



# FPP40

## Prevalence of urinary incontinence and its associated factors among elderly in primary health clinics in Kuantan, Pahang.

### AUTHORS

Mohd Aznan Md Aris<sup>1</sup>, Hashima E Nasreen<sup>2</sup>, Aini Laili Romali<sup>1</sup>

### AFFILIATIONS

<sup>1</sup>Department of Family Medicine, <sup>2</sup>Department of Community Medicine, Kulliyyah of Medicine, International Islamic University Malaysia, Bandar Indera Mahkota Campus, Jalan Sultan Ahmad Shah, 25200 Kuantan, Pahang Darul Makmur.

### INTRODUCTION

Urinary incontinence is a common disease among the elderly<sup>1</sup>, which is under-reported and misunderstood causing social, economic, and health issues<sup>2</sup>.

### OBJECTIVE

The objective of this study is to measure the prevalence of urinary incontinence and the factors influencing it in the older population in government primary health clinics in Kuantan, Pahang.

### METHODOLOGY

A cross-sectional study was carried out at six government primary health clinics in Kuantan, Pahang, chosen by simple random sampling. The sequential sampling approach was used to enroll 314 individuals. Malaysian nationals aged 60 and above who could comprehend Bahasa Malaysia were eligible to participate, with no exclusions. The selected subjects were interviewed in person using validated Malay questionnaires that included a sociodemographic profile, Geriatric Depression Scale (GDS-15), and the presence of urinary incontinence by using the International Consultation on Incontinence Questionnaire Urinary Incontinence Short Form (ICIQ-SF).

### RESULTS

- Urinary incontinence was found in 12.1 % of the population, with a mean age of 69.13 years (SD= 7.19). women (59.6%) and Malays made up most of the participants (80.3 %).
- Age (AOR=1.07,CI=1.01-1.14, p-value=0.01), constipation (AOR=7.86,CI=1.94- 31.90, p-value=<0.01), neurological disease (AOR=0.03,CI=0.01- 0.09, p- value= <0.001) and benign prostatic hyperplasia (AOR=0.03,CI=0.001- 0.48, p- value=0.015) were major factors linked with urinary incontinence.

### REFERENCES

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### ANALYSIS

Descriptive statistics were used to describe the sociodemographic characteristics and followed by multiple logistic regression.

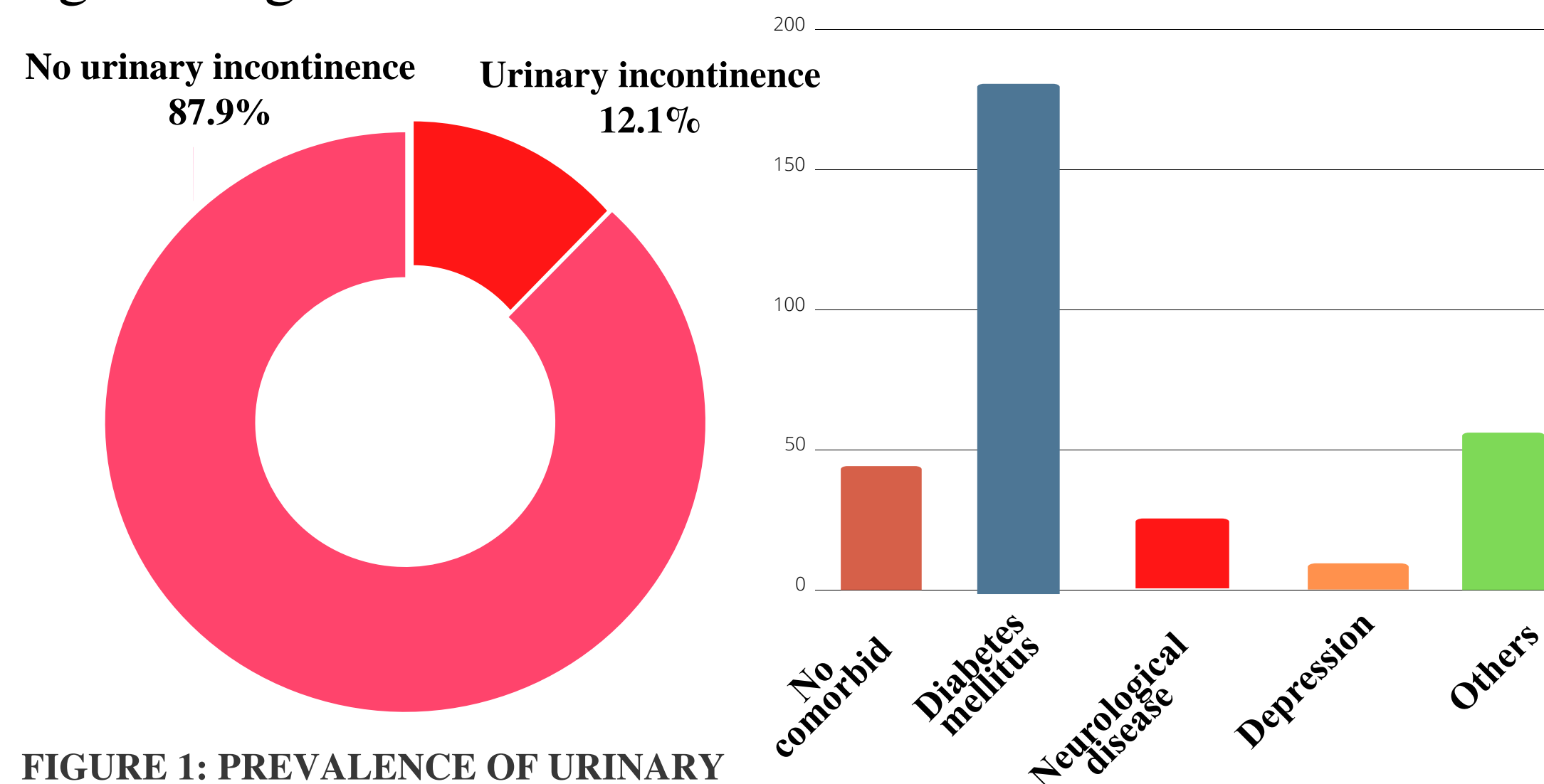


FIGURE 1: PREVALENCE OF URINARY INCONTINENCE AMONG RESPONDENT (N=314)

FIGURE 2: COMORBIDITIES AMONG RESPONDENT (N=314)

Factors	AOR#	SE	Wald	95% CI	P-value
Age	1.07	0.03	5.74	1.01-1.14	0.01*
Constipation	9.635	0.71	8.36	1.94- 31.90	0.004*
Neurological disease	0.03	0.65	31.03	0.01- 0.09	<0.001*
BPH	0.03	1.54	5.96	0.001- 0.48	0.015*

TABLE 1: FACTORS ASSOCIATED WITH URINARY INCONTINENCE

### DISCUSSION AND CONCLUSION

- The prevalence of this study was higher than previous study done in 2020 with prevalence of 5.2% possible due to different sample size and study location<sup>3</sup>.
- Bidirectional relationship between benign prostatic hyperplasia, constipation and neurological disease to increasing of age increase the risk of developing urinary incontinence.
- In conclusion, increase in age, presence of constipation, neurological disease, or benign prostatic hyperplasia become significant factors of developing urinary incontinence.





**KOTA KINABALU, SABAH 2022**  
**24<sup>th</sup> FAMILY MEDICINE  
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**“RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES”**

<b>PRE-CONFERENCE</b> 21 <sup>st</sup> SEPTEMBER 2022 <b>UNIVERSITI MALAYSIA SABAH (UMS)</b>	<b>CONFERENCE</b> 22 <sup>nd</sup> -24 <sup>th</sup> SEPTEMBER 2022 <b>SABAH INTERNATIONAL CONVENTION CENTRE (SICC)</b>
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# Contents

<b>FMSA OBJECTIVES</b>	<b>1</b>
<b>FOREWORD BY THE DIRECTOR GENERAL OF HEALTH MALAYSIA</b>	<b>2</b>
<b>MESSAGE FROM THE RIGHT HONOURABLE CHIEF MINISTER OF SABAH</b>	<b>3</b>
<b>FOREWORD BY THE SABAH STATE HEALTH DIRECTOR</b>	<b>4</b>
<b>WELCOME MESSAGE FROM FMSA PRESIDENT</b>	<b>5</b>
<b>WELCOME MESSAGE FROM ORGANISING CHAIRPERSON</b>	<b>6</b>
<b>COMMITTEE MEMBERS</b>	<b>7</b>
<b>FMSA EXCO MEMBERS</b>	<b>16</b>
<b>SPONSORSHIP PACKAGE</b>	<b>17</b>
<b>OPENING CEREMONY</b>	<b>18</b>
<b>SCIENTIFIC PROGRAMME</b>	<b>19</b>
- PRE-CONFERENCE	20
- CONFERENCE	21
<b>CLOSING CEREMONY</b>	<b>29</b>
<b>SPEAKERS' ABSTRACTS</b>	<b>30</b>
ADVERTISEMENT (NOVO-NORDISK)	79
ADVERTISEMENT (ABBOTT)	80
<b>LIST OF TOPICS FOR ORAL AND POSTER PRESENTATION</b>	<b>82</b>
ADVERTISEMENT (SANOFI)	97
ADVERTISEMENT (BOEHRINGER INGELHEIM)	99
ADVERTISEMENT (GLAXOSMITHKLINE)	101
ADVERTISEMENT (DKSH)	103
ADVERTISEMENT (SERVIER)	105
<b>FLOOR PLAN OF SICC</b>	<b>107</b>
<b>ACKNOWLEDGEMENT</b>	<b>108</b>





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## FMSA Objectives



### *The Objectives of the Association :*

1

To promote and maintain the honour and integrity of the profession of Family Medicine Specialist in every one of its segments and help to sustain professional standards and medical ethics.

2

To serve as the vehicle of the integrated voice of the whole profession and all or each of its own special problems and in relation to educating and directing public opinion on the problems pertaining to family health and the community at large.

3

To promote, facilitate and participate in the conduct of family medicine research and education, as may be appropriate.

4

To promote social, cultural, charitable and spiritual activities in building a caring society and a united Malaysian nation.





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## Foreword By The Director General Of Health Malaysia



YBHG. TAN SRI DATO' SERI DR. NOOR HISHAM ABDULLAH  
Director General of Health Malaysia



First and foremost, I would like to congratulate the organising committee on their tremendous effort in making this year's conference in Sabah successful and fruitful. Malaysia recognises the importance of primary health care, and it has been the core of the Malaysian Health Care System since its formation. This year marks the 25<sup>th</sup> year since primary care specialist services were made available in Malaysia, and it makes me proud to see how much they have accomplished since then. Through primary care, Malaysia has improved in many health indicators since independence.

Primary care doctors are the gatekeepers of the healthcare system and play a significant role in improving community health, providing preventive care and delivering health education nationwide. They play a pivotal role in ensuring that our tertiary hospitals are not constantly overburdened. They are also great partners for collaborative care with different hospital-based specialties in co-managing complicated patients. Their resilience and willingness to go the extra mile for health care are inspiring, as evident during the COVID-19 pandemic. On behalf of all Malaysians, allow me to extend our tremendous gratitude to all the primary care doctors in Malaysia!

Our primary care doctors have succeeded in 'Riding Out The Storm', and now, it is time to 'Rise To The Challenges' by focusing on strengthening and upgrading our core primary care services. Furthermore, we now need to increase our efforts to re-orientate the model of care towards concentrating on prevention, promotion and early detection through empowering and engaging people and communities in striving for quality improvement of patient care.

This year, the committee has carefully picked plenary topics that will focus on the problems pertinent to East Malaysia. I believe everyone will gain new insights and understanding of Sabah health care through sharing knowledge and experience at this conference.

**Have a great conference!**





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## Message From The Right Honourable Chief Minister Of Sabah



YAB DATUK SERI PANGLIMA HJ. HAJIJI HAJI NOOR  
The Right Honourable Chief Minister Of Sabah



Selamat Datang, a very warm welcome to all distinguished speakers and delegates to the 24<sup>th</sup> Family Medicine Scientific Conference. We are honoured to have you here in Kota Kinabalu, Sabah for this auspicious event.

The theme "Riding out the storm: Primary Care rising to the challenges" is apt and timely. The past two years have been challenging for all of us as we tackled the COVID-19 pandemic and several other natural disasters. Truly it was riding out the storm and rising to the challenges.

Primary care has always stepped up during these circumstances. Primary care practitioners with their core values of compassionate and mindful care, resource coordination with other disciplines, preventive care and community-based care are some of the contributions that has helped ease these challenges.

The role of primary care practitioners - Family Medicine Specialists and General Practitioners - forms the backbone of primary health care. Together with Public Health services and other disciplines of medical care ensure a strong and effective medical care that can be made available from the rural folks in their villages to the communities in towns and cities and this can be evidenced by the progress of health care services in Sabah.

The vision of health care for all is not just a dream anymore but fast becoming a reality. As we strive forward together in our vision and mission, I am confident that this can come to pass. I trust your deliberations at this conference will produce some good learnings on primary care moving forward.

Congratulations to the Family Medicine Specialists of Sabah and the Family Medicine Specialists' Association for successfully organising this event and I wish all of you a productive and enjoyable conference.



## Foreword By The Sabah State Health Director

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DATUK DR. ROSE NANI BINTI MUDIN  
Sabah State Health Director



Kopivosian.

It is my great pleasure and privilege to extend a warm welcome to all of our distinguished speakers and delegates to the 24<sup>th</sup> Family Medicine Scientific Conference. I would like to congratulate the Family Medicine Specialists and team in Sabah for organising this event successfully and also to celebrate the joyful 25<sup>th</sup> jubilee anniversary of the fraternity.

When COVID-19 struck worldwide by storm at the end of November 2019, all health frontliners worked in unity and strived hard to deal with the situation, including the primary care team which has always been on its feet battling through many hardships in the fight against COVID-19. We now see a glimpse of hope as we soon reach the end of the pandemic.

Sabah's challenging geographical landscapes require the primary care team to provide medical services for the natives via outreach programs. Therefore, healthcare workers who work in Sabah have ample opportunity to develop skills, build strong leadership, and are able to incorporate good teamwork in overcoming various challenges during their practice. Primary care itself will remain resilient and emerge stronger albeit with many upheavals.

With great pleasure, I give full support to this conference which provides a platform for gaining new knowledge, exchanging ideas, sharing experiences, and building a network between healthcare providers from East and West Malaysia. I believe that Sabah will continue to move forward and adapt to new developments in modern primary care.

I hope the delegates will enjoy their stay in Sabah and have a wonderful time gaining a fountain of knowledge whilst exploring the beauty of Sabah, bringing back home plenty of good memories.

Thank you.



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## Welcome Message from FMSA President

Assalamualaikum and hi to all delegates,

It's been awhile since we last met physically in the Family Medicine Scientific Conference (FMSC). Thank you to Allah for giving us the opportunity to meet up again, uniting brothers and sisters on common interest and passion. Thank you to Family Medicine Specialists (FMS) Sabah & FMSA Executive Council committee for investing their time, effort and initiative in making this FMS Scientific Conference a memorable experience by providing a world standard scientific program. 2022 is a significant year for Family Medicine Specialists in Malaysia for this is the year we celebrate our 25<sup>th</sup> jubilee anniversary of the fraternity in Ministry of Health Malaysia (MOH). We owe our current commendable reputation to the first batch of FMS who started the career pathway of family medicine in 1997. Our current achievements and aspirations would not have materialised if not for the hard work of our seniors and current fraternity members. FMSA has also been invited by MOH to develop the Health White Paper (HWP) which will be tabled by the Minister of Health Malaysia. We appreciate the acknowledgement given to FMSA on this initiative. It was most appropriate because FMS have been at the frontline in almost everything pertaining to control and prevention of infection, management of NCDs, health screening, mental health related conditions and the list could go on and on. Primary care has been the thrust of the health system and will continue to do so in years to come. At every step of change and development, FMS will always be in the frontline navigating and steering the course of transformation and progression. Bravo FMS! You are the most wanted specialists and occupy the highest rank in the specialists' hierarchy. Keep on striving for excellence.

The FMSA Executive Council committee had chosen Kota Kinabalu to host the 24<sup>th</sup> FMSC and to celebrate the 25 years' milestone, and the chosen venue was very appropriate and timely. Kota Kinabalu is a beautiful city and we are so proud of it. So let us enjoy the conference and rekindle lost memories despite COVID-19 pandemic. COVID-19 will always be part of our lives. However, let it not deter our journey to greater achievements. Thank you for your presence and enjoy the conference. May Allah protect us all.

Thank you



**DR. SRI WAHYU TAHER**

PRESIDENT

FAMILY MEDICINE SPECIALISTS' ASSOCIATION



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## Welcome Message from Organising Chairperson

A very warm welcome and my heartiest thanks to all the delegates who are able to join us here in Kota Kinabalu for our prestigious 24<sup>th</sup> Family Medicine Scientific Conference 2022. It is truly an honour for the Sabah FMS team to host the conference this year along with the 25<sup>th</sup> FMS Jubilee Celebration. We have put in our best efforts to make this conference a reality despite some uncertainties we had to navigate through during the pandemic. The theme itself says it all.

We hope you fully benefit from our three-and-a-half day event of which you can choose to participate in our pre-conference skills-acquisition hands-on workshops and the many conference plenaries offered in the Sabah International Convention Centre. Esteemed speakers from all over the country are gathered here to share their valuable knowledge and insights on many interesting topics. We hope you will gain new knowledge and experience to help you make a difference in your practice back home and improve the services of primary care. There are also many exhibition booths lined up for your exploration.

Don't forget to explore and enjoy the beauty of Sabah with your family, and strengthen our fraternity by creating new friendships and forming strong bonds. Bring back some good memories with you and may Sabah be a rendezvous destination for you in the future.

Thank you and enjoy the conference!



A handwritten signature in black ink, appearing to read 'Zaiton'.

