

# Lifewise



JAN/FEB 2013  
ISSUE 43

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a gambling  
habit before  
it's too late

## Breathe Easy

Telling the  
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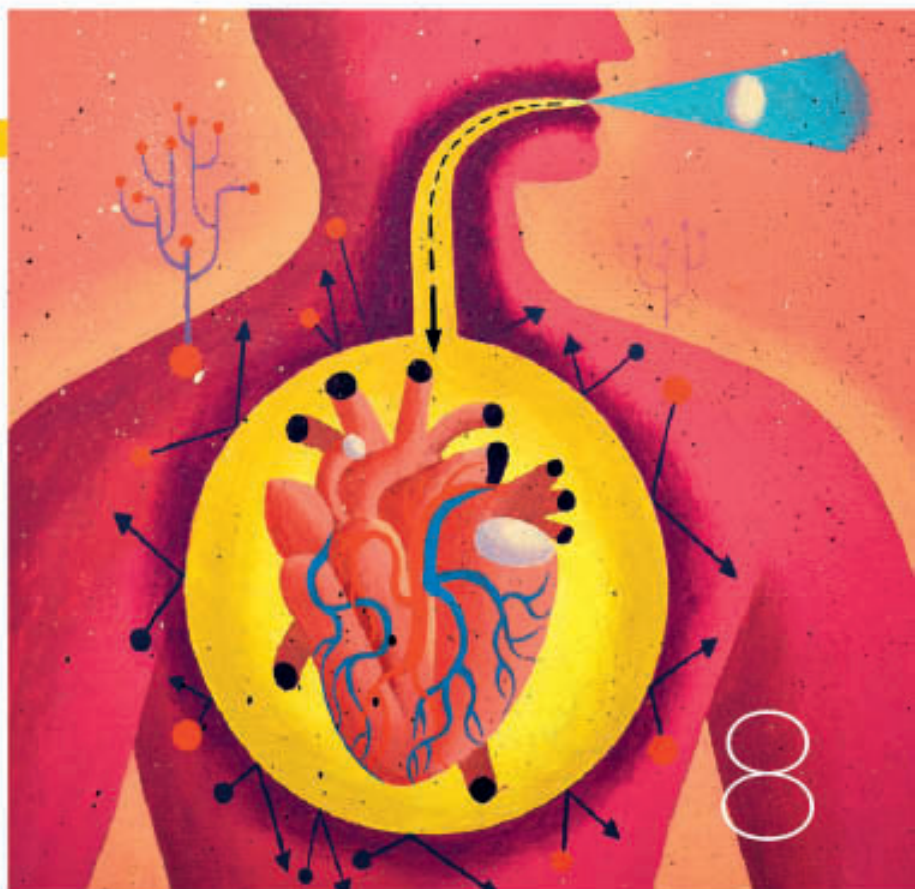


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ON THE COVER: TAN CHEW WAH AND SOON SAK WOON

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GROOMING TAMM H G  
CLOTHES CHEW WAH DRESS  
WITH COLOURFUL TRIBAL PRINTS  
BY MONSOON SAK WOON  
PURPLE SHIRT AND GREY  
KNITTED VEST BY SPRINGFIELD.



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# A new year, a new you



**JUST LIKE THAT, ANOTHER YEAR** is upon us. After a season of indulgence and merry-making, you might find yourself making the customary list of resolutions — ambitious or otherwise — to regain control of your body. Take a snap poll among friends and colleagues and you will likely find that most, if not all, are committing themselves to some sort of self-improvement regime, probably through exercise or eating healthier, or both.

We do this because we have lots to live for, chiefly, our families and friends. We do this because it is always best to preempt calamity rather than wait for ill health to strike before changing our lives for the better. For some, these lifestyle changes are made out of necessity; read our feature on how three heart patients took it upon themselves to stay healthy after falling prey to cardiovascular disease, Singapore's second-most common cause of death (pg 8).

You may also have noticed a lot of people coughing and sneezing at the end of last year (and possibly even now!), probably just a common bug, you may have thought. In the very large majority of such cases, this is true, thankfully. But what if a chronic cough turns out to be more serious than you think? The symptoms of pneumonia can be eerily similar to much less serious ailments. Our feature on pneumonia shows you how to tell a cold apart from the potentially deadly respiratory condition that is pneumonia (pg 15).

Also in this issue of *Lifewise*, President of Action for AIDS, Professor Roy Chan pens his thoughts on how the HIV/AIDS problem in Singapore can be curtailed (pg 18).

Chinese New Year is around the corner, a time when (yet again) some indulgence, foodwise, is unavoidable. But for some, unfortunately, indulgence means obsessive gambling. For these people, gambling is a practice that is more than entertainment — it is a need. They have crossed the line into gambling addiction — an affliction that with the help of the Institute of Mental Health can thankfully be combated if the necessary steps are taken (pg 21).

For those seeking more family-friendly thrills, a trip to a theme park could do you good. Such a rush of adrenaline can be beneficial for both your heart and your soul (pg 28).

Speaking of things that are good for you, in this issue of *Lifewise*, you can learn how to get the most out of your exercise routine (pg 30) as well as demystify that most anticipated meal of the day, dinner (pg 36).

Here's to a happy, healthy new year!

**THE EDITORIAL TEAM**



## WEIGHT CONTROL

### SLEEP WELL, EAT LESS

It appears that the more you sleep, the less likely you are to overeat. Researchers from Columbia University in the United States found that men under restricted sleep conditions experienced increases in the hunger-stimulating hormone ghrelin — which surges before meals and starts to decline after meals. However, the study also found that lack of sleep influences the hunger levels of men and women differently. Women in the same situation did not see heightened ghrelin levels in their blood, but instead had reduced levels of GLP-1, a hormone which suppresses appetite.

In either instance, the consequences are the same: men in sleep-deprived conditions are more likely to feel hungry while women will feel less full. The 27 men and women who took part in the study consumed 300 calories more on average after losing sleep than when they had a full night's rest.

"Our results point to the complexity of the relationship between sleep duration and energy balance regulation," said the study's lead author, Ms Marie-Pierre St-Onge.

“**MEN IN SLEEP-DEPRIVED CONDITIONS ARE MORE LIKELY TO FEEL HUNGRY WHILE WOMEN WILL FEEL LESS FULL**”



## EYE CARE

### The Eyes Have It

If you experience trouble reading, watching television or performing other daily tasks due to poor vision — despite already wearing visual aids — using tablet computers with backlit screens may help you.

Two experiments conducted by scientists from Robert Wood Johnson School of Medicine in New Brunswick in the United States involving 160 subjects found that these backlit tablets may allow people with “low vision” to read faster and more comfortably when compared to reading a newspaper or printed article. This improvement was most pronounced among people who had “low vision” in both eyes.

“The backlight in these tablets boosts contrast sensitivity or the ability to make an object stand out from its background. Many people with low vision lose this ability,” said researcher Dr Daniel Roth, an associate clinical professor involved in the study. “The findings apply to anyone with compromised reading vision who has difficulty seeing letters or words,” he added. “The magnified font and backlight allows them to improve their reading ability and comfort.”



## EXERCISE

# THE GREEN ROUTE TO FITNESS

If you can't seem to motivate yourself to keep fit, try taking it outside. Exercising outdoors may boost your mood, motivation and enjoyment. According to a group of researchers from the University of Essex in the United Kingdom, the colour green contributes to the feel-good benefits of outdoor exercise. The study was first reported in the journal *Environmental Science and Technology* in November 2012.

Being exposed to shorter-wavelength colours such as blue and green evokes feelings of calmness, whereas red and yellow are more stimulating, researchers explained. The study involved 14 college-age men riding an indoor stationary bicycle for five minutes while watching a video that simulated cycling through a natural environment. The researchers then switched the filter on the video screen from green to black and white for five minutes, and then to red. The men's moods were assessed immediately after each session.

The study subjects felt less fatigued when they watched the green version of the video during their ride than when they viewed either the black and white or red versions. They also reported feeling more angry when they viewed the red-filtered video.



## ORTHOPAEDICS

# Go Slow on the Soda

**“ CARBONATED DRINKS ARE ASSOCIATED WITH THE PROGRESSION OF KNEE OSTEOARTHRITIS IN MALES**

If you are a man suffering from knee osteoarthritis, it may be best to avoid sugary soft drinks. This is because drinking carbonated or packaged beverages is associated with the progression of the disease in males. No such link was found in women suffering from the same condition during a Harvard Medical School study involving more than 2,000 people. Knee osteoarthritis is a condition in which cartilage in the knee joints is worn out. Cartilage serves as a "shock absorber" and reduces friction in the joints. The deterioration of cartilage leads to pain and other symptoms.

The researchers also found that the link between knee osteoarthritis and sugary soft drinks could not solely be explained by the weight of the subjects. When the male participants were divided into obese and non-obese, the link between sugary drinks and worse knee damage held true only in the non-obese men.

This suggests that soft drinks worsen knee osteoarthritis independently of the wear and tear on the joints caused by carrying around excess weight, said researcher Dr Bing Lu, assistant professor of medicine at Harvard Medical School.



## calendar JAN/FEB



### HAPPY HANDS, HAPPY ME! OCCUPATIONAL THERAPISTS' DAY 2013

Learn more about prevention, early detection and management of Repetitive Strain Injury (RSI) in the upper limbs as TTSH celebrates OT day this year. Besides educational posters and fun interactive games, participants will also get to learn the movements of a self-choreographed "handy" dance.

#### DATE

8 Jan 2013

#### TIME

10am - 3pm

#### VENUE

Tan Tock Seng Hospital Atrium

#### FEE

Free



### CARE OF THE ELDERLY COURSE

Primary Care Academy Learning Centre offers a training programme conducted by experienced registered nurses to equip you and your caregiver with the basic skills in caring for the elderly. The course includes Hygiene & Grooming, Waste Handling and Safety Feeding.

#### DATE

27 Mar 2013

#### TIME

10am - 4pm

#### VENUE

Primary Care Academy Learning Centre (2 Teck Whye Crescent, Choa Chu Kang Polyclinic Level 3)

#### FEE

S\$117.70

Please contact Wong Mei Yin at [mei\\_yin\\_wong@pca.sg](mailto:mei_yin_wong@pca.sg)/6496 6682 or Michelle Erice at [michelle\\_kj\\_erice@pca.sg](mailto:michelle_kj_erice@pca.sg)/6496 6683 for enquiries.



**NUTRITION**

## DRINK TO GOOD HEALTH

Enjoying a cup of green tea to wash down that toast or bowl of noodles may be good for your blood sugar level. Scientists from Pennsylvania State University in the United States have found that mice fed with an antioxidant epigallocatechin-3-gallate (EGCG) found in green tea showed a significant reduction in their blood sugar levels compared to mice that were not fed the compound.

"The spike in blood glucose level is about 50 per cent lower than the increase in the blood glucose level of (lab animals) that were not fed EGCG," said researcher Dr Joshua Lambert, an assistant professor of Food Science in Agricultural Sciences at the university.

For humans, this may mean that green tea could help them control the typical blood sugar increases that are brought on when they eat starchy foods. According to the researchers, the starch and the tea should be consumed at the same sitting for the best effect.

And forget the sugar. "If you add sugar into your green tea that might negate the effect it will have on limiting the rise in blood glucose level," Dr Lambert said.

“**THE STUDY'S FINDINGS SUGGEST THAT DRINKING GREEN TEA COULD HELP PEOPLE CONTROL THE TYPICAL BLOOD SUGAR INCREASES THAT ARE BROUGHT ON WHEN THEY EAT STARCHY FOODS**”

**EXERCISE**

## You Need to Move It, Move It

Here's another reason you should give up that MRT seat to a senior citizen or a mum-to-be: Spending too much time sitting may lead to a build-up of pericardial fat — an unhealthy form of fat around your heart.

What's worse, even regular exercise will not help you to get rid of pericardial fat, which is strongly linked to heart disease.

Computed Tomography (CT) scans of more than 500 Americans aged 60 and above found that excess time spent sitting "was significantly related to pericardial fat levels around the heart," said Ms Britta Larsen, a postdoctoral researcher in the Department of Cardiovascular Epidemiology at the University of California in San Diego, United States.

And the more time one spends sitting, the bigger the area of pericardial fat deposited around one's heart. Pericardial fat "gets in the way of heart function, it clogs up your arteries", added Ms Larsen, who led a study on its effects.

The study also found that regular exercise was not related to a lessening of pericardial fat — although it did help reduce visceral fat around the organs, which is strongly tied to diabetes and metabolic disease.

The moral of the study? Sitting and exercise are two distinct behaviours. "In order to really be healthy you need to focus on both — get enough exercise but also not sit for 10 hours per day like most of us do," said Ms Larsen.



**MEDICAL NEWS**

## Ray of Hope for Paralysed Patients

A stem-cell treatment that has helped paralysed dogs to walk again could offer hope for human accident victims.

During a clinical trial in the United Kingdom, cells were taken from the lining of the noses of pet dogs with severe spinal cord injuries. The cells were then injected into the dogs' spines in an attempt to bridge the damage in the animals' spinal columns.

After receiving the injections, the dogs were tested for their ability to co-ordinate movement of their front and back limbs. The group of dogs that had received the stem cell injections showed considerable improvement that was not seen in those animals which were not given similar injections.

Professor Robin Franklin, the co-author of the study from the Wellcome Trust-MRC Cambridge Stem Cell Institute at the University of Cambridge, said, "Our findings are extremely exciting because they show for the first time that transplanting these types of cells into a severely-damaged spinal cord can bring about significant improvement."



“**TRANSPLANTING STEM CELLS INTO A SEVERELY-DAMAGED SPINAL CORD CAN BRING ABOUT SIGNIFICANT IMPROVEMENT**”

**WELLNESS**

## LAUGH THAT PAIN AWAY

Laughter is not just the best medicine — it is also a natural painkiller. It seems that laughing can increase your tolerance of pain, thanks to the release of endorphins, which are feel-good brain chemicals that are triggered while exercising.

A hearty, sustained laugh is a good workout for muscles in the chest and lungs, and this can trigger the release of endorphins to mask the pain, says Dr Robin Dunbar, a professor of Evolutionary Psychology at Oxford University in the United Kingdom, who led the study on the subject.

The study involves volunteers watching either a comedy video like *Mr Bean*, or a documentary on golf instruction. Those who watched the funny videos had a higher level of pain tolerance. Those who didn't had the same or lower level of pain tolerance.

Dr Dunbar said endorphins tune up the immune system, so triggering their release through laughter helps a person recover from disease and allows the body to resist infection. He believes that the more a person engages in social events that involve laughter, the better he will be able to bear chronic pain.

**MENTAL HEALTH**

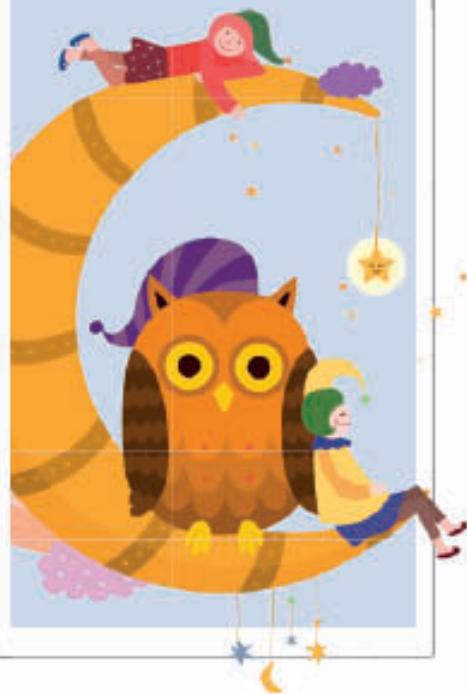
## In the Dark

Exposure to light is the reason why people who work at night or do not sleep well are likely to suffer from depression.

