Obesity
EMBRACE THE EFFECT

冰島純淨生物科技
煥發新肌自然光采

冰島第一護膚品牌
1瓶精華滿足所有護膚需求
## Contents

### Editorial
- Editorial  
  Dr TSUI Tsun-miu  
  2

### Medical Bulletin
- A Report on a Corporate-Sponsored Online Workplace Weight Management Programme - Something Worth Investing in for Staff Wellness  
  Ms Sylvia See-way LAM  
  4
- Pharmacotherapy Management of Obesity in Children  
  Dr Queenie WS SEE  
  8
- Obesity-associated Asthma - A Distinct Phenotype  
  Dr KWOK Wang-chun & Dr Terence Chi-chun TAM  
  10
- Surgical Treatment of Adult Diabesity  
  Dr CHAN Man-pan  
  13
- MCHK CME Programme Self-assessment Questions  
  CME  
  15

### Dermatology Quiz
- Dermatology Quiz  
  Dr CHONG Lai-gin  
  9

### Lifestyle
- Exploring Madagascar’s Natural Wonders: Lemurs Park and the Enchanting Andasibe Reserve  
  Dr Tellus Man-yuk NG  
  18

### Federation News
- 20

### Society News
- 25

### Medical Diary of March
- 27

### Calendar of Events
- 29

---

### Disclaimer

All materials published in the Hong Kong Medical Diary represent the opinions of the authors responsible for the articles and do not reflect the official views or policy of the Federation of Medical Societies of Hong Kong, member societies or the publisher.

Publication of an advertisement in the Hong Kong Medical Diary does not constitute endorsement or approval of the product or service promoted or of any claims made by the advertisers with respect to such products or services.

The Federation of Medical Societies of Hong Kong and the Hong Kong Medical Diary assume no responsibility for any injury and/or damage to persons or property arising from any use of execution of any methods, treatments, therapy, operations, instructions, ideas contained in the printed articles. Because of rapid advances in medicine, independent verification of diagnoses, treatment method and drug dosage should be made.

---

### The Cover Shot

Skiing is a thrilling winter sport that involves gliding down snowy slopes on skis. It combines elements of athleticism, adventure and enjoyment in a breathtaking outdoor setting. While progressing on the skill level, skiing requires our bodies to act against our instinct for balance.

Weight reduction also involves doing things against our instincts - to cut calorie intake against our hunger sensation.

**Obesity management, therefore, requires multidisciplinary team management to help our bodies become accustomed to new lifestyles. Professional support is essential in achieving long term weight targets.**

Dr TSUI Tsun-miu  
MBBS(HK), MRCS(Ed), FRCS(Edin), FCSHK, FHKAM(Surgery)  
Immediate Past president, Hong Kong Obesity Society  
Specialist in General Surgery
Editorial

Dr TSUI Tsun-miu

MBBS(HK), MRCs(Ed), FRCS(Edin), FCSSH, FHKAM(Surgery)

Immediate Past president, Hong Kong Obesity Society
Specialist in General Surgery

Issue Editor

Obesity is a chronic, progressive and relapsing disease. A body mass index of 25 kg/m² or above is defined as obesity in the Asian population. According to the Population Health Survey (PHS) 2020 - 22 conducted by the Department of Health of the Government of the Hong Kong Special Administrative Region, 32.6% (26.4% of females and 39.4% of males) of persons aged 15 - 84 had a BMI ≥ 25.0 kg/m². Despite the high prevalence of the disease, obesity is not commonly known as a disease among the public. In general, people are willing to seek medical advice for high blood pressure, high blood sugar or high cholesterol but not for high BMI. People usually start to seek medical treatment when they develop obesity related co-morbidities (e.g. type 2 diabetes, hypertension, dyslipidemia, obstructive sleep apnea, coronary artery disease, heart failure, atrial fibrillation, asthma, fatty liver disease and nonalcoholic steatohepatitis, chronic kidney disease, polycystic ovarian syndrome, infertility, gastroesophageal reflux disease, pseudotumor cerebri, and bone and joint diseases).

When managing obesity related co-morbidity, successful weight management usually helps ameliorate the co-morbidity. This relationship is often observed in treating diabetes and hypertension. Successful weight management improves diabetes and blood pressure control. In this issue, respiratory physicians Dr Kwok Wang Chun and Dr Terence Chi Chun Tam are going to share with us the similar relationship that happens between obesity and asthma.

Childhood obesity has become more prevalent worldwide over the past few decades. Changes in diet, increased consumption of unhealthy foods, reduced physical activity, and sedentary behaviours have been identified as some of the contributing factors. To manage childhood obesity, pharmacotherapy also plays an important role. Dr Queenie WS See, a paediatric endocrinologist, has provided an overview of the pharmacotherapy management of obesity in children.

A healthy lifestyle is always the cornerstone for successful long term weight management. To change a person’s lifestyle and behaviour is always challenging. Dietitian is one of the key members of a weight management team. Dietitians assist people with obesity to adopt new lifestyles to promote weight reduction. However, traditional face-to-face consultation is difficult for Hong Kong people because of their busy work life. Ms Sylvia See Way Lam, a registered dietitian, is going to share an online workplace weight management program in Hong Kong with us. Dietitian intervention is more diversified and no longer limited to consultation room counselling.

Bariatric surgery is often regarded as the “last resort” treatment for obesity. This is, however, not an accurate description. To decide which obesity treatment regime to offer, we need to consider a number of factors, including a person’s BMI level, general health condition, obesity co-morbidity status, educational and social background, and most importantly, one’s own wish. Bariatric surgery could be offered as treatment following lifestyle modification when the patient’s condition fulfills the criteria for bariatric surgery. Dr Chan Man Pan, a general surgeon as well as the president-elect of the Hong Kong Obesity Society, will tell us about the updated surgical treatment of adult diabesity and the updated criteria for bariatric surgery candidates.

Last but not least, Dr Tellus Man Yuk Ng, the president of Hong Kong Obesity, will share with us her trip to Madagascar. To fight obesity, we need to properly address obesity as a disease. People living with obesity are commonly blamed due to misconceptions and biases. Weight stigma leads to incorrect assumptions that obesity is only a person’s individual responsibility. The multidisciplinary team approach is often needed to change one’s lifestyle and to achieve successful and durable weight management results. We can all work together to ensure happier, healthier, and longer lives for everybody.

Delstrigo®
doravirine/lamivudine/tenofovir disoproxil fumarate

Indication: DELSTRIGO® is indicated for the treatment of adults infected with HIV-1 without past or present evidence of resistance to the NNRTI class, lamivudine, or tenofovir.

Abbreviations: ART: Antiretroviral therapy; CVD: Cardiovascular disease; HIV: Human immunodeficiency virus; RNA: Ribonucleic acid; NNRTI: Non-nucleoside reverse transcriptase inhibitor


Doravirine Safety Information

Indications: Delstrigo doravirine 100 mg/lamivudine 300 mg/tenofovir disoproxil fumarate 300 mg is indicated for the treatment of adults infected with HIV-1 without past or present evidence of resistance to the NNRTI class, lamivudine, or tenofovir.

Contraindications: • Hypersensitivity to any component of the formulation or any of its excipients. • Administration with medicinal products that are strong inducers of CYP3A (rifampicin, dexamethasone) or potent inhibitors of CYP3A (ritonavir, indinavir, nelfinavir) is not recommended due to potential drug interactions.

Precautions: • NNRTI-related side effects may occur with DOR, similar to those observed with other NNRTIs. • DOR is contraindicated in patients with a history of hypersensitivity to DOR. • DOR should be used with caution in patients with renal impairment with creatinine clearance ≤80 mL/min.

Drug Interactions: Doravirine is a potent inducer of CYP3A. It is recommended to avoid concomitant use of strong inducers of CYP3A such as rifampicin, St. John's wort, or omeprazole. DOR should be used with caution in patients with liver disease.

Adverse reactions: Adverse reactions include diarrhea, nausea, vomiting, abdominal pain, headache, rash, and other drug reactions. Please consult the full prescribing information for a complete list of adverse reactions.
A Report on a Corporate-Sponsored Online Workplace Weight Management Programme - Something Worth Investing in for Staff Wellness

Ms Sylvia See-way LAM
Consultant Dietitian
Accredited Practicing Dietitian, Dietitian Australia
Accredited Dietitian, HK Academy of Accredited Dietitians, HK
Full Member, Hong Kong Dietitians Association

INTRODUCTION

It has been well established that obesity is related to an increased risk of many chronic diseases, including diabetes, heart disease, cancer, neurovegetative diseases, and more. Not only does obesity affect individual health, but obesity is also considered an occupation hazard that can compromise productivity, worsen mobility and morale, and increase healthcare claims, sick days, and occupational injuries\(^7\). Well-structured workplace wellness programmes that include components in weight management, increased physical activity, smoking cessation, stress management, regular health screening for staff, etc., were shown to help decrease direct health care costs, improve healthcare utilisation, increase work performance, lower rates of absenteeism, and a reduced prevalence of chronic disease\(^3\).

In 2009, the Centers for Disease Control and Prevention (USA) estimated that a 10 % weight loss would reduce an overweight individual's lifetime medical costs by USD 2,200 to USD 5,300 by lowering costs associated with the treatment of hypertension, type 2 diabetes, heart disease, stroke, and high cholesterol\(^1\)\(^3\). A 2017 study by the Johns Hopkins Bloomberg School of Public Health showed that helping a 40-year-old adult go from being obese to overweight can save an average of USD 18,262. If the same person went from being obese to normal weight, it could result in an average savings of USD 31,447\(^5\).