**DR. ZAITON BINTI YAHAYA**  
CONSULTANT FAMILY MEDICINE SPECIALIST  
KLINIK KESIHATAN SANDAKAN





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*Silver*



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## Opening Ceremony

FMSC

22<sup>nd</sup> September 2022

- 0830** : Arrival of invited guests
- 0900** : Arrival of Director General of Health Malaysia  
YBhg. Tan Sri Dato' Seri Dr. Noor Hisham Abdullah
- 0915** : *Negaraku, Sabah Tanah Airku, and Kami Sedia Membantu*
- 0920** : *Doa* recitation
- 0925** : Welcoming speech by Dr. Zaiton Yahaya, Organising  
Chairperson of the 24<sup>th</sup> Family Medicine Scientific Conference
- 0935** : Welcoming speech by Dr. Sri Wahyu Taher, President of  
Family Medicine Specialists' Association
- 0945** : Keynote address by YBhg. Tan Sri Dato' Seri Dr. Noor  
Hisham Abdullah
- : Opening remarks by YBhg. Tan Sri Dato' Seri Dr. Noor  
Hisham Abdullah
- : Official launch of the 24<sup>th</sup> Family Medicine Scientific  
Conference 2022
- 1030** : Launch of FMSA books:
- : 1) Guideline for Primary Care Services during Pandemic  
and the Way Forward
- : 2) FMS Coffee Table Book
- : 3) Common Clinical Problems in Primary Care:  
A Quick Guide (2<sup>nd</sup> Edition)
- : Presentation of souvenir gift to YBhg. Tan Sri Dato' Seri  
Dr. Noor Hisham Abdullah
- 1045** : Video montage of FMS Sabah
- 1050** : Visit to exhibition booths
- 1120** : Photography session of YBhg Tan Sri Dato' Seri Dr. Noor  
Hisham Abdullah with FMSC Committee Members and  
FMSA Exco
- 1130** : Press conference
- 1200** : Lunch



**24<sup>th</sup> FAMILY MEDICINE  
SCIENTIFIC CONFERENCE**

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

# SCIENTIFIC PROGRAMME



# PRE - CONFERENCE



**Date : 21<sup>st</sup> September 2022**  
**Time : 1400 - 1630 H**  
**Venue : Universiti Malaysia Sabah**



TIME	AGENDA
1330-1400H	REGISTRATION
1400-1630H	<p align="center"><b>WORKSHOP 1 :</b> Basic and Advanced O&amp;G Ultrasound Hands-On</p> <p align="center"><b>Facilitators :</b></p> <ul style="list-style-type: none"> <li>• Dr. Hoong Farn Weng Michael, <i>O&amp;G &amp; MFM Specialist, SWACH</i></li> <li>• Dr. Chan Kok Seong, <i>O&amp;G &amp; MFM Specialist, SWACH</i></li> <li>• Dr. Amory S. Chong, <i>O&amp;G Specialist, SWACH</i></li> <li>• Dr. Dg Marshitah Pg Baharuddin, <i>Consultant O&amp;G Specialist/Lecturer, UMS</i></li> </ul> <p>This workshop is mainly hands-on for basic and advanced O&amp;G ultrasound. Useful for Primary Care doctors to sharpen their basic ultrasound skills for Obstetrics &amp; Gynaecology and to learn about advanced ultrasound for Obstetric cases.</p>
	<p align="center"><b>WORKSHOP 2 :</b> Rheumatology Workshop</p> <p align="center"><b>Facilitators :</b></p> <ul style="list-style-type: none"> <li>• AP Dr. Malehah Mohd Noh, <i>Consultant Rheumatologist/Lecturer, UMS</i></li> <li>• Dr. Anna Farazilah Mohd Salleh, <i>Rheumatologist, UMS</i></li> <li>• Dr. Shahleni Paramasivam, <i>Fellow in Rheumatology, UMS</i></li> <li>• Dr. Azmad Kareem Bin Anwardeen, <i>Physician, QEH</i></li> </ul> <p>This workshop is mainly a practical approach for Rheumatology such as intra-articular joint aspiration, microscopic examination for gout and Rheumatology assessment for patients with Rheumatoid Arthritis and Ankylosing Spondylitis.</p>
	<p align="center"><b>WORKSHOP 3 :</b> Ultra Brief Psychological Intervention In Primary Care</p> <p align="center"><b>Facilitators :</b></p> <ul style="list-style-type: none"> <li>• Dr. Nicholas Pang Tze Ping, <i>Consultant Psychiatrist, UMS</i></li> <li>• Dr. David Tan Ming Gui, <i>Psychiatrist, UMS</i></li> <li>• Ms. Sharon Sharmini R. Mohan, <i>Clinical Psychologist, UMS</i></li> <li>• Ms. Andrea Wong, <i>Clinical Psychologist, UMS</i></li> </ul> <p>The ultra brief psychological interventions (UBPI) was created in 2018 to empower healthcare providers with psychological skills that can be delivered within a short period. This workshop presents how UBPI was adapted and used by with healthcare providers dealing with COVID-19 and also with the public who required psychological first aid (PFA), and teaches healthcare workers in general practise key skills to deal with psychological distress.</p>
1630-1730H	<p align="center"><b>TEA SYMPOSIUM - ABBOTT</b> Getting Into Target :</p> <p align="center">How does Diabetes Self-management Support HELP?</p> <p align="center">Dr. Sri Wahyu Taher, <i>Consultant FMS, KK Simpang Kuala</i></p>

# CONFERENCE TENTATIVE

VENUE : SICC, KOTA KINABALU

DAY 1

THURSDAY  
22  
SEPT 2022

TIME

PROGRAM TENTATIVE

0730-0800 H	REGISTRATION		
0800-0830 H	<b>PLENARY 1</b> <b>25 YEARS OF FMS SERVICE IN MALAYSIA - WHAT HAS BEEN ACHIEVED?</b> Dr. Nik Mazlina Binti Mohammad <i>Head of Service for Family Medicine</i>		
0830-0900 H	<b>PLENARY 2</b> <b>PRIMARY CARE IN THE NEW NORMAL ERA - OVERCOMING THE CHALLENGES</b> Dr. Mastura Binti Ismail <i>Deputy Director (Primary Health Care), Family Health Development Division</i>		
0900-1115 H	OPENING CEREMONY		
1115-1145 H	MORNING BREAK & BOOTH VISITS		
	Symposium 1 RESPIRATORY	Symposium 2 MUSCULOSKELETAL	Symposium 3 NEW ERA MEDICINE
1145-1210 H	<b>Ending Tuberculosis By 2035 – Does The Combat Against Latent TB Help?</b>  Dr. Taufiq Rosli, <i>Fellow in Respiratory Medicine, QEH</i>	<b>Rheumatoid Arthritis In Primary Care – How Can We Play A Role In Overcoming The Socioeconomic Issues?</b>  Dr. Hairul Hadi Ariff, <i>Rheumatologist, QEH</i>	<b>Long COVID Syndrome – The Sequelae</b>  Dr. Nor Arisah Misnan, <i>Consultant Infectious Disease Physician, Hospital Sungai Buloh</i>
1210-1235 H	<b>Battling Against Multidrug Resistant Tuberculosis - Are We In The Winning Team?</b>  Dr. Kunji Kannan A/L Sivaraman Kannan, <i>Consultant Respiratory Physician, QEH</i>	<b>Knee Osteoarthritis – Importance Of Early Intervention</b>  Mr. Aaron Gerarde Paul, <i>Orthopaedic Surgeon, QEH</i>	<b>Secondary Traumatic Stress Due To COVID-19 Pandemic – A Hidden Volcano</b>  Dr. Nicholas Pang Tze Ping, <i>Consultant Psychiatrist, UMS</i>
1235-1300 H	<b>Bronchial Asthma – What Is Happening At The Other End?</b>  Dr. Hema Yamini Devi A/P Ramarmuty, <i>Consultant Respiratory Physician, QEH</i>	<b>Frailty In Primary Care – An Introduction To The Pictorial Fit Frail Scale (Malay Version)</b>  Dr. Sally Suriani Ahip, <i>FMS, Community Geriatrics, KK Kota Samarahan</i>	<b>Translating Benefits Of Vaccine To The Public – How To Confront The Vaccine-Hesitant Population?</b>  Dr. Suhazeli Bin Abdullah, FMS, KK Tengkuawang



**TIME**
**PROGRAM TENTATIVE**

1300-1315 H	Q&A		
1315-1430 H	<b>LUNCH SYMPOSIUM 1 : Sipadan 1</b>  <b>Sanofi Aventis</b>  <b>Tdap Vaccination In Pregnancy - What You Need To Know</b>  Prof. Dr. Jamiyah Binti Hassan, <i>Lecturer/Consultant O&amp;G Specialist, UiTM</i>  Dr. Thahira Jamal Mohamed, <i>Consultant Paediatric Infectious Disease, Hospital Tunku Azizah</i>	<b>LUNCH SYMPOSIUM 2 : Sipadan 2</b>  <b>DKSH</b>  <b>Early Intensification In T2DM Management: What Are The Barriers And Treatment Options</b>  Dr. Tee Hwee Ching, <i>Endocrinologist, QEH2</i>	<b>LUNCH SYMPOSIUM 3 : Sipadan 3</b>  <b>Servier</b>
	<b>Symposium 4 GASTROENTEROLOGY</b>	<b>Symposium 5 NCD</b>	<b>Symposium 6</b>
1430-1455 H	<b>Managing Gastroesophageal Reflux Disease - What's Not To Be Missed?</b>  Datuk Dr. Raman Muthukaruppan, <i>Consultant Gastroenterologist, QEH</i>	<b>Contemporary Diagnosis Of Rheumatic Heart Disease</b>  Dr. Liew Hong Bang, <i>Consultant Cardiologist, QEH</i>	<b>Oral Presentation</b>
1455-1520 H	<b>Hepatitis B: Prevention Of Mother To Child Transmission - A Sabah Experience</b>  Dr. Zaiton Binti Yahaya, <i>Consultant FMS, KK Sandakan</i>	<b>The Golden Kidney - How To Preserve Its Value?</b>  Dr. Wong Koh Wei, <i>Consultant Nephrologist, QEH</i>	

**TIME****PROGRAM TENTATIVE**

1520-1545 H	<p><b>Diagnostic Methodologies In Metabolic Associated Fatty Liver Disease – How Can We Screen For More At Primary Care?</b></p> <p>Dr. Wong Ping Foo, FMS, KK Cheras Baru</p>	<p><b>Patient-Centered Care In Chronic Disease</b></p> <p>Dr. Lee Wai Khew, Consultant FMS, KK Luyang</p>	
1545-1600 H	<b>Q&amp;A</b>		
1600-1700 H	<p><b>TEA SYMPOSIUM 1 : Sipadan 1</b></p> <p><b>Abbott</b></p> <p><b>How Can We Manage Metabolic Conditions In People With Diabetes?</b></p> <p>Dr. Sri Wahyu Taher, Consultant FMS, KK Simpang Kuala</p>	<p><b>TEA SYMPOSIUM 2 : Sipadan 2</b></p> <p><b>Azstra Zeneca</b></p> <p><b>Evolving Evidences Of SGLT2-i : From Glucose Control To Organ Protection.</b></p> <p>Dr. Kenneth Wu, Consultant Nephrologist, KPJ Sabah</p>	<p><b>TEA SYMPOSIUM 3 : Sipadan 3</b></p> <p><b>Duopharma</b></p> <p><b>Progesterone Only Injectables – Myths, Facts And Management</b></p> <p>Dr. John Teo, O&amp;G Specialist, Klinik Pakar Wanita dan Perbidanan, Sabah</p>

**VENUE :****MAGELLAN SUTERA RESORT**

1830-1900 H	<b>REGISTRATION</b>
1900-2000 H	<p><b>DINNER SYMPOSIUM :</b> <b>Pharmaniaga</b></p> <p><b>The Pharmacoeconomic Impact Of Managing Pain In Primary Care. Is There A Role For Generics? Use Of Rabirox (Celecoxib) For Pain Relief Among Patients Treated In Primary Care Clinics (Klinik Kesihatan Ministry Of Health Malaysia)</b></p> <p>Dr. Sri Wahyu Taher, Consultant FMS, KK Simpang Kuala</p>
2000-2300 H	<b>21<sup>st</sup> ANNUAL GENERAL MEETING OF THE MALAYSIAN FAMILY MEDICINE SPECIALISTS' ASSOCIATION</b>

# CONFERENCE TENTATIVE

VENUE : SICC, KOTA KINABALU

DAY 2

FRIDAY  
**23**  
SEPT 2022

TIME

PROGRAM TENTATIVE

0730-0800 H	REGISTRATION		
0800-0845 H	<p><b>PLENARY 3</b>  <b>MATERNAL &amp; CHILD HEALTH IN THE SUSTAINABLE DEVELOPMENTAL GOALS – HOW ARE WE DOING NOW?</b></p> <p>YBHG Dato' Dr. Narimah Awın,  <i>Technical Advisor for Sexual Reproductive Health,  United Nations Population Fund Malaysia (UNFPA)</i></p>		
0845-0930 H	<p><b>PLENARY 4</b>  <b>SURVIVING THE MENTAL HEALTH PANDEMIC – HOW CAN PRIMARY CARE PLAY A ROLE TO EMBRACE THE IMPACT?</b></p> <p>Dr. Hazli Zakaria,  <i>President of Malaysian Psychiatric Association,  Founder of Alaminda Specialist Clinic</i></p>		
0930-1000 H	MORNING BREAK & BOOTH VISITS		
	<b>Symposium 7 MATERNAL HEALTH</b>	<b>Symposium 8 GERIATRICS</b>	<b>Symposium 9 MENTAL HEALTH</b>
1000-1025 H	<p><b>Confidential Maternal Death Enquiry – How Can Primary Care Prevent It?</b></p> <p>Datuk Dr. Soon Ruey,  <i>Consultant O&amp;G Specialist, SWACH</i></p>	<p><b>Screening And Approach To Dementia In Primary Care</b></p> <p>Dr. Gordon Pang  Hwa Mang,  <i>Geriatrician, QEH</i></p>	<p><b>Stimulant Use Disorder</b></p> <p>Dr. Norsiah Binti Ali,  <i>Consultant FMS,  Addiction Specialist,  KK Masjid Tanah</i></p>
1025-1050 H	<p><b>Obstetric Venous Thromboembolism (VTE) – The Roles Of Primary Care</b></p> <p>Dr. Carol Lim Kar Koong,  <i>Consultant MFM,  Head of O&amp;G Department,  Hospital Ampang</i></p>	<p><b>Elderly And Nutrition</b></p> <p>Puan Mahani Mohamad,  <i>Dietitian,  KK Luyang</i></p>	<p><b>Impact Of Screen Time On Child Development And Mental Health</b></p> <p>Dr. Jasminde Kaur  A/P Amarjit Singh,  <i>Developmental Paediatrician, SWACH</i></p>



**TIME**
**PROGRAM TENTATIVE**

1050-1115 H	<p><b>Advanced Maternal Age - Why Is It Important To Address Them?</b></p> <p>Dr. Haryati Hamzah, <i>FMS, KK Tawau</i></p>	<p><b>Rehabilitation For Elderly In Primary Care - An Approach From Occupational Therapist</b></p> <p>Puan Racheal Reyes, <i>Occupational Therapist, QEH</i></p>	<p><b>Community Psychiatry - A Bridge Between Psychiatry And Primary Care</b></p> <p>Dr. Siti Hazrah Binti Selamat Din, <i>Community &amp; Rehabilitation Psychiatrist, Hospital Tuanku Ja'afar Seremban</i></p>
1115-1130 H	Q&A		
1130-1300 H	PRAYER BREAK		
1300-1400 H	<p><b>LUNCH SYMPOSIUM 4 : Sipadan 1</b></p> <p><b>Astra Zeneca</b></p> <p><b>Breathing Fresh AIR Into Asthma Care - From SABINA To GINA 2022</b></p> <p>Dr. Sri Wahyu Taher, <i>Consultant FMS, KK Simpang Kuala</i></p>	<p><b>LUNCH SYMPOSIUM 5 : Sipadan 2</b></p> <p><b>NovoNordisk</b></p> <p><b>The Modern Duo - Transforming Community Diabetes Care With BiAsp30 And IDetemir</b></p> <p>Prof. Dato Dr. Mafauzy Mohamed, <i>Prof of Medicine &amp; Senior Consultant Endocrinologist, USM</i></p>	<p><b>LUNCH SYMPOSIUM 6 : Sipadan 3</b></p> <p><b>Menarini</b></p>
	Symposium 10 CHILD HEALTH	Symposium 11 ENDOCRINE	Symposium 12
1400-1425 H	<p><b>Kempen Imunisasi Polio Sabah (KIPS) - How We Handled An Emergent Epidemic</b></p> <p>Dr. Muhammad Bin Haji Jikal, <i>Senior Principal Assistant Director (CDC), Sabah State Health Department</i></p>	<p><b>Approach In Managing Resistance And Refractory Hypertension</b></p> <p>Dr. Tee Hwee Ching, <i>Endocrinologist, QEH2</i></p>	<b>Oral Presentation</b>

**TIME**
**PROGRAM TENTATIVE**

1425-1450 H	<p><b>Child Marriages &amp; Its Legal Implications</b></p> <p>ACP Ang Seow Aun, Assistant Officer In Charge of the Criminal Investigation Department, Operations &amp; Intelligence Sabah Police HQ</p>	<p><b>Managing Menstrual Disturbance: An Endocrine Perspective</b></p> <p>Dr. Lau Bik Kui, Endocrinologist, KPJ Kuching</p>	<b>Oral Presentation</b>
1450-1515 H	<p><b>Tuberculosis In Children - Pearls, Pitfalls, And How Can We Improve The Outcome?</b></p> <p>Dr. Wong Ke Juin, Consultant Paediatric Infectious Disease, SWACH</p>	<p><b>Management Of Obesity - What's New In Town?</b></p> <p>Dr. Teoh Soo Huat, FMS &amp; Obesity Medicine Physician, USM</p>	
1515-1530 H	<b>Q&amp;A</b>		
1530-1630 H	<p><b>TEA SYMPOSIUM 4 : Sipadan 1</b></p> <p><b>NovoNordisk</b></p> <p><b>Truth And Myths Of Growth And Short Stature</b></p> <p>Assoc. Prof. Dr. Azriyanti Anuar Zaini, Consultant Paediatrician &amp; Consultant Paediatric Endocrinologist, UMMC</p>	<p><b>TEA SYMPOSIUM 5 : Sipadan 2</b></p> <p><b>Merck</b></p> <p><b>Reversing Prediabetes - Pharmacotherapy Or Wait To Become Sweetie?</b></p> <p>Prof. Dato Dr. Mafauzy Mohamed, Prof. of Medicine &amp; Senior Consultant Endocrinologist, USM</p>	<p><b>TEA SYMPOSIUM 6 : Sipadan 3</b></p> <p><b>GSK</b></p> <p><b>Closing The Gaps For Every Breath - Prevent And Control</b></p> <p>Dr. Sri Wahyu Taher, Consultant FMS, KK Simpang Kuala</p>

**VENUE :**
**MAGELLAN SUTERA RESORT**
**1815-2300 H**
**GALA DINNER  
25<sup>th</sup> FMS JUBILEE CELEBRATION**

# CONFERENCE TENTATIVE

VENUE : SICC, KOTA KINABALU

DAY 3

SATURDAY  
**24**  
SEPT 2022

TIME

PROGRAM TENTATIVE

0730-0800 H	REGISTRATION		
0800-0845 H	<p>PLENARY 5 MANAGING PRIMARY HEALTHCARE IN SABAH - REACHING THE UNREACHABLE; THE UNTOLD STORIES</p> <p>Datuk Dr. Christina Rundi, <i>Public Health Physician, Sabah</i></p>		
0845-0930 H	<p>PLENARY 6 EMBRACING THE CHANGES POST PANDEMIC IN PRIMARY CARE - ARE WE EQUIPPED AND PREPARED FOR THE REVOLUTION?</p> <p>Dr. Sri Wahyu Taher, <i>Consultant FMS, KK Simpang Kuala</i></p>		
0930-0945 H	SABAH TOURISM VIDEO		
0945-1015 H	MORNING BREAK		
	Symposium 13 MINOR TOPICS	Symposium 14 TRAVEL MEDICINE	Symposium 15 RURAL MEDICINE & WOUND CARE
1015-1040 H	<p>Paediatrics Ocular Disease - How Can Primary Care Make A Difference</p> <p>Dr. Shuaibah Ab Ghani, <i>Ophthalmologist, UMS</i></p>	<p>Top Tips In Handling Underwater Emergencies</p> <p>Dr. Muhamad Na'im Bin Ab Razak, <i>Exco Member of Wilderness &amp; Austere Medicine Malaysia, Hospital Lahad Datu</i></p>	<p>Malaria - Getting To Zero: Where Are We Now?</p> <p>Dr. Jenarun Jelip, <i>Head of Vector Borne Disease Sector, Disease Control Division, MOH</i></p>
1040-1105 H	<p>Evolution Of Infertility Therapy</p> <p>Datuk Dr. M. Hatta Tarmizi, <i>Consultant O&amp;G &amp; Fertility Specialist, SabahCare Fertility Centre</i></p>	<p>Medical Coverage For International And Adventure Sports</p> <p>Dr. George G. Mathew, <i>Consultant FMS, KK Tamparuli</i></p>	<p>KK Telupid Rising To The Challenges: An Experience At The Heart Of Borneo</p> <p>Dr. Fazilawati @ Azmira Binti Latiff, <i>FMS, KK Telupid</i></p>