"Chronic exposure to bright light — even the kind found in your own living room — elevates levels of a certain stress hormone in the body, which results in depression and lowers cognitive function," said Mr Samer Hattar from Johns Hopkins University in the United States.

His team had exposed mice to a cycle of three-and-a-half hours of light and then three-and-a-half hours of darkness. After two weeks, the mice displayed depression-like symptoms, such as a lack of interest in physical activity.

The study may be relevant to humans since, like mice, we have light-reactive cells in the eyes called intrinsically photosensitive retinal ganglion cells. These react to bright light and activate the brain's limbic system, which is responsible for memory and emotion. At night, the system is designed to slow down, but when exposed to light, it becomes active again — thus working overtime when it should be resting.





(ALL PUMPED OUT)



# The HEART of the matter

CARDIAC DISEASE IS THE SECOND-HIGHEST CAUSE OF DEATH IN SINGAPORE. BUT WITH PROPER TREATMENT AND LIFESTYLE CHANGES, IT IS IN MANY INSTANCES POSSIBLE TO MEND A 'BROKEN' HEART.

BY NIRMALA SIVANATHAN  
IN CONSULTATION WITH DR PAUL ONG

SENIOR CONSULTANT // CARDIOLOGY CLINIC // TAN TOCK SENG HOSPITAL



**WE'VE ALL HEARD THE RHETORIC** about how

important it is to take care of the heart — and in this case at least, the rhetoric is true. After all, this hollowed-out muscle serves as the 'pump' or 'engine' that powers our bodies, as it circulates blood through our system. A loss of function of this vital piece of equipment would be nothing short of catastrophic — and that's something to think about given the plethora of heart conditions that could potentially afflict us. And while there have been cases reported of perfectly healthy individuals suffering fatal heart attacks, in the majority of (non-congenital) conditions, the deterioration of the heart is a gradual process in which lifestyle plays a big part.

The numbers say it all: in 2010, the National Health Survey reported that various forms of heart disease accounted

for 23.5 per cent of all deaths in Singapore, making it the second highest cause of death here, just behind cancer. And topping the list of these cardiac-related conditions is coronary heart disease.

Coronary heart disease occurs when there is a partial blockage of one or more of the coronary arteries, resulting in the heart being starved of oxygenated blood. Symptoms include angina or chest pain and shortness of breath. Coronary heart disease can also lead to a complete arterial blockage, resulting in a heart attack.

Other forms of heart disease include heart failure, which occurs when the heart is weakened — for example, following a heart attack or viral infection — and cannot push enough blood to the rest of the body; rheumatic heart disease caused by a bacterial infection of heart valves during childhood; and congenital heart disease, a problem with the structure of the heart arising from a birth defect.

While congenital heart disease is not preventable and rheumatic heart disease has largely been eliminated in Singapore thanks to advances in healthcare, the risk of developing coronary heart disease can be reduced significantly by taking proper care of one's health.

**CORONARY HEART DISEASE OCCURS WHEN THERE IS A PARTIAL BLOCKAGE OF ONE OR MORE OF THE CORONARY ARTERIES, RESULTING IN THE HEART BEING STARVED OF OXYGENATED BLOOD**

## (ALL PUMPED OUT)

### Who's At Risk

There are certain factors which make some people more predisposed to heart disease. "Age and family history do play a part when it comes to conditions such as coronary heart disease, but it also depends on how we look after ourselves," says Dr Paul Ong, a Senior Consultant at the Cardiology Clinic in Tan Tock Seng Hospital. An unhealthy lifestyle, smoking and medical conditions such as diabetes or high blood pressure can all lead to a person developing heart disease.

"We see heart problems in all age groups including relatively young adults in their early 30s," adds Dr Ong. "A lot of this is due to lifestyle. Living in a hectic city like Singapore, people have less time for exercise. They also tend to have poor dietary control because many of them eat out and popular dishes such as chicken rice, *nasi lemak*, *laksa* and *char kway teow* are either very salty or very high in cholesterol — tasty no doubt, but they keep the heart doctors rather busy." Excessive salt consumption has been linked with high blood pressure, which makes the heart work too hard, increasing the risk of heart attack. High levels of cholesterol — a waxy, fatty substance that is found in certain foods that we consume — in the blood can lead to blockage of the arteries, which can cause chest pain and even heart attack.

According to Dr Ong, a person's race has also proven to be an indicator of heart disease. "Indian men have a disproportionately high incidence of coronary heart disease," he says. "They make up just fewer than 10 per cent of our population but account for close to 20 per cent of our angioplasty service."

Angioplasty is the technique of mechanically widening arteries that have become narrowed or obstructed due to the accumulation of cholesterol plaque.

This is why doctors recommend regular screenings for patients who are at a high risk of developing heart disease. In addition to age and family history, risk factors include related conditions such as high blood pressure, diabetes, high cholesterol and obesity. Smoking, in particular, raises the risk of heart disease, as the chemicals in cigarette smoke cause a buildup of plaque, which is made up of cholesterol, fat, calcium and other



PHOTOS: GETTY IMAGES



## EXERCISE MORE, QUIT SMOKING AND EAT HEALTHILY. THAT IS THE EASIEST AND CHEAPEST WAY TO WARD OFF HEART DISEASE

DR PAUL ONG, SENIOR CONSULTANT AT THE CARDIOLOGY CLINIC AT TAN TOCK SENG HOSPITAL

substances, and narrows the arteries impeding blood flow. Smoking also raises blood pressure, which can make the heart work too hard.

As such, genetic factors are not solely to blame. "We don't get to choose our parents but we do get to choose our lifestyle," says Dr Ong. "Exercise more, quit smoking and eat healthily. That is the easiest and cheapest way to ward off heart disease."

### Spotting An Attack

If you have a family history of cardiac problems or think that your lifestyle might lead you to develop it, it is important to be aware of the warning signs of coronary heart disease.

The classic symptom is a tightness or heaviness in the chest area when you exert yourself. "When cholesterol builds up inside your arteries, the blood supply through these vessels to your heart is compromised," explains Dr Ong. Exercise or exertion will cause your heart to pump harder and require more oxygen. Narrowed arteries will starve the heart of oxygen-rich blood in such situations and cause angina.

A heart attack is caused when the narrowed artery is suddenly blocked and the blood supply to the heart is completely cut off. "This can cause irreversible damage and can lead to death if not treated quickly," says Dr Ong. A heart attack is marked by persistent or

severe chest discomfort that spreads to the shoulders and arm. It is also associated with profuse sweating, shortness of breath and often an impending sense of helplessness and doom among patients.

If you experience these symptoms, call 995 and seek emergency help immediately, advises Dr Ong, who adds that trying to make one's way to a clinic or polyclinic at such a point is an unwise move. "Time is very important when it comes to saving the heart and every minute of delay means more irreparable heart damage."

### Putting It Right

However, heart disease is not a death sentence as it can be treated successfully in many ways. "Once corrected, the vast majority of heart disease patients often return to full functional capacity and lead

active lives," says Dr Ong. Coronary heart disease can be successfully treated with optimal medication, bypass surgery or stent implants.

A bypass is a surgical operation where the surgeon puts in a vessel graft (either in a leg vein or chest wall artery) to bypass a blocked area of the artery. A stent (see box below), on the other hand, is able to open a narrowed artery and act as a 'scaffolding' to prevent it from collapsing again.

According to Dr Ong, a bypass will provide better long-term results for patients with diabetes and multiple blood vessel blockages, but stent implants are less invasive and safer with a faster recovery time. Once the condition is stabilised, patients should be able to return to their normal routine — as long as they make an effort to lead a healthier life. *uw*

## NOW YOU SEE IT, NOW YOU DON'T

In 2012, Tan Tock Seng Hospital started using a new breed of stent technology, called bioabsorbable stents, to treat heart disease patients.

Dr Paul Ong, a Senior Consultant at the hospital's Cardiology Clinic, explains what this new technology means for heart disease patients.

### WHAT ARE STENTS?

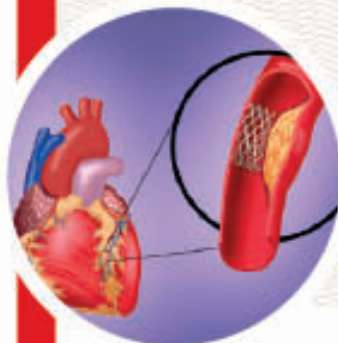
Stents are implants used to keep arteries open after "ballooning" — a procedure where a small balloon is

used to stretch narrowed arteries. Conventionally, these stents are made of metal (stainless steel or cobalt chromium alloy). As the artery heals, the tiny metal stents become redundant and can actually contribute to blood clots and stop the artery from pulsating naturally.

» **What do bioabsorbable stents do?** The new bioabsorbable stents serve the same purpose as conventional metallic stents initially. They provide physical support to keep blood vessels open after "ballooning". However, as the name suggests, the new stent can be absorbed into the

body. Over a period of two to three years, the stents will dissolve without leaving any trace. These stents can also release drugs as they dissolve to stop the blood vessels from narrowing again.

» **Who stands to benefit from this new stent technology?** Younger patients who would otherwise have gone for open-heart surgery stand to benefit. Bioabsorbable stents may not be suitable for older patients who tend to have significantly hardened blood vessels.



# For health's sake, CHANGE

THREE HEART SURGERY PATIENTS TELL *LIFEWISE* HOW THEY'RE LEADING HEALTHY, NORMAL LIVES AFTER A MAJOR HEALTH SCARE.

BY GENE KHOR

## Tan Chew Wah

49, DEPUTY DIRECTOR, MEDICAL EDUCATION OFFICE, TAN TOCK SENG HOSPITAL

➔ **TAN CHEW WAH USED TO WORK OUT REGULARLY** at the gym from 2003 to 2009, when she would sweat it out on the treadmill and lift weights almost every day after work. However, her exercise regime took a back seat during Singapore's H1N1 outbreak in 2009, which resulted in a jump in the number of patients seeking medical attention at Tan Tock Seng Hospital (TTSH).

"I had been promoted to the role of an operations manager at the time and was dealing with a lot of administrative work," recalls Chew Wah. "I was also managing the patient tracking system and helping to screen visitors at the triage area. All this work was tiring and led to me skipping my workouts. I wasn't watching my diet either and ate whatever I wanted, no matter how unhealthy it was."

Chew Wah's neglect of her health came to a head late that year. On 10 December 2009, she was having supper at Newton Circus — a birthday treat from her nephew

and niece. After finishing her fish porridge, Chew Wah started having chest pains. She called her boss, Associate Professor Tham Kum Ying, a senior consultant in emergency medicine, for advice, and was told to go straight to the Emergency Department at TTSH.

"It felt as if there were heavy rocks pressing on my chest," recalls Chew Wah. "I was diagnosed with an unstable angina — a condition in which your heart doesn't get enough blood flow and oxygen — by the cardiologist. I was given medication to stabilise my condition, and I was given an angiogram the next day." The results showed that Chew Wah had a blockage at the origin of the entire arterial tree. Her cardiologist recommended coronary artery bypass grafting. "I think I cried

for an hour after

receiving the news," she says. "I never thought a woman my age would need a heart bypass — I thought it was something only senior citizens go through. However, I had a lot of support from friends and family. Even TTSH CEO Professor Philip Choo stopped by to see how I was doing and to reassure me."

Chew Wah had a successful operation on 16 December 2009 and was discharged six days later. She spent two months



recuperating at home. During that period, she visited TTSH once a week for cardio rehabilitation, where she went through exercises while doctors monitored her heart. She also made changes to her lifestyle: brown rice has replaced white rice during her meals at work, and this is accompanied by more vegetables and less oily and fatty foods. She also makes it a point to eat more fruits. These days, Chew Wah doesn't consume any carbohydrates after 8pm, and does not eat supper. Neither does she snack. She also takes 30-minute walks around her neighbourhood every day after work.

Chew Wah's resolve to improve her health doesn't stop there, though. In

“  
IT TAKES A LOT OF DISCIPLINE TO STICK TO THIS ROUTINE, BUT IT'S IMPORTANT TO TAKE CHARGE OF MY HEALTH

December 2010, she walked the 10km leg of the Standard Chartered Marathon. Participating in such events has become an annual affair — she also walked the 10km leg of the SAFRA Singapore Bay Run in September 2011, and the 10km New Paper Big Walk in September 2012.

"I plan to walk 21km this year and hopefully do 42km before I turn 50 in 2014," she says. "I like brisk walking because it's a safe and effective exercise. Participating in such events regularly after my bypass was also to gauge and improve my stamina."

This commitment to her health has certainly paid off. Chew Wah now weighs 83kg — down from a high of 89kg — and a check-up in December 2012 showed that her cholesterol levels are within healthy levels. However, she has to take medication twice a day for her heart and to manage her cholesterol levels for the rest of her life. "It takes a lot of discipline to stick to this routine, but after all that has happened, it's important for me to take charge of my health," she says. "It's a small price to pay, and I can't afford to not be careful. This experience was a wake-up call for me. After the operation, I felt like it's a new chapter — like I've been given a second chance."

“  
I DON'T DARE TO  
GO BACK TO THAT  
LIFESTYLE, NOT  
WHEN I HAVE MY  
FAMILY TO THINK  
ABOUT. I WANT TO  
CONTINUE LIVING  
FOR THEM

PHOTOS: HONG CHEE YAN (TOP); ON CHEW WAH: TRISAL PRINTS DRESS BY MONSOON, ON SAK WOON: GREEN POLO SHIRT AND GREY CARDIGAN BY SPRINGFIELD

## Soon Sak Woon 53, SIGN MAKER

→ **SOON SAK WOON USED TO SMOKE UP TO TWO PACKS OF** cigarettes and gulp down six to seven cups of coffee every day — for over 30 years. Ever since he opened his sign-making business in 1990, his meal times were irregular, with little or no thought put into what he ate or drank. Breakfast was a light affair — a couple of slices of bread and butter — or he even skipped it completely, depending on his mood. Lunch would usually be taken at a coffeeshop near his workplace and consisted of rice or noodles with fatty, oily meats.

"I'd sometimes get home from work late and have dinner only at around 9pm," says Sak Woon. "Fatty pigs' trotters would always be one of the dishes. A few hours later, I'd also snack on something sweet — like pastries or durian."

His wife, Ong Mui Chung, a 44-year-old accounting officer, would chide Sak Woon for not eating healthier and more regular meals. But her words fell on deaf ears as he felt perfectly healthy and didn't see a need to change. But on 20 September 2012, he was proven wrong.

While having dinner at around 7pm that night, Sak Woon began having chest pains, which slowly intensified. He also felt dizzy and broke out in a cold sweat, while his left arm throbbed with pain. The pain eventually became unbearable. Because he didn't know he was having a heart attack, he drove himself to a 24-hour clinic nearby, with Mui Chung and seven-year-old son Jackie in tow. After doing a few tests, the doctor on duty advised Sak Woon to go straight to the hospital.

Sak Woon arrived at TTSH around 11pm, where he was diagnosed with having a heart attack. He had to have an emergency angioplasty and stenting to open up his clogged artery. During his five-day stay in TTSH, Sak Woon was told by his doctors there that three of his arteries were narrowed, with one completely blocked. Six weeks later he went through a second emergency angioplasty to unblock the other blood vessel using the latest bioabsorbable stent. Sak Woon was also diagnosed as having Type 2 diabetes and high cholesterol levels.