In Hong Kong, the obesity rate has been gradually increasing over the years. The Population Health Survey 2020 - 22 conducted by the Department of Health showed that 32.6 % of local persons aged 15 - 84 were obese, and another 22.0 % were overweight; 37.8 % and 35.4 % were classified as centrally obese when defined by waist circumference and waist-to-hip ratio respectively\(^6\). Even though there is a lack of studies on the reduction of obesity concerning the health cost of Hong Kong people, with a prominent Hong Kong population participating in the workforce, implementing a well-structured and effective weight management programme for overweight staff should anticipate benefits to corporate company's productivity, and most importantly to reducing healthcare cost through improvement of staff health.

Traditionally, most corporate wellness programmes, including weight management programmes, were delivered physically. However, after the COVID-19 pandemic, virtual meeting platforms (e.g., Zoom, Microsoft Teams, Google Meet, etc.) became popular as a telemedicinal tool. The use of telemedicinal tools to deliver corporate wellness programmes may help reduce travelling expenses, improve accessibility, facilitate better communication between individuals and groups, save time, and increase staff participation rate\(^7\). Besides virtual meeting platforms, WhatsApp\(^8\), a commonly used instant messaging tool, may facilitate interactive support, resulting in a more successful weight loss\(^8\).

In order to demonstrate that virtual care is worth investing in and implementing by large corporations to increase productivity in a Hong Kong setting, the effectiveness of virtual care on weight loss among overweight participants in an online corporate-sponsored weight management programme is herein described.

METHODOLOGY

A dietitian was invited by the Human Resources Department of a leading health insurance company in Asia to design and implement an online weight management programme for their staff in Hong Kong in Q1 of 2023. The dietitian tailored an online weight management programme for the corporation that lasted 13 weeks, consisting of four 30-minute individual sessions (weeks 0, 2, 7, 10) and two 1-hour peer support group sessions (weeks 4 and 13). Each peer support group session gave a 30-minute nutrition education presentation (Healthy Eating Out Skills at week four and Long-term Weight Management Skills at week 13) and peer discussion in the remaining session.

An internal recruitment email with a programme screening questionnaire (Appendix I) was sent to all office staff located in Hong Kong two months before the start of the programme. Enrollment in this programme was given priority to those who were most overweight based on their self-reported body weight, height, and body mass index. Priority also increases if metabolic syndromes are reported. The corporations covered all costs as staff benefits. Based on the screening questionnaire, two groups of eight participants were recruited. The programme was launched in Q3 of 2023.

Participants were asked to send a 3-day food diary to the dietitian before the start of the programme. On the first online individual consultation, a 7-day meal plan ranging from 1,200 to 2,000 kcal a day (45 - 55 % carbohydrates: 20 - 25 % protein: 20 - 35 % fat) was provided based on their reported food intake for the
participants to follow. All participants were advised to drink at least 2 litres of water daily. They were granted a 3-month fitness centre membership in their office and encouraged to walk at least 5,000 to 8,000 steps daily, facilitating the physical activity. The dietitian informed all participants to achieve a 5 to 10% weight loss by the end of the programme. A WhatsApp® group chat was set up for each group to monitor and support them closely over the 13 weeks. They were also asked to send food pictures and physical activity recorded daily to the chat group, ensuring compliance. They were also asked to send their weekly weight and body fat percentage records privately to the dietitian via WhatsApp®, using the BIA scale available in the office fitness centre for accuracy.

Incentives (e.g., supermarket coupons and club points) were given at week five if participants could lose 3% of their baseline weight and at the end of the programme if they reached a 7 - 10% weight loss to increase participants’ motivation and compliance. Participants who attended all sessions were also rewarded for increasing the participation rate.

RESULTS

Sixteen participants were recruited (10 males and 6 females), and 2 males were excluded due to a participation rate of less than 30% (n = 14). The average baseline weight was 87.1 ± 5.9 kg, the average height was 169 ± 0.07 cm, and the average baseline BMI was 30.2 ± 2.2 kg/m² (i.e., morbidly obese). The average weight and BMI at week 13 were 82 ± 6.09 kg and 28.8 ± 2.22 kg/m² (i.e., obese), respectively, resulting in an average of 4.0 ± 2.8 kg weight reduction (-4.69 ± 0.04 %) and a BMI reduction of 1.4 ± 1.0 kg/m² in 13 weeks. Individual and average weight loss progress is shown in Fig. 1. Unfortunately, body fat percentage was not accurately measured for all participants due to misuse of the scale, use of different BIA machines by individual participants, and limited access to the office fitness centre due to travelling time and distance between offices.

DISCUSSION

It has been well-published that people with obesity who reduced their weight by 5% had improvements in metabolic functions (e.g., diabetes risk and improved glycemic control, blood pressure and lipid profile), while further weight loss of 10 to 15% resulted in some additional improvements (e.g., obstructive sleep apnoea, non-alcoholic fatty liver). Most treatment guidelines recommend that people who are overweight or obese aim to lose 5% to 10% of their weight to achieve improvements in health.10 In addition, moderate weight loss (5 - 10%) has been shown to be associated with reduced healthcare costs.10,11

This 13-week corporate-sponsored online workplace weight management programme online weight management programme resulting in an average of -4.0 ± 2.8 kg weight reduction (-4.69 ± 0.04 %). The BMI dropped from the classification of morbidly obese to obese by a reduction of -1.4 ± 1.0 kg/m² in 13 weeks. (Fig. 2 and 3).
There are some limitations to this programme. One of the limitations was the operation and accessibility of the BIA scale. Some participants misused the scale, while some could not visit the office fitness centre regularly to take the measurements. As the BIA scale was a home-use model, it might not be as accurate as the one used in medical clinics, resulting in imprecise body fat percentage and lean muscle mass measurements, which could be important health improvement indicators resulting from weight loss. In addition, to evaluate whether weight loss helped improve metabolic functions, the corporation could have sponsored participants a basic health assessment, including blood tests and blood pressure measurements before and after the programme. Staffing was also a limitation as only one dietitian carried out the entire programme, from design, scheduling, administration, and implementation to reporting. Limited staffing restricted the number of enrollments and reduced the programme’s cost-effectiveness. Some participants suggested that a few face-to-face meetings with the dietitian in the programme might also be helpful in motivating weight loss. Involving a professional physical trainer or physiotherapist in the programme, either online or face-to-face, might assist participants in performing physical activity more regularly and correctly. Lastly, the increased duration of the programme (optimally 16 to 24 weeks) and more intense individual or peer support group sessions could also make this programme more successful in weight loss and maintenance. However, all these programme improvements might require the corporation to raise its budget to invest in corporate wellness programmes, which could be one of the most considerable constraints.

CONCLUSION

The study showed that a well-structured corporate-sponsored online weight management programme resulted in successful weight loss for staff. Key factors for success include identifying suitable candidates (i.e., high BMI with metabolic conditions), providing clear and feasible weight loss targets (i.e., 5 - 10% weight loss), regular reporting of weight, food, and exercise records of active interactions between the participants and health professionals (e.g., dietitians, physical trainers, doctors).
through instant messaging apps, increased physical activity by providing environmental support (e.g., sponsored fitness centre membership, sports devices to track steps), and incentives to achieve certain milestones during the programme.

Well-structured workplace wellness programmes that include components in weight management, increased physical activity, smoking cessation, stress management, and regular health screening for staff were shown to help decrease direct healthcare costs, improve healthcare utilisation, increase work performance, lower rates of absenteeism, and a reduced prevalence of chronic disease. This study further confirmed that large corporations in Hong Kong should intensify their human resources budget for a cost-effective online workplace weight management programme to benefit staff wellness.

References
Pharmacotherapy Management of Obesity in Children

Dr Queenie WS SEE

INTRODUCTION

Obesity is a common, chronic, and complex disease that is associated with serious health and mental consequences if not treated. It is a complex interplay of genetic, physiological, socio-economic, and environmental factors. In the World Obesity Federation’s World Obesity Atlas 2023, it expects that 25% to be obese by 2035, and the rate of childhood obesity will more than double from 2020. Over the past decades, intensive lifestyle modification has been the focus in treating obesity in children and adolescents. Yet, there are a lot of constraints for it to be effective. Together with the lockdown measures such as school and sports facilities closure during the Covid pandemic, the situation of childhood obesity worsened. In view of the rapid rise in the rate of childhood obesity and the refractory nature of obesity, the American Academy of Pediatrics has issued a Clinical Practice Guideline for the evaluation and treatment of children and adolescents with obesity. It is the very first clinical guideline to address the specific treatment of childhood obesity, aiming to tackle childhood obesity aggressively. One of the revolutionary moves includes the recommendations for anti-obesity medication in children with obesity as an adjunct to intensive lifestyle modification. The four FDA-approved anti-obesity medications for children ages 12 and above with obesity (BMI ≥ 95th percentile) are as follows:

ORLISTAT

Orlistat is a lipase inhibitor. Taking it orally with a meal containing fat (at a dose of 60 - 120 mg 3 times per day), it prevents fat in the food from being absorbed in the intestine through inhibition of pancreatic and gastric lipase. However, the unabsorbed fat will be removed from the body in stool, causing steatorrhea, faecal urgency, and flatulence; these adverse effects greatly limit its tolerability. It also decreases fat-soluble vitamin E and D absorption. It is contraindicated in chronic malabsorption and cholestasis. In a recent meta-analysis, Orlistat had a beneficial effect on waist circumference and insulin levels in children and adolescents. However, the effects of Orlistat on weight, BMI, blood glucose level, and lipid profile, while beneficial, were insignificant.