**TIME****PROGRAM TENTATIVE**

1105-1130 H	<b>Professional Development In Primary Care</b> Dr. Iskandar Firzada Bin Osman, <i>Consultant FMS, KK Jaya Gading</i>	<b>Pressure Related Illness In Diving Medicine: The Hidden Secret Of Underwater World</b>  Col. (Dr) Shamsul Bahary Bin Muhamad, <i>Commanding Officer, Hospital Angkatan Tentera Wilayah Kota Kinabalu</i>	<b>Current Advancement In Modern Wound Dressing: Challenges In Rural Setting</b>  Dr. Hanihaselah Binti Mohd Saleh, <i>Consultant FMS, KK Kulai</i>
1130-1145 H	<b>Q&amp;A</b>		
1145-1230 H		<b>LUNCH SYMPOSIUM 7 : Sipadan 2</b>  <b>Sanofi</b>  <b>The RIGHT Time To Fix Fasting With 2nd Generation Basal Insulin</b>  Dr. Sri Wahyu Taher, <i>Consultant FMS, KK Simpang Kuala</i>	<b>LUNCH SYMPOSIUM 8 : Sipadan 3</b>  <b>Boehringer Ingelheim</b>  <b>Defining The Role Of SGLT2i In Primary Care - Time to Act Now</b>  Datuk Dr. Zanariah Hussein, <i>Senior Consultant Endocrinologist, Hospital Putrajaya</i>
1230-1330 H	<b>CLOSING CEREMONY</b>		

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

## Closing Ceremony

FMSC

**24<sup>th</sup> September 2022**

- 1230** : Summary of Oral Papers by the Chief Judge
- 1240** : Summary of Poster Presentations by the Chief Judge
- 1250** : Announcement of winners and Prize-giving ceremony by Dr. Zaiton Yahaya, Organising Chairperson of the 24<sup>th</sup> Family Medicine Scientific Conference
- 1300** : Closing remarks by Dr. Zaiton Yahaya, Organising Chairperson of the 24<sup>th</sup> Family Medicine Scientific Conference
- 1315** : Announcement of next year's host and passing of the baton by Dr. Zaiton Yahaya
- 1330** : Lunch

**24<sup>th</sup> FAMILY MEDICINE  
SCIENTIFIC CONFERENCE**

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"



# **SPEAKERS' ABSTRACTS**





# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

PRE-CONFERENCE :  
21<sup>st</sup> SEPTEMBER 2022



## Workshop 1

### BASIC AND ADVANCED O&G ULTRASOUND HANDS-ON

Dr. Hoong Farn Weng Michael | O&G & MFM Specialist, SWACH  
Dr. Chan Kok Seong | O&G & MFM Specialist, SWACH  
Dr. Amory S. Chong | O&G Specialist, SWACH  
Dr. Dg Marshitah Pg Baharuddin | Consultant O&G Specialist, UMS

### ABSTRACT

Obstetrics and Gynecology (O&G) ultrasound is an important skill in the daily operation of a Maternal and Child Health (MCH) unit in Primary Care. As the field advances, there arises a need to have Credentialing and Privileging (C&P) for Medical Officers as a prerequisite condition before they are allowed to function in the unit. The C&P can be done either by FMS alone or under the supervision of an O&G specialist. However, it may not be feasible for some; for example, a rural health clinic doctor who has shortage of staffs and long interval visits by a covering FMS.

We therefore bring to you, MFM and O&G Specialists from the Sabah Women & Children's Hospital (SWACH) and Universiti Malaysia Sabah (UMS), as esteemed facilitators in this workshop. The hands-on session aims to reinforce and revisit what has been taught previously. As preparation for this workshop, we highly recommend that prospective participants to also attend the SOGUS webinars conducted by SWACH from 10<sup>th</sup> June until 19<sup>th</sup> September 2022, just prior to this workshop. These webinars will cover the theoretical aspects and case studies in O&G ultrasound. Skills in performing O&G ultrasound is not learned in days; years of continuous practice and reflective learning are imperative in mastering the finer aspects of the skill.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

PRE-CONFERENCE :  
21<sup>st</sup> SEPTEMBER 2022



## Workshop 2 RHEUMATOLOGY WORKSHOP

AP Dr. Malehah Mohd Noh | Consultant Rheumatologist/Lecturer, UMS  
Dr. Anna Farazilah Mohd Salleh | Rheumatologist, UMS  
Dr. Shahleni Paramasivam | Fellow in Rheumatology, UMS  
Dr. Azmad Kareem Bin Anwardeen | Physician, QEH

### ABSTRACT

Musculoskeletal condition is the third commonest reason for a patient seeking a consultation in primary care especially with regards to joint pain. Appropriate diagnosis and initial treatment by primary care team with resources within the community would improve the access to treatment and patient satisfaction particularly in Sabah. This workshop is delivered by Rheumatologist jointly from Queen Elizabeth Hospital and Universiti Malaysia Sabah. The objective is to guide primary care physician on the skill of knee joint injection and clinical practice of musculoskeletal examination.

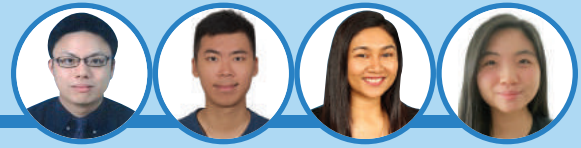
In the first station, there will be a demonstration on the correct and safe technique of intra articular knee injection on knee models, following which each participant will be given adequate opportunity for a hands-on experience. This will be followed by a guided use of light microscopy to identify gout crystals from a prepared synovial fluid under the polarized light. In the third station, the rheumatologist will demonstrate the general examination of musculoskeletal which includes Gait, Arms, Legs and Spine (GALS). This will be followed by examination of real patients with Rheumatoid Arthritis. All participants will be given adequate time to practice their clinical examination skills on the patient volunteers.

We hope that by engaging with this workshop, participants will gain experience and knowledge to increase their clinical performance and confidence to diagnose, manage and treat common rheumatological conditions in the community setting, ultimately improving patient care.

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21<sup>st</sup> SEPTEMBER 2022



## Workshop 3

### ULTRA BRIEF PSYCHOLOGICAL INTERVENTION IN PRIMARY CARE

Dr. Nicholas Pang Tze Ping | Consultant Psychiatrist, UMS  
Dr. David Tan Ming Gui | Psychiatrist, UMS  
Ms. Sharon Sharmini R. Mohan | Clinical Psychologist, UMS  
Ms. Andrea Wong | Clinical Psychologist, UMS

#### ABSTRACT

The ultra brief psychological interventions (UBPI) were created in 2018 to empower healthcare providers with psychological skills that can be delivered within a short period. Techniques used within UBPI were adopted from a variety of well-established psychotherapies and distilled into its core essentials. This enabled practitioners of UBPI to deliver specific psychological skills in the appropriate context to the client within 15–20 min. UBPI was also manualised to standardise training of practitioners. During the novel coronavirus disease of 2019 (COVID-19) pandemic, UBPI was modified to suit the unique psychological demands of the pandemic. This workshop presents how UBPI was adapted and used with healthcare providers dealing with COVID-19 and also with the public who required psychological first aid (PFA), and teaches healthcare workers, in general, practise key skills to deal with psychological distress.



# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Plenary 1:

**Dr. Nik Mazlina Binti Mohammad**

Head of Service for Family Medicine  
Ministry of Health Malaysia



**25 YEARS OF FMS SERVICE IN MALAYSIA – WHAT HAS BEEN ACHIEVED?**

Primary health care is the key to attain Health for All as stated in the Alma-Ata Declaration of 1978. Health systems with strong primary health care at its core improve population health through the integration of primary care services with public health. This results in lower health costs, better patient experience, fewer unnecessary hospital admissions and greater socioeconomic equity.

Recognising the importance of having a robust primary health care system, Malaysia started its masters training programme in Family Medicine in 1993. With the inception of the first batch of Family Medicine Specialists (FMS) in 1997, the country was able to provide specialist services at the primary care level.

To date there are 924 FMSes in the country, including 625 currently serving in 397 health clinics under the Ministry of Health. The aim is to eventually place one FMS in 1060 health clinics throughout the country. Parallel pathway training for Family Medicine was introduced to help meet this demand.

FMSes play an integral role to improve health service, health outcomes and ensure the quality of health care delivery. This is achieved through active involvement in training, clinical audits and also research. They have contributed extensively in the development of Clinical Practice Guidelines and are members of various technical working groups as subject matter experts in their field.

FMSes are highly sought in times of crisis and often given the mandate to head entourages. Some have received recognition and accolades not only within the country but internationally as well. This year marks the 25<sup>th</sup> year of the Family Medicine Specialty in the Ministry Of Health Malaysia. Family Medicine Specialists have come a long way since their humble beginnings and shall continue to strive for excellence and rise to the challenge of the future.

Plenary 2:

**Dr. Mastura Binti Ismail**

Deputy Director (Primary Health Care)  
Family Medicine Development Division  
Ministry of Health Malaysia



**PRIMARY CARE IN THE NEW NORMAL ERA – OVERCOMING THE CHALLENGES**

At this moment, the only certainty seems to be more uncertainty as we find ourselves coming to grips with a “new normal.” Primary care is not exempted from the strain faced by so many sectors of the Malaysian economy and health care sector in particular. Nevertheless, as the current situation continues to evolve, the impact of COVID-19 will be felt far beyond its population-based effects on morbidity and mortality, with sequelae including:

- i) severely strained management of chronic diseases
- ii) increase in and worsening of mental health and associated effects
- iii) exacerbation in difference of an already current and uneven delivery of medical and health care services for vulnerable populations

Despite the challenges being suffered during this pandemic, the practice of primary care stands to play a significant role in the management of these issues, employing previously underutilised technology such as telehealth, and overcoming the financial and physical limitations imposed by the pandemic on a routinely clinic-based patient care. During the crisis, focus was placed on scaling-up primary care capacities through well-designed innovation equipped with digital technology, which helped deliver a successful health system response. The innovations introduced need to be sustained to make health systems more resilient against future public health emergencies.

## Plenary 3:

### **YBHG. Dato' Dr. Narimah Awin**

Technical Advisor for Sexual Reproductive Health  
United Nations Population Fund Malaysia



### **MATERNAL & CHILD HEALTH IN THE SUSTAINABLE DEVELOPMENTAL GOALS – HOW ARE WE DOING NOW?**

SDG 3.1 is to reduce maternal mortality; SDG 3.2 is to eliminate preventable deaths of children under 5. These replace MDG5 and MDG4 respectively. The question "how are we doing?" implies the need to measure, and each SDG has measurable targets and indicators. SDG 3.1 is to reduce maternal mortality ratio (MMR) to less than 70/100,000 livebirths; SDG 3.2. is to end preventable deaths among under-5, measured by reduction of under-5 mortality (not more than 25/1,000 livebirths) and neonatal mortality (not more than 12/1,000 livebirths). Additionally, there is a call for ending preventable maternal death by 2030. Getting reliable data is a problem for many countries. The global targets are averages that apply to all countries, among which there are huge disparities. There are also disparities within countries. For universal comparison, data from countries are collected by WHO which publishes them annually in World Health Statistics (WHS). The UN encourages countries to conduct Voluntary National Review (VNR) for the SDGs. Malaysia has conducted 2 VNRs (2017 and 2021). For Malaysia, WHS 2021 reported MMR of 29/100,000; Under 5 mortality of 9/1,000 and neonatal mortality of 5/100,000. Several factors contribute to Malaysia's achievement of these goals; however, achieving further reduction is challenging. It is to be noted that SDG3.1 and SDG3.2 are influenced by SDG5 (achieve gender equality and empower women) especially Target 5.6. Finally, the impact of COVID-19 pandemic on MCH is noted.



# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Plenary 4:

**Dr. Hazli Zakaria**

President of Malaysian Psychiatric Association  
Founder of Alaminda Specialist Clinic



**SURVIVING THE MENTAL HEALTH PANDEMIC -  
HOW CAN PRIMARY CARE PLAY A ROLE TO EMBRACE THE IMPACT?**

The impact of the COVID-19 pandemic on healthcare services including mental health has been documented and it will likely continue to be a significant challenge during the endemic. In this presentation, the effects of the pandemic on various aspects of psychiatric services, including patients' and carers' care, and other service providers will be briefly reviewed. The main focus of this discussion will be on the role of primary care services in the integrated mental healthcare ecosystem post-pandemic. In addition to being the first point of contact within the health system, primary care doctors are positioned to play a unique and vital role after the pandemic, through prevention, detection, and monitoring for early signs of psychological distress, treatment of less complex cases and continuity of care for other health needs. COVID-19 pandemic offers huge opportunities for us to improve on the existing services and more importantly, to be better prepared to face the future including another pandemic. Possible innovative solutions to the pandemic challenges are also discussed. Strong commitment from all parties involved is an important component, together with the right investments and the right policy reforms, towards fulfilling the needs of service users.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Plenary 5 :

**Datuk Dr. Christina Rundi**

Public Health Physician  
Sabah



**MANAGING PRIMARY HEALTHCARE IN SABAH -  
REACHING THE UNREACHABLE; THE UNTOLD STORIES**

The State of Sabah, known for its geographical features of mountains, islands, and tropical rainforest, is also highly diverse demographically and culturally. Certain social groups such as the indigenous populations in remote areas, nomadic or semi-nomadic populations, and migrant workers from nearby countries, are collectively referred to as "hard-to-reach" in this plenary. Many of these groups are of low socioeconomic status, highly mobile, and may not have access to require citizenship documentation, which limits their access to health and other social services. This plenary highlights some of these limitations and the ongoing efforts to ensure they are not left behind.

Plenary 6 :

## Dr. Sri Wahyu Taher

Consultant Family Medicine Specialist  
KK Simpang Kuala, Kedah



### EMBRACING THE CHANGES POST PANDEMIC IN PRIMARY CARE - ARE WE EQUIPPED AND PREPARED FOR THE REVOLUTION?

As we battled the COVID-19 pandemic war, many of the essential services in primary care were severed. The management and care of NCD conditions were not optimized, delivery of care were mostly written prescriptions and not actual physical consultations. Some primary care clinics resorted to virtual consultations. These changes were responses to mobilization of human resources to curb the spread of COVID-19 infection. Infection and prevention control (IPC) utilized human resources to the extent of compromising chronic diseases care. This was made worse by the COVID-19 vaccination programs throughout the country and the sub-optimal care was amplified. However, primary health care providers were pivotal in the IPC and we are now in the endemic phase. Because of the pandemic, primary care has revolutionised and seems to be the most important component of the health care system evident by various initiatives pertaining to curbing the pandemic. Nevertheless, are we prepared to resume chronic care services and simultaneously continue to provide COVID-19 initiated activities? There were no significant increase in human resources, technology and infrastructural support remain in status quo in primary care clinics. Do we have the capacity to now win the battle in managing chronic diseases? What are the changes that need to occur? Would having a dedicated primary care program at ministerial level instigate and facilitate the primary care revolution and transformation? Would the Health White Paper mooted by YBMK be able to equip primary care in facing the challenges post pandemic era? There is a lot to be achieved and definitely primary care should be the centre of the Health White Paper proposal for we have proven to the people of Malaysia, without primary care the health system will collapse. Thus, primary care must transform and we are ready to face the complexity of chronic care for the future of Malaysia.



## Symposium I:

### Dr. Taufiq Rosli

Fellow in Respiratory Medicine  
Queen Elizabeth Hospital, Sabah



### ENDING TUBERCULOSIS BY 2035 – DOES THE COMBAT AGAINST LATENT TB HELP?

The “End TB Strategy” of the World Health Organization (WHO) seeks to reduce TB incidence to fewer than 10 cases per 10<sup>5</sup> people per year by 2035. The primary approach for achieving this goal is to improve efforts to find and treat people with active TB disease, conduct universal screening of individuals at high risk, and provide preventive therapy for those at risk of progressing to active TB disease. A longstanding tenet of TB pathogenesis has been that M. Tuberculosis (MTB) exists in either a metabolically inactive latent state or a metabolically active disease state. In this framework, about 5% of people infected with TB progress rapidly to active disease, while the vast majority of people develop a latent infection and remain at risk for progression to active disease. The WHO defines Latent tuberculosis infection (LTBI) as a state of persistent immune response to stimulation by M. Tuberculosis antigens without evidence of clinically manifested active TB. According to recent estimates, approximately one-quarter of the global population is infected with LTBI. In a small fraction (~5%–15%), reactivation occurs, often within the first 2 to 5 years following infection. Reactivation is the process by which a subclinical latent infection transitions into active TB disease. Thus, individuals with LTBI represent a major reservoir for new active TB cases. LTBI is treated with one or more medications to kill the live bacteria that have been contained (controlled) by the immune system. Treating LTBI greatly reduces the risk of the infection progressing to active TB later in life (ie, it is given to prevent reactivation TB disease) up to 90%.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 1:

**Dr. Kunji Kannan A/L Sivaraman Kannan**

Consultant Respiratory Physician  
Queen Elizabeth Hospital, Sabah



**BATTLING AGAINST MULTIDRUG RESISTANT TUBERCULOSIS – ARE WE IN  
THE WINNING TEAM?**

The battle against TB has been ongoing since the very beginning of human civilization. It is an adversary that deserves our utmost respect. Ever since the first antitubercular drug was found in 1944, the battle has raged between efficacy and resistance against the MTB foe. Now more than ever, this long-standing war seems to be entering a more crucial phase whereby the TB bacilli seem to be developing ever more increasing resistance to every weapon in our arsenal. In this talk, I would like to address the guidelines that we have (WHO IUATBLD and from countries like South Africa and our own) and the practicality of administering them at the ground level. We will also discuss what the situation is like in our parts of the world as well as to answer the burning question, Are we on the winning team? We will be using a lot of the material that was obtained by the collaboration of the Respiratory Team in QEH with the FMS Sabah team to come up with the Sabah TB Handbook DR TB chapter.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 1:

**Dr. Hema Yamini Devi A/P Ramarmuty**

Consultant Respiratory Physician  
Queen Elizabeth Hospital, Sabah



**BRONCHIAL ASTHMA – WHAT IS HAPPENING AT THE OTHER END?**

Asthma is a major non-communicable disease affecting both children and adults. Statistics from WHO show that in 2020, deaths due to asthma in Malaysia has reached 1013 or 0.6% of total deaths. Primary care physicians play a pivotal role in diagnosing and managing bronchial asthma in its milder forms. Severe asthma, on the other hand is usually managed in tertiary care settings. Severe asthma is defined as uncontrolled asthma despite adherence to optimized high dose ICS-LABA (Inhaled Corticosteroids-Long Acting Beta2 Agonist) and treatment of contributory factors. Severe asthma represents a diagnostic and therapeutic challenge. It imposes a huge economic burden to the community and health care system. A multidimensional assessment of severe asthma that consists of confirming the diagnosis early, determining the severity and phenotype as well as identifying and treating comorbidities and risk factors has been proposed by the GINA guidelines. An ongoing collaborative care between the primary care physicians, general physicians, respiratory physicians and other health professionals has to be maintained in order to implement this multidimensional assessment of severe asthma. These will result in better patient outcomes. My talk will be on severe asthma and how we can work together with primary care providers to identify patients who are at risk of developing severe asthma. I would also discuss on how primary care providers could contribute to the multidimensional assessment and management of severe asthma.



