needs and concerns openly, validating each other's experiences, and finding collaborative solutions rather than automatically reverting to confrontational patterns.

Additionally, liaison with Andrew's school was done to help his teachers and peers better understand his emotional challenges. This led to increased accommodations and support for Andrew at school, which further reinforced the progress he was making in therapy. Overall, the MBT-C approach helped Andrew, and his family develop the mentalization skills necessary to navigate the medical, emotional, and social complexities of his medical condition.

### Conclusion

Successful mentalization does not mean we can be accurate in understanding one's own and others' mental state all the time. The goal of mentalizing is not perfect mind-reading, but rather a curious stance that allows our perspectives to be challenged and broadened through engagement with others. By enhancing mentalization skills, MBT-C can serve as a powerful tool in supporting the emotional resilience and overall well-being of children and their families, ultimately contributing to improved mental health and functioning within the complex landscape of medical and psychosocial care. Much work has to be done in the realm of children's mental health, I hope that readers of this article will find inspiration in the ideas shared.

### References

1. Ensink, K., Bégin, M., Normandin, L., & Fonagy, P. (2016). Maternal and child reflective functioning in the context of child sexual abuse: pathways to depression and externalising difficulties. *European journal of psychotraumatology*, 7, 30611.
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## Awards and Recognition



At Union Hospital, Dr Wu has become Director of Emergency Medicine Centre (2008) and Deputy Medical Director (2021) after serving as Director of the General Out-patient Department. She is a leader with vision, who has been the driving force behind many significant developments. She spearheaded the establishment of the first Emergency Medicine Centre in Hong Kong subsequently accredited as a specialty training centre that nurtures young talents. She has devoted substantial efforts to charting directions for quality assurance and risk management of the hospital.

Dr Wu is President of the Hong Kong College of Emergency Medicine. She is forward-looking and has led the advancement of specialist training through structural learning, knowledge exchange and international collaboration. The College under her leadership is committed to offering expert advice and sharing previous experience in the development of specialist training with the Mainland counterparts. She steered the planning and establishment of the Private Emergency Physicians' Chapter, and the designated task force that looks after doctors' well-being.

Dr Wu is President of the Hong Kong Women Doctors Association and Head of Chief Medical Officer team of The Hong Kong Jockey Club. She is a firm believer in the maintenance of our profession's continued competency and gender equality in the workforce. Dr Wu's broad experience, strong capability, and dedication make her capable of extending her engagement to further development of the EM specialty and pre-hospital trauma care in the region and beyond to the utmost.

## Dr Clara Wu's persistence and achievements receive global recognition

Dr Clara Wu was recently awarded the Honorary Order of the International Federation for Emergency Medicine and the Fellowship of the Academy of Medicine, Singapore, acknowledging her sterling contributions as a specialist in Emergency Medicine (EM) who has made ground-breaking advancements with a profound impact on the specialty development locally and internationally.

On receiving of her awards, Dr Wu said:

*"I am grateful that the awards honour the humble contributions I have made, alongside various colleagues, to advance EM specialty development for promoting professional prospects while enhancing patient experience for improved healthcare."*



## HK01's Excellence in Private Hospital Award

Union Hospital is honored to receive HK01's "Excellence in Private Hospital Award" (卓越私營醫院大獎). This recognition underscores the hospital's commitment to upholding high healthcare standards and prioritizing patient care. Union Hospital will continue to improve our services and deliver exceptional medical care.



## Headline No.1 Award: Editor's Choice-No.1 Innovative Technology and Medical Services

Union Hospital is proud to be recognized with Headline Daily's No. 1 Award "Editor's Choice: No. 1 Innovative Technology and Medical Services" (編輯之選—No. 1 嶄新科技醫療服務). This accolade highlights Union Hospital's commitment to integrating advanced medical technologies and pioneering solutions that significantly improve the healthcare experience for the community. The journey of innovation in healthcare will continue with increasing momentum at Union Hospital.

## News



## Advancing Patient Care with Robotic-Assisted Surgery

To enhance the quality of surgical care provided to our patients, Union Orthopaedic and Trauma Centre has adopted the Robotic-Arm System for joint replacement surgeries. This advanced technology facilitates highly precise and individualized procedures, resulting in superior clinical outcomes and expedited recovery times for our patients.

This advanced robotic system offers optimal alignment and placement of implants, thereby enhancing surgical experiences. Notably, in the management of complex hip and knee pathologies, the surgical team can execute preoperative planning with remarkable precision, further personalizing each surgical intervention.

Explore how this innovative approach can positively impact patient care and outcomes: <https://bit.ly/3ALXmJc> or scan the below QR code.



## Post-event Highlights

### Highlights of Inauguration Ceremony for the new Dual Source Photon-Counting CT Scanner cum Opening of Sky Garden

The Inauguration Ceremony for the new Dual Source Photon-Counting CT Scanner cum Opening of Sky Garden was held on 29 August 2024. The Hospital is proud to be the first hospital in Hong Kong to have installed the revolutionary, world's first photon-counting CT scanner. This cutting-edge technology promises to revolutionize diagnostic imaging with its exceptional image precision, low radiation doses, and enhanced patient safety and experience.

Additionally, the Sky Garden, located on the 6th floor of the Extension Block, was unveiled on the same day. This open green space is designed with a variety of plants that provide a soothing, ever-changing landscape throughout the year, offering patients and visitors a peaceful retreat to rest and rejuvenate during their healing journey. The Sky Garden is accessible from 9 a.m. to 9 p.m. daily.