QSYMIA

It is a combination of phentermine and topiramate in an extended-release capsule. Phentermine is a sympathomimetic that suppresses appetite. Phentermine alone is approved for obesity management in adolescents aged ≥ 16 years old. Topiramate is an anti-epileptic drug. It can be used to prevent migraine. When used with phentermine, it augments the effect of phentermine. Study shows that the BMI percent change was -10.44 (high dose; 15 mg/92 mg) and -8.11 (mid dose; 7.5 mg/46 mg) at 56 weeks compared with placebo. It also improved HDL and TG cholesterol profiles.

GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONIST (GLP-1 RA)

There are 2 approved GLP-1 RAs for children ages 12 and above with obesity: Liraglutide and Semaglutide. They work by reducing hunger via slowing down gastric emptying and suppressing appetite in the brain.

LIRAGLUTIDE [SAXENDA]

Saxenda (daily injection) was found more effective than placebo in weight loss at one year among patients 12 years and older with obesity in a randomised control trial. The weight lost was approximately 4.5 kg for absolute change and the BMI reduction was also greater in the liraglutide group with a -4.64 percentage point reduction. The recommended starting dose is 0.6 mg per day with an increment on 0.6 mg weekly till reach a maximum dose of 3.0 mg per day, by subcutaneous injection.

SEMAGLUTIDE (WEGOVY)

Wegovy (weekly injection) was recently approved by FDA in December 2022 for use in paediatric patients ≥ 12 years old with obesity. It is a weekly subcutaneous injection at a dose of 2.4 mg. In the STEP TEENS clinical trial, results showed 16.1% BMI reduction compared to 0.6% BMI increase in the placebo group after 68 weeks of use. It is recommended to start at a dose of 0.25 mg once weekly via subcutaneous route and gradually increase the dose every 4 weeks till it reaches either 1.7 mg or 2.4 mg maintenance doses as recommended by the healthcare professionals.

Both Saxenda and Wegovy have the adverse effects of gastrointestinal upset, including nausea and vomiting. They are contraindicated in patients with a personal or a family history of medullary thyroid cancer or multiple endocrine neoplasia syndrome type 2 (MEN2).
CONCLUSION

The recent 2023 AAP guideline has changed the previous treatment paradigm from mainly intensive lifestyle modification in childhood obesity to early initiation of pharmacotherapy treatment as an adjunct to lifestyle modification. The use of pharmacotherapy treatment demonstrates more clinically significant improvement in BMI, bringing hope to the children with obesity. However, the new anti-obesity medications are expensive and not always affordable for the families. In order to help our future generation, it is important for our policy makers and the community need to work together to aim at healthy lifestyle and obesity prevention.

References

Dermatology Quiz

Dr CHONG Lai-yin
MBBS(HK), FRCP(Lond, Edin, Glasg), FHKCP, FHKAM(Med)
Specialist in Dermatology & Venereology

This 14-year-old boy had developed this asymptomatic hypopigmented linear band along his right leg (Fig. 1 & 2) for six months. His mother recalled that the lesions appeared suddenly with some redness and fine scaling in the first few months. Apart from this, he had no lesions elsewhere. In the past history, he had atopic dermatitis, which was in remission. There was no significant family history.

Questions
1. What are your clinical diagnoses and differential diagnoses?
2. How would you establish the diagnosis?
3. How do you treat this patient?
4. What is the prognosis of this disease?

(See P.32 for answers)
Obesity-associated Asthma -
A Distinct Phenotype

Dr KWOK Wang-chun
MBBS(HK), MRCP(UK), FHKCP, FHKAM(Medicine)
Clinical Assistant Professor, Divisions of Respiratory Medicine, Department of Medicine,
The University of Hong Kong, Queen Mary Hospital, Hong Kong

Dr Terence Chi-chun TAM
MBBS(HK), MRCP(UK), FHKCP, FHKAM(Medicine), FRCP(Edin.), FRCP(Glasg.),
FRCP(Lond.)
Honorary Treasurer, Hong Kong Obesity Society
Specialist in Respiratory Medicine
Honorary Clinical Assistant Professor, The University of Hong Kong

INTRODUCTION

Phenotyping in airway diseases, such as asthma, has gained significant attention due to its potential for personalised treatment using simple and readily available tests. Within the spectrum of asthma phenotypes, obesity-associated asthma stands out with its distinct clinical features and treatment implications. This article will delve into the clinical features specific to this asthma phenotype.

BIDIRECTIONAL RELATIONSHIP BETWEEN ASTHMA & OBESITY

Asthma is a heterogeneous airway disease characterised by chronic airway inflammation resulting in respiratory symptoms, such as shortness of breath, cough and wheezing. It encompasses a diverse array of phenotypes driven by various endotypes. Among these phenotypes, the most prevalent are those driven by T2 inflammatory profile (T2-high asthma). By contrast, obese asthmatic patients predominantly exhibit a non-eosinophilic (T2-low) phenotype, and a unique subtype known as "obesity-associated asthma" has been proposed. The relationship between obesity and asthma is influenced by a complex interplay between biological, physiological, and environmental factors. The low grade inflammatory state is characterised by a state of low-grade systemic inflammation marked by the activation of M1 macrophages and CD8+ T cells and an increase in inflammatory indicators such as Toll-like receptor 4 (TLR4), interleukin (IL)-1β, IL-6 and IL-17, interferon (IFN)-γ, tumour necrosis factor (TNF)-α, leptin, and resistin.

The relationship between obesity and asthma is complex and bidirectional. First, obesity is linked to an increased incidence of asthma, with evidence suggesting a dose-dependent relationship, as well as a higher risk of severe asthma and asthma-related hospitalisations. The underlying mechanisms are likely multifactorial including genetic susceptibility, environmental factors (e.g., in utero, physical activity, diet), mechanical effects, as well as the induction of both local and systemic inflammatory states common in obesity. Larsson and Burgess et al. conducted a study involving over 200,000 individuals from Mendelian randomisation studies and de novo analyses of the FinnGenn consortium, which established a causal relationship between higher BMI and increased risk of several chronic diseases, including asthma. Similar genetic patterns were also observed in another study involving African American patients with obesity and asthma. Additionally, a genetic linkage analysis among Costa Rican family members revealed that PRKCA, a pleiotropic genetic locus, was associated with both higher BMI and asthma within the population.

At the same time, studies also indicated that individuals with asthma face an increased risk for developing obesity. This increased could be attributed to factors such as corticosteroid exposure from asthma treatment, atherogenic inflammation exacerbated by asthma-induced airway inflammation, or common upstream factors affecting asthma and weight. In a cohort of 2,171 non-obese children from the Southern California Children’s Health Study, it was found that those with asthma had a 51% higher risk of developing obesity over 10 years compared to those without asthma. Similarly, a 8,713 children-strong multi-cohort study by Stratakis et al. revealed that individuals with asthma had a 23% higher risk of developing obesity. Additionally, a large-scale European multi-cohort study with more than 500,000 subjects reported that adult-onset or late-onset asthma patients had higher risks of being overweight/obese.

In terms of clinical features, obesity is linked to a higher frequency and severity of exacerbations of asthma. To et al. found that in female patients with adult-onset asthma, a body mass index > 25 kg/m² was associated with a significantly increased likelihood of frequent exacerbations, with an adjusted odds ratio of 2.29. Furthermore, obesity impacts the severity of asthma exacerbations; individuals with asthma who are obese have a higher risk of mechanical ventilation use and experience a longer length of hospitalisation. Patients with obesity-associated asthma also exhibit increased resistance to corticosteroids, which is the cornerstone of anti-inflammatory controller therapy in asthma. Studies showed that individuals with obesity require a higher dose of inhaled corticosteroid (ICS) to achieve sufficient asthma control. Two Japanese studies both demonstrated that asthma patients with obesity were treated by high-dose ICS more frequently but still had increased exacerbations and decreased pulmonary function compared to those without obesity.

A potential explanation may lie in the downregulation of a glucocorticoid-responsive gene, known as mitogen-activated protein kinase phosphatase-1 (MKP-1), in
peripheral blood mononuclear cells and bronchoalveolar lavage fluid in patients with obesity and asthma.22

The bidirectional relationship between obesity and asthma is visually summarised in Fig. 1, providing a simplified overview of the complex interplay between these two conditions.

Fig. 1: The bidirectional relationship between obesity and asthma (Summarised by author)

MANAGEMENT OF OBESITY-ASSOCIATED ASTHMA

Currently, no approved treatment specifically targets obesity-associated asthma. However, weight reduction interventions, such as diet restriction, exercise and bariatric surgery when appropriate, have been shown to improve asthma severity in patients with obesity.23-25. Another area of interest is the potential use of microbiome-targeted therapies, such as faecal microbial transplantation, prebiotics and probiotics, since the gut microbiome has been observed to be disturbed in this asthma phenotype.