## Symposium 2:

### Dr. Hairul Hadi Ariff

Rheumatologist  
Queen Elizabeth Hospital, Sabah



### RHEUMATOID ARTHRITIS IN PRIMARY CARE – HOW CAN WE PLAY A ROLE IN OVERCOMING THE SOCIOECONOMIC ISSUES?

Rheumatoid arthritis (RA) is a chronic, inflammatory, systemic autoimmune disease, affecting the joints with varying severity among patients. Left untreated, there is a high risk of significant deformity and disability. Over the past decade, much has been learned about the pathophysiology and treatment of RA. The development of disease-modifying anti-rheumatic drugs (DMARDs) such as Methotrexate and biologic agents has changed the disease course. Since it is less common to see RA patients with deforming joint complications due to the efficacy of these therapies, there has been a shift of emphasis toward diagnosing the disease much earlier. Furthermore, multiple studies have shown that early intervention is critical for achieving optimal outcomes. Medical practitioners including primary care physicians are encouraged to recognise this and initiate an early plan of action. Treatment goals are to reach remission or low disease activity and prevent functional decline and halt disease progression. Familiarity with DMARDs therapy is an essential component of modern management. This presentation will review the important features of RA, including its clinical manifestations and predisposing factors, and will present a summary of the differential diagnoses that mimic RA, the work-up and treatment of the disease, and one approach to the diagnosis of RA which may improve access to subspecialty care.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 2:

**Mr. Aaron Gerarde Paul**

Orthopaedic Surgeon  
Queen Elizabeth Hospital, Sabah



## KNEE OSTEOARTHRITIS – IMPORTANCE OF EARLY INTERVENTION

Knee osteoarthritis is a common condition that is seen frequently in outpatient clinics. While not as serious as a malignancy or a fracture, it does affect activities of daily living significantly.

This talk will elaborate on its causes and its management, discuss about Glucosamine, curcumin and hyaluronic acid, and address some of the current controversies as well, such as platelet-rich plasma, and stem cells. Most patients when they present early can effectively be managed in an outpatient setting.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 2:

**Dr. Sally Suriani Ahip**

Family Medicine Specialist  
Community Geriatrics  
Klinik Kesihatan Kota Samarahan, Sarawak



**FRAILITY IN PRIMARY CARE – AN INTRODUCTION TO THE PICTORIAL FIT –  
FRAIL SCALE (MALAY VERSION)**

Frailty is a state of reduced physiological reserve and increased vulnerability to adverse health outcomes. From a policy and public health perspective, frailty is prevalent and of growing significance because it places an increased demand on health resources. However, frailty is dynamic and improvement is possible through early identification and management. Frailty screening improves the opportunity for timely intervention. The Pictorial Fit-Frail Scale (PFFS) is a frailty screening tool developed specifically using pictograms rather than words in order to overcome language and health literacy barriers. The PFFS is reliable when administered by physicians and nurses within specialist geriatric medicine ambulatory settings. The PFFS was recently translated to Malay language (PFFS-M) and validated in the Malaysian primary care setting. The PFFS-M was shown to be a reliable and valid tool for frailty screening within the primary care setting, including when self-administered by patients and carers with low literacy and completed by a primary care staff who do not have tertiary qualifications. The PFFS has potential benefits as frailty screening in the Malaysian primary care.

Symposium 3:

**Dr. Nor Arisah Misnan**

Consultant Infectious Disease Physician  
Hospital Sungai Buloh, Selangor



**LONG COVID SYNDROME – THE SEQUELAE**

Long COVID syndrome is a condition characterised by long-term consequences persisting or appearing after the recovery of COVID-19 infection. Also known as post COVID-19 syndrome, post-acute sequelae of COVID-19 or chronic COVID syndrome, the condition can be detrimental to health. A wide variety of symptoms such as fatigue, headaches, anosmia and cognitive dysfunction to as severe as fibromyalgia or chronic fatigue syndrome have been reported with variable duration and not much data available on effective treatment. With nearly 5 million people living in Malaysia infected with COVID-19, the number of cases suffering from Long COVID will be a burden to the national healthcare system. It was estimated that more than 40% of COVID-19 survivors across the world have or had long-term effects after recovering from the illness. This group of patients will be presenting with various ailments and symptoms of concern and alternative diagnosis should be excluded before labeling them as Long COVID. Hence, general practitioners should be equipped with the knowledge of identifying Long COVID syndrome, investigations and the management. In the absence of research into therapies and care pathways for long COVID, a guideline on post COVID-19 management protocol was launched in July 2021 to facilitate healthcare providers in managing post COVID-19 cases. Long COVID should be an integrated care with primary care physicians playing a key role in the multidisciplinary team for a holistic approach.



# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 3:

**Dr. Nicholas Pang Tze Ping**

Consultant Psychiatrist  
Universiti Malaysia Sabah



**SECONDARY TRAUMATIC STRESS DUE TO COVID-19 PANDEMIC -  
A HIDDEN VOLCANO**

Trauma is a multi-generational process that can come in physical, threatened or actual violence. Due to the COVID-19 pandemic, trauma and domestic violence have been further exacerbated due to lockdowns, leading women to enter cycles of interminable entrapment with their aggressors. This has had multiple adverse consequences on women, leading to higher levels of depression, anxiety, and post-traumatic stress disorder (PTSD). Adding insult to injury, due to reduced access to healthcare caused by lockdown logistic inconveniences, the mental health pandemic is a silent pandemic that has yet to explode. This talk explores the theoretical and practical sequelae of the domestic violence and PTSD pandemic secondary to COVID-19 and provides some practical interventions to address this.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 3:

**Dr. Suhazeli Abdullah**

Family Medicine Specialist  
Klinik Kesihatan Tengkawang, Terengganu



TRANSLATING BENEFITS OF VACCINE TO THE PUBLIC –  
HOW TO CONFRONT THE VACCINE-HESITANT POPULATION?

Vaccination prevents around 2–3 million deaths worldwide every year from infectious diseases such as diphtheria, tetanus, pertussis, influenza and measles. Despite the efficacy of vaccines, vaccine hesitancy – the belief that a vaccine may be unnecessary, ineffective or unsafe – is common (reported in more than 90 countries, at all income levels), and growing to such an extent that in 2019, the World Health Organization (WHO) listed vaccine hesitancy as one of the top ten threats to global health. Vaccine hesitancy reduces vaccine uptake and compromises herd immunity (i.e. where a high proportion of a population is vaccinated against an infection and thereby protected and, consequently, it is less likely that an infectious individual will have contact with a susceptible individual and transmit the infection). When herd immunity is compromised, disease outbreaks among the unvaccinated population are likely. Three main factors which leads to vaccine hesitancy. 1- Lack of trust in the safety and effectiveness of vaccines and the system through which they are delivered; this includes the reliability and competence of healthcare professionals, health services and/or the motivation of policy makers who make decisions about vaccines; 2 - Low perceived risk of vaccine-preventable diseases, leading to an assumption that vaccines are not needed; and 3 - the degree that physical availability, affordability, willingness-to-pay, geographical accessibility and ability to understand (language and health literacy) influence uptake of the vaccine. The primary care provider plays an important role in reducing the vaccine-hesitancy. We should understand the factors that contribute to vaccine hesitancy and how to support patients in their decision-making process to guide them towards vaccine acceptance and confidence. Be prepared with our knowledge, proactive in addressing the current issues and more importantly, scaling up our communication skills.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 4:

## Datuk Dr. Raman Muthukaruppan

Consultant Gastroenterologist  
Queen Elizabeth Hospital, Sabah



### MANAGING GASTROESOPHAGEAL REFLUX DISEASE - WHAT'S NOT TO BE MISSED?

Gastroesophageal reflux disease (GERD) is defined as a condition that develops when reflux of stomach contents causes troublesome symptoms and/or complications. Non-erosive reflux disease (NERD) is presence of classical symptoms without visible oesophageal mucosal injury. On the other hand, Refractory GERD is defined as inadequate or no relief of symptoms despite 8 weeks of Proton Pump Inhibitor (PPI) treatment. Pathophysiology of GERD is multifactorial which includes impaired lower oesophageal sphincter relaxation, impaired mucosal defence mechanism and impairment in gastric emptying. GERD is essentially a clinical diagnosis however, in certain complex cases, endoscopy and pH study give added benefits. Treatment of GERD includes lifestyle modification, pharmacologic therapy and intervention via endoscopy or surgery. Management goals are to relieve symptoms, maintain remission, heal esophagitis and prevent complications.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 4:

**Dr. Zaiton Binti Yahaya**

Consultant Family Medicine Specialist  
Klinik Kesihatan Sandakan, Sabah



**HEPATITIS B: PREVENTION OF MOTHER TO CHILD TRANSMISSION –  
A SABAH EXPERIENCE**

The prevalence of Hepatitis B in Sabah has been increasing with more than 1000 cases detected yearly. Sabah faces unique challenges in screening, diagnosis and management of Hepatitis B due to its geographical and socioeconomic profile. In line with the National Strategic Plan for Hepatitis B and C (NSPHBC) Malaysia 2019–2023, efforts to reduce the burden of Hepatitis B in Sabah have been undertaken. This is guided by a common roadmap produced by our multidisciplinary team with a current focus on the prevention of maternal-to-child transmission.



# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 4:

**Dr. Wong Ping Foo**

Family Medicine Specialist  
Klinik Kesihatan Cheras Baru, WP Kuala Lumpur



**DIAGNOSTIC METHODOLOGIES IN METABOLIC ASSOCIATED FATTY  
LIVER DISEASE – HOW CAN WE SCREEN FOR MORE AT PRIMARY CARE?**

Metabolic associated fatty liver disease (MAFLD) is a novel concept proposed in 2020 which replaced the term Non-alcoholic fatty liver disease (NAFLD). The diagnosis of MAFLD is based on the detection of hepatic steatosis together with the presence of at least one of three criteria that include overweight or obesity, Type 2 diabetes mellitus or clinical evidence of metabolic dysfunction, such as an increased waist circumference and an abnormal lipid or glycaemic profile. The paradigm shift in the definition has allowed a better identification of patients with MAFLD in Primary care using simple tests which are potentially cost-effective and easily accessible. With this, it is hoped that patients with MAFLD can be diagnosed and managed early to reduce the disease burden.

Symposium 5:

**Dr. Liew Hong Bang**

Consultant Cardiologist  
Queen Elizabeth Hospital, Sabah



**CONTEMPORARY DIAGNOSIS OF RHEUMATIC HEART DISEASE**

The Rheumatic Heart Disease (RHD) is the only long-term sequelae of Acute Rheumatic Fever (ARF) and it remains as a prevalent disease in low and middle-income countries, even in indigenous regions of developed countries.

Patients diagnosed with ARF mandate an Echocardiographic assessment at the point of diagnosis and follow-up. It is known that even if they lack clinical features, echocardiographic scans always identify subclinical valvulitis. With repeated ARF, eventually it leads to chronic RHD.

The only cost-effective treatment is IM injection of Benzathine-Penicillin, by preventing recurrent infection of Group B streptococcal infection which causes ARF. This will ultimately retard, even regress the progression of RHD. A patient with mild, asymptomatic RHD (subclinical) will benefit the most from this therapy.

However, patients with RHD often lack a history of ARF & are diagnosed at the stage where they are symptomatic & severe.

Unlike the diagnosis of ARF, where a well-established modified Jones criteria, chronic RHD lacked a diagnostic criteria until 2012, the World Health Federation had released a simplified echocardiographic criteria for it. This diagnostic criteria circumvents the conventional, sophisticated Echocardiographic method of diagnosing RHD.

This criteria takes into consideration the patient's demographic and risk factors of Rheumatic Fever. There are 3 classifications namely: Definitive RHD /Borderline RHD (with high risk of Rheumatic Fever) in individuals less than 20 years old, and Definite RHD in individuals more than 20 years old.

With this criteria plus a more readily available Echocardiographic scan nationwide, makes massive screening of RHD possible at the community level. Ample experience from other countries that develop large-scale screening programs based on this criteria have shown promising results & proven its value.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 5:

**Dr. Wong Koh Wei**

Consultant Nephrologist  
Queen Elizabeth Hospital, Sabah



## THE GOLDEN KIDNEY – HOW TO PRESERVE ITS VALUE?

The value of our kidneys lies in the number of nephrons and is measured or estimated by glomerular filtration rate (GFR). Unfortunately, unlike gold, nephrogenesis is completed at about 34 – 36 weeks of gestation, and from the age of 30 – 40, the GFR will gradually fall. The value (GFR) is even declining further and faster with the presence of underlying kidney disease especially diabetic kidney disease. The prevalence of chronic kidney disease (CKD) has continued to rise alarmingly globally and in Malaysia. A few measures have been studied and proven to slow down the CKD progression, hence preserving the golden value of the kidneys in patients with CKD, such as blood pressure and sugar control, use of ACE inhibitor or ARB, avoidance of smoking and any potential nephrotoxic agents. Over the past 20 years, there had not been much new major development in preserving the kidney function until recently with the discovery of the renoprotective effect of SGLT2 inhibitors in addition to ACE inhibitors or ARB. It is important to recognise the early stages of CKD before the GFR falls below the critical level with CKD progresses towards end stage kidney disease (ESKD).

Symposium 5:

**Dr. Lee Wai Khew**

Consultant Family Medicine Specialist  
Klinik Kesihatan Luyang, Sabah



**PATIENT-CENTERED CARE IN CHRONIC DISEASE**

This presentation will look into what constitutes chronic disease, what does patient-centered care means and how important it is to achieve optimum care for the patient with chronic disease.

Chronic disease by its nature is of long duration, progressive with an asynchronous evolution which changes over time and is complicated with repeated health problems which makes it a challenge to manage. Poorly managed, it will have the impact of reducing life span and quality of life. A good outcome will depend on the patient taking ownership of their illness and co-operating in their care. Patient-centered care is an essential element in the chronic care model to engage the patient to participate in their care for optimum outcome. It respects the patient as a partner in decision making and ensures that the patient's individual preferences, needs and values are taken into account to guide all clinical decisions. Traditionally, patient-centered care is focused on the consultation process. However, it is increasingly clear that besides personal and relationship attributes, factors in the health system also contribute in enhancing the patient-centredness experience for the patient.

A systematic framework that takes into account patient factors, relationship attributes and structural factors are proposed to enhance the patient-centered experience and ultimately achieve the best outcome for the patient.



Symposium 7:

**Datuk Dr. Soon Ruey**

Consultant O&G Specialist  
Sabah Women and Children Hospital, Sabah



**CONFIDENTIAL MATERNAL DEATH ENQUIRY – HOW CAN PRIMARY CARE PREVENT IT?**

Maternal mortality has been declining steadily in Malaysia. However in order to sustain the decline, the Confidential Enquiry into Maternal Deaths (CEMD) was started in Malaysia in 1989 and the first report was released in 1991. These enquiries help identify the factors that lead to maternal deaths and as a result, many new SOPs, guidelines, preventive and promotive programmes were started.

These new guidelines and programmes were then delivered throughout a network of hospitals, polyclinics, health centres and rural community clinics.

The role of Primary Care in assisting these programmes and policies that help reduce maternal deaths centers mainly on :

- Education of the Pregnant Mothers
- Diagnostic and Investigative Tests to identify the High-Risk Mother
- Training of Doctors and Nurses
- Timely Referrals to a Secondary / Tertiary Hospital
- Postpartum Care

Postpartum care or sometimes known as the 4th Trimester is especially important as it has been shown that up to 2/3 of mothers who die, die in the postpartum period. An example of the importance of postnatal care has been on the prevention of Venous Thrombo-embolism and Pulmonary Embolism. Policies on Thromboprophylaxis have been created and funding have been given for drugs. However to date, we still struggle to ensure that all mothers receive adequate Thromboprophylaxis mainly due to patients' reluctance and ignorance as well as the lack of staffing.

Medical disease in pregnancy is now the leading cause of Maternal Deaths in Malaysia. To prevent these deaths, the Pre-pregnancy clinic referrals need to be strengthened.

## Symposium 7:

### **Dr. Carol Lim Kar Koong**

Consultant MFM  
Head of O&G Department  
Hospital Ampang, Selangor



### **OBSTETRIC VENOUS THROMBOEMBOLISM (VTE) – THE ROLES OF PRIMARY CARE**

Obstetric pulmonary embolism has been consistently one of the two major causes of direct maternal deaths in Malaysia for many years, the other cause being postpartum hemorrhage. Prevention and management of obstetric venous thromboembolism (VTE) have been challenging and involves multiprong approaches. As the thromboembolic risk rises 4-5 times higher the moment a woman embarks on her pregnancy, the primary care's roles in tackling obstetrics VTE cannot be underestimated.

Creating local guidelines is essential and a second edition of Malaysia MOH guideline on Prevention and Management of Obstetric VTE has been released in 2018. Various training has been conducted to familiarise the users with this guideline and its implementation.

By applying VTE risk-scoring system, allows risk stratification of pregnant women from the time of booking for antenatal care. Appropriate level of care will be carried out according to the risk category. The next step would be obstetric thromboprophylaxis, ideally to commence from primary care setting itself. Thereafter, these patients will be under close monitoring by the primary care and hospital teams.

The primary care team indeed plays an important role in identifying at-risk patients as well as introducing obstetric thromboprophylaxis for those needing it. The subsequent follow-up is key to ensure a good pregnancy outcome. Not forgetting the importance of pre-pregnancy care as a component of a wholesome pregnancy care. And with this, patients are very often educated and empowered toward thromboprophylaxis.

With adherence to the Obstetrics Thromboprophylaxis program, we have seen the reduction of VTE-specific maternal deaths in 2019.

Symposium 7:

**Dr. Haryati Binti Hamzah**

Family Medicine Specialist  
Klinik Kesihatan Tawau, Sabah



**ADVANCED MATERNAL AGE – WHY IS IT IMPORTANT TO ADDRESS THEM?**

Advanced maternal age is defined as age 35 years and older. A rising trend of pregnancy at this age group has been observed, contributed by the delay in marriage and women not setting their own cut-off point for completion of family. Most studies reported that advanced maternal age is associated with adverse obstetrical outcomes such as pregnancy-induced hypertension, pre-eclampsia and gestational diabetes mellitus. The risk of caesarean delivery is noted to be high as well. In terms of fetal outcomes, it was found to be a major risk factor for preterm delivery, low birth weight, low fifth minute Apgar score and perinatal death.

In view of these findings, special attention should be paid to antenatal mothers aged 35 years and older, even to those without any pre-existing medical problems. The couples should be counseled about the risks associated with advanced maternal age pregnancy during their consultation. Therefore, health care providers should counsel couples, who seek to have a child at their later ages, about the risks of advanced maternal age pregnancy. This can be done during pre-pregnancy care and counselling in a primary care setting. The couples should be educated and emphasised regarding the use of appropriate contraception to prevent pregnancy at the advance age and to improve woman's health before deciding to get pregnant. Thus, pre-pregnancy care and counseling in primary care should be promoted and empowered.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 8:

**Dr. Gordon Pang Hwa Mang**

Geriatrician  
Queen Elizabeth Hospital, Sabah



## SCREENING AND APPROACH TO DEMENTIA IN PRIMARY CARE

Dementia is a condition that affects one's memory, problem solving abilities, behaviour and communication. Dementia is a common condition among older adults all over the world and is expected to increase drastically due to rapid aging. WHO global dementia action plan 2017-2025 have highlighted dementia as a public health priority. The global plan aims to improve the lives of people with dementia (PwD), their families and the people who care for them, while decreasing the impact of dementia on communities and countries. Our National Health & Morbidity Survey 2018 finding suggests that dementia is very common and under-diagnosed in Malaysia. Symptoms and signs of dementia are commonly mistaken as signs of normal aging. It is important for early diagnosis, appropriate treatment and care support to assist PwD to continue living well in the community. This talk will explore on primary care approach on screening, evaluation and management strategies of dementia.



Symposium 8:

**Puan Mahani Mohamad**

Dietitian  
Klinik Kesihatan Luyang, Sabah



### ELDERLY AND NUTRITION

Proses penuaan yang melibatkan perubahan fizikal, fisiologi, kognitif dan sosial mempengaruhi status pemakanan dan kesihatan warga emas. Perubahan ini boleh menyumbang kepada pengurangan pengambilan makanan dan mengakibatkan kekurangan nutrien yang secara tidak langsung menyumbang kepada kemerosotan status kesihatan.