"I was shocked to hear the news," he recalls. "I had always felt fine my whole life and never suspected that I had all these problems." Sak Woon didn't dwell on them for long though, and started making lifestyle changes the moment he was discharged on 26 September 2012. He has halved the number of cigarettes he smokes daily. He has also reduced his daily coffee intake to around two cups, and drinks these with low-fat milk instead.

To maintain a healthier diet, he brings home-cooked meals to work. Dishes are mostly steamed instead of fried and include more fruits and vegetables. And if he's feeling peckish in the evenings, he will have a slice of low-fat wholegrain bread. Exercise is also now part of Sak Woon's life — he now cycles for 30 minutes around the Punggol Drive estate where he lives, twice a week after work. To help manage his diabetes, heart and cholesterol levels, he takes nine tablets twice a day.

"It's a routine that I'll have to get used to, and I do miss the unhealthy food sometimes," admits Sak Woon. "But I don't dare to go back to that lifestyle, not when I have my family to think about. I want to continue living for them."



## Hairuddin Ahmad

50, PROGRAMME ENGINEER

**→** HAIRUDDIN AHMAD BEGAN EXPERIENCING OCCASIONAL and brief chest pains as far back as April 2008. However, he brushed them off, thinking they were just muscle aches resulting from the physically-demanding job he had as a project engineer then. "I worked long hours and was hands-on in the projects I managed, so I thought that all I needed was more rest," he recalls. "At 1.68m tall and 65kg, I wasn't overweight and I didn't smoke. I also took hour-long brisk walks around my neighbourhood two to three times a week. It simply didn't occur to me at the time that the pains I was having had anything to do with my heart."

The chest pains proved to be warning signs of what was to come. On 18 August that same year, Hairuddin was watching TV at home in the evening when he began having chest pains again. This time though, the pain didn't subside. He began to break out into a cold sweat and felt his left arm going numb. Sensing something was wrong, he asked his then 46 year-old wife Rosiah Samad to call an ambulance.

Hairuddin arrived at TTSH at around 1am. He was diagnosed with having a heart attack and was given medication to stabilise his heart. Tests revealed that three arteries connected to his heart were 75 per cent blocked. The doctor recommended a triple bypass to treat his condition. "I couldn't believe what I had just been told," he says. "I never thought that I was someone who would need heart surgery. However, I didn't think twice when it came to agreeing to the operation — I knew I had to, for myself and my family."

“**I'VE TOLD EVERYONE I KNOW TO GO FOR A FULL HEALTH SCREENING IF THEY EXPERIENCE CHEST PAINS. THEY SHOULD PUT THEIR EGO ASIDE AND NOT ASSUME THAT EVERYTHING'S OKAY JUST BECAUSE THEY APPEAR TO LEAD A HEALTHY LIFESTYLE**”

But in the days leading up to the operation, scheduled five days after his diagnosis, Hairuddin put on a brave face to reassure his family. The operation went without a hitch, and Hairuddin was discharged two weeks later.

He has since changed his lifestyle significantly. He didn't have any pre-existing conditions like hypertension before his heart attack, so after speaking to a dietitian, Hairuddin realised that a major contributor to his heart attack was his cholesterol-rich diet of foods like curry, *betryant* and *nasi lemak*. Nowadays, his meals

Hairuddin's wife and three children — daughters Nora and Nurul, and son Razi, then 22, 10 and 14 years old respectively — were shocked by the news.

include a mixture of brown and white rice, with steamed or grilled dishes replacing fried foods. Rosiah has also included more vegetables in her dishes and replaced coconut milk with low-fat milk in her curries. Compared to coconut milk, dairy milk is lower in fat and cholesterol.

Hairuddin continues to take hour-long brisk walks around his neighbourhood once a week. He takes four types of medication — two in the morning and the rest in the evening — to help manage his high blood pressure, cholesterol levels and heart. It might sound like a huge lifestyle adjustment, but it's routine for him now. "For me, I look at the bigger picture," he explains. "I want to be here to see my daughters married, and hold my future grandchildren. Making these changes isn't a big deal. I've also told everyone I know that they should go for a full health screening if they experience any chest pains. They should put their ego aside and not assume that everything's okay just because they appear to lead a healthy lifestyle." **uw**





# Down with PNEUMONIA

**IF YOU'RE UNLUCKY, THOSE  
FLU-LIKE SYMPTOMS COULD  
BE PNEUMONIA — BUT IT'S  
POSSIBLE TO FIGHT IT.**

**BY EVELYN MAK**  
IN CONSULTATION WITH **DR YAP WEE SEE**  
HEAD & SENIOR CONSULTANT // DEPARTMENT  
OF RESPIRATORY AND CRITICAL CARE MEDICINE  
// TAN TOCK SENG HOSPITAL  
**AND DR DAVID TAN**  
FAMILY MEDICINE ASSOCIATE CONSULTANT //  
JURONG POLYCLINIC // NATIONAL HEALTHCARE  
GROUP POLYCLINICS



**IN MOST INSTANCES,** CATCHING A COLD or the flu doesn't come across as a big deal. After all, people generally recover from a case of the sniffles in a matter of days. However, it is possible that a simple cold could be a precursor to something much more serious — pneumonia, a condition that might be fatal.

According to the World Health Organization, pneumonia is the leading cause of death among children under the age of five — who are more highly prone to the disease — worldwide. Approximately 1.2 million children die of pneumonia every year, which is more than the number of child deaths attributed to malaria and tuberculosis combined, with the death toll being highest in South Asia and Africa.



Besides young children, the elderly are also susceptible to pneumonia, with adults aged 55 and above making up 92 per cent of the pneumonia-related deaths in the United States in 2009.

According to Dr Yap Wee See, Head & Senior Consultant, Respiratory and Critical Care Medicine at Tan Tock Seng Hospital, pneumonia is an acute infection of the lungs. "Symptoms include coughing, production of yellowish or greenish phlegm, fatigue, headaches, muscle pain, fever and chills," he says. Other more serious symptoms could include coughing up blood and shortness of breath.

There are a number of causes of pneumonia, with viruses and bacteria being the most common of these. White blood cells in the body attack the lungs to try to kill the bacteria, which then causes pus and fluid build-up in the lungs. This, in turn, results in a lack of oxygen reaching the

blood supply, causing breathing difficulty in sufferers. In extreme cases, such as in Acute Respiratory Distress Syndrome (ARDS), a person's organs fail due to the lack of oxygen — which then results in death.

But while this sounds dire, Dr Yap is quick to point out that the illness is not an automatic death sentence. "Pneumonia is curable in most cases, except for the small minority who are stricken by severe infections," he adds. In such cases, pneumonia can lead to respiratory failure and death, even with prompt treatment.

## Who Is At Risk?

What makes pneumonia particularly dangerous is that it is easily transmitted through upper airway secretions such as saliva or mucus. If you come into contact with these secretions when a person suffering from pneumonia coughs or sneezes, the bacteria can enter your body

## Is it or is it not...

Pneumonia is just one of many respiratory illnesses that you can contract. But what are the differences between these conditions and what should we know about their symptoms?

### ▶ Tuberculosis

**It is:** A serious bacterial infection that usually affects the lungs, but which can also cause infection of the central nervous system, lymphatic system and even bones and joints.

**Symptoms:** Coughing up mucous or blood, excessive sweating (especially at night), fatigue, fever, chest pains and wheezing. Tuberculosis can stay dormant in your body and reactivate years after you have

recovered from it.

### ▶ Pulmonary Oedema

**It is:** A build-up of fluid in the lungs that is often caused by congestive heart failure — when the heart is unable to pump blood as it should, it causes fluid to flood the lungs, thus leading to a reduced oxygen supply to the body. Pulmonary oedema can also be caused by hypertension, heart attacks and kidney failure among other conditions.

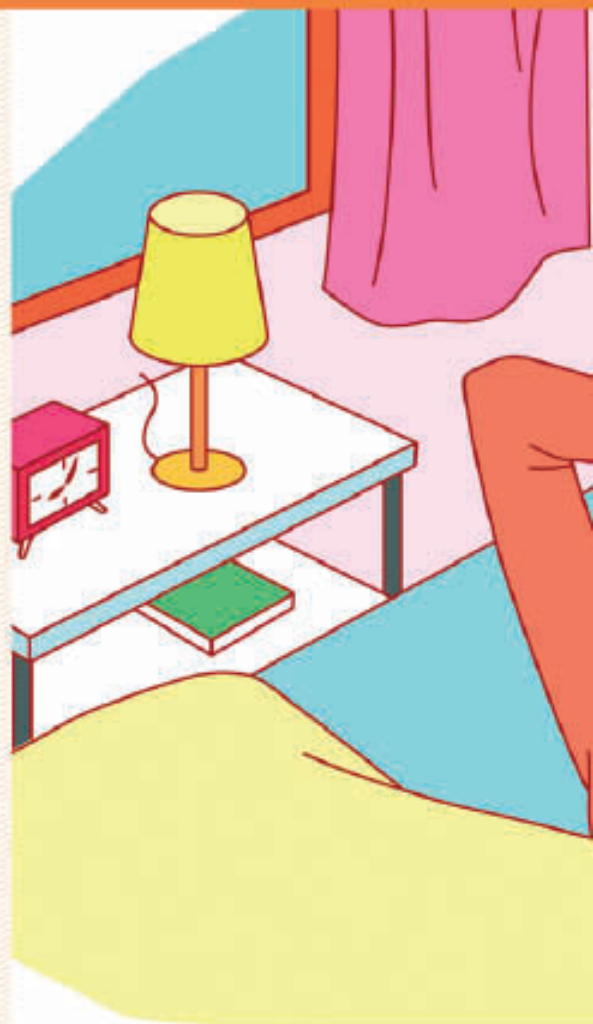
**Symptoms:** Coughing up blood, having difficulty breathing when lying down, a "drowning" feeling because you can't get

enough air and not

### ▶ Bronchitis

**It is:** An inflammation of the lining in the air passages, known as bronchial tubes, which are located between the nose and the lungs. It can develop as a complication from flu, cold or viral infection or chronic coughing over years. It is caused by a virus or bacteria that enters the air passages.

**Symptoms:** Coughing up phlegm, shortness of breath, wheezing, fatigue, fever, chest pains and blocked or runny nose. Doctors will also examine a patient to check for inflammation of the bronchial tubes.





## ANY CONDITION THAT REDUCES THE BODY'S DEFENCE MECHANISMS CAN INCREASE YOUR SUSCEPTIBILITY TO PNEUMONIA

and infect you.

While pneumonia can develop in anyone, there are some who are more prone to the condition because of a weakened immune system. "Any condition that reduces the body's defence mechanisms can



PHOTO: GETTY IMAGES

increase your susceptibility to pneumonia," explains Dr Yap. "This could include patients with chronic lung diseases, anyone who is on corticosteroid therapy, undergoing chemotherapy for cancer or taking any immunosuppressive medications." A recent high-profile case is that of former MediaCorp actor Chen Wencong, who died in December 2012 from pneumonia that he contracted from an infection while recovering from leukaemia.

Another form of bacterial pneumonia called Pneumocystis Pneumonia, or PCP, is a possibly fatal condition that commonly affects AIDS patients. At one time, it was the leading cause of AIDS-related deaths in Singapore.

Other individuals at higher risk of contracting pneumonia include adults aged 65 or older, very young children and anyone who has a respiratory condition such as asthma or chronic obstructive lung disease (COPD). Smokers can also be at a higher risk, as smoking can lead to COPD which is associated with an increased risk of chest infections.

### Know The Difference

While it is a common misconception that pneumonia is just a more serious case of the sniffles — as it often appears to come on the heels of a cold or a bout of influenza — the truth is that it affects a different part of our body. Colds and the flu are generally considered upper respiratory tract infections, which occur in the nose, sinuses, pharynx and larynx. Pneumonia, on the other hand, is considered a lower respiratory tract infection as it affects the lung abscesses.

"This is why we encourage patients who don't seem to be recovering from upper respiratory tract infections to seek a medical consultation with their family doctor, just to ensure that it is nothing more serious," says Dr David Tan, a Family Medicine Associate Consultant at Jurong Polyclinic. "You should see your family doctor for a check-up if your flu symptoms don't get better after a few days, or if you develop warning symptoms such as shortness of breath, chest pain or blood in your phlegm," he adds. "Your family doctor will then be able to better advise you on any further tests as necessary."

**PATIENTS WITH PNEUMONIA SHOULD REMEMBER TO WEAR A FACE MASK WHEN IN PUBLIC**

Tests used to check for pneumonia include a physical exam where doctors listen to your lungs to check for fluid build-up and chest X-rays. Doctors may also conduct a bronchoscopy, where a flexible tube is inserted into the nose or mouth to monitor for infection in the lungs.

The treatment for pneumonia usually requires the use of antibiotics to help the body fight lung infection, along with other medications to control symptoms which include fever or cough. "High-risk patients may also need to be admitted to hospital for observation or for intravenous antibiotics," says Dr Tan. To help with recovery, he advises patients with pneumonia to rest well and, for those among them who are smokers, to stop smoking.

### Safeguarding Yourself

If you are in close contact with someone who has pneumonia, the best way to protect yourself is to practise good hygiene. Wash your hands thoroughly and regularly with soap and water. This is because your hands may come into contact with bacteria.

"Patients with pneumonia should also remember to cover their mouths and noses when coughing or sneezing, and wear a face mask when in public," says Dr Yap.

According to Dr Tan, there tends

to be an increase in the number of pneumonia cases during the flu season in Singapore, which typically occurs between December and February. "We therefore advise patients — especially those who are at high risk of pneumonia or

suffering from chronic diseases such as hypertension and diabetes — to go for their annual flu vaccinations," he adds. "Patients with these chronic diseases are more susceptible to infections as their immunity may be compromised, and hence this increases their risk of developing pneumonia."

The most effective way to protect oneself from contracting pneumonia is to keep healthy, says Dr Tan. This would include adopting a diet that is rich in fruit and vegetables as well as exercising regularly to keep your immune system strong. **EW**



# How to stop HIV and AIDS

TREATMENT OPTIMISM, FATIGUE OVER 'SAFE SEX' MESSAGE  
MEAN A NEW SYSTEMATIC APPROACH IS NEEDED.

BY PROFESSOR ROY CHAN  
PRESIDENT // ACTION FOR AIDS

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**FOR MORE THAN THREE DECADES**, we have tried and have been relatively successful in controlling the spread of HIV infection in Singapore. It has taken the perseverance and ingenuity of individuals and groups, as well as the support and collaboration with government organisations and agencies to bring us to where we are today.

The cumulative number of Singaporeans and residents diagnosed with HIV/Aids was 5,306 last year. Females have been less affected by infection, accounting for seven per cent of newly-diagnosed infections last year.

There are, however, two troubling trends:

- More than half of newly-diagnosed HIV infections were made in persons with late stage of infection;
- HIV infection is increasing rapidly among the group referred to as "men who have sex with men" (MSM), who include homosexuals as well as men who have sex with both men and women. Last year, newly-diagnosed infections among MSM outnumbered those in heterosexuals by 49 per cent to 43 per cent for the first time in two decades.

To date, we have relied on the "traditional" approach to prevention — disseminating Aids education and information to warn the public of the dangers of casual sex and sex with sex workers.

Where permitted, we have expounded safer sex messages that include the consistent and correct use of condoms and lubricants for sex with casual partners.

For those who may have been exposed to HIV or who have casual sex partners, we have been advising regular HIV testing. Over the years, the number of anonymous test sites has increased to eight.

Targeted and intensive 100 per cent condom-use programmes have succeeded outstandingly in reducing to zero the incidence of HIV infection among regulated brothel-based sex workers. Unfortunately, such programmes cannot be replicated for transient street- and nightclub-based freelance sex workers.