Macrolide is a more readily available option which may be useful for obesity-associated asthma. The AMA5ES study demonstrated that azithromycin significantly reduces the risk of asthma exacerbations irrespective of the blood eosinophil level.26 Glucagon-like peptide one receptor (GLP1R) agonists, which improve insulin sensitivity and increase nitric oxide (NO) bioavailability through inhibition of ADMA, have shown observational association with improved asthma outcomes.27 The presence of GLP1 receptor in lung epithelial and endothelial cells may explain its potential benefits.28 Preclinical murine models and ex vivo studies also demonstrated that the administration of GLP1R agonists significantly inhibits allergic and viral airway inflammation, decreasing airway eosinophilia, mucus production, and hyperresponsiveness.

CONCLUSION

Obesity-associated asthma is a well reported phenotype with distinct clinical features with an increased likelihood of glucocorticoid resistance. Although there are currently no FDA-approved medications that are specifically indicated for obesity-associated asthma, certain existing medications, such as macrolide and GLP1-R agonists, might provide clinical benefits. Lastly, the importance of weight reduction cannot be overstated.

References

Essentiale® RESTORES LIVER CELL BY CELL

ESSENTIAL PHOSPHOLIPIDS IMPROVES NAFLD SYMPTOMS, RELIEVING A SIGNIFICANT PATIENT BURDEN1-3

- 6 RCTs and 2 RWE studies with ~3800 patients showed significant symptoms improvement after Essentiale® adjunct treatment1,4-10
- Significant effect on steatosis reported as early as 1 month4

Empower your patients with a restored, regenerated and strengthened liver with

Essentiale® that acts on a cellular level11,12


All images shown are for illustration purposes only and delivered with our best effort to visually demonstrate the mode of action and the product.

For Healthcare Professionals Only
Surgical Treatment of Adult Diabesity

Dr CHAN Man-pan

MBBS(HK), FRCSEd(Gen), FCSHK, FHKAM(Surgery)
Specialist in General Surgery
Associate Consultant, Department of Surgery, Yan Chai Hospital
Present-elect, Hong Kong Obesity Society

INTRODUCTION

Diabesity refers to the coexistence of obesity and type 2 diabetes mellitus (T2DM). There is a strong pathophysiological link between these two, as obesity is associated with insulin resistance and pancreatic β-cell dysfunction. The global prevalence of obesity has tripled since 1975, and a similar trend has been observed in T2DM. In 2020, 813 million adults were obese, defined by Body Mass Index (BMI) ≥ 30 kg/m², and this number is estimated to reach 1.5 billion by 2035. In 2021, there were 500 million adults living with diabetes globally, and T2DM made up 96% of all cases. It is projected that by 2050, more than 1.3 billion people will have diabetes.

High BMI was shown to be the primary risk factor for T2DM and contributed to 52.2% of disability-adjusted life-years worldwide. In 2021, diabetes is responsible for 6.7 million global deaths and at least 966 billion US dollars in health expenditure. The link between obesity and T2DM is bidirectional. Obesity increases the risk of developing T2DM, and T2DM worsens the metabolic dysfunctions associated with obesity, leading to further weight gain. Combined metabolic dysfunction of obesity and T2DM increases mortality and morbidity of cardiovascular disease, metabolic-associated fatty liver disease (MAFLD), obstructive sleep apnoea, osteoarthritis and cancers. Diabesity is no doubt an immense global challenge to healthcare in the coming decades. A multi-disciplinary approach is vital, and Metabolic and Bariatric Surgery (MBS) plays a key role in the armamentarium.

COMMON MBS PROCEDURES FOR DIABESITY AND MECHANISM OF ACTION

Currently, the most common MBS procedures performed globally are Sleeve Gastrectomy (SG, Fig. 1), followed by Roux-en-Y Gastric Bypass (RYGB, Fig. 2). These two procedures take up 90% of all MBS procedures. Sleeve Gastrectomy refers to removing most parts of the greater curve and the whole of the fundus, resulting in a tubular stomach. Sleeve Gastrectomy is technically easier to perform than RYGB, and no anastomosis is required. Roux-en-Y Gastric Bypass involves the construction of a small proximal gastric pouch (20 - 30 mL), which is separated from the rest of the stomach. Two limbs of the small intestine (roux limb/alimentary limb and biliopancreatic limb) are obtained by dividing the jejunum at a predesigned length distal to the ligament of Treitz. The alimentary limb is anastomosed to the small gastric pouch, and the biliopancreatic limb is anastomosed to the alimentary limb. The length of alimentary limb and biliopancreatic limb can be tailor-made according to the individual patient’s metabolic profile for the desired effect.

Conventionally, MBS was believed to induce weight loss and glycemic control by restriction and malabsorption. Newer evidence suggested more complicated mechanisms involving interaction between food, gut hormones and the brain (gut-brain-axis). One of the notable gut hormones is Glucagon-Like-Peptide 1 (GLP-1), which is secreted by L cells of the ileum in the presence of intraluminal nutrients. GLP-1 has an incretin effect, which stimulates insulin secretion in response to oral glucose and inhibits glucagon secretion in post prandial glycemic modulation. Additionally, GLP-1 has an incretin effect, which stimulates insulin secretion in response to oral glucose and inhibits glucagon secretion in post prandial glycemic modulation. Additionally, GLP-1 is also associated with pancreatic β cell growth and inducing satiety via the central nervous system pathway.

In RYGB, food intake is restricted by a small gastric pouch and reaches the distal jejunum and ileum more rapidly because of the bypassed jejunal segment. There is enhanced direct contact of nutrients in the ileum
with L cells and potentiates the secretion of GLP-1. The shortened route from the gastric pouch to the distal ileum also expedites bile acid contact with ileum where more bile acid is reabsorbed, leading to elevated serum bile acid levels. Bile acid induces liver glycogen synthesis, inhibits gluconeogenesis and ameliorates insulin sensitivity.

Ghrelin is a growth hormone releasing peptide mainly secreted by oxyntic glands in the gastric fundus. It is an orexigenic (hunger) hormone that directly acts on the hypothalamus, stimulating appetite. It is normally suppressed after meals, but in obese subjects, such suppression is decreased. In addition, ghrelin has a negative effect on glucose metabolism by inhibiting adiponectin, an insulin sensitising hormone.

In SG, fasting and post prandial ghrelin level is found to be significantly lower, likely due to the complete removal of gastric fundus. In addition, the removal of a greater curve in SG accelerates gastric emptying, resulting in early delivery of nutrients to the ileum where secretion of gut hormones like GLP-1 is enhanced.

SAFETY OF METABOLIC AND BARIATRIC SURGERY

In 2023, more than 480,000 MBS procedures were performed across 24 countries. The reported perioperative mortality rate ranges from 0 % to 0.25 %. Median length of stay (LOS) ranges from 1 to 6 days. In Hong Kong, according to the Surgical Outcomes Monitoring & Improvement Programme (SOMIP) report, no 30-day mortality is reported in the past ten years and the median LOS ranges from 3 to 5 days. Currently, seven public hospitals provide MBS service, one in each cluster.

INDICATION FOR METABOLIC AND BARIATRIC SURGERY

A recent update in 2022 was published on indications for MBS by the American Society for Metabolic and Bariatric Surgery (ASMB) and the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO). MBS is recommended for patients with BMI ≥ 35 kg/m², regardless of co-morbidities, or BMI ≥ 30 kg/m², with T2DM. BMS should be considered in individuals with a BMI of 30 - 34.9 kg/m², with suboptimal weight loss or co-morbidity improvement by nonsurgical interventions. There is no more age limit for elderly patients who are eligible for MBS. There is a special consideration in the Asian population because the prevalence of T2DM and cardiovascular diseases is higher at a lower BMI. Therefore, the BMI threshold in Asians for MBS is adjusted to BMI ≥ 27.5 kg/m². American Diabetes Association also recommends MBS as a treatment option for T2DM with obesity, at a higher BMI threshold.

CONTRAINDICATIONS FOR METABOLIC AND BARIATRIC SURGERY

There is no absolute contraindication for MBS as long as the patient is fit for general anaesthesia with underlying co-morbidities optimised. However, some patients are considered not suitable for MBS. To cite a few examples: uncontrolled mental health or behaviour problems like eating disorder/substance abuse or dependency; deemed non-compliant with life style and nutrition supplement requirements or cancer with limited life expectancy.

OUTCOMES OF METABOLIC AND BARIATRIC SURGERY

Metabolic and Bariatric surgery achieves durable superior glycemic control and weight loss compared with nonsurgical treatment. The landmark RCT (STAMPEDE trial) reported that at five years after surgery, 23 % and 29 % patients treated with SG and RYGB were able to achieve HbA1c ≤ 6 % while 5 % remission rate was reported in medical treatment group. Five-year weight loss from baseline was 23.2 kg, 18.5 kg and 5.3 kg in RYGB, SG and medical therapy groups respectively. A large observational study with 4,434 participants reported 68.2 % complete diabetic remission rate within 5 years after surgery, but 35.1 % had a recurrence. The median duration of remission was 8.3 years. Long term T2DM remission rate, defined by HbA1c ≤ 6 % and diabetic medication free five years post BMS, after RYGB and SG, was reported in a review paper in which 4 RCTs were included. There was no significant difference between RYGB (50 %) and SG (43 %). A recent large meta-analysis with 174,772 participants reported that mean life expectancy was 9.3 years longer in diabetic patients who underwent MBS than their counterparts in the nonsurgical group. The author estimated that every 1 % increase in MBS utilisation rate can yield 5.1 million potential life-years in diabetic patients all over the world.