Memandangkan warga emas mempunyai risiko kekurangan zat makanan, dehidrasi dan obesiti dengan komorbiditi, terapi pemakanan perubatan yang melibatkan penilaian status pemakanan dan intervensi pemakanan perlu diberikan untuk membantu meningkatkan status pemakanan warga emas.

Penilaian risiko kekurangan zat makanan dan penilaian status pemakanan warga emas yang melibatkan sejarah kesihatan, diagnosis klinikal, tanda-tanda klinikal, pemeriksaan fizikal, status fungsian, data antropometrik, data biokimia, dan data pemakanan diperlukan bagi mengenalpasti masalah dan seterusnya menentukan intervensi pemakanan kepada warga emas.

Intervensi pemakanan yang diberikan melibatkan perancangan pelan pemakanan bagi memenuhi keperluan tenaga, makronutrien dan mikronutrien pesakit. Diet dengan modifikasi tekstur dan diet terapeutik dirancang mengikut status pemakanan dan penyakit klinikal warga emas. Bagi warga emas yang tidak dapat memenuhi keperluan tenaga dan nutrien melalui pemakanan secara oral, suplemen pemakanan yang lengkap diberikan untuk melengkapkan keperluan pemakanan. Sekiranya keperluan pemakanan secara oral tidak mencukupi, sokongan pemakanan perlu diberikan.

Pendidikan pemakanan diberikan kepada warga emas dan penjaga bagi memastikan pelan pemakanan yang dirancang dapat dilaksanakan dengan baik dan seterusnya memperbaiki atau mengekalkan status pemakanan. Pemantauan dan penilaian semula status pemakanan dilakukan untuk menentukan sama ada matlamat pelan pemakanan yang dirancang dapat dicapai atau sebaliknya.

Symposium 8:

**Puan Racheal Reyes**

Occupational Therapist  
Queen Elizabeth Hospital, Sabah



**REHABILITATION FOR ELDERLY IN PRIMARY CARE –  
AN APPROACH FROM OCCUPATIONAL THERAPIST**

Perspektif mengenai kefungsihan aktiviti harian bagi setiap individu adalah berbeza. Peranan dan kaedah pelaksanaan suatu tugas tertentu turut ada perbezaan tersendiri. Warga emas sering dikaitkan dengan perubahan secara fizikal, kognitif dan psikologikal. Perubahan-perubahan tersebut mendorong kepada kekangan dalam pelaksanaan pelbagai aktiviti harian tertentu seperti mandi, makan, memakai baju, berjalan dan lain-lain. Perubahan warga emas turut dikait rapat dengan risiko jatuh yang mana kerap berlaku di rumah.

Penilaian terhadap kefungsihan aktiviti harian dan kognitif dilakukan bertujuan untuk mengetahui tahap keberdikarian seseorang warga emas dalam menjalankan aktiviti harian manakala penilaian rumah dilaksanakan bagi tujuan mengenalpasti potensi risiko serta mengelak daripada berlakunya kecederaan akibat daripada jatuh.

Rancangan rawatan dibuat menggunakan pendekatan secara "holistic". Intervensi dijalankan demi meningkatkan keupayaan seseorang warga emas untuk melibatkan diri dalam pelbagai aktiviti harian berdasarkan kemahuan, keperluan serta program jangkaan perlu dicapai oleh golongan tersebut.

Pengubahsuaian suatu tugas atau persekitaran terutamanya di persekitaran rumah adalah bagi menyokong penglibatan warga emas tersebut untuk mencapai tahap keberdikarian secara optima. Penggunaan alat-alat bantuan yang bersesuaian terhadap warga emas juga dititikberatkan. Pendidikan serta latihan teliti amat penting dan wajib diamanahkan bukan saja kepada pesakit tetapi juga kepada pihak penjaga.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 9:

## Dr. Norsiah Binti Ali

Consultant Family Medicine Specialist  
Addiction Specialist  
Klinik Kesihatan Masjid Tanah, Malacca



### STIMULANT USE DISORDER

The world is facing a never-ending story regarding substance use as the drug industry is a lucrative business. There are three main groups of substances: depressants, stimulants and hallucinogens. Substance use change from time to time. Heroin use has been quite stable in countries all over the world. Stimulants such as methamphetamine now seem more predominant in countries in South East Asia especially Malaysia, Thailand and Philippines. Heroin has been the predominant illicit substance used in this country since 1970s but the trend has changed to stimulants since late 2000s. Stimulant use is quite rampant in certain parts of the country especially in Borneo. Many take stimulants for extra energy to do certain tasks or for job purposes. There are short-term and long term sequelae of stimulant use ranging from medical, psychosocial, economical and legal consequences. The Diagnostic Statistical Manual (DSM) V classifies the severity of substance use disorder (SUD) as mild, moderate and severe according to certain scoring. Specifically for stimulants, some of the short-term consequences during the intoxication phase are the 'rush' period characterized by euphoria, hyperarousal & alert state, being unusually active & energetic followed by a 'crash' period and withdrawal that can last for a month or more. In the long run, chronic stimulant use can lead to various medical complications such as cardiovascular, neurological, nutritional and mental health issues. Hence, it is very important for health care workers especially doctors to be familiar and knowledgeable with features and management approaches of stimulant use and problems that may arise from it.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 9:

**Dr. Jasminer Kaur A/P Amarjit Singh**

Developmental Paediatrician  
Sabah Women and Children Hospital, Sabah



## IMPACT OF SCREEN TIME ON CHILD DEVELOPMENT AND MENTAL HEALTH

Studies have shown that longer durations of exposure to screen time adversely affect child development and mental health. It has been demonstrated that longer screen times affect all domains of child development namely physical health, social competence, speech and language development, communication skills, cognition as well as emotional regulation and maturity. Children who spent more than the recommended amount of time on screens were found to be less curious, more distractible and had difficulty in completing given tasks.

Adolescents with high screen times were twice as likely to be diagnosed with depression, anxiety, needing mental health consultation or have been medicated for a psychological or behavioral issue. This raise concerns over the long-term impact of screen time on the overall development and mental wellbeing of children. There is an urgent need for health care practitioners to fully understand the recommendations surrounding screen time in children and the measures that need to be taken in order to curb this problem before its associated complications take hold. When it comes to screen time, the most important message is that 'prevention is key'.



# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 9:

## Dr. Siti Hazrah Binti Selamat Din

Community and Rehabilitation Psychiatrist  
Hospital Tuanku Ja'afar, Seremban



### COMMUNITY PSYCHIATRY - A BRIDGE BETWEEN PSYCHIATRY AND PRIMARY CARE

The treatment gap for mental health in lower and middle-income countries are enormous, where studies found that 90% of people with mental health issues in these regions did not receive treatment. To close this gap, WHO recommends that the focus of mental health services in medium and low-resource settings should be on establishing and improving the capacity of primary care to deliver mental health care with specialist care back-up. Through regular training and continuous support from specialists in psychiatry, the primary healthcare staff can be empowered with the abilities to perform screening and assessment, and provide mental health treatment to the community they serve. In Malaysia, the integration of mental health services in the primary care setting has been implemented since 1997, which includes preventive interventions and mental health promotions such as early detection and treatment, follow-up of stable cases, and psychosocial rehabilitation services. This important role of the primary care ensures that people with mental illnesses are maintaining well in the community, hence promoting social inclusion and human rights for this group while simultaneously reducing the stigma that heavily surrounds the diagnosis.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 10:

## Dr. Muhammad Bin Haji Jikal

Senior Principal Assistant Director (CDC)  
Sabah State Health Department



### KEMPEN IMUNISASI POLIO SABAH (KIPS) – HOW WE HANDLED AN EMERGENT EPIDEMIC

In December 2019, the confirmation of Malaysia's first polio case in 27 years became a major concern after sequencing of an isolate by VIDRL Australia reported detection of Circulating Vaccine Derived Polio Virus Type 1 (cVDPV1). Subsequently, three more cVDPV1 cases were reported in Sabah state through the Acute Flaccid Paralysis (AFP) surveillance. Rapid vaccination response was immediately carried out in the affected locality targeting children who missed their routine vaccination. In March 2020, WHO declared COVID-19 a pandemic and this has greatly affected the vaccination campaign. The overall vaccination coverage was more than 90% for bOPV and mOPV2 vaccines in all the rounds despite having to vaccinate children in a COVID-19 environment. Among the issues and challenges faced were the complexities and uncertainties of COVID-19 pandemic. Activities had to be adapted to adhere to the COVID-19 Standard Operating Procedures (SOP) to prevent the risk of COVID-19 transmission. Despite all the restrictions including the enforcement of Movement Control Order (MCO), Ministry of Health through Sabah State Health Department, managed to successfully conduct the Supplementary Immunization Activities (SIA) campaign and closure of the outbreak was declared by WHO in September 2021. The success of the campaign was made possible through full commitment of staff and volunteers, as well as hard work, innovative and creative strategies.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 10:

## ACP Ang Seow Aun

Assistant Officer In Charge of the Criminal  
Investigation Department,  
Operations & Intelligence Sabah Police HQ



### CHILD MARRIAGES AND ITS LEGAL IMPLICATIONS

Child marriage robs children, not only of their childhood but also of their future. The minimum age of marriage for boys and girls is 18 years old as provided by the Malaysian Civil Law. Native Law recently requires the minimum age of 18 for marriages as well but there is a lack of enforcement. However, in Customary Law, there is no minimum age of marriage. This lecture aims to provide an overall understanding about the offences involving rape, sexual offences and investigation procedures pertaining to child marriage.

It also aims to provide an understanding regarding proper procedures for marriage as stipulated under the Law Reform Act, Shariah Law and Native Law bearing in mind the offences provided under the Penal Code and Child Act pertaining to sexual offences involving children and the definition of consent under the Law.

It also provides an understanding of the investigation procedures and the need for parties involved to give cooperation to the police and health department and to provide an understanding that the final decisions are from the Legal Department.

It is also to create an awareness that combating child marriage is an uphill task that involves many parties, a change of mindsets, diversion from social norms and traditions that have been passed down for generations. The issue of poverty and the need to educate children about their rights and the utmost importance of sex education. Childhood is a right, not a privilege.

Symposium 10:

**Dr. Wong Ke Juin**

Consultant Paediatric Infectious Disease  
Sabah Women and Children Hospital, Sabah



**TUBERCULOSIS IN CHILDREN – PEARLS, PITFALLS AND HOW CAN WE  
IMPROVE THE OUTCOME?**

WHO estimated that out of 10.0 million new cases of TB in 2018, 1.1 million were children under 15 years old. More than 67 million healthy children have latent TB and are at risk of developing active TB in the future. Among all the states of Malaysia, Sabah has the highest burden of TB. Unfortunately, TB in children is often missed by clinicians due to their protean presentations and the symptoms often mimic other common childhood illnesses. They are often paucibacillary (smear negative) and disseminated in nature especially in young children. Close contact with infectious adults is one of the key histories which can lead to an early diagnosis of TB. Obtaining respiratory samples in children can be challenging and other investigations can be invasive and require admission. Rapid molecular test eg: GeneXpert TB has improved the cases of clinical-confirmed TB in children. However, despite this new molecular test, TB treatment in children is still often based on clinical diagnosis. With the support of JKNS, we are proud to announce, that Sabah is the first state in Malaysia to obtain the Child-Friendly dispersible Fixed Drug Combination. This can further consolidate the TB program in Sabah in accordance with the WHO STOP-TB movement.



Symposium 11:

**Dr. Tee Hwee Ching**

Endocrinologist  
Queen Elizabeth 2 Hospital, Sabah



**APPROACH IN MANAGING RESISTANT AND REFRACTORY HYPERTENSION**

Resistant hypertension (R-HTN) implies a higher mortality and morbidity compared to non-R-HTN due to increased cardiovascular risk and associated adverse outcomes. R-HTN is defined as failing to lower blood pressure below 140/90 mmHg despite adequate lifestyle measures and optimal treatment with at least three medications, including a diuretic, and usually a blocker of the renin-angiotensin system and a calcium channel blocker, at maximally tolerated doses. The term "refractory hypertension" has been used to refer to an extreme phenotype of antihypertensive treatment failure, defined as failure to control BP despite the use of at least 5 anti-hypertensive agents of different classes, including a long-acting thiazide-type diuretic and a mineralocorticoid receptor antagonist.

The evaluation of R-HTN involves consideration of many patient characteristics, pseudoresistance (BP technique, white coat hypertension, and medication compliance), and screening for secondary causes of hypertension, especially primary aldosteronism or atherosclerotic renal artery stenosis, particularly in older patients or patients with CKD.

Optimising the three-drug regimen, including the diuretic treatment, adding a mineralocorticoid receptor antagonist as the fourth drug, a  $\beta$ -blocker as the fifth drug and an  $\alpha$ 1-blocker or a peripheral vasodilator as a final option when failing to achieve target blood pressure values are current recommendations for R-HTN. Device-based therapies such as renal sympathetic denervation and carotid baroreceptor activation therapy show promising results but need further studies to confirm their efficacy and safety in clinical practice.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 11:

**Dr. Lau Bik Kui**

Endocrinologist  
KPJ Kuching, Sarawak



**MANAGING MENSTRUAL DISTURBANCE: AN ENDOCRINE PERSPECTIVE**

Menstrual cycle is considered the 5<sup>th</sup> vital sign among women. This lecture aims to highlight menstrual disturbance due to endocrine disorders.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium II:

## Dr. Teoh Soo Huat

Family Medicine Specialist  
Obesity Medicine Physician  
Universiti Sains Malaysia, Penang



### MANAGEMENT OF OBESITY – WHAT'S NEW IN TOWN?

Obesity is recognised as a disease by World Health Organization. However, there is a difference in management approach between obesity and other chronic diseases such as diabetes and hypertension. The 'eat less, move more' is still the most common prescription despite the availability of various evidence-based treatment options for obesity. Using a case-based presentation, Dr. Teoh will share his experience treating patients living with obesity in primary care. He will elaborate on the treatments provided for the patients discussed and introduce some new treatment options coming to Malaysia in the future.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 13

**Dr. Shuaibah Binti Ab.Ghani**

Ophthalmologist  
Universiti Malaysia Sabah



**PAEDIATRICS OCULAR DISEASE – HOW CAN PRIMARY CARE MAKE  
A DIFFERENCE**

Educational institutions in the country have been closed since April 2020 for almost 2 years, to halt the spread of the novel coronavirus disease (COVID). The closure of schools has affected the education of more than 1.5 billion children and youths worldwide. The outbreak has changed the traditional teaching method of using black boards to digital device-assisted online classes. Spending long hours in front of these devices can lead to many ocular problems in children. This topic will discuss major and common eye problems related to online learning such as progression of myopia, digital eye strain and acquired esotropia.



Symposium 13

**Datuk Dr. M. Hatta Tarmizi**

Consultant O&G and Fertility Specialist  
SabahCare Fertility Centre, Sabah



**EVOLUTION OF INFERTILITY THERAPY**

In the 1970s, improvement in laboratory techniques enabled researchers to develop the IVF technique. Ultimately, this led to the widely acclaimed first live birth of a "test tube baby", Louise Brown, in England in 1978. Subsequently, Intracytoplasmic Sperm Injection (ICSI) was first performed in 1987 and it has become an important tool for male factor infertility. As a result, the first successful birth resulting from ICSI occurred in 1992.

Cryopreservation (freezing) of sperm, eggs and embryos, plays a huge role in IVF. The first successful pregnancy using previously frozen eggs was reported in 1984 and the first live birth using a previously frozen embryo occurred in 1999. Advances in both freezing and thawing techniques include vitrification techniques.

Preimplantation Genetic Testing (PGT) is used to ensure the genetic health of embryos before they are transferred. The first report of the genetic testing of embryos was published in 1990, but the technology has continued to improve drastically in the years since that early success.

Recently, the use of Embryoscope has become popular. Here, a picture of the embryo at a rapid rate is taken and put together into a time-lapse film. This gives embryologists proper monitoring of the embryo's divisions and development, while it remains in the incubator. Consecutively, with AI, good developing embryos can be determined and transferred, leading to much better outcomes.

In conclusion, the purpose of artificial reproductive technologies remains, which is to give couples the opportunity to have a healthy child.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 13:

**Dr. Iskandar Firzada Osman**

Consultant Family Medicine Specialist  
Klinik Kesihatan Jaya Gading, Pahang



## PROFESSIONAL DEVELOPMENT IN PRIMARY CARE

Professional development refers to continuing education and career training after a person has qualified professionally and entered the workforce to help that person to develop new skills, stay up-to-date on current trends, and advance their career. Staying up-to-date in Primary Care is of utmost importance due to the wide array of subjects in medicine that has to be covered to care from womb to tomb. At the same time, opportunity to enhance current skills and develop new skills is enormous. However, taking into account the needs of the population health in this country, MOH Malaysia (KKM) as the stakeholder and caretaker of the health of the nation has identified and prioritised what enhanced and new skills are needed in Primary Care.

The purpose of professional development is to provide the opportunity to learn and apply new knowledge and skills that can help us in our job and further our careers. Professional development is all about building our skill set and knowledge base for our Primary Care fraternity.

Benefits of professional development include:

- a. Expands knowledge base
- b. Boosts confidence and credibility
- c. Increases earning potential and hireability
- d. Provide networking opportunities
- e. Keeps professionals current on industry trends
- f. Opens the door to future career changes

We will look into what are the enhanced and new skills that have been listed as a priority by the KKM for professional development in Primary Care. However, the list is not exhaustive.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 14:

**Dr. Muhamad Na'im Bin Ab Razak**

Exco Member of Wilderness and Austere  
Medicine Malaysia  
Hospital Lahad Datu, Sabah



## TOP TIPS IN HANDLING UNDERWATER EMERGENCIES

Sabah is considered heaven to outdoor activities' enthusiasts. The beautiful sceneries extend from the bottom of the sea to the top of the Mountain. Every year, thousands of people visit Sabah and particularly, engage in underwater activities like sea walking, scuba diving, free diving, conducting research on marine biodiversity and spearfishing or hunting for fresh seafood. However, these activities are not without risks. There had been disabling or fatal underwater accidents recorded from scuba diving accident, trauma and marine stinger envenoming which could be prevented with appropriate early medical interventions. This lecture highlights the top tips in handling underwater emergencies.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 14:

**Dr. George G. Mathew**

Consultant Family Medicine Specialist  
Klinik Kesihatan Tamparuli, Sabah



## MEDICAL COVERAGE FOR INTERNATIONAL AND ADVENTURE SPORTS

Sport medical and paramedical practitioners provide important contributions to the world of sport. In high performance arena, a multi-disciplinary approach is required with each member of the medical team playing an integral role in supporting athletes. Early identification of dangers in adventure sports and injuries including field side assessment to foresee injuries prior to the race, early diagnosis and treatment of injuries are essential for good medical coverage. It is recommended to create a comprehensive referral network before an injury or problem arises. Human errors need to be reduced when covering field side, viewed as pre-hospital care. This takes away the more traditional reactive team dynamics to a more proactive medical team. Each team member need field side, for a predicted scenario, given a designated role to perform during coverage. The medical team manager is responsible for co-ordinating the emergency response. This role can be assumed initially by the first responder (team doctor) who would perform the initial field side assessment and management, before handing over these responsibilities to the team leader (on arrival at venue). Communication within the team is vital, allowing team members to inform the team leader who provides situational awareness and co-ordinates the events. The team should have closed-loop communication to alert its members via the team leader when each task is delivered. Team communication and performance will definitely be challenged by stressful, time-critical medical emergencies.

In summary, medical coverage for international and adventure sports is challenging and stressful for the medical team. To provide the most efficient response and optimise the medical team's performance, it is recommended to move away from reactive team dynamics to a proactive team preparation model. In this way, the medical team covering the sports can deliver to ensure optimal care for athletes when a medical emergency arises.