### **No Longer A Death Sentence**

HIV infection in the 21<sup>st</sup> century is no longer the death sentence it was in the 1980s and 1990s. While complete eradication of HIV in the body is still elusive, modern antiretroviral (ARV) drugs can effectively suppress HIV to



**HIV INFECTION IS INCREASING RAPIDLY AMONG THE GROUP REFERRED TO AS "MEN WHO HAVE SEX WITH MEN" (MSM), WHO INCLUDE HOMOSEXUALS AS WELL AS MEN WHO HAVE SEX WITH BOTH MEN AND WOMEN**

the point that those with HIV/Aids are able to lead relatively normal lives, free from the physical stigma and opportunistic infections that used to plague patients in the past.

I use the term "relatively normal" because living with HIV infection has significant challenges. For example, the ARV medications have to be taken regularly, a high level of adherence is necessary to achieve a satisfactory result, treatment is life-long and costly, and there are enormous psychological, emotional, social and financial consequences on those with HIV/Aids.

Furthermore ARV treatment is not without side effects, and HIV infection by itself is also known to have long-term complications and may affect the cardiovascular, metabolic and nervous systems that could lead to serious consequences.

As a result of effective ARV treatment, however, fewer infected people are dying from Aids than 20 years ago, and there are greater numbers of people with HIV/Aids among us.

The HIV epidemic is, therefore, becoming bigger and yet more invisible at the same time.

The improved prognosis and heightened invisibility of the disease have unfortunately led to a sense of treatment optimism, fatigue over safer-sex messages and less fear of Aids both in the general population and among those with high-risk behaviour.

Increased levels of unsafe sexual practices, the ease of hooking up over the Internet and through mobile devices, and the increasingly common practice of mixing sex with pleasure-enhancing recreational drugs are thought to be drivers of the HIV epidemic among MSM, as well as other communities all around the world.

Going forward, it is clear that we cannot rely only on traditional methods of prevention. We need a systematic approach in analysing our programme.

We can start with estimating the number of HIV infections in the country. We know of 5,306 notified HIV infections to date, but how many more infected individuals remain undetected or have not been notified to the government. My "guesstimate" is another few thousand.

We should then ask ourselves how many of those we know about are linked to care. Of those linked to care, how

many stay in care and how many drop out and are lost to follow-up? Of those remaining in care, how many are receiving ARV medications? And of those receiving ARV medications, how many have satisfactorily suppressed their viral loads?

It is very likely that there are significant leaks at each point of this HIV treatment cascade. A good example of leak-plugging is the cash subsidy that is given to persons who test positive at the Action for AIDS anonymous test site, to encourage them to go to a medical facility for clinical evaluation.

After this incentive was introduced, the number of persons with a positive result who were successfully linked to care jumped from nine in 2009 to 54 last year and to 44 in the first seven months of this year. This clearly demonstrates that financial assistance can play a big role in improving HIV care, control and prevention here.

We must look for and put in place solutions to plug each of the leaks in the cascade in order to improve the situation.

## Treatment As Prevention

This leads me to the concept of treatment as prevention.

It has recently been shown that treating people with HIV significantly reduces the risk of onward transmission to others. Furthermore, ARV treatment will have a significant impact at the population level. The larger the number of people with HIV infection who are on treatment and the sooner they are started on treatment, the greater the chance of stopping the spread of HIV in the community.

We must be open-minded and willing to try new approaches when the old ways are not working well enough.

A useful way of viewing HIV infection is the concept of the community viral load (CVL). This can be considered to be the sum total of all the recent viral loads of all the infected persons in the community at any one time.

It has been shown that in a community where most of the people with HIV infection have been tested, diagnosed and have been linked to care, where there is widespread availability and use of ARV treatment, the CVL will be low, and this will mean that there will be a decreasing risk of the infection spreading to uninfected persons.

This has been demonstrated in places

**IN ORDER TO TURN THE TIDE AGAINST HIV, WE NEED TO GET A LOT MORE PEOPLE TO TEST, AND TO TEST REGULARLY**

like San Francisco and Vancouver.

Compare this to a country like Singapore, where many HIV-infected persons are afraid to get tested for fear that they may lose their jobs, afraid to seek treatment because they think they cannot afford medications, or are only diagnosed late in the disease the CVL will be much higher, leading to higher chances of continued and increasing HIV transmission.

A better example for comparison closer to home is Hong Kong, which has a population of 7.1 million compared with Singapore's 5.2 million, but which has an HIV infection load of around the same size and has been recording slight falls in new notifications of HIV infection recently.

Is this the result of a lower CVL in Hong Kong than in Singapore, and could this have come about from more widespread testing and more comprehensive and affordable treatment programmes?

What do we need to do? It is clear to me that in order to turn the tide against HIV, we need to get a lot more people to test, and to test regularly. This may well mean licensing home test kits.

We should make HIV testing something that members of the public do not fear, if anyone tests positive, they should be able to get linked to care as soon as possible.

This means training and opening more HIV treatment centres. Treatment and care must be convenient, inexpensive and discrimination-free.

Affordability must not be a barrier

to accessing treatment and staying on treatment, otherwise HIV-infected persons will have no incentive to get tested, they will not receive the necessary ARV treatment, and those already on treatment will drop out once their funds dry up. This is one major obstacle in our programme and it has only been partially addressed.

The other big obstacle is the pervasive level of stigma (relating to beliefs and attitudes) and discrimination (relating to actions) towards people with HIV/Aids in the country.

Changing this may be possible in the long term by repeated anti-stigma campaigns. However, change will not be possible without two things — endorsement by political and community leaders, and more importantly, making the structural and legislative changes needed to remove the stigmatisation and discrimination of persons living with HIV/Aids and the key affected populations.

Last, but not least, is the absolute necessity for individuals from the key affected populations to step up to the plate. In Singapore, this really refers to the MSM community.

HIV infection is not something that is a mystery any more. We know exactly how to avoid catching it and we know exactly how to stop spreading it.

If each and every member of the MSM community takes the personal responsibility to use condoms every time he has sex, goes for regular HIV tests, and reduces the number of sexual partners (if possible stick to one), we can stop the spread of HIV infection tomorrow.

The job of policymakers, administrators and advocates is to ensure that nothing stands in the way of accurate, timely and relevant prevention resources getting to those who need them the most, and to make available support that will empower people to act accordingly. *aw*



**Professor Roy Chan was co-chair of the recent 8<sup>th</sup> Singapore Aids Conference, jointly organised by Action for AIDS and Tan Tock Seng Hospital and supported by the Health Promotion Board, Singapore General Hospital and National University Hospital. The conference on 17 November 2012 was themed "Getting to Zero: Zero new HIV infections; Zero Aids-related deaths, Zero discrimination". For details, go to <http://sac2012.sg/>**

# Beating the long ODDS

GAMBLING ADDICTION IS CONSIDERED A PSYCHOLOGICAL DISORDER THAT NEEDS TO BE ADDRESSED BEFORE IT'S TOO LATE.

BY ALEX NGAI

IN CONSULTATION WITH DR MELVIN WU  
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ALTHOUGH CONSIDERED A VICE, GAMBLING — in its diverse forms — enjoys a certain degree of legitimacy in Singapore. Indeed, for many Singaporeans, gambling has been a part of the social fabric for years — witness the long queues to buy Toto and 4D, the popularity of football betting as well as gambling cruises to nowhere.

In the majority of instances, such pursuits are harmless and serve as no more than a form of entertainment. With the setting up of casinos at the two Integrated Resorts in recent years however, the issue of gambling addiction as an actual psychological disorder has come under the spotlight.

We have all read newspaper articles of individuals who have jeopardised their careers and personal lives due to their obsession with gambling. Much like those who engage in substance abuse, these gambling addicts can sometimes resort to reckless acts, from lying and cheating to stealing — sometimes with violent consequences — in order to feed their habit. And while some have been subjected to Exclusion Orders from gambling venues (either voluntarily or by their families) in a bid to curb their addiction, others still have to grapple with their problem gambling, often not realising that it is a condition which may require professional help.

But when does gambling become a problem? Gambling behaviour exists on a continuum that ranges from social gambling — playing a round or two of poker with friends



## (WELLNESS)

at Chinese New Year, for example — to pathological gambling, and it is the latter that is akin to an addiction. According to the *Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition, Text Revision)*, pathological gambling is when a person is unable to stop or control his or her urge to gamble, in spite of gambling-related problems they might have.

According to Dr Melvin Wu, resident physician at the National Addictions Management Service (NAMS), Institute of Mental Health (IMH), a gambling addict develops irrational beliefs regarding gambling and often overestimates his probability of winning — believing he can beat the odds — and attempts to develop 'strategies' to beat the game. He is unable to appreciate the fact that, in any form of gambling, the outcome is largely unpredictable and random. Ultimately, it is this inability to control the urge to gamble that results in a gambler's downward spiral.

### Reading the Signs

"Pathological gambling is an addiction that is not easily detected," says Dr Wu. Unlike substance or alcohol abuse, there are no lab tests for it. Addicts display limited physical symptoms and the addiction is much easier to hide due to the fact that gambling is socially tolerated to some degree. However, this does not make the disorder any less dangerous.

Much like drug and alcohol addicts, problem gamblers generally experience a compulsion to indulge in a particular behaviour despite the obvious negative consequences. Effects like a loss of control over urges and cravings, as well as withdrawal symptoms like irritability, have an impact on mood, judgment and insight. "(Addicts) also start betting increasing amounts of money and incur unexplained debts. They might even start borrowing money from family or friends to pay for daily expenses like phone bills, school fees or household expenses," explains Dr Wu. "In the worst-case scenario, they might steal jewellery to pawn, borrow money from loan sharks or commit illegal acts."

The biggest problem with a gambling addiction is that its effects are not limited to the victim. Ms Ow Chien Yi, a counsellor at NAMS, IMH, explains that problem



**PROBLEM GAMBLERS GENERALLY EXPERIENCE A COMPULSION TO INDULGE IN A PARTICULAR BEHAVIOUR DESPITE THE OBVIOUS NEGATIVE CONSEQUENCES**

gambling hurts not only the gambler. It also affects the physical, mental and financial health of his or her family which may then disrupt the stability of the household. The financial consequences of a gambling addiction can create prolonged stress that may in turn trigger depression and anxiety. Severe problems like domestic

abuse, child neglect and divorce can occur, and victims might be pushed towards alcohol/substance abuse to cope with the stress. Individuals and families affected by gambling addiction also have a higher risk of suicide due to the emotional distress.

Dr Wu provides some examples of subtle signs that can help identify gambling addiction. "In the early phase, the person may get more involved in gambling activities. They may start talking more about their big wins or spending more lavishly. They may even start watching football matches when previously they had no such interest, or might display more attention to the sports section of the newspaper," says Dr Wu. Family members should also pay attention to the amount of time a person spends gambling.

Gambling addicts can often neglect



proper meals and rest in lieu of 'marathon' gambling sessions, and such behaviour can lead to them being hospitalised for exhaustion or even deep-vein thrombosis. In addition, people who have a gambling addiction may have co-occurring substance addiction or depression.

### Coping With Addiction

Gambling addicts can visit NAMS and receive an integrated treatment consisting of medical and psychosocial interventions to help them and their families. The multidisciplinary team comprises of psychiatrists, counsellors, medical social workers, nurses and psychologists, all working together to render help from various angles.

"The counsellor works closely with the patient in an individual setting to develop effective relapse prevention plans," explains Ms Ow. "Psychological interventions employed include cognitive-behavioural therapy and motivational interviewing, and may also focus on financial management, emotion regulation and lifestyle changes that are pertinent to recovery."

Patients are referred to a treatment group, GAME (Gambling Addiction Management through Education). GAME helps gamblers learn about gambling addiction and recovery through a series of psychoeducational and discussion sessions. These sessions aim to achieve cognitive and behavioural changes by getting gamblers to understand their addiction, learn about money management, deal with gambling

urges, cope with their families and develop relapse-prevention strategies, among other recovery skills.

NAMS also offers family therapy and a support group to engage gamblers' family members. As addiction affects the entire family, it is paramount for family members to understand the process of addiction and support the afflicted

individuals. As pathological gambling is a psychological disorder that results in behavioural changes, it is important that addicts and their families understand that support and education are vital to keeping the problem under control. **uw**

PROBLEM GAMBLING HELPLINE 1800-6-668-668

“**THE “GAME” SESSIONS AIM TO ACHIEVE BEHAVIOURAL CHANGES BY GETTING GAMBLERS TO UNDERSTAND THEIR ADDICTION**”

## All Bets Are Off

Raymond's\* problems started in 1998, when his share and contra investments went south, leading him to accumulate

about \$250,000 in debts. Although his family helped to clear part of what was owed, Raymond soon not only resumed contra trading but also started football betting, hoping he would be able to clear his remaining debt. Before long, Raymond

was saddled with bank loans, credit card debts and even loans from illegal moneylenders. "When I

was unable to bring in enough for my family or clear my creditors (by making the minimum payments), I started to borrow again so that I could gamble, in the hope of winning some money to cover the shortfall," Raymond says.

In 2009, Raymond attempted suicide due to his gambling woes and was sent to the Institute

of Mental Health, where he realised he had a gambling problem. He was discharged after four days and a counsellor was assigned to him.

The road to recovery has not been easy. Besides attending all his counselling sessions, Raymond went through 12 sessions of GAME (Gambling Addiction Management through Education) and joined the Recovery Support Group (RSG) for problem gambling, in which patients provide and receive peer support as well as share practical information and tips on maintaining abstinence and managing

life free from addiction.

Raymond's progress has gone so well that he has taken the role of a GAME Recovery Peer (GRP) since October 2010 while maintaining his participation in the RSG. "I have learnt from the past. Gambling has only brought me stress, debts, anxiety, isolation from family and friends, desperation, worries and all the negative consequences that you can name," says Raymond, who adds that he will be completely debt-free by the end of 2013. "I am now able to sleep in peace and I have also regained the trust of my family and friends."



\*Not his real name



# Views From The Top

TWO WOMEN WHO ARE PART OF THE NATIONAL HEALTHCARE GROUP'S SENIOR MANAGEMENT TEAM TELL *LIFEWISE* WHAT IT TAKES TO BE SUCCESSFUL AND LEAD FULFILLING LIVES AT THE SAME TIME.

BY JOLENE LIMUCO

## Mrs Olivia Tay

GROUP CHIEF HUMAN RESOURCE OFFICER, NATIONAL HEALTHCARE GROUP (NHG), 50-SOMETHING

➔ "OPEN-MINDEDNESS IS VERY IMPORTANT TO SUCCEED — not only career-wise, but in all aspects of life and in every job. My advice to women who would like to rise to the top is to understand that you should always learn something in everything that you do, and perform your role with heart and not just because it's a job. You must be able to find meaning in what you do. If you continuously wait for something to happen, you will always be unhappy. But if you are self-motivated, the fruits of your labour will come if you do it right.

I've never felt that gender is an issue when it comes to women occupying senior management positions. There are opportunities out there. However, as women, we have three roles to play. We are wives, mothers and employees. The question is how do you balance all three priorities? So the concern is that you may be able to give maximum time and effort to your career but then perhaps your time with family suffers. And I've heard most women say that for them, family comes first. The sacrifices a woman makes for the organisation may not correspond exactly with that of a male colleague's. Therefore it may appear to the public that women are not making inroads into top leadership positions. But it's not that they are less able and that there is discrimination towards women.

Many years ago when I was just starting my family, I took on a lesser job in order to spend more time with my three children. I planned it so that I could spend more time with them when they were still young. I've never seen that move as a sacrifice to my career. On the contrary,

it was worth it to be involved in my kids' growing up years. It was only when they became teenagers that I concentrated on my career. I worked in a manufacturing company. When I joined the National Healthcare Group (NHG) in 2001, it was a completely new environment, which was what I wanted. It was stimulating to be part of a change as that was the beginning of Singapore's healthcare clustering. It was exciting to be part of the team putting into place new policies and new models of operation.