The initial cost of MBS may be high when compared with nonsurgical treatments; however, considering long term effectiveness and safety, surgery may be cost effective or even cost saving in diabesity patients. Due to the malabsorptive nature of MBS, patients are prone to develop micronutrient deficiency, depending on the type of procedure. Compliance with nutritional supplements and follow up with a multi-disciplinary team are essential.

CONCLUSION

Metabolic and Bariatric Surgery is a safe, effective, durable and cost-effective treatment modality for diabesity and should be discussed with eligible patients.

References

2. https://www.who.int/news-room/fact-sheets/detail/diabetes
3. https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight
MCHK CME Programme Self-assessment Questions

Please read the article entitled "Surgical Treatment of Adult Diabesity" by Dr CHAN Man-pan and complete the following self-assessment questions. Participants in the MCHK CME Programme will be awarded CME credit under the Programme for returning completed answer sheets via fax (2865 0345) or answer link: https://forms.gle/35a0xpTT7n657qTeX7 or by mail to the Federation Secretariat on or before 31 March 2024. Answers to questions will be provided in the next issue of The Hong Kong Medical Diary. (Address: Duke of Windsor Social Service Bldg., 4/F, 15 Hennessy Rd., Wan Chai. Enquiry: 2527 8898)

Questions 1 - 10: Please answer T (true) or F (false)

1. The global prevalence of obesity and diabetes has been steady in the past three decades.
2. Obesity is the primary risk factor for developing type 2 diabetes mellitus.
3. Obesity exacerbates the metabolic dysfunction associated with type 2 diabetes mellitus and vice versa.
4. Asian patients have a lower BMI threshold for metabolic and bariatric surgery than Western patients.
5. Sleeve Gastroctomy is the least performed metabolic and bariatric procedure worldwide.
6. Patients need to take life-long nutritional supplements after Roux-en-Y Gastric Bypass.
7. MBS achieves superior and durable glycemic control over nonsurgical treatment in the STAMPEDE trial.
8. Perioperative mortality and bariatric surgery is less than 0.25 %.
9. Patients with BMI ≥ 35 kg/m² without co-morbidities can be offered bariatric surgery according to the latest guidelines.
10. Diabetic patients who underwent MBS have longer mean life expectancy than their nonsurgical counterparts.

ANSWER SHEET FOR MARCH 2024

Please return the completed answer sheet to the Federation Secretariat on or before 31 March 2024 for documentation. 1 CME point will be awarded for answering the MCHK CME programme (for non-specialists) self-assessment questions.

Surgical Treatment of Adult Diabesity

Dr CHAN Man-pan

MBBS(HK), FRCSEd(Gen), FCSSH, FHKAM(Surgery)
Specialist in General Surgery
Associate Consultant, Department of Surgery, Yan Chai Hospital
Present-elect, Hong Kong Obesity Society

Name (block letters): ______________________  HKMA No.: __________  CDSHK No.: ______________________
HKID No.: __________ - __________ X (X)  HKDU No.: __________  HKAM No.: __________
Contact Tel No.: ______________________  MCHK No. / DCHK No.: __________ (must fill in)

Answers to February 2024 Issue

A Review and Update on Management of Degenerative Cervical Spine Disease

What is the **OPTIFAST**® program?

**OPTIFAST**® is a very-low calorie diet (VLCD) meal replacement program clinically proven for the management of overweight and obesity. It replaces up to three meals each day with a range of low carbohydrate, high protein, shakes and soups.

How does a VLCD work?

A VLCD provides fewer calories than the body needs to function each day. This makes the body break down its stored fat to be used as energy through a process called **ketosis**.

How can the **OPTIFAST**® VLCD program help?

Weight loss achieved through **OPTIFAST**® VLCD can help to achieve positive outcomes:

- **Clinically proven to produce rapid and substantial weight loss of up to 25 kg per week**.
- **Improve blood glucose control and reduce the use of diabetes medications**.
- **Improve blood pressure control**.
- **Reduce blood cholesterol**.
- **Improve quality of life**.

References:

This product is not registered under the Pharmacy and Poisons Ordinance or the Chinese Medicines Ordinance. Any claim made for it has not been subjected to evaluation for such registration. This product is not intended to diagnose, treat or prevent any disease.

Food for special medical purposes.

**OPTIFAST**® VLCD™ should be taken under the supervision of a healthcare professional.

For the dietary management of obesity.
A structured, scientifically based, meal replacement program with proven weight loss benefits*

*Patients on the OPTIFAST® program lost 2x as much weight as those on a food-based diet, with their weight loss sustained through 52 weeks of follow-up.¹

Information for medical professionals only
Welcome, fellow adventurers, to a captivating narrative of our extraordinary expedition to the mesmerising island of Madagascar. In this enthralling tale, we embarked on a remarkable journey that took us to the enchanting Lemurs Park, where chameleons of all kinds dazzled us and lemurs playfully leaped onto our heads. But our adventure did not end there – we also ventured to the magical Andasibe Reserve, immersing ourselves in its lush rainforests and encountering unique wildlife.

**LEMURS PARK - A HAVEN FOR LEMUR LOVERS**

Our adventure began in the captivating Lemurs Park, a sanctuary dedicated to the conservation of Madagascar’s beloved lemurs. As we stepped foot into this haven of natural beauty, we were greeted by a kaleidoscope of chameleons, showcasing their vibrant colours and intricate patterns. The chameleons’ ability to seamlessly blend into their surroundings left us in awe of nature’s artistry. But the true highlight awaited us as we encountered the playful lemurs. With their mischievous charm and boundless energy, they leaped onto our heads and shoulders, forging a connection that filled our hearts with joy and wonder.

**ANDASIBE RESERVE - A RAINFOREST SYMPHONY**

Our journey continued to the enchanting Andasibe Reserve, a pristine rainforest nestled in eastern Madagascar. As we ventured deep into its lush foliage, a symphony of sounds surrounded us the haunting calls of the indri lemurs, the melodious songs of endemic birds, and the rustling of leaves as elusive creatures traversed the forest floor. The reserve’s diverse ecosystem revealed itself to us as we marvelled at the playful lemurs. With their mischievous charm and boundless energy, they leaped onto our heads and shoulders, forging a connection that filled our hearts with joy and wonder.

**A FUSION OF FRENCH AND MALAGASY FLAVOURS**

Despite the basic living standards of the locals, our taste buds were indulged in a delightful culinary journey that seamlessly blended French and Malagasy influences. We savoured the fusion of flavours in traditional Malagasy dishes while also appreciating the French culinary techniques that added a touch of sophistication. Each meal was a celebration of the island’s rich cultural heritage, leaving us with a lasting impression of culinary bliss.

**WORTH CONSIDERING: EXPLORING MADAGASCAR’S OTHER HIDDEN GEMS**

If time was not limited, we would have considered additional Madagascar’s hidden gems. Worthwhile locations include the following:

1. Tsingy de Bemaraha National Park: Situated in western Madagascar, this UNESCO World Heritage site is renowned for its unique limestone formations known as Tsingy. Exploring this otherworldly landscape promises awe-inspiring views and unforgettable adventures.

2. Masoala National Park: Located in the northeast, this pristine rainforest offers a chance to witness the elusive red-ruffed lemurs, endemic birds, and a mesmerising underwater world teeming with marine life. The park’s remote location and untouched beauty make it a true paradise for nature enthusiasts.

3. Tsaratanana Reserve: Nestled in the far north, this reserve is home to Madagascar’s highest peak and boasts an extraordinary array of flora and fauna. The rugged terrain and breathtaking vistas make it a haven for hikers and adventure seekers.
Lifestyle

Fig. 2: Kids in one of the village in Madagascar welcomed us by their big waves and smile. (Photo from personal collection)

Fig. 3: Diademed sifaka, an endangered species of lemurs endemic to the rainforests in eastern Madagascar. (Photo from personal collection)

Fig. 4: Ring-tailed Lemur was so playful and cute. (Photo from personal collection)
The Federation Annual Dinner is one of the flagship events that the Federation holds every New Year’s Eve to provide colleagues, friends, and families with an opportunity for fraternity and greeting the new year together, though it has been two years since our last year-end get-together due to the pandemic.

This year, the theme of the Federation Annual Dinner was “Federation, Sing and Shine!” It was full of exciting competitions and delightful performances for our guests not only to be admirable with their medical knowledge but to shine like diamonds with their outstanding singing techniques! We are lucky to have Dr Desmond Nguyen and Ms Ellen Ku, EXCO members of the Federation, to serve as Masters of Ceremony for the evening. Nearly 190 guests from our member societies and partners from the medical and healthcare communities attended our festive occasion.

We were privileged to have several distinguished guests joining us, including the following guests at our head table:

- Prof Philip Li, Vice President (Education and Examinations) of the Hong Kong Academy of Medicine, and Mrs Lucinda Li;
- Dr Hon David Lam, Legislative Council Member (Medical and Health Services), Functional Constituency;
- Dr the Hon Edward Leong, GBM, GBS, OBE, JP;
- Mr Hu Wenhua, Division Rank Official, The Liaison Office of the Central People's Government in the Hong Kong Special Administrative Region;
- Dr York Chow, GBS, SBS, MBE, and Mrs Shelley Chow.