Symposium 14:

**Col. (Dr) Shamsul Bahary Muhamad**

Commanding Officer  
Hospital Angkatan Tentera Wilayah  
Kota Kinabalu, Sabah



**PRESSURE RELATED ILLNESS IN DIVING MEDICINE:  
THE HIDDEN SECRET OF UNDERWATER WORLD**

Diving barotrauma is a spectrum of illnesses that is related to human body mismatch with the diving environment. Failure to equalise the inner body pressure during descent underwater with ambient pressure will result in injury to the tympanums, paranasal sinus and visceral organs. Another diving barotrauma is decompression injuries which are subclassified as decompression sickness and arterial gas embolism. This indirect barotrauma occurs due to inert gas from the breathing apparatus which dissolves and forms a bubble within the tissue and arterial vessel after a rapid ambient pressure reduction during scuba diving. Diving barotrauma is preventable by under-going professional scuba diving training and having a proper dive plan. Malaysian territorial water is one of the tropical scuba paradises which attract divers from around the globe. In the event of decompression illness incident, the emergency first aid on site is a critical action point that influences the victim's survival, morbidity, and mortality. Emergency first aid, prompt resuscitation and early decompression therapy will save lives and reduce long-term disability. The primary care providers in Malaysia should be equipped with knowledge of decompression illness to ensure early diagnosis and prompt treatment. Health promotion and awareness to the community and scuba industry will help to prevent future unwanted diving incidents. The diver's fitness certification in military practice does reduce the unwanted diving incident by early identification and modification of modifiable risk factors. In conclusion, diving barotrauma is preventable and the scuba diving industry in Malaysia should promote safe diving to all divers.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 15:

## Dr. Jenarun Jelip

Head of Vector Borne Disease Sector  
Disease Control Division  
Ministry of Health Malaysia



### MALARIA – GETTING TO ZERO: WHERE ARE WE NOW?

Malaysia declared its intention to eliminate indigenous human malaria in 2011 with the goal of achieving zero local transmission by 2020. In 2018, Malaysia for the first time recorded zero indigenous human malaria and successfully maintained this status until now. The success Malaysia has achieved in combating human malaria is the product of several factors: an understanding of the location-specific epidemiology of malaria throughout the country; the adoption of a combination of strategies targeting the host, parasite and mosquito; the integration and coordination of infrastructural resources with good collaboration between key players; and the formulation of a clear policy, with defined targets and legislative support. The main challenges now are related to sustaining these achievements which include: overcoming the danger of complacency; declining diagnostic and management skills among clinicians; preventing the re-introduction of malaria in malaria-prone areas; and the increasing burden of simian malaria. Way forward, we need to be vigilant on the importation of malaria from endemic countries, maintain active surveillance and early warning systems and maintenance of vector control in highly malariogenic areas.

# 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

Symposium 15:

**Dr. Fazilawati @Azmira Binti Ab. Latiff**

Family Medicine Specialist  
Klinik Kesihatan Telupid, Sabah



**KK TELUPID RISING TO THE CHALLENGES: AN EXPERIENCE AT THE  
HEART OF BORNEO**

This talk is an overview of the progress of KK Telupid from 2013 when the fire broke out on 15th February 2013, which destroyed half of the clinic's building until the current issue of managing the COVID-19 pandemic. As the only health facility situated at the main road crossing from Ranau to Sandakan, with no nearby hospital within 100km radius, this truly is a very adventurous and remarkable experience for all staff working at KK Telupid. As the 4<sup>th</sup> FMS working here after the clinic was without FMS for nearly 5 years, covering the whole district of Beluran and Paitan was not without challenges. The journey and experience as a FMS here will be shared, especially the issues of working in a rural area - at the heart of Borneo.

Symposium 15:

**Dr. Hanihaselah Binti Mohd Saleh**

Consultant Family Medicine Specialist  
Klinik Kesihatan Kulai, Johor



**CURRENT ADVANCEMENT IN MODERN WOUND DRESSING: CHALLENGES  
IN RURAL SETTING**

Wound care is a significant burden on the healthcare system. Caring for any wound in the community requires multidisciplinary work between healthcare professionals. The method of wound care has enhanced tremendously and evolved over the years. Modern wound dressing has proven to shorten the time of wound healing, more cost-effective, reduce the dressing load and improve the quality of life of the patients and their caregivers.

The experience of various health care providers working with limited resources available in a rural setting influences wound care management. Challenges in wound care management faced by rural health care providers involve ineffective systems, staffing shortages, limited resources, poor communication between departments and practitioners, as well as patient adherence to therapy. The providers are often the only physician in charge of a large area with geographical challenges. There is difficulty in access to the appropriate products with budget constraints. Inconsistencies in following evidence-based guidelines, and a difference in the knowledge and skills of clinicians also pose a challenge.

We must work hard to ensure people in rural areas receive the same level of care as their urban counterparts. By creating and running community outreach programs, we can bring different skill sets and strengths to the team to overcome these barriers. Electronic healthcare systems can assist in addressing such problems.



You're invited to our  
**Lunch Symposium, 23<sup>rd</sup> Sep 2022**

The Modern Duo:  
**Transforming  
Community  
Diabetes Care  
with BiAsp30  
& IDetemir**



**SPEAKER**

**Prof Dato' Dr. Mafauzy Mohamed** is currently a Professor of Medicine and Senior Consultant Endocrinologist in Universiti Sains Malaysia. He was formerly the Assistant Vice-Chancellor, Director of Campus, Director of Hospital and Dean of Medicine in the same university. After obtaining his M.B.B.S from the University of Adelaide, he went on to complete his Masters of Medical Sciences at University of Sheffield. He was later admitted as Fellow of Royal College of Physicians (Edinburgh) and in year 2000, promoted as Professor of Medicine.



Prof Dato' Dr. Mafauzy is actively involved in the field of endocrinology and diabetes. He serves as an examiner for the Royal College of Physicians, United Kingdom and has been appointed by several universities as External Examiner. He has to date obtained over 110 research grants mainly in the field of diabetes, dyslipidemia and thyroid disorders including many clinical trials.



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References: 1. SG Kim et al. *BMJ* 2019;366:l5125. 2. Ginsberg HN et al. *N Engl J Med.* 2010;362(17):1563-1574. 3. Elam M, et al. *Clin. Lipidol.* 2011;6(1): 9-20. 4. Elam MB et al. *JAMA Cardiol.* 2017;2(4):370-380. 5. IQVIA MIDAS database Q4 2021.

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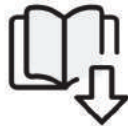
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"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

LIST OF  
TOPICS FOR  
**ORAL AND POSTER**  
PRESENTATION





## *List of Topics for Oral Presentation*

NO.	TITLE	AUTHOR
1	Prevalence And Attitudes Towards Dating Violence Among Undergraduate Students In A Public University In Malaysia.	Dr. Adam Ngu King Hein Klinik Kesihatan Jalan Oya, Sibu, Sarawak.
2	Adapting To COVID-19 Pandemic: Improving Diabetes Education For Gestational Diabetic Mothers In Klinik Kesihatan Nilai.	Dr. Nor Azila Binti Mohd Isa Klinik Kesihatan Nilai, Negeri Sembilan.
3	Development And Validation Of The Home Blood Pressure Monitoring (HBPM) Knowledge Questionnaire Validation Study.	Dr. Aneesa Abdul Rashid Department of Family Medicine, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia.
4	Supporting Victims Of Family Violence: Barriers And Facilitators For Effective Intervention At Primary Health Care Setting.	Dr. Sajaratulnisah Othman Department of Primary Care Medicine, Faculty of Medicine, Universiti Malaya, WP Kuala Lumpur.
5	Prevalence Of Depression And Its Associated Factors Among Primary School Children In Kuantan: A Cross Sectional Study.	Dr. Sajidah Yusrina Zaimi Klinik Kesihatan Kuala Krau, Temerloh, Pahang.
6	The Views And Practices On Human Milk Sharing (HMS) Among Mothers.	Dr. Sharifah Syadiyah Klinik Kesihatan Gombak Setia, Selangor.
7	Clinical Audit On Increasing The Number Of M-CHAT Screening At 2 And 3 Years Old Using Digital M-CHAT In Klinik Kesihatan Pengkalan Chepa.	Dr. Hazwani Mohamed Padzir Klinik Kesihatan Pengkalan Chepa, Kota Bharu, Kelantan.

## *List of Topics for Oral Presentation*

<b>NO.</b>	<b>TITLE</b>	<b>AUTHOR</b>
8	A Qualitative Exploration Of Smokers' View On The Setting Of A Quit Date.	<b>Assoc. Prof. Dr. Noor Azimah Muhammad</b> Department of Family Medicine, Faculty of Medicine, Universiti Kebangsaan Malaysia, Cheras, WP Kuala Lumpur.
9	Mental Health Status Among Malaysia Youth – A Nationwide Cross Sectional Study.	<b>Dr. Fadzilah Binti Mohamad</b> Department of Family Medicine, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, Selangor.
10	Not All Anaemia Are Iron Deficiency Anemia – A Retrospective Study Of Anaemia Among Antenatal Mothers In Kota Kinabalu, Sabah.	<b>Mdm. Ling Swee Nian</b> Nutritionist, Kota Kinabalu District Health Office, Kota Kinabalu, Sabah.
11	REBUNG Community Project For Cancer Literacy And Navigation.	<b>Assoc. Prof. Dr. Haireen Abdul Hadi</b> Department of Primary Care Medicine, Faculty of Medicine, Universiti Malaya, WP Kuala Lumpur.
12	Prevalence Of Fasting Risk Among Muslim Type 2 Diabetics And Its Associated Factors During Ramadan In Primary Care Clinics In Petaling District, Selangor.	<b>Dr. Chow Suet Yin</b> Klinik Kesihatan Taman Medan, Selangor.

## *List of Topics for Oral Presentation*

<b>NO.</b>	<b>TITLE</b>	<b>AUTHOR</b>
13	Maternal Death Due To Associated Medical Conditions In Malaysia, A Glance Analysis.	<b>Dr. Tuty Aridzan Irdawati binti Mohsinon</b> Maternal Health Sector, Family Health Development Division, Ministry of Health Malaysia.
14	Identifying Familial Hypercholesterolaemia Using Familial Hypercholesterolaemia Case Ascertainment Tool (FAMCAT), Simon Broome (SB) Criteria And Dutch Lipid Clinic Criteria (DLCC) In Primary Care Clinics In Klang Valley, Malaysia.	<b>Mr. Johanes Dedi Kanchau</b> Institute of Pathology, Laboratory and Forensic Medicine (I-PPerForM), Universiti Teknologi MARA, Sungai Buloh, Selangor.
15	The Impact Of Cognitive Flexibility And Coping Flexibility On Depression, Anxiety And Stress: New Insight For Mental Health Intervention In Primary Healthcare Facilities.	<b>Ms. Wan Lei Thien</b> Klinik Kesihatan Penampang, Medical/ Biomolecular Psychology, Faculty of Medicine and Health Sciences, Universiti Malaysia Sabah.
16	Severe COVID-19: A Case Report Of Complete Resolution Of COVID-19 Pneumonia With Inhaled Budesonide/ Formoterol At Primary Care Setting.	<b>Dr. Hazman Jalil</b> Klinik Nur Batu Pahat, Johor.

## *List of Topics for Poster Presentation*

NO.	TITLE	AUTHOR
1	A Paradigm Shift In Diabetes Management: Protocol Of A Longitudinal Study To Understand The Effect Of Chrononutrition On Glycemia Measures In Malaysian Prediabetic Individuals (CHRONO-DMTM).	Dr. Koo Hui Chin Department of Bioscience, Faculty of Applied Sciences (FOAS), Tunku Abdul Rahman University College (TARUC), WP Kuala Lumpur.
2	Accuracy Of Electrocardiogram Interpretation Among Primary Care Doctors.	Dr. Kee Ee Kim Klinik Kesihatan Kelana Jaya, Selangor.
3	Exploring Drugs And Alcohol Rehabilitation Service In London.	Dr. Nor Hazlin Talib Klinik Kesihatan Batu 9, Cheras, Selangor.
4	Adverse Drug Reactions Among Tuberculosis Patients Treated With First-line Anti-tuberculosis Medications In Samarahan Division, Sarawak – A Cross Sectional Study.	Dr. Liu Yu Chun Klinik Kesihatan Sadong Jaya, Sarawak.
5	Non-obstructive Hypertrophic Cardiomyopathy In Pregnancy: A Clue Not To Be Missed.	Dr. Sakinah Md Rifin Klinik Kesihatan Bandar 32, Bera, Pahang.
6	The Views And Experiences Of Primary Care Doctors In Managing Children With Learning Disabilities.	Dr. Foo Je Sie Klinik Kesihatan Seksyen 7, Shah Alam, Selangor.
7	Attitude Towards Contraception Use Among Husbands Of High-risk Pregnant Mother: Its Associations, Intention And Self Reported Practice Of Contraception.	Dr. Zaidatul Akmar Mohamad Isa Klinik Kesihatan Changkat Jering, Perak.
8	Prevalence Of Chronic Kidney Disease Among Patient With Newly Diagnosed Type 2 Diabetes Mellitus And Its Associated Factors At A District Health Clinic In Manjung, Perak.	Dr. Nadia A Hadi Klinik Kesihatan Pulau Pangkor, Manjung, Perak.



## *List of Topics for Poster Presentation*

<b>NO.</b>	<b>TITLE</b>	<b>AUTHOR</b>
9	Memory Loss With Behavioural Change - A Rare Presentation Of A Craniopharyngioma.	Dr. Nurul Najmi Mohamad Ishak Klinik Kesihatan Padang Luas, Pahang.
10	Hypertension Among Young Adults: BP Control, Clinical Characteristics And Management Profile.	Dr. Ammaar Noor Ibrahim Klinik Kesihatan Sungai Buloh, Selangor.
11	Managing Panic Disorder In Primary Care Setting - A Case Report.	Dr. Megat Mohamad Amirul Amzar Bin Megat Hashim Department of Primary Care Medicine, University Malaya Medical Centre, WP Kuala Lumpur.
12	Caregiving Experiences Among Carers Of Moderate To Severe - Dependent Stroke Survivors.	Dr. Nur Haizumraimi Abdul Rashid Klinik Kesihatan Desa Rhu, Seremban, Negeri Sembilan.
13	Unusual Presentation Of Secondary Syphilis In Primary Care - A Case Report.	Dr. Lee Liang Hoong Klinik Kesihatan Anika Klang, Klang, Selangor.
14	Postpartum Depression: Mental Health Literacy Among Antenatal Women And Their Husband Attending Klinik Kesihatan Kempas.	Dr. Syafiqah Alyani binti Mustafa Department of Family Medicine, Faculty of Medicine, Universiti Kebangsaan Malaysia.
15	A Cat Lover With A Red Eye: Parinaud's Oculoglandular Syndrome.	Dr. Menaga Kaliyana Sundaram Klinik Kesihatan Tawau, Sabah.

## *List of Topics for Poster Presentation*

<b>NO.</b>	<b>TITLE</b>	<b>AUTHOR</b>
16	Waiting Time In Government Health Clinics In Melaka.	Dr. Goh Soo Lee Klinik Kesihatan Masjid Tanah, Melaka.
17	Developing A Primary Care Based Dementia CAre Service In The CoMmunity (DIAM©).	Assoc. Prof. Dr. Mohd Fairuz Ali Department of Family Medicine, Faculty of Medicine, Universiti Kebangsaan Malaysia.
18	Preliminary Study: Clinical Intervention To Improve Quality Of Care Among Undernutrition Children In Kuala Selangor District, Malaysia.	Dr. M. Hilmi M. Morsani Klinik Kesihatan Tanjung Karang, Selangor.
19	Validation Of The Pelvic Floor Muscle Training Video For Pregnant Women With Urinary Incontinence In Primary Care.	Dr. Aida Jaffar Primary Care Unit, Faculty of Medicine and Defence Health, National Defence University of Malaysia.
20	Prevalence Of Inappropriate Referrals From Government Health Clinics In Melaka To Emergency Department Hospital Melaka.	Dr. Mohammad Faiz Sahiran Klinik Kesihatan Seri Tanjung, Melaka.
21	Diabetes Outcomes Among Women Of Reproductive Age Attending Primary Care Clinic In Seberang Jaya.	Dr. Masniza Izani Md Sapar Klinik Kesihatan Seberang Jaya, Butterworth, Pulau Pinang.
22	Factors Associated With Acceptance Of Effective Contraception Among Postnatal Mothers In Muar Health Clinics.	Dr. Suzanne Grace Daniel Muar District Health Office, Muar, Johor.
23	Five-year Trend Of Teenage Pregnancy In Betong District, Sarawak.	Dr. Stephen Jeshua Manuel Betong District Health Office, Betong, Sarawak.

## *List of Topics for Poster Presentation*

<b>NO.</b>	<b>TITLE</b>	<b>AUTHOR</b>
24	Increasing The Achievement Of 'Endocervical Cell Seen' In The Pap Smear Screening In Maternal Child Health Clinic (MCHC) Betong, Sarawak.	Dr. Stephen Jeshua Manuel Betong District Health Office, Betong, Sarawak.
25	Patient's Characteristics And Factors Associated With Severity Of COVID-19 Infections In Primary Care.	Dr. Jazlan Jamaludin Klinik Kesihatan Kuala Lumpur, WP Kuala Lumpur.
26	Outcomes Study Of Universal 6-days Methadone Takeaways During Flood Disaster In Klinik Kesihatan Temerloh December 2021: A Cross-sectional Study.	Dr. Nur Asma Aini Mohamad Arshad Hulu Langat District Health Office, Kajang, Selangor.
27	Gender Difference In The Antimicrobial Susceptibility Patterns Of Uropathogen Isolated In Community Acquired Urinary Tract Infection In Government Health Clinics In Klang.	Dr. Yew Mei Lee Klinik Kesihatan Tanjung Sepat, Kuala Langat, Selangor.
28	Asthma Control And Unscheduled Care During The Hajj Among Malaysian Hajj Pilgrims: A Descriptive Observational Study.	Dr. Rizawati Ramli Department of Primary Care Medicine, Faculty of Medicine, Universiti Malaya, WP Kuala Lumpur.
29	The Incidence And Risk Factors Of Anti-tuberculosis-drug-induced-hepatitis Among Patients Treated In A Primary Health Clinic In Kuching.	Ms.Tan Huey Shyan Klinik Kesihatan Jalan Masjid, Kuching, Sarawak.
30	Caregivers Strain In Parenting Children With Autism Spectrum Disorder (ASD) And Its Associated Factors In Kelantan.	Dr. Hazwani Mohamed Padzir Klinik Kesihatan Pengkalan Chepa, Kota Bharu, Kelantan.

## *List of Topics for Poster Presentation*

<b>NO.</b>	<b>TITLE</b>	<b>AUTHOR</b>
31	Prevalence Of Loneliness And Its Associated Factors Among Elderly Attending Primary Health Clinics In Kuantan, Pahang.	Dr. Mohd Aznan Md Aris Kulliyyah of Medicine, International Islamic University Malaysia, Bandar Indera Mahkota Campus, Kuantan, Pahang.
32	Dextrocardia And Situs Inversus In A 35-year-old Man: A Case Report.	Dr. Siti Shafiatun Binti Mohsin Klinik Kesihatan Cheras, WP Kuala Lumpur.
33	Advantages And Disadvantages Of An Online Quit Smoking Counselling During The COVID-19 Movement Control Order.	Dr. Noor Zurani Md Haris Robson Department of Primary Care Medicine, Faculty of Medicine, Universiti Malaya, WP Kuala Lumpur.
34	An Association Of Autoimmune Haemolytic Anaemia With COVID-19: A Case From Primary Health Clinic.	Dr. Nik Siti Fatimah Mohamed Klinik Kesihatan Sungai Rengit Pengerang, Kota Tinggi, Johor.
35	Preterm Birth Rate And Its Associated Factors In Kuantan, Pahang.	Dr. Tan Kui Fong Klinik Kesihatan Balok, Kuantan, Pahang.
36	Knowledge And Attitude Towards Women's Breast Cancer Among Male Employees In Universiti Sains Malaysia.	Dr. Nur Ili Syazwani Md Hadis Department of Family Medicine, School of Medical Sciences, Health Campus, Universiti Sains Malaysia, Kubang Kerian, Kelantan.
37	A Quality Assurance Project To Reduce The Number Of Prescription Errors At Outpatient Department Of Klinik Kesihatan Telok Panglima Garang.	Dr. Anjhana Selvarajan Klinik Kesihatan Hulu Kelang, Gombak, Ampang, Selangor.