In public healthcare, it is not just about patient care. Being an essential service, you need to be more sensitive to social issues, medical issues and your decision is not all about the bottom line. Being aware of all these issues is a challenge. Therein lies the motivation and stimulation to want to carry on with it because it is a lot more meaningful. I always say that I have vested interests in what I do. That's because I will probably have to use the system at some point.

My children are now in their 20s and leading their own lives. I have more time to indulge in my own interests. I unwind at the golf course, where I play with friends once a week.

Other than that, it is important to me to spend time with friends and family. I cultivate close friendships with colleagues outside of work.

Yee Juan and I join a couple of colleagues every now and then for crab dinners. It's something we all have in common — our love of eating crabs! I think it is important to balance social activities with work because it gives me a sense of well-being."

MRS OLIVIA TAY TOOK ON A LESSER JOB TO BE MORE INVOLVED IN HER CHILDREN'S GROWING UP YEARS



## Ms Lim Yee Juan

GROUP CHIEF FINANCIAL OFFICER,  
NATIONAL HEALTHCARE GROUP  
(NHG), 40-SOMETHING



### “I WORKED AS THE CHIEF FINANCIAL OFFICER

in Tan Tock Seng Hospital (TTSH) for three years before joining NHG as its Chief Financial Officer when the cluster was formed in 2000.

Prior to this, I worked in a multinational disk drive manufacturing firm. Whilst life was exciting and fast-paced in disk drive manufacturing, I worked long hours and often stayed late to confer with my overseas colleagues. This was

alright until my first son came along. Around the time he turned a year old, my mum noticed that he was closer to my maid than to me, and she told me, ‘You need to change your job and spend more time with the boy.’ When the opportunity came along, I took her advice

and joined

TTSH as the Controller for Financial Planning as I thought that it would be a nice change.

Initially, I found it very hard to adjust to the hospital environment because I was used to life in the private sector. Within a year, I left to return to my old manufacturing firm. When the hospital’s Chief Executive Officer asked me why, I told her, ‘The pace at the hospital was too slow!’ However, I returned to TTSH when the opening of the Chief Financial Officer became available and the CEO told me, ‘Now you can’t complain the pace is too slow as it’s yours to set!’

I have to say that I’m glad I rejoined the healthcare industry at a very exciting time. When I returned to TTSH in 1997, the industry was undergoing changes; becoming corporatised, establishing new funding systems and building new IT capabilities, just to name a few. Today, our focus is on engaging and improving our care integration with our primary care and intermediate/long-term care partners. And

being part of this continuous process of change is exciting.

It wasn’t a switch so that I would work fewer hours per se, but I wanted a more balanced life. At TTSH and now at NHG, it’s not like we work short hours. One key difference is that my colleagues are all based in Singapore so that allows me to work from 8am to 7pm. We do work overtime if the need arises but we can then pace it. For example, I can break for dinner with my husband and two sons aged 14 and 19, and then continue to work at home. My time is my own to manage.

Even though I’m busy with work on most days, I try to optimise my time with my children. I never fail to drive my sons to school every morning. I use that time to chat with them and to keep up to date with their lives. We also go on annual holidays. Now that my boys are teenagers, they are

also tied up with their own social and school activities, so having each of us set aside some time for family bonding is very important.

One thing that I have taken away from working in this industry for the past 17 years is that I have adopted a healthier lifestyle. If my kids are free, we go to the park for walks. Once in a while, we would even play Frisbee.

At the end of the day, my advice to young people who wish to succeed in their careers and lead fulfilling lives is to be open to trying new things. Whatever experience you gain goes towards your personal, if not professional development. It’s the exposure and life experience that benefits you in the long run. Sometimes you can’t relate how much effort you put in to how much reward you get, but you just have to believe that the ‘system’ is fair and that your life is what you make of it. Be open, go forth and live life to the fullest — this is when you will grow. Also when given the opportunity, step up and embrace it because the first step taken is half the battle won.” *uw*

“  
BE OPEN, GO FORTH  
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MS LIM YEE JUAN’S RECIPE  
FOR SUCCESS IS TO BE OPEN TO  
TRYING OUT NEW THINGS

# Through the YEARS

MAINTAINING A HEALTHY SEX LIFE AS YOU BOTH AGE IS ESSENTIAL FOR A PHYSICALLY AND EMOTIONALLY FULFILLING SENIOR LIFESTYLE.



**MADAM BETTY KANG MIGHT BE IN HER LATE 50s**, and has been married for decades, but she still works hard at being the good wife — in the bedroom. “Although my husband and I have been married for more than 30 years and we have two grown-up children, I try not to take him for granted and I make sure he is satisfied in the bedroom,” she says.

Believing that an active sex life is important to a marriage, housewife Mdm Kang and her businessman husband, who is in his early 60s, have sex at least once a week. “Of course, we have slowed down, compared to our younger days when we made love daily,” she shares with a laugh. “We are also less spontaneous, except perhaps when we are on holiday when it always feels like we are on another honeymoon.”

## Quality Time

For Mdm Kang, making love now is less about the pleasure associated with spontaneity. Rather, it is “more about having good, quality time pleasuring each other”. However, given the fact that they are both older, the couple took steps to ensure that their intimate life is set at a comfortable pace. It helps greatly that they are extremely in tune with each other’s needs after years of marriage. They are also

more patient with one another and more confident with their bodies.

“There was a time, a few years ago, when my husband couldn’t sustain his erection,” Mdm Kang recalls. “Fortunately, his condition was temporary. We continued being intimate, and I didn’t rush or put pressure on him.”

To the couple, physical intimacy is more than sexual penetration. “We cuddle, kiss and hug,” she says, adding that they did not seek medical help as they believed he was just “extra stressed out with work”. Fortunately, the condition improved with time and their level of sexual activity picked up once more.

Similarly, when she went through menopause — an event that typically occurs in a woman’s midlife and signals the end of the fertile phase of her life — Mdm Kang’s husband was understanding

about her mood swings and vaginal dryness. “I didn’t seek medical help but my husband and I continued to experiment to find a way to pleasure me in my post-menopausal state,” she says.

One of the common problems in older men is erectile dysfunction (ED), which is characterised by the inability to develop or maintain an erection during intimacy.

According to various statistical reports, the prevalence of erectile dysfunction is higher in men with heart and vascular disease due to the presence of a range of risk factors such as diabetes mellitus, obesity,

hypertension and atherosclerosis. These factors account for about 70 per cent of ED causes.

Although ED can be caused by a variety of diseases, it can be managed and sildenafil citrate (a component of the

“**MAKING LOVE NOW IS LESS ABOUT THE PLEASURE ASSOCIATED WITH SPONTANEITY. RATHER, IT IS ‘MORE ABOUT HAVING GOOD, QUALITY TIME PLEASURING EACH OTHER’**”



## Have More Sex To Live Longer

Intimacy at any age has its benefits. The pleasure sex brings to a person comes from the release of endorphins, which is a natural tranquiliser and gives people a natural "high" of sorts. And studies have shown that people who have a healthy sex life live longer for a number of reasons.

For example, a University of Florence study of 4,000 men showed that those with active sex lives had fewer cardiovascular problems. Sex increases production of testosterone in men which helps prevent depression. It also increases the levels of immunoglobulin in the blood which helps to fight off infection and disease.

The emotional benefits of sex are also important to senior health. More importantly, society should not stereotype pre-conceived notions about seniors and sex, says Dr Mary Ann Tsao in a recent article in *The Straits Times*.

She says that the NIMBY ("not in my backyard") syndrome — bandied here in the wake of the public opposition to nursing homes being built in housing estates — has moved beyond denying seniors physical space to encroach into their social space too. She cites examples such as relationships between widows and widowers as something that is frowned upon by society. "And sniggers or sneers like 'dirty old man' often follow any older person seeking a companion," she says.

Societal stereotypes like these are what

Dr Tsao, the founder of the Hua Mei Centre For Successful Ageing, works to eradicate.

Seniors themselves echo Dr Tsao's call for open-mindedness. Like Mdm Kang, 60 year-old manager Edward Tee feels the key to satisfying senior sex is to "accept that our bodies have aged, but we remain young at heart". Maintaining intimacy with his wife "is also an indication that my feelings for her have not changed; that she is still attractive to me," says the father of two who has been married for over 30 years.

His wife, Robin, 58, says, "Although our love life may not be as exciting as before, I feel good that he still finds me desirable. As the years go by, we have learnt what works for us and what doesn't."

As for the notion that sex is taboo for older people, "it's rubbish", says Mdm Kang. "If you think you can't make love, then you can't. Being intimate with your partner, in your old age, is liberating. It allows you to feel young at heart and young in spirit." **EW**

well-known drug Viagra) is a common oral medicine prescribed by specialists. But these drugs should be used with caution, however, as they can sometimes interfere with other drugs and can have potentially dangerous side effects.

Still, "menopause or erectile dysfunction is not an excuse for not being intimate", Mdm Kang says. She suggests "little touches" such as "sending naughty text messages and keeping yourself fit" as ways to keep one's spouse still interested in intimacy.

## NEED HELP TO GET YOUR SEX LIFE IN SHAPE?

Council for Third Age provides outreach programmes on active ageing.

Junction 8  
9 Bishan Place #10-01  
Tel: 6358 0333  
[www.c3a.org.sg](http://www.c3a.org.sg)

## SEXUAL HEALING

**There are plenty of benefits to having sex, no matter how old you are.**

### RELIEVE STRESS

A Scottish study found that having sex could reduce stress. Researchers put 24 women and 22 men in stressful situations, such as speaking in public and doing mathematical sums, and then checked their blood

pressure. Those who had intercourse before doing those activities were found to have lower blood pressure than those who did not have sex.

### BOOSTS IMMUNITY

Having sex at least once a week leads to higher levels of an antibody called immunoglobulin A, or IgA, and which can protect you from the common cold and infections. This is according

to a study by scientists at Wilkes University in Pennsylvania in the USA. It involved 112 subjects who kept records of how often they had sex. Those who had sex at least once a week had higher IgA in their saliva samples.

### BURN CALORIES

Thirty minutes of having intercourse burns an average of 85 calories, according to a 2006 study by researchers

from the University of Southern California.

### IMPROVES HEART HEALTH

A 20-year-long study by the University of Bristol has found that men who had sex twice or more a week were half as likely to suffer from a fatal heart attack than men who had sex less than once a month. The study looked at 914 men aged between 45 and 59.

# For THRILL's sake

SMOTHERED BY A HUMDRUM ROUTINE? GET AN ADRENALINE FIX — AND A WORKOUT — BY SPENDING A DAY AT THE AMUSEMENT PARK.

BY FAIROZA MANSOR



**THE SEEMINGLY GRAVITY-DEFYING ROLLERCOASTER** you're strapped into has

inverted twice and your heart feels like it's about to detach itself from your body. Your knuckles turn white from gripping the grab handles as the coaster hurtles down at breakneck speed. And, just as you're about to finish mentally writing your will, the ride screeches to a halt. It's over.

Despite being certain of impending death just a few seconds before, a perverse thought now crosses your mind — "Again please!" There's just something about those skyrocketing rides at theme parks that keep people coming back for more — and expert research has attributed this to the lure of the adrenaline rush.

## All For The Rush

Intense activities like riding a rollercoaster can be stressful, but some experts consider this 'beneficial' stress. According to Dr. Frank Perna, Associate Professor of Medicine and Director of Health Psychology at Boston University's School of Medicine, such activities release stress hormones — including adrenaline — and the resulting buzz can buffer you from future stress in other domains of your life.



An adrenaline rush happens when there's a sudden increase in the secretion of adrenaline from the adrenal glands, such as when the brain signals the need for 'fight-or-flight' response. The cause of this need not be an actual threat but also an imagined one; in this case, thinking your life is at risk before the rollercoaster takes a near-vertical plunge.

The danger and unpredictability of thrill rides require your brain to adjust to fast-changing conditions. That surge of stress sends a flood of oxygen-rich red blood cells through your body, boosts your immune system and signals your brain

to release dopamine and endorphins — neurotransmitters that make you feel good. When the ride ends and you realize you're still in one piece, it makes you feel even better. This is the positive power of adrenaline at play.

On the next ride, you might still have a pounding heart and sweaty palms, but now, it's also exhilarating because your mind is anticipating the reward of the thrill. According to researchers at Texas A&M University, experiencing this reward helps you to cope better, power through and even thrive under stress.

But too much stress can take a bad turn.

## RIDE IT RIGHT

While exciting, a day at the amusement park can also be hazardous to health if one doesn't follow the safety guidelines. Here are some precautions that even the gutsiest thrill-seekers should heed.



▶ **Thrill rides can be heart-stopping, literally.** The thrill of the ride can spark irregular beats if you have a heart condition, and may put you at risk of heart attack, *BBC News* reported in November 2005.

▶ **Beware of whiplash.** Whiplash injuries are caused when your head is jolted either backwards, forwards, or side-to-side, causing pain. Whiplash injuries take anything from a few hours to a few days to make themselves

known. Ensure that your safety harnesses are in place when you get onboard a thrill ride to reduce the risk of whiplash. Seek medical treatment immediately once you feel discomfort or pain.

▶ **Ear barotrauma can occur.** Ear barotrauma happens when there's a quick change in air pressure. To counter this, remain forward-facing for the duration of your ride, don't hang your head over the side or turn around to look at your friend.

Long-term, chronic emotional stress causes

your adrenal glands to release a

steady stream of another stress hormone, cortisol. Unlike adrenaline, whose effects are momentary, cortisol often remains in your bloodstream, driving up your blood pressure and suppressing your immune system, reported *BBC Health* in July 2011.

## Walk It Off

It's not just the rush induced by rides that's good for you. Theme parks are often vast, requiring a lot of walking from ride to ride. Depending on your body weight, 20 minutes of walking burns some 100 calories, *The New York Times* newspaper reported in April 2012.

Walking keeps your weight down, which has other beneficial effects. In a November 2012 report, British newspaper *The Guardian* stated that walking 10,000 steps or roughly 8km, throughout the day — considered a moderate amount — can help control blood-sugar levels, reduce the risk of diabetes, heart disease and stroke, lower blood pressure and increase life expectancy.

Experts also say walking is one of the safest forms of exercise, resulting in fewer injuries than other aerobic workouts like running.

## The More The Merrier

A trip to the amusement park is usually a gathering of friends and family, and what better way to unwind than to spend time with those near and dear? Take your mind off whatever is stressing you out, get out there with your loved ones and you've got a powerful stress reducer.

It has been found that people who surround themselves with others in various social activities reap extra rewards from their relationships by feeling less stressed and having a lower risk of illness.

A study published in the July 2010 issue of *PLoS* (Public Library of Science) *Medicine* — a peer-reviewed medical journal — found that being lonely and isolated is as bad for health as smoking 15 cigarettes a day or being an alcoholic. It is as harmful as not exercising and twice as bad for the health as

being obese. The study was conducted by Dr Julianne Holt-Lunstad, a psychologist at Brigham Young University in Utah in the United States. She and her team reviewed 148 studies that tracked the social interactions and health of 308,849 people.

“**THAT SURGE OF STRESS SENDS OXYGEN-RICH BLOOD THROUGH YOUR BODY AND RELEASES NEUROTRANSMITTERS THAT MAKE YOU FEEL GOOD**”

Being sociable can also slow ageing and prolong life, reported *The New York Times* in April 2009. The article referenced a 10-year Australian study, which found that older people with a large circle of friends were 22 per cent less likely to die than those with fewer friends. The article also quoted a study conducted by researchers at the Harvard School of Public Health, which suggested that strong social ties can preserve our brain's health as we age. **LW**

## READY, SET, PLAY

Buckle up and head down to these nearby theme parks for some heart-pumping fun.