There were also representatives of member societies:

- Dr Jenny Ngai, President of Hong Kong Thoracic Society;
- Dr Yeung Yiu-cheon, President of CHEST Delegation Hong Kong and Macau;
- Dr Fanny Ko, Chairman of Hong Kong Lung Foundation Limited;
- Dr Lobo Louie, President of Sports Medicine and Sports Science Association of Hong Kong, China;
- Dr Wendy Cheng, Honorary Secretary of Hong Kong Society for Emergency Medicine and Surgery; and
- Dr Thomas Ling, Vice President of Hong Kong Society for Molecular Diagnostic Sciences Limited.

The presence of the above honourable guests brightened up the evening, and we owe them our genuine appreciation. To integrate the theme “Federation, Sing and Shine!” we were delighted to have Mr Ramon Lo, the 1st Runner-up of the 1st season of “Midlife, Sing & Shine!” to perform a few songs to lighten up the atmosphere of the evening. Throughout the evening, we had nine contestants compete in the singing competition, and we were delighted to have invited Dr Sylvia Chen, Dr York Chow and Ms Tina Yap as the panel of judges for the singing competition, which awarded the following winners:

- Mrs Tammy Liu, competed with "Fly Me to the Moon", won the "最動人演繹獎";
- Dr Peter Tsoi, competed with "L-O-V-E", won the "最佳情歌獎";
- Dr Daniel Tam, competed with "My Way", won the "最佳演繹獎";
- Mr Stephen Lee, competed with "Always on My Mind", won the "最佳經典情歌獎";
- Ms Joyce Li, competed with "Colours of the Wind", won the "最具台風獎";
- Dr Ludwig Tsoi, competed with "Can’t Take My Eyes Off You", won the "最具人氣獎";
- Dr Man Chi-wai, competed with a Japanese song "昂", won the "最佳外語歌曲獎";
- Dr Mario Chak, competed with a Cantopop classic "天籟…星河傳說", won the "最佳電視劇主題曲獎"; and
- Dr Victor Yeung, competed with another Cantopop classic "我的親愛", won the "最佳粵語歌曲獎".

There were also another few sets of singing performances by our beloved guests, including:

- Mrs Linda Wong, performed "Love is a Many Splendored Thing";
- Prof Paul Tam & Mrs Amy Tam, performed "Perhaps Love"; and
- Dr Sylvia Chen, performed with "With One Look".

The finale of performance was "You Raise Me Up" led by Dr Sylvia Chen and sung by all performers and contestants.

Apart from the singing performances, everyone was thoroughly absorbed in the Bingo hosted by our very own Bingo Masters, Ms Tina Yap and Mr William Tsui; as well as in the Lucky Draw. Our guests turned into stars of the evening with Best Costume Awards and Dance Fever Awards. The atmosphere of the evening was brought to a climax with the countdown party and pop classics performed by EXCO members of the Federation, including our countdown tradition of “Auld Lang Syne”, the “Federation Song” and the dragon dance as well.

Last but not least, it was a very pleasant night in which we shared our joy and excitement together. We express our sincere gratitude to all our sponsors, and special thanks to all the contestants, performers, as well as our guests for joining us on this remarkable occasion and for making this event possible.
Certificate Course in
Common Urological Problems 2024
(Video Lectures)

Objectives:

<table>
<thead>
<tr>
<th>Date</th>
<th>Topics</th>
<th>Speakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Mar 2024</td>
<td>Lower urinary tract symptoms in middle age women</td>
<td>Dr Cheung Ho Yuen</td>
</tr>
<tr>
<td></td>
<td>Updates in management of urinary incontinence in women</td>
<td>Dr. Chung Yeung Vera</td>
</tr>
<tr>
<td>27 Mar 2024</td>
<td>Erectile dysfunction and infertility in young man</td>
<td>Dr. Mak Siu King</td>
</tr>
<tr>
<td></td>
<td>Updates in management of male infertility</td>
<td>Dr. Ho Kwan Lun</td>
</tr>
<tr>
<td>3 Apr 2024</td>
<td>Updates in management of urinary tract stone</td>
<td>Dr. Cheung Man Chiu</td>
</tr>
<tr>
<td></td>
<td>New technique in surgical treatment of renal stone</td>
<td>Dr. Li Churk Fai Trevor</td>
</tr>
<tr>
<td>10 Apr 2024</td>
<td>Updates in management of complicated urinary tract infection</td>
<td>Dr. Cheung Man Hung Phoebe</td>
</tr>
<tr>
<td></td>
<td>Updates in common urological diseases in children</td>
<td>Dr. Kan Wai Man Raymond</td>
</tr>
<tr>
<td>17 Apr 2024</td>
<td>Prostate cancer: a review &amp; updates</td>
<td>Dr Ma Wai Kit</td>
</tr>
<tr>
<td></td>
<td>Common urological cancers associated with hematuria</td>
<td>Dr. Yeung Hip Wo Victor</td>
</tr>
<tr>
<td>24 Apr 2024</td>
<td>Updates in management of lower urinary tract symptoms in men</td>
<td>Dr. Fan Chi Wai</td>
</tr>
<tr>
<td></td>
<td>New treatment modalities in benign prostatic hyperplasia</td>
<td>Dr. Lam Pei Wayne</td>
</tr>
</tbody>
</table>

Dates: 20, 27 March & 3, 10, 17, 24 April, 2024 (Wednesday)
Time: 7:00 pm – 8:30 pm
Duration of Session: 1.5 hours (6 sessions)
Course Feature: Video lectures (with Q&A platform for participants to post the questions)
Language Media: Cantonese (Supplemented with English)
Quiz for Doctors: DOCTORS are required to complete a quiz after the completion of each lecture
Course Fee: HK$1,000
Certificate: Awarded to participants with a minimum attendance of 70% (4 out of 6 sessions)
Deadline: 13 March 2024
Enquiry: The Secretariat of The Federation of Medical Societies of Hong Kong
Tel: 2527 8898 Fax: 2865 0345 Email: toto.chan@fmshk.org

CME / CNE Accreditation in application
Online Application from website: http://www.fmshk.org
The Hong Kong Association of Rehabilitation Medicine (HKARM)

It is our great pleasure and honour for the Hong Kong Association of Rehabilitation Medicine to join as an ordinary member of the Federation of Medical Societies of Hong Kong.

HKARM was formally established in 1997 by a group of doctors with interest and enthusiasm in the field of rehabilitation medicine. The mission of the association is to advance and promote the science, art and practice of rehabilitation medicine and its allied disciplines.

Mission & Objectives
• To promote education and research in rehabilitation medicine
• To increase the awareness of the roles and contributions of rehabilitation specialists
• To provide a platform of communication and collaboration for all local practitioners in rehabilitation
• To cooperate and maintain close liaison with other international societies in rehabilitation medicine
• To provide information to local government on good and evidence-based practices in rehabilitation
• To advocate for local policies that will enhance activities and participation of disabled persons in the community

Council members
President: Dr LAM Siu-pui
Vice-president: Dr KOK Ching
Hon Secretary: Dr Gina FONG
Hon Treasurer: Dr Eric YEUNG
Council members: Drs Thomas CHENG, KWOK Tsz-kin, Teresa YU, YUEN Ka-hong, Eddie CHOW, Carmen HO, Jennifer MYINT, Angus CHU, Thomas CHENG, Sophia TENG, Yukie TSE, YEUNG Pui-yu

HKARM is a member of the International Society of Physical and Rehabilitation Medicine (ISPRM) and the Asian Oceania Society of Physical & Rehabilitation Medicine (ASOPRM).

Our Activities
(1) Inter-hospital rehabilitation meetings
We conduct the bimonthly inter-hospital rehabilitation meetings in which a hybrid mode has been adopted since COVID. The meeting forms an integral part of training for young specialists and provides a platform for academic exchange for all healthcare professionals.

(2) Annual Scientific / Educational Meetings
We conduct annual scientific meetings with previous themes included pre-habilitation, cognitive rehabilitation, pulmonary rehabilitation, swallowing, technology in neurological rehabilitation and in the advances in rehabilitation medicine. In addition, we have conducted special lectures and symposiums presented by international and local professors in related fields. The topics in recent years include osteoporosis management, telemedicine in cardiovascular diseases and stroke management.

(3) RTHK rehabilitation series
In the past years, the HKARM had been invited by RTHK to launch a series of radio programme and interviews by our specialists on rehabilitation topics including cardio-pulmonary, COVID, neurological, musculoskeletal rehabilitation and mental well-being.