## *List of Topics for Poster Presentation*

<b>NO.</b>	<b>TITLE</b>	<b>AUTHOR</b>
38	A Rare Case Bifid Rib In A 4 Year Old Girl With Chest Wall Swelling.	Dr. Muhammad Yassir Che Ku Mamat Klinik Kesihatan Bandar Tumpat, Kelantan.
39	Sexually Transmitted Infections In Reproductive Age Women: A Call To Action.	Dr. Weizen Justin Klinik Kesihatan Putatan, Sabah.
40	Prevalence Of Urinary Incontinence Among Elderly In Primary Health Clinics In Kuantan, Pahang.	Dr. Aini Laili Romali Department of Family Medicine, International Islamic University Malaysia, Kuantan, Pahang.
41	Comparison Of Maternal And Neonatal Outcome In Women Additionally Diagnosed According To New Gestational Diabetes Mellitus (GDM) Criteria With Women Without GDM In Klang District - A Retrospective Observational Study (MANO-GDM).	Dr. Tan Siow Foon Klinik Kesihatan Pelabuhan Klang, Selangor.
42	Primary Prevention Among Patients With High Cardiovascular Risk In Primary Care: Do They Achieve Treatment Targets?	Dr. Noorhida Baharudin Department of Primary Care Medicine, Universiti Teknologi MARA Selayang Campus, Batu Caves, Selangor.
43	Efficacy Of Intravenous Iron Dextran And Predictors Of Hemoglobin Responsiveness In The Treatment Of Anemia In Pregnancy.	Dr. Kang Pei San Klinik Kesihatan Gopeng, Perak.
44	Glycemic Control Among Patients With Type 2 Diabetes Two Years After Implementation Of Enhance Primary Health Care (EnPHC) In Muar District.	Dr. Maznisham Mohd Suud Muar District Health Office, Johor.

## *List of Topics for Poster Presentation*

<b>NO.</b>	<b>TITLE</b>	<b>AUTHOR</b>
45	Exploring The Diabetic Foot Protection Services In Primary Health Clinics In Kuantan, Malaysia: A Qualitative Study.	Dr. Nurul Husna Binti Azmi Family Medicine Department, Kulliyah of Medicine, International Islamic University of Malaysia, Kuantan.
46	Acute Oncology Service: A Retrospective Study On The Incidence Of Febrile Neutropenia In Institut Kanser Negara.	Dr. Muhammed Emir Saifullah Bin Abu Bakar Department of Cancer Emergency, National Cancer Institute, Hospital Putrajaya.
47	Factors Affecting The Access To Healthcare Services Among Type 2 Diabetes Patients Under Peka B40 Program In Klinik Kesihatan In Melaka, Malaysia; A Qualitative Study.	Dr. Nor Haslinda Binti Ishak Klinik Kesihatan Ayer Molek, Melaka.
48	A Unique Presentation Of Face Swelling In A Toddler With Bronchopneumonia.	Dr. Amirul Mohd Sallehuddin Mannan Putrajaya Hospital, WP Putrajaya.
49	An Evaluation Of Mental Health Impact Among Flood Victims Of Primary Health Care Facility.	Dr. Laila Sakinah Klinik Kesihatan Bukit Changgang Banting, Selangor.
50	Flood Disaster Management: A First-hand Experience By Primary Health Care Provider.	Dr. Sumitha Chellathuray Klinik Kesihatan Bukit Changgang Banting, Selangor.
51	Identification Of Neuropathic Pain Among Diabetic Patients With Chronic Lower Limb Pain Using The Douleur Neuropathique 4 Questions (DN4) Questionnaire.	Dr. Ilham Ameera Ismail Department of Primary Care Medicine, Faculty of Medicine, Universiti Teknologi MARA.

## *List of Topics for Poster Presentation*

<b>NO.</b>	<b>TITLE</b>	<b>AUTHOR</b>
52	Caregivers' Vaccine Hesitancy – A Scoping Review.	Dr. Nor Azam Kamaruzaman IIUM Family Health Clinic, Department of Family Medicine, Kulliyyah of Medicine, IIUM Kuantan, Pahang.
53	A Sharing Experience In Community-based Food And Health Promotion Programme For One To Five Years Old Undernutrition Orang Asli Children In Semenyih, Hulu Langat, Selangor.	Dr. Siti Nurhani Binti Rafan Klinik Kesihatan Bangi, Bandar Baru Bangi, Selangor.
54	Multidisciplinary Elderly Care In A Seamless Way – A Pilot Study.	Dr. Noor Harzana binti Harrun Klinik Kesihatan Pandamaran Klang, Selangor.
55	Knowledge And Practice Of Diabetic Foot Care And The Associated Factors For Practice Among Patients Attending Outpatient Clinics In Kuala Terengganu, Terengganu.	Dr. Nur Suhaila Bt Idris Department of Family Medicine, School of Medical Sciences, Universiti Sains Malaysia, Kubang Kerian, Kelantan.
56	Acceleration Of Wound Healing With Dermacyn® Wound Care Solution And Zorflex® Carbon Dressing In Diabetic Foot Ulcer.	Dr. Rachael Shamini Danasamy Klinik Kesihatan Bandar Tasik Mutiara, Pulau Pinang.
57	Prevalence And The Associated Factors Of Lipohypertrophy In Insulin-treated Type 2 Diabetes Patients In Malaysian Primary Care.	Dr. Siti Hawa Alias Klinik Kesihatan Port Dickson, Negeri Sembilan.
58	Association Of Depression And Anxiety With Asthma Control During The COVID-19 Pandemic Among Adult Asthmatics.	Dr. Woweham Sindeh Klinik Kesihatan Bandar Botanic, Klang, Selangor.

## *List of Topics for Poster Presentation*

<b>NO.</b>	<b>TITLE</b>	<b>AUTHOR</b>
59	A Preliminary Audit Of Post COVID Cases Presenting To A Primary Care Clinic Of A University Hospital.	<b>Dr. Christine Shamala Selvaraj</b> Department of Primary Care Medicine, Faculty of Medicine, Universiti Malaya, WP Kuala Lumpur.
60	Primary Care Doctors' Communication Skills: A Survey Of Malaysian Family Physicians In Training.	<b>Dr. Isriyanti Mohd Rafae</b> Family Medicine Department, PURCSI, Kuala Lumpur.
61	Sharing Experiences - Art Therapy Program To Explore Mental Well-being Of Healthcare Workers.	<b>Dr. Zaitul Akmal Abdullah Zawawi</b> Klinik Kesihatan Jalan Masjid, Kuching, Sarawak.
62	Is It Just Asthma?: Depression And Anxiety: A Challenge To Asthma Management.	<b>Dr. Yuveen Raj Gernathenan</b> Klinik Kesihatan Bandar Tasek Mutiara, Pulau Pinang.
63	Lifestyle Habits Of Individuals With Clinically Diagnosed Familial Hypercholesterolaemia In Primary Care.	<b>Aisyah Kamal</b> Institute of Pathology, Laboratory and Forensic Medicine (I-PPerForM), Universiti Teknologi MARA, Sungai Buloh, Selangor.
64	Women's Beliefs And Experiences Regarding Exercise During Pregnancy: A Qualitative Study In Primary Care Centre In Klang, Malaysia.	<b>Dr Aina Najmi Azizan</b> Klinik Kesihatan Bukit Kuda, Klang, Selangor.
65	Cross-sectional Study Of Burden Of Interfacility Transfer From Primary Healthcare Centers To Emergency Department Hospital Tuanku Ja'afar, Seremban: Priority Comes First.	<b>Dr. Siti Hawa Alias</b> Klinik Kesihatan Seremban, Negeri Sembilan.



## *List of Topics for Poster Presentation*

<b>NO.</b>	<b>TITLE</b>	<b>AUTHOR</b>
66	Knowledge On Childhood Autism Among Primary Care Doctors.	Dr. Noormala Irma Toha Klinik Kesihatan Pagoh, Johor.
67	Predictors For Development Of Diabetes Complications Among Controlled Individualized HbA1c In Type 2 Diabetes Mellitus Patients: A Case – Control Study.	Dr. Najwa Diyana Ngah Klinik Kesihatan Ketengah Jaya, Terengganu.
68	Women With Diabetes Mellitus – What Influences Their Family Planning Practices – A Scoping Review.	Dr. Sarah Awang Dahlan Maternal Health Sector, Family Health Development Division, Ministry of Health Malaysia.
69	Hand-grip Strength, And Erectile Dysfunction Among Men With Metabolic Syndrome Attending An Institutional Primary Care Clinic In Malaysia – A Cross Sectional Study.	Dr. Nafiza Mat Nasir Faculty of Medicine, UiTM Sg. Buloh, Campus Sungai Buloh, Selangor.
70	Assessing Stages And Processes Of Change For Self-weight Management Among Doctors Working In University Malaya Medical Centre.	Dr. How Mei Yee Klinik Kesihatan Greentown, Ipoh, Perak.
71	Knowledge, Attitudes, Practices To Smoking Cessation Counseling Among Primary Care Doctors In Klang Valley.	Dr. Mohd Hafidzudin bin Zainal Abidin Klinik Kesihatan Ulu Yam Bharu, Batang Kali, Selangor.
72	Urine And The Bone Affair In Young Hypertensive Female, A Case Report.	Dr. Mohammad Zawawi Abu Bakar Klinik Kesihatan Gunung Rapat, Ipoh, Perak.



## 24<sup>th</sup> FAMILY MEDICINE SCIENTIFIC CONFERENCE

"RIDING OUT THE STORM: PRIMARY CARE RISING TO THE CHALLENGES"

### *List of Topics for Poster Presentation*

NO.	TITLE	AUTHOR
73	An Update On The Primary Health Care Vital Signs Profile For Malaysia.	Dr. Nazrila Hairizan Binti Nasir The Office of Deputy Director General of Health (Public Health), Ministry of Health.
74	Dietary Habits And Practices Among Anemic Pregnant Mother In Labuan.	Puan Ainor Farahin Nutritionist, Department of Nutrition, Public Health Division, WP Labuan Health Department .
75	The Adverse Effects Of COVID-19 Vaccination And Its Determinants Among Adult Vaccinees In Kuala Terengganu.	Dr. Najwa Diyana Ngah Klinik Kesihatan Ketengah Jaya, Terengganu.

# ACCELERATING BACK TO THE 'NEW NORMAL'

## INFLUENZA VACCINATION MATTERS<sup>1</sup>

COVID-19 vaccination is important, but so too is influenza vaccination. Influenza infection can trigger cardiovascular (CV) complications within 3 days in adults with no prior history of heart attack or stroke:<sup>2</sup>



Influenza vaccination can reduce the risk of major CV events by<sup>3</sup>

**36%**

RR: 0.64 (95% CI: 0.48-0.86) p = 0.003

Influenza and COVID-19 affect the same high-risk groups – older adults and those with comorbidity<sup>4,5</sup>

Of those who died from COVID-19:<sup>6</sup>

**66%** were aged ≥60 years  
**86%** had ≥1 comorbidity

Complications of influenza occurred in:<sup>7</sup>

**~28%** of ≥65 year-olds  
**10%** of 25-65 year-olds  
**≥2** comorbidities more likely in ≥65-year-olds

<sup>1</sup>Ascf\_July2021 (basec0r038,899\_positvecasesand7,241\_deaths). <sup>2</sup>Retrospectivecaseseriesof\_3,935patientswithupper\_respiratorytract\_infectionsymptoms(February2012-May2014).

Ministry of Health, Malaysia<sup>10</sup>

An interval of at least 14 days between COVID-19 vaccination and any other vaccines.

The rate of ICU admission or death due to COVID-19 increases with age<sup>8</sup>

Unvaccinated (%)

**6.34** Age: 60-69  
**6.40** Age: 70-79  
**15.24** Age: 80+

#MOHSingapore casesreported\_May1-Sept\_16\_2021.

Of 664 patients severely ill and hospitalized with influenza (public acute-care hospitals 2011-2015):<sup>9</sup>

**71%** of patients aged ≥65 years died  
**83%** of patients with ≥1 comorbidity died (compared to 45% of patients overall)

Ministry of Health, Singapore<sup>11</sup>

There is no data on administering COVID-19 vaccine at the same time as other non-COVID-19 vaccines. A minimum interval of 14 days is encouraged before or after any other vaccines, but is not strictly necessary.

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CI: confidence interval; COVID-19: coronavirus disease 2019; ICU: intensive care unit; IR: incidence ratio; MOH: Ministry of Health; RR: risk ratio; WHO: World Health Organization.  
 REFERENCES: 1. World Health Organization. Review of global influenza circulation, late 2019 to 2020, and the impact of the COVID-19 pandemic on influenza circulation. WERNo 25, 2021, 96, 241-264. Available at [www.who.int/publications/i/item/who-wer-9625-241-264](http://www.who.int/publications/i/item/who-wer-9625-241-264) (accessed 22 October 2021). 2. Warren-Gash C, Blackburn R, Whitaker H, et al. Laboratory-confirmed respiratory infections as triggers for acute myocardial infarction and stroke: a self-controlled case series analysis of national linked datasets from Scotland. *Eur Respir J*. 2018; 51(3): 1761794. 3. Uddin JA, Zawi R, Bhatt DL, et al. Association between influenza vaccination and cardiovascular outcomes in high-risk patients: a meta-analysis. *JAMA*. 2019; 310(16): 1711-1720. 4. Singapore National University Health System. COVID-19 explained. Available at [www.nhs.uk/sgp/For-Healthcare-Professionals/Pages/COVID-19.aspx](http://www.nhs.uk/sgp/For-Healthcare-Professionals/Pages/COVID-19.aspx) (accessed 22 October 2021). 5. Ministry of Health Singapore Health Hub. Influenza. Available at [www.healthhub.sg/a-z/diseases-and-conditions/103/topics/influenza](http://www.healthhub.sg/a-z/diseases-and-conditions/103/topics/influenza) (accessed 22 October 2021). 6. National Institute of Health (NIH). Clinical update in COVID-19 infographics. COVID-19 mortality statistics in Malaysia (as of July 2021). 7. Wong PL, Siu HL, Png CK, et al. The effects of age on clinical characteristics, hospitalization and mortality of patients with influenza-related illness at a tertiary care centre in Malaysia. *Influenza Other Respir Viruses*. 2020; 14(3): 288-293. 8. The Straits Times. Covid-19 cases in Singapore rising faster than expected, but seroprevalence remains at slower rate. Published online 17 September 2021. Available at [www.straitstimes.com/singapore/health/covid-19-cases-rising-faster-than-expected-but-seroprevalence-remains-at-slower-rate](http://www.straitstimes.com/singapore/health/covid-19-cases-rising-faster-than-expected-but-seroprevalence-remains-at-slower-rate) (accessed 22 October 2021). 9. Yixiang Ng, Li Wei Ang, Stefan Ma, et al. Severely ill patients with influenza in Singapore, 2011-2015. *ENB Quarterly* 2016; 42(4): 128-130. 10. Ministry of Health Malaysia. 2021. Clinical guidelines on COVID-19 vaccination in Malaysia. Available at <http://pharmania.gov.my/wp-content/uploads/2021/06/COVID-19-Clinical-Guidelines-2020-2021.pdf> (accessed on 22 October 2021). 11. Ministry of Health Singapore. Frequently asked questions COVID-19 vaccine. Available at [www.moh.gov.sg/covid-19/vaccination/fqs-safety-and-efficacy-of-the-covid-19-vaccine](http://www.moh.gov.sg/covid-19/vaccination/fqs-safety-and-efficacy-of-the-covid-19-vaccine) (accessed 22 October 2021). 12. World Health Organization. Influenza (seasonal) fact sheets. Available at [www.who.int/news-room/fact-sheets/detail/influenza-\(seasonal\)](http://www.who.int/news-room/fact-sheets/detail/influenza-(seasonal)) (accessed 22 October 2021). 13. Senay S, Brzostek J, Meyer J, et al. Safety, immunogenicity, and lot-to-lot consistency of a split-virion quadrivalent influenza vaccine in young adults: a phase III randomized, double-blind clinical trial. *Hum Vaccin Immunother*. 2018; 14(3): 596-608. 14. Grassat-Bourgeois V, Leventhal PS, Papin S, et al. Quadrivalent influenza vaccine (Vaxigrip Tetra™). *Expert Rev Vaccines*. 2016; 17(1): 1-11. 15. Vaxigrip Tetra® Prescribing Information. Date of revision: January 2021.





# Immunisation of expectant mothers has been shown to confer **passive protection against pertussis** in newborns<sup>1</sup>

Adacel®

Adacel® is indicated for immunisation during pregnancy in Malaysia<sup>2</sup>



## HIGH VACCINE EFFECTIVENESS

> 90% effective in preventing pertussis within the first 3 months of life<sup>2,3</sup>



## WELL-DOCUMENTED SAFETY PROFILE

> 80,000 pregnancy outcomes evaluated<sup>2</sup>



## Extensive real-world experience in pregnancy vaccination

Widely used in routine pregnancy immunisation programmes since 2011<sup>4</sup>

Adacel® For the passive protection of newborns against pertussis in the first 3 months of life<sup>2</sup>



### ADACEL® MY PI

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Tdap: Tetanus, diphtheria and pertussis.

**References:** 1. Gall SA, Myers J, Pichichero M. Maternal immunization with tetanus, diphtheria, pertussis vaccine: effect on maternal and neonatal serum antibody levels. *Am J Obstet Gynecol.* 2011;204(4):334.e331-5. 2. Adacel full prescribing information. Date of revision: March 2020. 3. Baxter R, Bartlett J, Fireman B, Lewis E, Klein NP. Effectiveness of vaccination during pregnancy to prevent infant pertussis. *Pediatrics* 2017;139(5):e20164091. 4. Kharbanda EO, Vazquez-Benitez G, Lipkind HS, *et al.* Evaluation of the association of maternal pertussis vaccination with obstetric events and birth outcomes. *JAMA.* 2014;312:1897-904.