### UNIVERSAL STUDIOS, SINGAPORE

[www.rwsentosa.com/Attraction/UniversalStudiosSingapore](http://www.rwsentosa.com/Attraction/UniversalStudiosSingapore)

This amusement park boasts the world's tallest duelling rollercoasters: Battistar Galactica, with a top height of 42.5m, can reach 90kmh.

### LEGOLAND, JOHOR, MALAYSIA

[www.legoland.com.my](http://www.legoland.com.my)

Get your excitement on the aptly-named Dragon if you visit the first Legoland theme park in Asia. This rollercoaster trundles into a medieval-style castle before hurtling down a winding track.

### DISNEYLAND, HONG KONG

[park.hongkongdisneyland.com](http://park.hongkongdisneyland.com)

Hong Kong Disneyland will work its unique magic on you. Take things easy on the many child-friendly rides at six themed areas, the newest being Toy Story Land, which opened in November 2011.

# SHAPING up right

A NEW YEAR, A NEW FITNESS PLAN — BUT IT'S IMPORTANT TO DO IT CORRECTLY. *LIFEWISE* ANSWERS QUESTIONS ON STARTING AN EXERCISE ROUTINE.

BY EVELYN MAK

IN CONSULTATION WITH DR JASON CHIA

HEAD OF SPORTS MEDICINE AND SURGERY CLINIC // TAN TOCK SENG HOSPITAL

## It's the first time I've exercised and I have no idea what to do! Help!

It's important to know your fitness level. This is why Dr Jason Chia, Head of Sports Medicine and Surgery Clinic at Tan Tock Seng Hospital, recommends going for a medical checkup before hitting the track, gym or pool. "You might need a checkup to find any existing medical conditions that may require you to abstain from certain forms of exercise, or to modify a workout regime to make it safer for you.

"A checkup can also identify medical conditions that could be prevented or treated by exercising. Fitness testing can be used to gauge what sort of shape you are in and help target the best exercise intensity for better fitness gains," Dr Chia says.

Certain groups of people are strongly advised go for a medical checkup before exercising. Examples include anyone who has a heart condition; those with pre-existing bone or joint problems; those suffering from chronic medical conditions like asthma, diabetes or hypertension; pregnant women; or individuals above the age of 45. Anyone who hasn't exercised in three months is also advised to see the doctor before starting a workout regime.

## So how should I start planning an exercise programme?

Once doctors have deemed you fit for exercise, you should look at what you want to achieve from your exercise plan. Do you

want to lose weight or tone a certain part of your body? Is there an event you're training for, such as a wedding or a charity run? This could help you set goals and also give you a timeframe for possible milestones.

## But... exercise is so boring!

Losing motivation to exercise because you find it boring? Try throwing in some variety to help ease the routine. Instead of just getting on the treadmill every time you workout, vary the exercises. Plan for a session of swimming, running and cycling every week and swap the activities around so that exercising doesn't become too "routine".

You could also try out new activities, like kickboxing, Pilates or yoga classes. Your neighbourhood community centre is another great place to join a workout class — the People's Association (PA) for example organises a myriad of classes, from Zumba and *wushu*, to dance classes and aerobics toning sessions.

## Is there such a thing as "too much exercise"?

Definitely! Many people who are embarking on an exercise plan for the first time get over-enthusiastic and "overdo" it at the start. The danger of this is that you could injure yourself and end up setting your exercise plan back. "Some of the dangers of over-exercising include injuring yourself through over-exertion, decreased performance and an increased resting



heart rate," Dr Chia warns. "You could also lose motivation to continue exercising, experience unintended weight loss and even a loss of appetite."

So remember to pace yourself. Set yourself lower expectations at the beginning of your workout plan, building up to longer and more intensive sessions over time. You could also consult a fitness trainer, who would be well-equipped to advise you on how to achieve the best results in your quest.



### **I've been exercising intensely for a week but I haven't lost any weight. What is going on?**

There are a number of possible reasons why you aren't seeing any change when you step on the weighing scale. The first could be your diet — the amount you're eating, as well as what you put on your plate. Exercising is a way to burn up those calories that you take in when you're eating, so if your calorie intake remains higher than the number of calories you expend, you will negate the hard work you've put in.

"Carbohydrates are considered an accessible form of calories to fuel exercise, so it's easier for the body to utilize carbohydrates as a source of energy for workouts," Dr Chia says. If you have a diet high in fat, your body isn't as efficient in burning it off. "With a high-fat diet, there is also the issue of weight gain and the risk of cardiovascular disease," he adds.

Another possible reason could be the type of exercise you're doing. The best workouts for weight loss are cardio-heavy workouts — like walking or jogging — which last between 60 to 90 minutes, at least five days a week. On other days, you can choose to concentrate on strength training for the rest of your body.

### **Is it safe to eat or drink before and during my workout?**

Dr Chia advises anyone who's exercising to eat before working out. "It's okay to take a light meal two to four hours before your workout so that your body is able to digest," he says.

This is especially if you are going to have an intense workout, such as a long run or a session at the gym. The perfect pre-workout meal should be low in fat and fibre, with a moderate amount of carbohydrates and proteins.

And always remember to

**ALWAYS REMEMBER TO KEEP HYDRATED THROUGHOUT YOUR WORKOUT. THE BODY NEEDS WATER TO MAINTAIN CIRCULATION TO THE MUSCLES THAT ARE BEING USED**

keep hydrated throughout your workout. "The body needs water to maintain circulation to the muscles that are being used. It is also used to help regulate the body's temperature," adds Dr Chia. Drink two glasses of water about two hours before you work out, and continue to monitor your fluid intake while you exercise. Another option is to take sports drinks, which can help replace sodium and other minerals lost through perspiration.

### **I want to make exercise a family routine; how do I find activities the whole family can do?**

It's actually a great idea to get the family to exercise together — not only does it help to keep your loved ones healthy and in-shape, it strengthens familial bonds. You can also act as cheerleaders for each other. "There are lots of ways to keep yourself motivated — some people set goals, others use intermittent rewards. And there are some who prefer group support," Dr Chia suggests.

But as your family members may have different fitness needs and capabilities, there are some guidelines you need to keep in mind when choosing activities for them. "Older women might want to incorporate some strength and weight-bearing exercises for their bone health. Those with degenerative diseases need lower-impact activities to put less stress on weight-bearing joints," Dr Chia says. He also suggests that heavier individuals should incorporate cross-training into their exercise plan, where they alternate different exercises instead of just sticking to one. "This helps to prevent overuse injuries," he says.

### **What other important things should I remember about working out?**

Firstly, remember to warm up before exercising. Warming up helps prepare your body for whatever exercises you're doing next. "Most warm-up sessions may consist of an aerobic component to gently raise the heart rate and warm up the muscles so that you can stretch before your workout," Dr Chia says. This helps to reduce the risk of muscle strain and getting injured.

Good warm-up exercises could include a brisk walk or run for five or 10 minutes. Once you feel more limber, complete your warm-up session with a set of stretches and you're ready to go! **LW**





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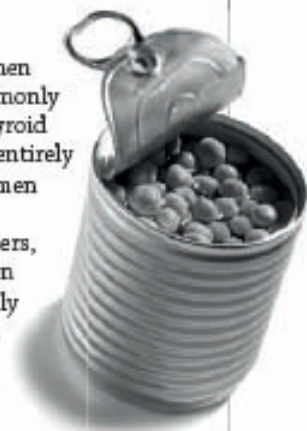
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## Q2) Men Get It Too

A few months ago, I was diagnosed with hyperthyroidism. I was then put on anti-thyroid medication. I'm a man in my late 20s and had always thought that thyroid disease primarily affects women. Will the medication result in me losing or putting on weight? And are there any types of food or activities I should avoid?

Although women are more commonly affected by thyroid diseases, it is entirely possible that men fall victim to thyroid disorders, especially when there is a family history. When the patient is placed on anti-thyroid medication, it is important to monitor the thyroid function regularly through blood tests to ensure adequacy of treatment. There are no restrictions on physical activities although certain drugs that may interfere with anti-thyroid drugs must be avoided, as should food that is high in iodine such as seafood, soy products and canned foods.



**DR THOMAS HO WAI THONG**  
CONSULTANT AND CHIEF // HEAD  
& NECK SURGERY SERVICE //  
DEPARTMENT OF GENERAL SURGERY  
// TAN TOCK SENG HO SPITAL

## Q1) Adult Acne Woes

I'm a 41-year-old man who has been experiencing a sudden acne breakout on my face in the last month. I have not had any issues with acne since I was a teenager. Could this sudden outbreak be caused by another medical condition?

Acne vulgaris or the primary form of acne generally starts when a person is going through puberty. Most of the time, there is no underlying medical disorder.

Secondary causes of acne may be due to the application of topical steroids, intake of anabolic steroids (which are sometimes used for bodybuilding), anti-convulsants or anti-tuberculosis medication. Contact with oily cosmetics, cleaning oils, halogenated hydrocarbons or localised pressure on skin from the wearing of hats and masks can also induce acne.

Adult acne is sometimes confused with other disorders such as rosacea. You may wish to review your medication and occupational history carefully and consult your doctor for an accurate diagnosis and to exclude a possible associated cause for your condition.

**DR HAZEL OON**  
CONSULTANT DERMATOLOGIST // NATIONAL SKIN CENTRE



### Q3) Persistent Blood In My Stool

I have been noticing blood in my stools whenever I go to the toilet. This has been happening for the past month now. I'm a woman in my early 30s, and the blood in my stools appears not only when I have my period. Is this something I should be concerned about?

Whilst most rectal bleeding may be due to piles, it would be best to arrange a formal consultation with a doctor especially as your bleeding has been persistent.

It is also important to exclude other causes of bleeding. As you are in your 30s, there is less concern that the bleeding might be due to a sinister source such as a cancer. Nevertheless, knowledge of whether there is a family history of colorectal cancer will aid the doctor in deciding if further tests are required.

Even if the bleeding is only due to piles, treatment may be necessary if the bleeding is frequent and the doctor can offer you the appropriate treatment or refer you to a specialist.

**DR LOONG TSE HAN**  
REGISTRAR // DEPARTMENT OF GENERAL SURGERY //  
TAN TOCK SENG HOSPITAL

### Q4) Keeping An Eye On A Freckle

A few months ago, my doctor noticed a freckle on the surface of my right eye during a routine check-up. He has not said that it is of any concern yet but told me to let him know if the freckle changes in size or shape. Should I be concerned? What is the cause of this freckle? I'm a 58-year-old woman.

The occurrence of "freckles" on the surface of the eye is common, especially so in Asian populations, because of our pigmentation. They are commonly referred to as "naevi" or "moles" by eye specialists.

These naevi are usually harmless and do not affect one's vision, and are usually detected during routine eye examinations. However, one should be concerned when a naevus changes in colour, shape and size, as such progression is uncommon and it may not be harmless.

Seek an ophthalmologist's advice if in doubt or when there is progression.

**DR JIMMY LIM WEI KHEONG**  
CONSULTANT // NHG EYE INSTITUTE //  
TAN TOCK SENG HOSPITAL



## Q5) 'Scentsitive' Issue

I'm a 21 year-old woman and I'm very affected by my body odour. My friends have politely told me that I should do something about it, even though I bathe twice a day and use anti-perspirant deodorant. What could be the cause of my body odour and are there any medications I can take?

Body odour, also known as bromhidrosis, is a common condition caused by secretions from a person's sweat glands. There are two types of sweat glands, namely eccrine and apocrine. Eccrine glands are found over the body's entire surface whereas apocrine glands are found in specific areas such as the armpits, breasts and groin region.

Body odour is commonly caused when secretions from the apocrine sweat glands — predominantly within the armpit — are broken down by bacteria on the skin.

Several other factors can influence body odour such as genes, a lack of hygiene, increased sweating, co-existing bacterial infections, certain foods or medications and in rare instances, metabolic disorders.

Simple measures which can help alleviate body odour are improved hygiene via adequate washing of the armpits and promptly removing sweaty clothing, as well as applying deodorants. In situations whereby one can identify particular foods which contribute to the body odour, avoiding these foods may be helpful.

Surgery to remove the sweat glands is an option after consulting your doctor. Treatment of co-existing conditions which contribute to body odour can also help.

For example, if there are bacterial infections, topical antibiotics can be used. If there is increased sweating, options include anti-perspirants, iontophoresis (also known as Electromotive Drug Administration), oral medications, botulinum toxin (botox) injections or surgery.

If you have any concerns about body odour, you should seek medical advice to help determine suitable treatment options.

**DR CHIA HUI YI**  
ASSOCIATE CONSULTANT DERMATOLOGIST  
// NATIONAL SKIN CENTRE



## Q6) How To Ditch The Stitch

I started an exercise regime recently due to health reasons. However, whenever I jog, I experience sharp pain or 'stitches' at the side of my stomach in the first five minutes. What is the reason for this and is it possible to prevent it?

One of the possible reasons is an abdominal 'stitch', often attributed to irritation of the diaphragm. It occurs when we exercise at an intensity above what we are used to. But the sensation typically goes away when we slow down. There are other causes of abdominal pain during exercise, so if it persists or is associated with other symptoms — for example, persistent pain, vomiting or breathing difficulty — do consult your doctor.

**DR JASON CHIA**  
HEAD OF SPORTS MEDICINE AND SURGERY CLINIC  
// TAN TOCK SENG HOSPITAL

### ASK THE SEXPERTS

## PUT IN A SPOT

I've noticed white, pimple-like spots on my husband's penis. Are these caused by sexually-transmitted infections or could there be other possible reasons for this? He is 38 years old. Is this something we should worry about?



There are many potential causes for these white pimple-like spots on the penis. Some of these may be sexually-transmitted while others may be skin conditions affecting the genitalia which are not sexually-related. There are also a few conditions which may give rise to pimple-like spots which are completely harmless and benign. Therefore, it is impossible to determine which of these causes may be.

It is best that your husband seek medical advice on his condition. He can make an appointment with the Department of STI Clinic where our experts are trained in both Sexually Transmitted Infections (STIs) as well as non-STI related skin conditions occurring at the genitalia. We can then better advise him on his condition and treatment, if any.

**DR GAVIN ONG**  
ASSOCIATE CONSULTANT DERMATOLOGIST // DEPARTMENT OF STI CLINIC (DSC) // NATIONAL SKIN CENTRE

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(EAT WELL)

# DINNER TIME

## demystified

IF BREAKFAST IS THE MOST IMPORTANT MEAL,  
WHERE DOES THAT LEAVE DINNER?

BY ELISABETH LEE  
IN CONSULTATION WITH STEPHANIE HO

DIETITIAN // DEPARTMENT OF NUTRITION AND DIETETICS // TAN TOCK SENG HOSPITAL



**OPEN ALMOST ANY HEALTH MAGAZINE** and you're sure to find an expert recommending

that you eat a substantial, nutritionally-balanced breakfast high in complex carbohydrates and low in sugar and fat. Most of these experts also advise that you eat several small meals throughout the day and have a light dinner.

But, you may ask, aren't all calories created equal? And should we really be skimping on dinner? Conventional wisdom seems to argue in favour of it, and dispensing with dinner has even been said to be the key to weight-loss. But is this true, or more importantly, healthy? Dietitian Stephanie Ho from Tan Tock Seng Hospital's Department of Nutrition and Dietetics explains to *Lifewise* what's fact and what's fiction when it comes to dinner.