HKARM has been the supporting organization to local and regional conferences organized by other societies which promotes academic exchange and sharing among different society members.
To make life better for people with diabetes
<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><em>In-person / Zoom HKMA-CUHK Medical Centre CME Programme 2023 - Topic: Pre-eclampsia Screening in Pregnancy</em></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><em>Zoom The HKMA CME Live Lecture Topic: Managing the Dilemma: Patients with IBS/FD/GERD Overlap</em></td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><em>Zoom The HKMA CME Live Lecture Topic: Respiratory Syncytial Virus (RSV) Infections Amongst Infants: Burden, Risk Prevention Strategies and Management</em></td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td><em>Zoom The HKMA CME Live Lecture Topic: Managing the Dilemma: Patients with IBS/FD/GERD Overlap</em></td>
<td><em>The Hong Kong Neurosurgical Society Monthly Academic Meeting</em> - To-be-confirmed</td>
<td><em>In-person / Zoom HKMA-CUHK Medical Centre CME Programme 2023 Topic: Swallowing Disorder Amongst Elderly</em></td>
<td><em>In-person / Zoom HKMA-HKSTP CME Programme Topic: To-be-confirmed</em></td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>In-person The HKMA DHN CME Programme Topic: Update in Management of Degenerative Spine</em></td>
<td><em>In-person / Zoom HKMA-CUHK Medical Centre CME Programme 2024 Topic: Swallowing Disorder Amongst Elderly</em></td>
<td><em>In-person The HKMA DHN CME Programme Topic: Managing the Dilemma: Patients with IBS/FD/GERD Overlap</em></td>
<td><em>Zoom The HKMA CME Live Lecture Topic: Personalised Patient Care and Long Term Management of Endometriosis</em></td>
<td><em>Certificate Course in Common Urological Problems 2024 (Video Lectures)</em></td>
</tr>
</tbody>
</table>
In the treatment of patients with type 2 diabetes and established CV disease receiving standard of care,$\dagger\ddagger$ CV death can strike at any time

**BATTLE CV DEATH NOW MORE THAN EVER**$^\dagger$

**JARDIANCE demonstrated 38% RRR in CV death**$^{1,2}$

- Established HbA1c efficacy$^2$
- Demonstrated safety profile$^{1,2}$
- Convenient, once-daily oral dosing$^2$

**ADA & EASD** recognize JARDIANCE as the SGLT2 inhibitor with stronger evidence of CV benefits$^{3,4}$

---


$\dagger$ Standard of care included CV medications and nonpharmacological agents given all the circumstances of patients.

$\ddagger$ From a prospective meta-analysis of 52,620 patients.


$^3$ ADA & EASD recognize JARDIANCE as the SGLT2 inhibitor with stronger evidence of CV benefit.

---

**BATTLE CV DEATH NOW MORE THAN EVER**$^\dagger$

---

**JARDIANCE demonstrated 38% RRR in CV death**$^{1,2}$

- Established HbA1c efficacy$^2$
- Demonstrated safety profile$^{1,2}$
- Convenient, once-daily oral dosing$^2$

**ADA & EASD** recognize JARDIANCE as the SGLT2 inhibitor with stronger evidence of CV benefits$^{3,4}$

---


$\dagger$ Standard of care included CV medications and nonpharmacological agents given all the circumstances of patients.

$\ddagger$ From a prospective meta-analysis of 52,620 patients.

$^1$ Management of hyperglycaemia in type 2 diabetes, 2019. A consensus report by the ADA and EASD stating that among patients with established CVD, there is likely cardiovascular benefit, with the evidence of benefit modestly stronger for empagliflozin than canagliflozin.

$^2$ Established CV disease included coronary artery disease, peripheral artery disease, history of myocardial infarction, or history of stroke.

---

THE ONLY OAD SIGNIFICANTLY REDUCE THE RISK OF CV DEATH IN T2DM PATIENTS WITH ESTABLISHED CV DISEASE$^{5,6}$

---

*JARDIANCE* (empagliflozin), Boehringer Ingelheim Limited, 150A, New Hope Centre, 23 Harbour Road, Wanchai, Hong Kong. Tel: (852) 2596 6033 Fax: (852) 2807 1062 www.boehringer-ingelheim.com.hk
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Function</th>
<th>Enquiry / Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 TUE</td>
<td>1:00 PM</td>
<td><strong>In-person / Zoom</strong> HKMA-HKSH CME Programme 2023-2024&lt;br&gt;<strong>Topic:</strong> Pre-eclampsia Screening in Pregnancy&lt;br&gt;Organiser: The Hong Kong Medical Association and the Hong Kong Sanatorium &amp; Hospital&lt;br&gt;Speaker: Dr CHAN Wan-pang&lt;br&gt;Venue: The HKMA Wanchai Premises, 5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong</td>
<td>HKMA CME Dept. Tel: 3108 2507 1 CME Point</td>
</tr>
<tr>
<td>6 WED</td>
<td>2:00 PM</td>
<td><strong>Zoom</strong> The HKMA CME Live Lecture&lt;br&gt;<strong>Topic:</strong> Managing the Dilemma: Patients with IBS/FD/GERD Overlap&lt;br&gt;Organiser: The Hong Kong Medical Association&lt;br&gt;Speaker: Dr CHAU Wai-ming</td>
<td>HKMA CME Dept. Tel: 3108 2507 1 CME Point</td>
</tr>
<tr>
<td>7 THU</td>
<td>2:00 PM</td>
<td><strong>Zoom</strong> The HKMA CME Live Lecture&lt;br&gt;<strong>Topic:</strong> Respiratory Syncytial Virus (RSV) Infections Amongst Infants: Burden, Risk Prevention Strategies and Management&lt;br&gt;Organiser: The Hong Kong Medical Association&lt;br&gt;CUHK-Centre for Health Education &amp; Health Promotion&lt;br&gt;Speaker: Prof Ellis Kam-lun HON</td>
<td>HKMA CME Dept. Tel: 3108 2507 1 CME Point</td>
</tr>
<tr>
<td>11 MON</td>
<td>2:00 PM</td>
<td><strong>Zoom</strong> The HKMA CME Live Lecture&lt;br&gt;<strong>Topic:</strong> Personalised Asthma Management with Once-Daily Single Inhaler Triple Therapy (SITT)&lt;br&gt;Organiser: The Hong Kong Medical Association&lt;br&gt;Speaker: Dr Terence Chi-chun TAM</td>
<td>HKMA CME Dept. Tel: 3108 2507 1 CME Point</td>
</tr>
<tr>
<td>12 TUE</td>
<td>2:00 PM</td>
<td><strong>In-person</strong> The HKMA DHN CME Programme&lt;br&gt;<strong>Topic:</strong> Update in Management of Degenerative Spine&lt;br&gt;Organiser: The HKMA District Health Network&lt;br&gt;Speaker: Dr Eric Cheung-hing LAM&lt;br&gt;Venue: Ballroom III, 2/F, Courtyard by Marriott Hong Kong Shatin, 1 On Ping Street, Shatin, HK</td>
<td>HKMA CME Dept. Tel: 3108 2507 1 CME Point</td>
</tr>
<tr>
<td>13 WED</td>
<td>7:30 AM</td>
<td>The Hong Kong Neurosurgical Society Monthly Academic Meeting - To be confirmed&lt;br&gt;Organiser: Hong Kong Neurosurgical Society&lt;br&gt;Speaker(s): Dr Hannaly Cheuk-hang LUI&lt;br&gt;Chairman: Dr CHAN Kwong-yau&lt;br&gt;Venue: Conference Room, F2, Department of Neurosurgery, Queen Elizabeth Hospital; or via Zoom meeting</td>
<td>College of Surgeons of Hong Kong&lt;br&gt;Dr Calvin MAK&lt;br&gt;Tel: 2595 6456 Fax No.: 2965 4061 1 3 CME Points</td>
</tr>
<tr>
<td>14 THU</td>
<td>1:00 PM</td>
<td><strong>In-person / Zoom</strong> HKMA-CUHK Medical Centre CME Programme 2023&lt;br&gt;<strong>Topic:</strong> Swallowing Disorder Amongst Elderly&lt;br&gt;Organiser: The Hong Kong Medical Association&lt;br&gt;CUHK-Centre for Health Education &amp; Health Promotion&lt;br&gt;Speaker: Dr Wency Wan-sze HO&lt;br&gt;Venue: The HKMA Wanchai Premises, 5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong</td>
<td>HKMA CME Dept. Tel: 3108 2507 1 CME Point</td>
</tr>
<tr>
<td>15 FRI</td>
<td>2:00 PM</td>
<td><strong>Zoom</strong> The HKMA CME Live Lecture&lt;br&gt;<strong>Topic:</strong> Non-invasive Tests for Prevention and Risk Reduction of Colonic Polyps and Colorectal Cancer - Recent Advancement and Case Sharing&lt;br&gt;Organiser: The Hong Kong Medical Association&lt;br&gt;Speaker: Dr CHOW Chi-wing</td>
<td>HKMA CME Dept. Tel: 3108 2507 1 CME Point</td>
</tr>
<tr>
<td>18 MON</td>
<td>2:00 PM</td>
<td><strong>Zoom</strong> The HKMA CME Live Lecture&lt;br&gt;<strong>Topic:</strong> Non-Alcoholic Fatty Liver Disease: How Can We Do Better?&lt;br&gt;Organiser: The Hong Kong Medical Association&lt;br&gt;Speaker: Dr SZE Wan-chee</td>
<td>HKMA CME Dept. Tel: 3108 2507 1 CME Point</td>
</tr>
<tr>
<td>19 TUE</td>
<td>2:00 PM</td>
<td><strong>In-person / Zoom</strong> HKMA-GHK CME Programme 2024&lt;br&gt;<strong>Topic:</strong> Topic on Upper Gastrointestinal and Esophageal Surgery&lt;br&gt;Organiser: The Hong Kong Medical Association and The Chinese Hospital&lt;br&gt;Speaker: Dr Patricia Po-chu YAM&lt;br&gt;Venue: The HKMA Wanchai Premises, 5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong</td>
<td>HKMA CME Dept. Tel: 3108 2507 1 CME Point</td>
</tr>
<tr>
<td>20 WED</td>
<td>2:00 PM</td>
<td><strong>Zoom</strong> The HKMA CME Live Lecture&lt;br&gt;<strong>Topic:</strong> Intensive Cholesterol Lowering for Plaque Regression - The Journey to Reverse Atherosclerosis&lt;br&gt;Organiser: The Hong Kong Medical Association&lt;br&gt;Speaker: Dr Victor King-man GOH</td>
<td>HKMA CME Dept. Tel: 3108 2507 1 CME Point</td>
</tr>
<tr>
<td>21 THU</td>
<td>2:00 PM</td>
<td><strong>In-person / Zoom</strong> HKMA DHN CME Programme&lt;br&gt;<strong>Topic:</strong> Differential Clinical Advantages of Antidepressant for Better Management of Depression&lt;br&gt;Organiser: The HKMA District Health Network&lt;br&gt;Speaker: Dr Raymond Ka-yau WONG&lt;br&gt;Venue: The HKMA Wanchai Premises, 5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong</td>
<td>HKMA CME Dept. Tel: 3108 2507 1 CME Point</td>
</tr>
</tbody>
</table>
SLEEP STUDY TEST
OVER 30 YEARS EXPERIENCE