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For your patients with type 2 diabetes

# THE POWER TO ACCOMPLISH MORE<sup>†</sup>

<sup>†</sup>Above and beyond glycaemic control<sup>1,2^</sup>

<sup>^</sup>The **ONLY** ORAL T2D treatment indicated for **PREVENTION OF CV DEATH** in patients with T2D and established CV disease on top of standard of care<sup>1#</sup>



**NOW**  
for patients  
with T2D and

**eGFR ≥ 30**  
mL/min/1.73m<sup>2</sup> (1)<sup>+</sup>

In patients with T2D and established CV disease

INDICATION

**38% RRR**  
**IN CV DEATH\***



HR=0.62  
95% CI: 0.49, 0.77;  
p<0.001.<sup>1,2†</sup>

**35% RRR**  
**IN HHF\***



HR=0.65  
95% CI: 0.5, 0.85;  
p=0.002.<sup>1,2#†</sup>

ADDITIONAL  
BENEFIT<sup>§</sup>

**Jardiance®**  
(empagliflozin)



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information

<sup>1</sup>Adult patients with insufficiently controlled T2D, CAD, PAD, or a history of MI or stroke. <sup>2</sup>The absolute risk for CV death was 5.9% in patients receiving SOC plus placebo and was reduced to 3.7% in patients receiving SOC plus JARDIANCE® (p<0.001).<sup>3</sup> <sup>†</sup>Standard of care included antihypertensives, lipid-lowering agents, anticoagulants and glucose-lowering therapies. <sup>§</sup>See PI for renal monitoring requirements <sup>¶</sup>Versus placebo on top of SOC which included antihypertensives, lipid-lowering agents, anticoagulants and glucose-lowering therapies. <sup>||</sup>The absolute risk for hospitalisation for heart failure was 4.1% in patients receiving SOC plus placebo and was reduced to 2.7% in patients receiving SOC plus JARDIANCE® (p=0.002).<sup>7</sup> Secondary endpoints. Primary endpoint of 3P MACE was met: HR 0.86 (95%CI: 0.74-0.99), p=0.04.<sup>7</sup>

References: 1. JARDIANCE® Malaysia Prescribing Information. 2. Zinman B, et al. N Engl J Med 2015;373:2117-28.

CAD=coronary artery disease; CI=confidence interval; CV=cardiovascular; HHF=hospitalisation for heart failure; HF=heart failure; HR=hazard ratio; MI=myocardial infarction; PAD=peripheral artery disease; PI=Product information; RRR=relative risk reduction; SOC=standard of care; T2D= type 2 diabetes.

<sup>#</sup>JARDIANCE® is not indicated to reduce the risk of hospitalisation for heart failure (HHF)

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Help Your Patients Embrace Their Every Day With **SERETIDE** Proactive Regular Dosing<sup>1-3</sup>



**SUSTAINED SYMPTOM CONTROL**

**4 in 5 asthma patients\*** on SERETIDE who achieved control sustained it at 1 year<sup>1,2</sup>



**GREATER FREEDOM FROM SYMPTOMS**

**45% more symptom-free days** with SERETIDE vs ICS alone<sup>\*4</sup>



**REDUCED EXACERBATIONS**

**21% lower risk of severe exacerbation** with SERETIDE vs ICS alone in patients with a history of exacerbations (HR, 0.79; 95% CI, 0.70 to 0.89; p<0.001)<sup>5</sup>



**SERETIDE** is generally well tolerated with a choice of **practical, easy-to-use devices**<sup>1,6</sup>

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BD, twice daily; CI, confidence interval; FP, fluticasone propionate; HR, hazard ratio; ICS, inhaled corticosteroid; SFC, salmeterol/fluticasone propionate

\*Patients who were in stratum 2 (n=1163), i.e. on low-dose ICS at study entry.<sup>2,4</sup> †Phase I: treatment was 'stepped-up' every 12 weeks until total control of asthma or maximum SFC (50/500 µg BD) or FP (500 µg BD) dose was achieved. Phase II: patients remained on the dose with which they achieved asthma control in Phase I until study completion; no step-down was performed. 77–83% of patients across strata who achieved control with Seretide in Phase I remained controlled in Phase II.<sup>2</sup>

References: 1. Seretide Accuhaler Malaysia PI version 06. 2. Bateman ED, et al. *Am J Respir Crit Care Med* 2004; 170: 836-844. 3. Bateman ED, et al. *Ann Allergy Asthma Immunol* 2019; 123: 57-63. 4. Woodcock AA, et al. *Prim Care Respi J* 2007; 16: 155-161. 5. Stempel DA, et al. *N Engl J Med* 2016; 374: 1822-1830. 6. Seretide Evohaler Malaysia PI version 06.

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# Synflorix in Malaysian National Immunisation Programme<sup>2</sup>

## Synflorix:

-  Reduced incidence of **laboratory-confirmed overall IPDs by 94%** (2+1 or 3+1 schedule)<sup>6</sup>
-  **Proven 19A** cross-protection – in label and endorsed by MOH, Malaysia<sup>1,2</sup>
-  Provide **additional protection** against **Acute Otitis Media, dual pathogen targeting** – *Streptococcus pneumoniae* and Non-typeable *Haemophilus influenzae* (NTHI)<sup>3,5</sup>

## International recognition of PCV comparability based on rigorous evidence reviews:

-  World Health Organization (WHO)<sup>7</sup>
-  WHO Strategic Advisory Group of Experts on Immunization (SAGE)<sup>8,9</sup>
-  International Vaccine Access Center (IVAC)<sup>10</sup>
-  Pan American Health Organization (PAHO)<sup>11</sup>



**Synflorix** is proven to provide robust protection against overall pneumococcal disease<sup>6,13-15</sup>

### Abbreviations:

AOM: Acute Otitis Media; NIP: National Immunisation Programme; PCV: Pneumococcal Conjugate Vaccine; WHO: World Health Organization; PAHO: Pan American Health Organization; IVAC: International Vaccine Access Centre; SAGE: WHO Strategic Advisory Group of Experts on Immunization.

**References:** 1. GSK Malaysia Synflorix Full Prescribing Information. Version Synflorix\_v02\_GDS017/IP1017; updated 23 Nov 2018. 2. IMPLEMENTATION OF PNEUMOCOCCAL VACCINATION FOR CHILDREN UNDER NATIONAL IMMUNIZATION PROGRAM. MOH; 2020; 1-5. Available at : [https://www.moh.gov.my/index.php/database\\_stores/attach\\_download/657/1716](https://www.moh.gov.my/index.php/database_stores/attach_download/657/1716) ( Last Accessed Sept 2021). 3. PHID-CV SmPC [http://www.ema.europa.eu/docs/en\\_GB/document\\_library/EPAR\\_Product\\_Information/human/000973/WC500054346.pdf](http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_Product_Information/human/000973/WC500054346.pdf); 4. PCV13 SmPC. [http://www.ema.europa.eu/docs/en\\_GB/document\\_library/EPAR\\_Product\\_Information/human/001104/WC500057247.pdf](http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_Product_Information/human/001104/WC500057247.pdf) 5. Forsgren A, Riesbeck K, Janson H. Protein D of *Haemophilus influenzae*: a protective nontypeable *H. influenzae* antigen and a carrier for pneumococcal conjugate vaccines. *Clin Infect Dis* 2008; 46: 726-31. 6. Palmu AA, et al. *Vaccine*. 2018;36:1816-22. 7. World Health Organization (WHO). *Wkly Epidemiol Rec*. 2019;94(8):85-104. 8. World Health Organization. Guidance for the development of evidence-based vaccination-related recommendations. Version 8; January 31, 2017. Available at: [http://www.who.int/immunization/sage/Guidelines\\_development\\_recommendations.pdf?ua=19](http://www.who.int/immunization/sage/Guidelines_development_recommendations.pdf?ua=19). World Health Organization (WHO). *Wkly Epidemiol Rec*. 2017;92(48):729-48. 9. International Vaccine Access Center (IVAC). Pneumococcal conjugate vaccine (PCV) product assessment. April 2017. Available at <https://www.jhsph.edu/research/centers-and-institutes/ivac/resources/pcv-product-assessment-april-25-2017.pdf> [accessed Sept 2021]. 10. de Oliveira LH, et al. *PLoS ONE*. 2016;11(12):e0166736. 11. International Center for Allied Health Evidence. UNISA. Available at: <http://www.unisa.edu.au/Research/Sansom-Institute-for-Health-Research/Research/Allied-Health-Evidence/Resources/Evidence-based-Practice-Online/EBP-online-Step-2/#Hierarchy> [accessed Sept 2021]. 12. GlaxoSmithKline. Cumulative number of doses distributed and children vaccinated with Synflorix since launch till end of February 2020 worldwide. Data on File. 2019N416509\_00; February 2020. 13. Tregnaht MW, et al. *PLoS Med*. 2014;11(6):e1001657. 14. Naucner P, et al. *Clin Infect Dis*. 2017;65(11):1780-1789. 15. Deceuninck G, et al. *Vaccine*. 2015;33(23):2684- 2689.

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# Intensify Today, for Better Tomorrow!



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- ✓ ADA2022 Guideline<sup>1</sup>
- ✓ Malaysia CPG Management of T2DM (6<sup>th</sup> Edition)<sup>2</sup>

Early combination therapy gives 2 extra years of glycemic control\*<sup>3</sup>



- Early combination therapy can be considered at treatment initiation to extend the time to treatment failure\*\*<sup>1</sup>
- The benefits have not been generalized to oral agents other than vildagliptin<sup>1</sup>

\* 2 extra years adapted from the median observed time to treatment failure in the monotherapy group was 36.1 months vs early combination therapy was beyond 61.9 months

\*\* in some patients

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ADA = American Diabetes Association T2DM = Type 2 Diabetes Mellitus  
CPG = Clinical Practice Guideline

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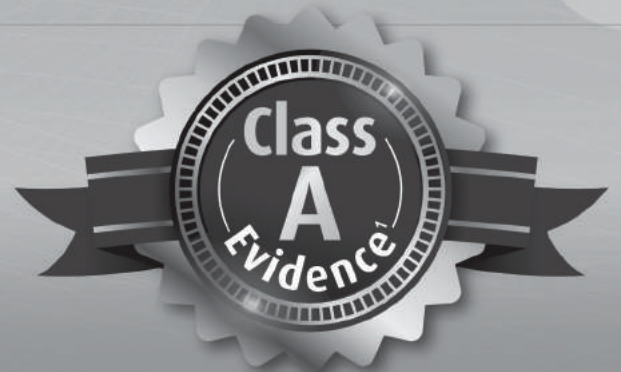
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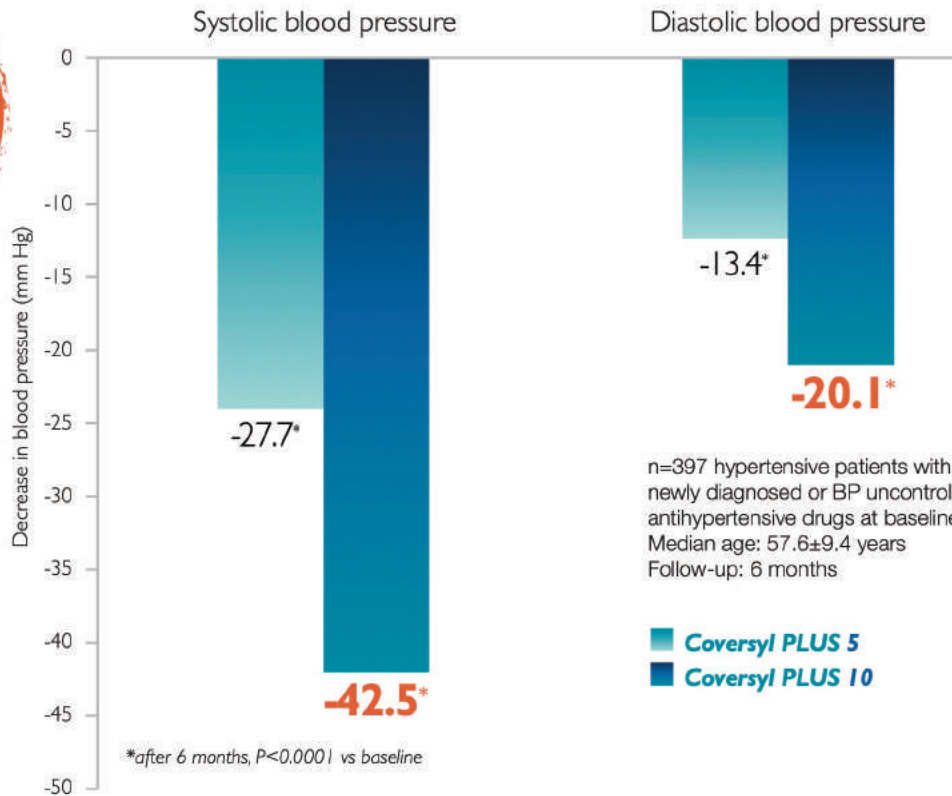
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# COVERSYL PLUS

perindopril / indapamide

## Significant BP reduction<sup>1</sup>

9/10  
PATIENTS  
NORMALIZED<sup>1</sup>



n=397 hypertensive patients with type 2 diabetes; newly diagnosed or BP uncontrolled with other antihypertensive drugs at baseline. Median age: 57.6±9.4 years. Follow-up: 6 months

■ Coversyl PLUS 5  
■ Coversyl PLUS 10

LIST  
B



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LIST  
A/KK



Perindopril 10mg + Indapamide 2.5mg



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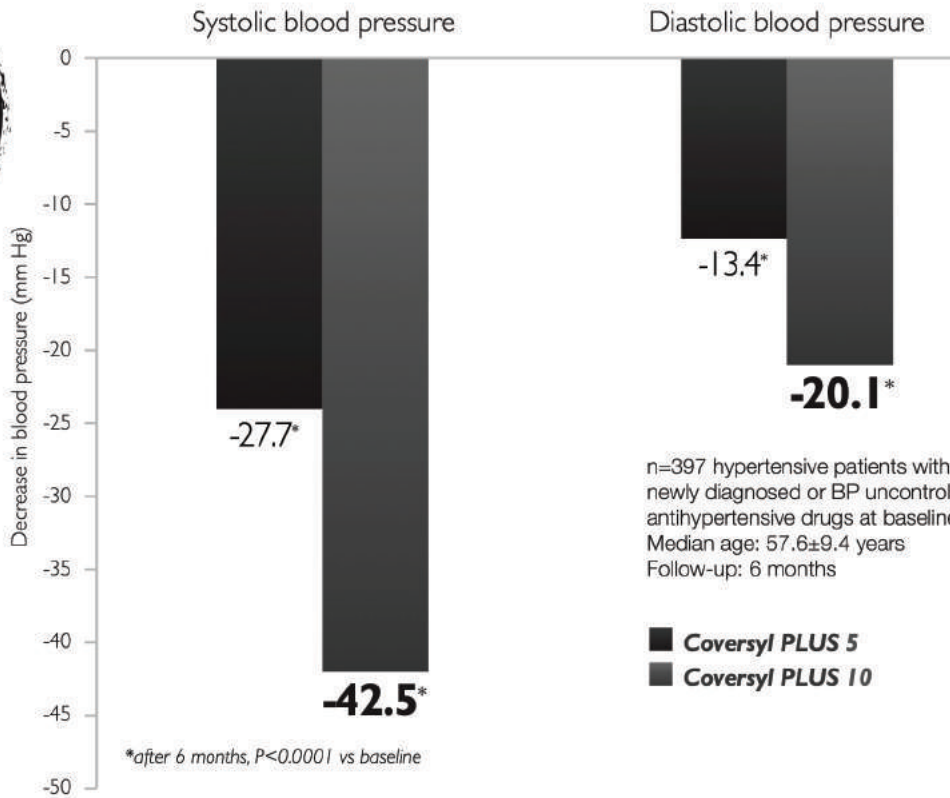


# COVERSYL PLUS

perindopril / indapamide

## Significant BP reduction<sup>1</sup>

**9/10  
PATIENTS  
NORMALIZED<sup>1</sup>**



**LIST  
B**



Perindopril 4mg + Indapamide 1.25mg

**LIST  
A/KK**



Perindopril 10mg + Indapamide 2.5mg



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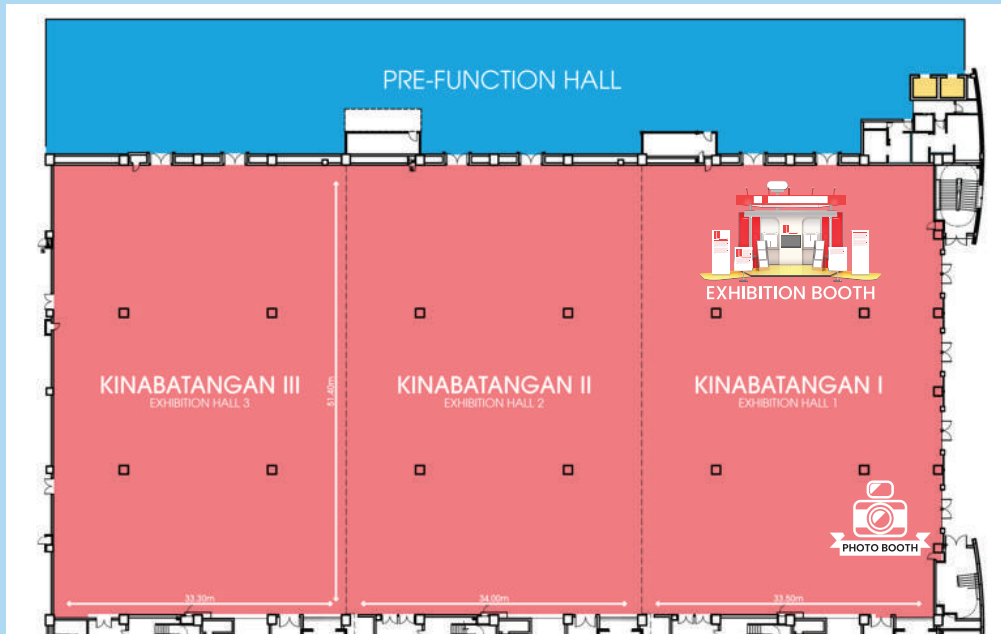


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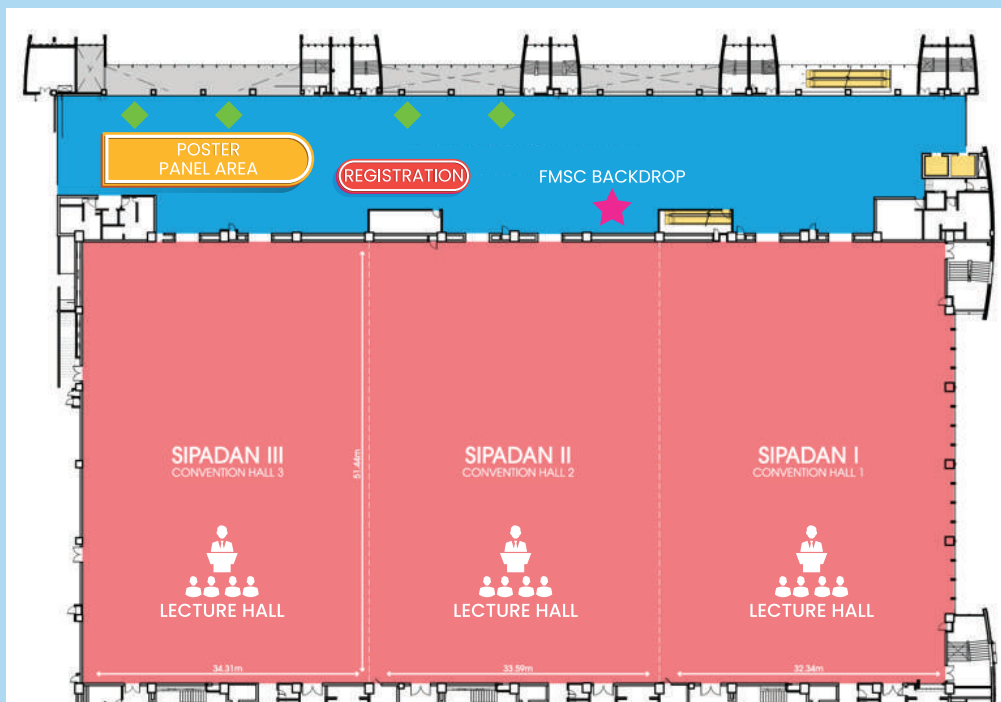
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## Floor Plan of SICC

### LEVEL 2 – EXHIBITION HALL



### LEVEL 4 – CONVENTION HALL



Legend :

Elevators / Escalators	Pre-function hall	Convention hall
FMSC Backdrop	Booths	Lecture hall

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