### Conventional wisdom #1:

#### BREAKFAST IS MORE IMPORTANT THAN DINNER

**THE TRUTH:** Some think that if breakfast is the most important meal, then dinner must be the least important, so it's okay to skip it. But while breakfast remains an important meal — research has shown that skipping it is associated with obesity — this doesn't automatically suggest you should be giving dinner a miss.

"Skipping meals, in general, will put you at risk of macro- and micronutrient deficiencies," says Ms Ho.

"We should have sufficient macronutrients (such as carbohydrates,





**WHAT YOU EAT  
MATTERS MORE THAN  
WHEN YOU EAT**

proteins and fats) and micronutrients (such as vitamins and minerals) to meet our nutritional requirements.”

According to the Health Promotion Board, it is recommended to consume five to seven servings of rice (or rice alternatives), of which two to three servings should be whole grain; two servings each of fruit and vegetables; three servings of meat (or meat alternatives) per day and to keep fats, oils, sugar and salt to a small amount. A serving of rice is about half a bowl, while a serving of fruit could be a small apple or banana; a serving of vegetables is equivalent to 100g in weight; and a serving of meat is equivalent to 90g of fish, lean beef or poultry for example.

### Conventional wisdom #2:

#### SLEEPING ON A FULL STOMACH IS BAD

**THE TRUTH:** Sleeping on a full stomach may increase the risk of indigestion or gastric reflux, says Ms Ho, although there is nothing wrong with occasionally going to sleep soon after eating dinner. If you suffer from heartburn — a burning sensation behind your upper chest — this may be due to acid reflux from your stomach irritating the walls of your oesophagus. Avoiding large meals or eating dinner a few hours before bedtime might help relieve or prevent heartburn.

The real risk, according to Ms Ho, is if you consume too much food with a high

glycaemic index (GI). Studies have shown that consuming high-GI foods (such as white bread, white rice and sweet drinks) later in the evening can result in higher insulin sensitivity and increase your risk of Type 2 diabetes. Avoiding high-GI foods and substituting them with low-GI foods such as brown rice, multigrain breads and low-fat milk will help.

### Conventional wisdom #3:

#### EATING CARBOHYDRATES AT NIGHT WILL MAKE YOU FAT

**THE TRUTH:** Weight gain occurs when your total caloric intake exceeds your energy output. So, it does not matter when the calories are consumed. Carbohydrates (or fats and proteins), when consumed in excess, will be converted to fat if they are not metabolised through your daily movements, or through regular exercise.

“A 65kg, 25 year-old man with a light physical activity level needs about 2,000kcal per day,” says Ms Ho. As carbohydrates should contribute to roughly 50 per cent of his daily caloric requirements, this works out to about six to seven servings of rice, noodles or other carbohydrates.

So in summary, *what* you eat matters more than *when* you eat. And when it comes to losing weight, the most important thing is to get enough exercise so that you burn off your accumulated fat and excess calories. Time to dust off those running shoes and hit the road! **EW**

## DIETING – THE SENSIBLE WAY

Crafting a nutritionally-dense, low-calorie diet isn't too difficult if you follow these quick tips, says dietitian Stephanie Ho from TTSH.

- ▶ **Eat plenty of fruit and vegetables** as they contain relatively fewer calories. Substitute fries with salad or eat a piece of fruit for your mid-day snack instead of a curry puff or *kueh*.
- ▶ **Eat the right carbohydrates.** Processed carbs and sugars give you lots

of calories without much nutrition. Switch to whole grain sources instead, such as wholemeal bread, brown rice and whole grain pasta.

- ▶ **Switch to whole grain products** as they deliver more vitamins, minerals, fibre and protective plant chemicals (phytochemicals)

than refined grains like white rice and white bread.

- ▶ **Keep to regular meals.** Evenly distributing your caloric intake throughout the day may help manage hunger pangs. If you eat only one or two meals a day, you run the risk of overeating.



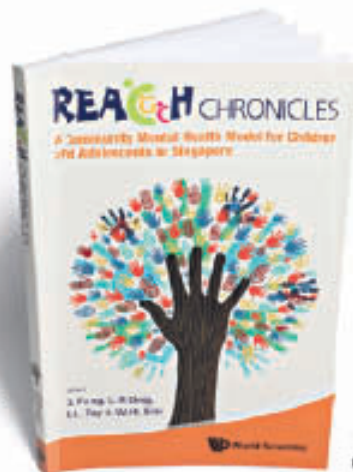
# (Spotlight)

CORPORATE NEWS + CALENDAR OF EVENTS + FORUMS

## REACHING OUT EARLY

A BOOK BY SINGAPORE'S FIRST COMMUNITY-BASED CHILD AND ADOLESCENT HEALTHCARE SERVICE DOCUMENTS HOW SCHOOLS, WELFARE ORGANISATIONS AND DOCTORS HAVE COME TOGETHER TO PROVIDE CARE FOR THE MENTAL WELLBEING OF YOUNG PEOPLE.

A person's early years are the most important ones for growth and development. The World Health Organization World Mental Health surveys conducted in 2007 found that the onset of mental disorders usually occurs in childhood or adolescence. In fact, the survey found that nearly half of all sufferers of lifetime mental disorders begin to exhibit symptoms in the middle of their teenage years, with the earliest disorders occurring from age



seven in the case of impulse-control disorders such as attention deficit/hyperactivity disorder.

This is why intervention at an early stage is important. To help children and teenagers cope with their mental wellbeing, a group of

medical professionals from the Institute of Mental Health, KK Women's and Children's Hospital and National University Hospital set up the Response, Early Intervention and Assessment in Community Mental Health (REACH) programme in 2007. REACH is a mental healthcare service that works closely with schools, voluntary welfare organisations and general practitioners to help students with emotional, social and behavioural issues.

To document the insights and processes of how various professionals from different disciplines come together to form Singapore's first community-based mental healthcare programme, a book titled *REACH Chronicles* has recently been published. It describes case studies, the philosophy underlining the REACH programme and how schools and other agencies are being engaged to provide empirically-based care for the mental wellbeing of young people.

Readers will also be able to learn about the development of innovative services targeted at children and adolescents in Singapore's mental healthcare landscape through the lenses of professionals from various disciplines. This is the first book in Singapore that details the various levels of decision-making involved in order to enable a community mental health team aimed at children and teenagers to take shape. It describes the strengthening of partnerships among the education, mental health and social services sectors with the common goal of creating more effective intervention pathways for young people with mental health problems.

*REACH Chronicles* is priced at \$38 and is available at the Institute of Mental Health bookstore and online at [www.tmh.com.sg/eShop](http://www.tmh.com.sg/eShop).



# SINGAPORE TO HOST REGIONAL MEET OF WORLD HEALTH SUMMIT

CONFERENCE WILL GATHER WORLD HEALTHCARE LEADERS TO ADDRESS ASIA'S CHALLENGES AND OUTLINE STRATEGIES TO COMBAT THEM.



Without a healthy population, economic progress could not continue. So says Professor John Wong (above), incoming President of the World Health Summit (WHS). And to ensure Asia gets that message, he is bringing a reputed healthcare symposium to Singapore: The World Health Summit, Regional Meeting — Asia (WHSRMA), which will be held from April 8 to 10, 2013 at the Ritz-Carlton, Millenia hotel.

The WHSRMA is the first WHS event held outside Berlin. It will be opened by Prime Minister Lee Hsien Loong and attended by ministers and healthcare experts from around the region.

"Asia faces many health threats, from rapid urbanisation to food security; access to clean water; climate change; environmental degradation; a widening income gap; diseases; and ageing. Without a healthy population, Asia's impressive economic gains would not be sustainable. It is time to take stock of what challenges lie ahead," said Professor Wong, who is also Vice Provost (Academic Medicine) at the National University of Singapore (NUS). He is chairing the WHSRMA 2013 Organising Committee along with Dr Derrick Heng, Group Director, Public Health Group, Ministry of Health (MOH).

Aptly themed "Health for Sustainable Development in Asia", the WHSRMA will address Asia's health issues by bringing together up to 1,000 world healthcare leaders, non-government organisations and civic society and international aid organisations to discuss key challenges. Conference topics will include point-of-care diagnostics, non-communicable diseases, challenges in drug and device regulation, and stratified medicine.

To register, submit abstracts for presentation, or view the programme, visit [worldhealthsummit.org/whsrma2013](http://worldhealthsummit.org/whsrma2013), or scan the QR code here. For queries, the WHSRMA Singapore Secretariat can be reached at 6622 0980 or [secretariat@whs-regional.org](mailto:secretariat@whs-regional.org).



# A STEP TOWARDS EARLY DETECTION

NHG POLYCLINICS CONSULTANT WINS RESEARCH CHAMPIONSHIP AWARD.

Colorectal cancer affects more than 4,000 men and 3,700 women in Singapore and is the top cancer among men and the second-most common cancer in women here. To help early diagnosis and treatment, National Healthcare Group Polyclinics (NHGP)



Consultant, Dr Angelia Chua (above), submitted the research question: *Colorectal Cancer Screening with Faecal Occult Blood Test (FOBT): Does Physician Education and Recommendation result in increased uptake in NHGP?* to the 4th Asia Pacific Primary Care Research Conference 2012 organised by the College of Family Physicians at the National University of Singapore last December. Her question won her the Research Championship Award.

According to Dr Chua, the aim of her research is to determine whether doctors' education of patients and subsequent recommendations have led to more patients doing FOBTs, which test for blood in the stool, at NHG polyclinics. The hypothesis of the study is that more patients would take on FOBT for colorectal screening if primary care physicians educate and recommend them to do so.

Screening helps to detect colorectal cancer early even when there are no symptoms. When cancer is picked up at an early stage, there is a good chance of being cured. And despite efforts made at the national level to create awareness of colorectal cancer screening, the uptake is still small at three per cent, according to the National Health Survey 2004. Thus, it is important for primary care practitioners to educate patients and offer FOBT accordingly.

Dr Chua's study — which would involve 20 subjects aged 50 and above — is under review by the NHG Domain Specifics Review Boards, an independent committee of medical, scientific and nonscientific members that protects the well-being of human research subjects. Should she get the go-ahead, Dr Chua and her team — made up of Family Medicine residents Dr Charlene Tan and Dr Tan Pei Fen — will apply for an NHG grant to conduct the study.

## AT GROUP LEVEL

NATIONAL HEALTHCARE GROUP REVAMPS TITLES FOR STAFF CHIEFS.

The Staff Chiefs of the National Healthcare Group (NHG) have new titles with effect from 1 January 2013. The NHG Staff Chiefs currently comprise nine senior executives, including NHG CEO, two Assistant CEOs and Staff Chiefs. From 1 January 2013, all have the "Group" title preceding their previous designations.

This title revision is timely as it clarifies and differentiates the Chiefs' Group roles from the institutional roles in the NHG hospitals, national specialist centres, polyclinics and business units.

NHG CEO Professor Chee Yam Cheng's new title from 1 January 2013 is Group Chief Executive Officer, National Healthcare Group. Professor Philip Choo, who is also CEO of Tan Tock Seng Hospital (TTSH), was re-designated as Deputy Group CEO (Care Integration & Population Health) and concurrently, CEO of TTSH. Assoc Professor Lim Tock Han is now Deputy Group CEO (Education & Research).



**Prof Chee Yam Cheng**

Previous NHG Title  
**CHIEF EXECUTIVE OFFICER**  
New NHG Title  
wef 1 Jan 2013  
**GROUP CHIEF EXECUTIVE OFFICER**



**Prof Philip Choo**

Previous NHG Title  
**ASSISTANT CEO (CARE INTEGRATION & POPULATION HEALTH)**  
New NHG Title  
wef 1 Jan 2013  
**DEPUTY GROUP CEO (CARE INTEGRATION & POPULATION HEALTH)**



**Assoc Prof Lim Tock Han**

Previous NHG Title  
**ASSISTANT CEO (EDUCATION & RESEARCH)**  
New NHG Title  
wef 1 Jan 2013  
**DEPUTY GROUP CEO (EDUCATION & RESEARCH)**



**Ms Lim Yee Juan**

Previous NHG Title  
**CHIEF FINANCIAL OFFICER**  
New NHG Title  
wef 1 Jan 2013  
**GROUP CHIEF FINANCIAL OFFICER**



**Mrs Olivia Tay**

Previous NHG Title  
**CHIEF HUMAN RESOURCE OFFICER**  
New NHG Title  
wef 1 Jan 2013  
**GROUP CHIEF HUMAN RESOURCE OFFICER**



**Mr Linus Tham**

Previous NHG Title  
**CHIEF CORPORATE DEVELOPMENT OFFICER**  
New NHG Title  
wef 1 Jan 2013  
**GROUP CHIEF CORPORATE DEVELOPMENT OFFICER**



**Ms Wong Fong Tze**

Previous NHG Title  
**CHIEF CORPORATE COMMUNICATIONS OFFICER**  
New NHG Title  
wef 1 Jan 2013  
**GROUP CHIEF CORPORATE COMMUNICATIONS OFFICER**



**Adj Assoc Prof Nellie Yeo**

Previous NHG Title  
**CHIEF QUALITY OFFICER**  
New NHG Title  
wef 1 Jan 2013  
**GROUP CHIEF QUALITY OFFICER**



**Ms Tan Ming Chu**

Previous NHG Title  
**CHIEF INFORMATION OFFICER**  
New NHG Title  
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Right: TTSH CEO Professor Philip Choo presenting a commemorative CD to Dr Amy Khor. Below: TTSH staff taking the stage.



## CHRISTMAS IDOLS

GOODWILL AND CHEER MARKED THE LAUNCH OF TAN TOCK SENG HOSPITAL'S ART OF HEALING'S GREAT CHRISTMAS CONCERT — A PROJECT WHICH SAW MORE THAN 200 HOSPITAL STAFF LENDING THEIR VOICES TO A GOOD CAUSE.



On 3 December 2012, the Atrium in Tan Tock Seng Hospital (TTSH) was transformed into a scene of Yuletide cheer. Tables which had been specially set up featured platters of cookies and candy canes while a Christmas tree and wreath decorated with gold and red baubles framed a large red stage area. The air was abuzz with excitement as hundreds of people mingled, many of them clad in cheery festive outfits of green, red, gold and silver, with some even dressed as angels.

This party might have seemed slightly premature with Christmas at least three weeks away then, but there was certainly a reason to celebrate that day. Everyone had gathered for the launch of the *Art of Healing's Christmas Collection* CD — TTSH's first-ever compilation of Christmas songs. The album is part of the hospital's Art of Healing Programme, an initiative that uses art to create a warm, welcoming and uplifting environment for patients, families, staff and visitors.

This album was a labour of love which entailed some 200 hospital staff members from more than 20 departments coming together to record 13 popular Christmas tunes. They gave the audience a preview of what to expect from the album by belting out their respective tracks in a two-hour concert.

Lending her support — and voice — to the occasion

was Guest-of-Honour and Minister of State, Ministry of Health and Ministry of Manpower, Dr Amy Khor. She joined members of TTSH's senior management, including CEO Professor Philip Choo, onstage to sing 'Have Yourself a Merry Little Christmas'.

Other songs performed included 'The Christmas Song (Chestnuts Roasting on an Open Fire)' by members of the Allied Health Services department and 'Deck the Halls' by members of the Clinical Support Group. Singing 'Silent Night' was Dawn Tan, an Assistant Manager from the Operations (Medicine) team.

"Being involved in the making of this album has made the whole Christmas season more meaningful for all of us at TTSH," said Ms Tan, 38. "It was really inspiring to see how so many people were able to come together for a good cause — raising funds for the needy patients in our hospital."