THE ONLY ORAL ANTI-OBEITY MEDICATION THAT CAN CONTROL CRAVINGS & HUNGER

Contrave® controls cravings & hunger

Significant weight loss from WEEK 4

Double-digit weight loss at S6 weeks

Approved by EMA and US FDA

For Healthcare Professionals Only
### Calendar of Events

<table>
<thead>
<tr>
<th>Date / Time</th>
<th>Function</th>
<th>Enquiry / Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>21</strong> THU</td>
<td><strong>8:00 PM</strong></td>
<td><strong>FMSHK Executive Committee Meeting</strong>&lt;br&gt;Organiser: The Federation of Medical Societies of Hong Kong&lt;br&gt;Venue: Council Chamber, 4/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong&lt;br&gt;Mrs Nancy CHAN&lt;br&gt;Tel: 2527 8898</td>
</tr>
<tr>
<td><strong>22</strong> FRI</td>
<td><strong>2:00 PM</strong></td>
<td><strong>Zoom</strong>&lt;br&gt;<strong>The HKMA CME Live Lecture</strong>&lt;br&gt;<strong>Topic: Managing Common Urological Issues for Paediatric and Adult Patients</strong>&lt;br&gt;Organiser: The Hong Kong Medical Association&lt;br&gt;Speaker: Dr John Hin-kay NGAN&lt;br&gt;HKMA CME Dept.&lt;br&gt;Tel: 3108 2507&lt;br&gt;1 CME Point</td>
</tr>
<tr>
<td><strong>23</strong> SAT</td>
<td><strong>1:00 PM</strong></td>
<td><strong>In-person</strong>&lt;br&gt;<strong>The HKMA Women’s Health Campaign CME Symposium</strong>&lt;br&gt;<strong>Topic 1: What is new in the 2024 HKCOG Guidelines for Cervical Cancer Prevention and Screening?</strong>&lt;br&gt;<strong>Topic 2: Why is Menopause a Public Health Problem?</strong>&lt;br&gt;Organiser: The Hong Kong Medical Association&lt;br&gt;Speaker: Dr NGU Siu-fei &amp; Prof Carmen WONG&lt;br&gt;Venue: Shantung Room, Level 8, Cordis, Hong Kong, 555 Shanghai Street, Mongkok, Kowloon, Hong Kong&lt;br&gt;HKMA CME Dept.&lt;br&gt;Tel: 3108 2507&lt;br&gt;2 CME Points</td>
</tr>
<tr>
<td></td>
<td><strong>7:00 PM</strong></td>
<td><strong>Certificate Course in Common Urological Problems 2024 (Video Lectures)</strong>&lt;br&gt;Organiser: The Federation of Medical Societies of Hong Kong&lt;br&gt;Speaker: Dr MAK Siu-king, Dr HO Kwan Lun&lt;br&gt;Mrs ToTo CHAN&lt;br&gt;Tel: 2527 8898</td>
</tr>
<tr>
<td><strong>25</strong> MON</td>
<td><strong>2:00 PM</strong></td>
<td><strong>Zoom</strong>&lt;br&gt;<strong>The HKMA CME Zoom Lecture</strong>&lt;br&gt;<strong>Topic: Personalised Patient Care and Long Term Management of Endometriosis</strong>&lt;br&gt;Organiser: The Hong Kong Medical Association&lt;br&gt;Speaker: Dr LUI Kwai-ying&lt;br&gt;HKMA CME Dept.&lt;br&gt;Tel: 3108 2507&lt;br&gt;1 CME Point</td>
</tr>
<tr>
<td><strong>26</strong> TUE</td>
<td><strong>2:00 PM</strong></td>
<td><strong>In-person</strong>&lt;br&gt;<strong>The HKMA DHN CME Programme</strong>&lt;br&gt;<strong>Topic: Influenza - The Latest Update</strong>&lt;br&gt;Organiser: The HKMA District Health Network&lt;br&gt;Speaker: Dr Wilson LAM&lt;br&gt;Venue: Diamond 3-6, 2/F, Crowne Plaza Hong Kong Kowloon East, 3 Tong Tak Street, Tsuen Kwan O, Hong Kong&lt;br&gt;HKMA CME Dept.&lt;br&gt;Tel: 3108 2507&lt;br&gt;1 CME Point</td>
</tr>
<tr>
<td><strong>27</strong> WED</td>
<td><strong>2:00 PM</strong></td>
<td><strong>Zoom</strong>&lt;br&gt;<strong>The HKMA CME Zoom Lecture</strong>&lt;br&gt;<strong>Topic: Breakthroughs from Gut and Skin Microbiome Analyses Drive Enhanced Eczema Management</strong>&lt;br&gt;Organiser: The Hong Kong Medical Association&lt;br&gt;Speaker: Prof LEUNG Ting-ian&lt;br&gt;HKMA CME Dept.&lt;br&gt;Tel: 3108 2507&lt;br&gt;1 CME Point</td>
</tr>
</tbody>
</table>
Answers to Dermatology Quiz

Answers:

1. The clinical diagnosis is lichen striatus. The differential diagnoses include linear lichen planus, linear epidermal naevi, segmental vitiligo, hypomelanosis of Ito and incontinentia pigmenti.

Lichen striatus is an uncommon self-limited linear dermatosis of unknown aetiology. It is mainly a disease of children, with predominance in females. More than half of all cases occurred between 5 - 15 years of age. Though rare, it can also occur in adults. The onset is often abrupt with mildly itchy or asymptomatic reddish lichenoid papules, which then coalesce to form a slightly scaly linear band. Lesions most commonly distribute unilaterally along the lines of Blaschko (not dermatome) of one arm or leg. In rare cases, it can occur on the face, neck or trunk. The inflammatory phase usually lasts for a few weeks before being resolved in post-inflammatory hypopigmentation or hyperpigmentation. Occasionally, nails may be affected, and the involvement is almost always confined to one single nail. Atopy may be a predisposing factor.

2. Lichen striatus is mainly diagnosed on clinical grounds based on its typical appearance and characteristic developmental pattern following the lines of Blaschko. Skin biopsy is usually unnecessary, except occasionally done to exclude linear lichen planus.

3. Apart from reassurance, treatment is usually not necessary in most patients with lichen striatus. Emollients and topical steroids may be used if patients have dryness or itchiness.

4. Lichen striatus is a self-limited disorder with an excellent prognosis. The lesions usually spontaneously regress within 6 - 12 months, though the hypopigmentation or hyperpigmentation may last for several months to years.

---

Dr CHONG Lai-yin
MBBS(HK), FRCP(Lond, Edin, Glas), FHKCP, FHKAM(Med)
Specialist in Dermatology & Venereology

---

Dermatology Quiz

Enquiry: Email: hkmd@fmshk.org    Tel: 2527 8898    Fax: 2865 0345
Aptamil. 白金版
Formula Ingredients Clinically Proven to Support Immunity of Cesarean Born Babies

30億
產道同類益菌種*

For more information:
3509 2008
1000days@nutricia.com.hk
Now, you can help with Saxenda®, approved prescription medication for weight management in adolescents with obesity as an adjunct to a healthy nutrition and increased physical activity

80% of adolescents with obesity will continue to have obesity in adulthood if left untreated.

Clinically relevant improvements in weight-related endpoints

Real-world experience in 1.5 million adult patients globally since launch

Safety profile consistent with adult clinical trials. Robust clinical trial data that includes 5358 patients

Approved for adolescents aged 12-17.

Saxenda®
Liraglutide injection

Weight management for THE NEXT GENERATION

Saxenda® is indicated as an adjunct to a reduced-calorie diet and increased physical activity for weight management in adults with obesity (BMI ≥ 30 kg/m²) or in adults with type 2 diabetes and a BMI ≥ 27 kg/m² with or without lifestyle intervention. Saxenda® should be used in conjunction with calorie restriction and increased physical activity. Saxenda® should not be used in children with type 2 diabetes. Saxenda® may increase the risk of gallbladder disease. Patients should be evaluated for signs and symptoms of peritonitis. Patients should be evaluated for symptoms of oropharyngeal or upper respiratory tract infections, including acute sinusitis, pharyngitis, and pneumonia. The most common adverse reactions included injection site reactions, nausea, vomiting, diarrhea, constipation, increased blood glucose, and hypoglycemia.

Further information is available from Novo Nordisk Hong Kong Ltd.

Unit 923A-928, 9F, Trade Square, 681, Chueng Sha Wan Road, Kwun Tong, Kowloon, Hong Kong
Tel: +852 3725 1388 Fax: +852 2986 0800 www.novonordisk.com


© Novo Nordisk 2023. All rights reserved.