Ms Tan was referring to the One-to-a-Million Quest initiative, of which all proceeds from the CD sales would be donated to. It's an ongoing campaign launched by the TTSH Community Charity Fund to benefit underprivileged patients.

The *Art of Healing's Christmas Collection* CDs are on sale now at the TTSH Heritage Museum Gift Shop at \$15 for staff and \$18 for the public.



# SHARED VALUES

THE NATIONAL HEALTHCARE GROUP LAUNCHES THE 4 PRINCIPLES AND 7 RULES (4P7R) PROGRAMME TO FURTHER RAISE ITS STANDARDS IN PROVIDING QUALITY PATIENT CARE.



The National Healthcare Group (NHG) has rolled out a group-wide culture-building programme called 4 Principles 7 Rules (4P7R) to direct staff members towards its vision of 'Adding Years to Healthy Life'.

"Since 2010, the NHG senior management team had many discussions before arriving at 4P7R as a set of foundational principles and rules to guide NHG towards its vision, mission and values," said NHG CEO Professor Chee Yam Cheng at the launch of 4P7R on 31 October 2012. "Understanding and applying these [principles and rules] will help us as individuals, teams and units to achieve a higher level of performance and strive towards the Regional Healthcare System goal."

The 4 Principles are Patient-centred Care, Systems Thinking, Learning Organisation and Staff Engagement. The 7 Rules to achieving the 4 Principles are:

- |   |   |
|---|---|
| <p><b>1</b> Healthcare originates from what patients need and value.</p> <p><b>2</b> We care and protect patients and ourselves.</p> <p><b>3</b> As a system with partners, it is the system's results that count.</p> <p><b>4</b> We give ideas, learn, develop, improve</p> | <p>continuously and share results.</p> <p><b>5</b> Work within guidelines and standard procedures.</p> <p><b>6</b> Solve the problem or take responsibility for handing over to the next step.</p> <p><b>7</b> Feedback to the step before.</p> |
|---|---|

A Culture Building Steering Committee was formed to implement 4P7R throughout the entire organisation. For all of the Group's future plans — whether it involves a strategic institution or at the Group level — will take into account the 4P7R, and this will cascade down to all employee engagement and training programmes. Policy decisions will also be made so that there is a definitive

and strong impact in the culture across the Group. NHG institutions include Tan Tock Seng Hospital, Institute of Mental Health, National Healthcare Group Polyclinics and National Skin Centre.

NHG ACEO (Education & Research) Associate Professor Lim Tock Han, the co-chairman of NHG's Culture Building Steering Committee, says that 4P7R guidelines serve as a template for effective learning. The goal is to raise the performance level of all units. He adds, "The four Principles guide our internal thinking and decision making, while the seven Rules guide our external actions. If we always use 4P7R as a template for our decision-making and behaviour in our engagement with our internal and external healthcare partners, we will be a step closer to adding many more years of healthy life to the population."

In the next few months, NHG staff will have the opportunity to participate in institutional 4P7R outreach programmes.





## VOCATIONAL CALLING

LOCATED AT THE INSTITUTE OF MENTAL HEALTH, BIZLINK CAFÉ PROVIDES REAL-LIFE SITUATIONAL TRAINING FOR PATIENTS WHO SEEK TO ENTER THE WORKFORCE.

At last year's National Day Rally, Prime Minister Lee Hsien Loong spoke about an inclusive Singapore where society has to strike a balance between individual reward and social equity. In the spirit of this, the Institute of Mental Health (IMH) and Bizlink — a non-profit organisation that provides employment services to the disadvantaged — have come together to train mental health patients to enable them to work.

Their latest collaboration is Bizlink Café, a self-service food kiosk located at IMH which offers meals prepared at the complex's on-site central kitchen. The café serves as a training ground for mental health patients undergoing IMH's Vocational Training Programme.

"Trainees will be supported by professional staff and supervised by therapy assistants," said Bizlink's Head of Marketing and Business Development, Ms Carol Heng.

The five-table café began operation at the end of December 2012. The four trainees who man the kiosk and the four trainees who help in the kitchen are all IMH outpatients. They receive between three to four months of training, after which they are matched to

suitable jobs by the IMH Job Club, a job placement service.

### FIRST STEP IN REHABILITATION

Dr Tan Bhing Leet, the Head and Principal Occupational Therapist at IMH, says that Bizlink Café is part of the institution's wider Vocational Training Programme and Vocational Rehabilitation service. Said Dr Tan, "Our training programme gives patients the confidence to enter the workforce and inculcates appropriate work behaviour."

The training grounds were set up within the IMH premises so patients can be supervised by doctors, case workers, occupational therapists and therapy assistants. "Patients can participate in cognitive rehabilitation programmes and have their illnesses managed in a safe environment," Dr Tan added.

After completing the Vocational Training Programme, patients are assessed before they can be set out to work.

Dr Tan explained that even after patients find employment, a team of mental health professionals will continue to visit them at work to assess their suitability for the job.

Besides F&B, the patients can also choose to undergo vocational training related to retail and clerical work. Stations within IMH have been set up to present "real-life situations" so that trainees can interact with members of the public.

### GAINING EXPOSURE

In April 2012, Don Tan (not his real name) sought medical help at IMH for depression.

After undergoing rehabilitative therapy, Don's

occupational therapist suggested that he apply for vocational training at Bizlink Café, given his interest in cooking. Don is currently undergoing training as a cook.

Besides food preparation, Don, 21, has learnt how to communicate effectively. "When I first started

training, I was nervous," he said, "but after a few sessions, I learned how to cope in stressful situations. I've become more confident and hope to enrol in culinary school."

Bizlink Café is located at the main lobby of the Institute of Mental Health, 10 Buangkok View, Singapore 539747. Open Mon - Fri, 7am - 3pm; Sat, 7am - 1pm.

**WHEN I FIRST STARTED TRAINING, I WAS NERVOUS, BUT AFTER A FEW SESSIONS, I LEARNED HOW TO COPE IN STRESSFUL SITUATIONS. I'VE BECOME MORE CONFIDENT AND HOPE TO ENROL IN CULINARY SCHOOL**

"DON TAN", WHO HAD VOCATIONAL TRAINING AT BIZLINK CAFÉ

# A PRO-HEALTH APPROACH

A PLENARY SPEAKER AT THE RECENT SINGAPORE HEALTH & BIOMEDICAL CONGRESS, MR GORAN HENRIKS SAYS SINGAPORE AND SWEDEN HAVE LESSONS TO LEARN FROM EACH OTHER IN HOW TO DEAL WITH A GREYING WORLD.



Sweden may have one of the largest populations of elderly citizens, but it also offers one of the highest living standards for those in their golden years. Take Jönköping County council, which has managed to create a needs-driven healthcare system through the engagement and involvement of patients, relatives and the public. This has allowed for better healthcare efficiency and better patient flow.

Jönköping's successful journey was held up as an example at the recent Singapore Health & Biomedical Congress 2012 by plenary speaker Mr Goran Henriks, who has more than 20 years of management experience in the Swedish healthcare system. The Jönköping model, while dealing with acute care, emphasises working towards prevention and population health, he told *Lifewise*.

## A NEW PARADIGM

In this healthcare system model, creative approaches to problems are developed together with medical staff, patients and their family members. It means providing adequate healthcare without straining or having to expand existing hospital resources.

Still, this demands a commitment to systems thinking at all levels, emphasised Mr Henriks, who is Chief Executive of Learning and Innovation at Qulturum. Qulturum is a centre within Jönköping County Council that is responsible for the development of new methods of working within healthcare.

"We are still largely operating in systems that want to show how much they are doing," he explained, adding that there is a need for understanding how to make people use fewer healthcare resources, allowing them to be channelled to those who need it most critically.

That is why pro-health initiatives figure very highly in Jönköping's priorities, he added. For instance, anyone who is employed is given subsidies to join fitness centres



## SINGAPORE, A YOUNGER NATION, TAKES DIFFERENT APPROACHES TO DEALING WITH AGEING

MR GORAN HENRIKS, CHIEF EXECUTIVE OF LEARNING AND INNOVATION AT QULTURUM IN JÖNKÖPING, SWEDEN

in an attempt to get them to lead a healthy lifestyle. This reduces a future strain on healthcare resources.

Other enablers include technology. For example, electronic records that emphasise the development of openness

and make integration more successful allow for patient information to be fed back into the system immediately.

"If things could be properly integrated, it would save patients' time. And less time spent consulting

is a win-win situation for both the system and the patient and his relatives," Mr Henriks said.

Singapore, too, is currently developing a similar system — the National Electronic Health Record (NEHR) system which will enable the sharing of patients' medical information among an estimated 36,000 healthcare providers across the public and private sectors.

## SHAPING UP FOR THE FUTURE

Mr Henriks, who first visited Singapore about four years ago, observed that Singapore's healthcare financing system relies on the twin philosophies of individual responsibility and affordable healthcare. In Sweden, healthcare is publicly funded. But like Sweden, Singapore has a rapidly ageing population. This makes the need for efficient population health management even more urgent, given the strain the greying population will place on the healthcare system. "Singapore is a much younger nation, and it takes different approaches to dealing with the same challenges," he explained. "It is interesting to learn about your solutions because we see opportunities in this."



## DIRECTORY

WE'VE MADE IT EASY FOR YOU TO CONTACT OR LOCATE US.

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Singapore 149547

Tel: 6496-6000 /

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[www.nhg.com.sg](http://www.nhg.com.sg)

The National Healthcare Group (NHG) was created in 2000 as part of a national restructuring of Singapore's public healthcare delivery system into two operative clusters.

As a leader in public healthcare in Singapore, NHG is recognised at home and abroad for the quality of its outstanding medical expertise and state-of-the-art facilities. Care is provided through an integrated network of primary healthcare polyclinics, acute care hospitals, national specialty centres, innovative and business divisions. Together, they bring a legacy of 340 years of medical expertise to our patient-centric care philosophy.

### TAN TOCK SENG HOSPITAL

11 Jalan Tan Tock Seng  
Tel: 6256-6011 / Fax: 6252-7282  
[www.tttsh.com.sg](http://www.tttsh.com.sg)

The second largest acute care general hospital in Singapore with specialty centres in Endoscopy, Foot Care & Limb Design, Rehabilitation Medicine and Communicable Diseases. It covers 27 clinical specialties, including cardiology, geriatric medicine, infectious diseases, rheumatology, allergy, immunology, diagnostic radiology, emergency, gastroenterology, medicine, otorhinolaryngology, orthopaedic surgery and general surgery.

### INSTITUTE OF MENTAL HEALTH

Buangkok Green Medical Park  
10 Buangkok View  
Singapore 539747

Tel: 6389-2000 / Fax: 6385-1050

[www.imh.com.sg](http://www.imh.com.sg)

General and specialised services are provided to meet the special needs of children and adolescents, adults and the elderly. There are sub-specialty clinics such as the Psychogeriatric Clinic, Neuro-Behavioural Clinic, Early Psychosis Intervention Programme and National Addictions Management Service (NAMS). Within corporate settings, IMH offers a comprehensive Workplace Emotional Health Programme. It also provides a 24-hour Psychiatric Emergency Service.

### NATIONAL SKIN CENTRE

1 Mandalay Road  
Tel: 6253-4455 / Fax: 6253-3225  
[www.nsc.gov.sg](http://www.nsc.gov.sg)

The centre has a team of trained dermatologists to treat patients with various skin problems. To serve patients better, there are sub-specialty clinics for the different skin disorders and laser surgeries.

### NHG POLYCLINICS

Contact centre: 6355-3000  
[www.nhgp.com.sg](http://www.nhgp.com.sg)

Apart from managing medical conditions, NHG Polyclinics also provide health education, childhood immunisation, treatment for diabetes, health screening, family planning service, antenatal and postnatal care, as well as laboratory and X-ray tests.

### ANG MO KIO POLYCLINIC

Blk 723 Ang Mo Kio Ave 8  
#01-4136 Fax: 6458-5664

### BUKIT BATOK POLYCLINIC

50 Bukit Batok West Ave 3  
Fax: 6566-2208

### CHOA CHU KANG POLYCLINIC

2 Teck Whye Crescent  
Fax: 6765-0851

### CLEMENTI POLYCLINIC

Blk 451 Clementi Ave 3 #02-307  
Fax: 6775-7594

### HOUGANG POLYCLINIC

89 Hougang Ave 4  
Fax: 6386-3783

### JURONG POLYCLINIC

190 Jurong East Ave 1  
Fax: 6562-0244

### TOA PAYOH POLYCLINIC

2003 Toa Payoh Lor 8  
Fax: 6259-4731

### WOODLANDS POLYCLINIC

10 Woodlands St 31  
Fax: 6367-4964

### YISHUN POLYCLINIC

30A Yishun Central 1  
Fax: 6852-1637

### NHG COLLEGE

Tel: 6478-2446 / Fax: 6259-6423  
[www.nhg.com.sg/college](http://www.nhg.com.sg/college)

The unit develops healthcare professionals to their maximum potential so that they will provide quality, cost-effective and safe evidence-based care to patients.

### NHG DIAGNOSTICS

Call centre: 6275-6443  
(6-ASK-NHGD) / Fax: 6496-6625

[www.diagnostics.nhg.com.sg](http://www.diagnostics.nhg.com.sg)  
NHG Diagnostics is a business division of NHG. Founded in 2000, NHG Diagnostics is currently the leading provider of one-stop laboratory and radiography services in primary healthcare, with an extensive network of teleradiology and professional service for imaging centres in Singapore, Indonesia and Vietnam.

Aligned with NHG cluster's vision of "Adding years of healthy life", NHG Diagnostics provides services that are accessible, cost-effective, seamless, timely and accurate. NHG Diagnostics is committed to achieving excellence in quality. The quality framework is driven by a set of quality principles and exists within an environment of continuous improvement and business excellence. NHG Diagnostics is certified under ISO 9001

and ISO 15189 which is under the Singapore Accreditation Council-Singapore Laboratory Accreditation Scheme (SAC-SINGLAS). In 2012, NHG Diagnostics joined efforts with the nine NHG Polyclinics to attain the JCI or Joint Commission International (Primary Care Standard) accreditation.

### NHG PHARMACY

Tel: 6478-2478

[www.pharmacy.nhg.com.sg](http://www.pharmacy.nhg.com.sg)

NHG Pharmacy runs retail pharmacies in NHG Polyclinics, which include over-the-counter medicines, health supplements, and surgical and medical equipment at affordable prices.

### PRIMARY CARE ACADEMY

Tel: 6496-6681 / Fax: 6496-6669  
[www.pca.sg](http://www.pca.sg)

The Primary Care Academy (PCA), a member of NHG, was set up to meet the professional training needs of primary healthcare professionals in Singapore and the region. PCA aims to be a platform for sharing of expertise and capacity building among community healthcare leaders and practitioners in ASEAN and the surrounding region.

### JOHNS HOPKINS SINGAPORE INTERNATIONAL MEDICAL CENTRE

11 Jalan Tan Tock Seng  
Tel: 6880-2222 / Fax: 6880-2233  
[www.imc.jhmi.edu](http://www.imc.jhmi.edu)

Johns Hopkins Singapore International Medical Centre (JHSIMC) is a licensed 30-bed medical oncology facility located in Singapore, a joint venture between the NHG and Johns Hopkins Medicine International (JHMI). It is the only fully-branded Johns Hopkins facility outside of the United States, providing inpatient and outpatient medical oncology care, medical intensive care, laboratory services, hospital and retail pharmacy, general internal medicine and health screenings.



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Guest-of-Honour: **Mr. Lee Hsien Loong**  
Prime Minister of Singapore



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With our 10,000 staff, we aim to provide care that is patient-centric, accessible, seamless, comprehensive, appropriate and cost-effective.

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