

## News in Brief

“Our whole system has been geared towards helping people with the occasional big amounts. While the amounts for chronic illnesses are not so large, they add up to a lot over time. Dealing with chronic diseases well is important because it prevents or delays the need for those big amounts.”

- Dr Lee Kheng Hock, Chairman of the Health Feedback Group, which last year requested more attention to be paid to chronic diseases



### MEDISAVE EXTENSION

In a move greatly welcomed by many, Health Minister Mr Khaw Boon Wan announced an increase in daily withdrawal limits for Medisave, and possible extension to cover costly outpatient treatment for chronic diseases such as diabetes and asthma. With effect from 1 April 2006, this new scheme may benefit up to 50,000 Singaporeans, mainly from the middle-income group, who utilise private hospitals and public institutions' class A and B1 wards.

The adjustment was deemed “long overdue” by National University of Singapore health economist Phua Kai Hong, who lamented that “current limits are 20 years old”, stating that “periodic reviews should be done to adjust for inflation”.

Prof TK Lim points out that this may also encourage more patients to take their medications regularly, especially when some skip visits to the doctor or try to stretch their supply of medicine by taking it less often. The head of respiratory medicine at National University Hospital and the Singapore National Asthma Programme referred to the approximately 10,000 admissions to the hospital's emergency department for asthma last year, saying, “There's still a huge number of people in the community who flit from one GP to another, getting help

only when they suffer attacks.”

(Source: *The Straits Times*)

### THE PERILS OF YOUTH

More men are getting their first heart attack before age 45 because they and their doctors did not detect and treat the warning signs early enough, according to a team of National University Hospital (NUH) cardiologists. A study conducted shows that almost all had at least one cardiovascular risk factor, while 60% were smokers, 86% had high cholesterol levels, and 40% had hypertension.

Dr Tan Huay Cheem, who heads the NUH cardiology department, has seen an upward trend over the past few years, and feels that doctors and their younger patients may be blasé about treating risky conditions early, resulting in “a significant under-treatment” of high cholesterol and blood pressure within this subgroup.

However, Dr Terrance Chua, chief of cardiology at the National Heart Centre, thought this was merely stating the obvious.

General practitioner Dr Lee Kheng Hock offered many reasons for the poor control of risk factors,

which the study was unable to ascertain. Rather than look at those who have had a heart attack, perhaps a better way to determine if younger people are under-treated is to see how they fare among the general population.

(Source: *The Straits Times*)

### **SINGAPORE HEALTH INITIATIVE**

Starting later this year, letters will be sent to adults aged 30 to 60 inviting them to participate in a massive \$100 million long-term medical study involving 250,000 subjects.

Candidates for the cohort study will be randomly selected and asked to answer a questionnaire providing details of their lifestyles, dietary habits, medical history and educational qualifications. This will be followed by a basic health screening at a hospital, including analyses of blood and urine samples, measurement of blood pressure, height and weight, as well as fundal photography. Participants will be recalled every three to five years for follow-up checks and further information if the need arises.

One priority of this study is to pinpoint why Singapore has one of the highest rates of diabetes in the world. Results will be compared with findings from other countries, and the dream, says Prof Chia Kee Seng – who heads the Singapore effort – is to be able to single out high-risk groups early. “Then we can prevent diseases or complications before it’s too late.”

(Source: *The Straits Times*)

### **BIRD FLU GOES GLOBAL**

With bird flu now confirmed in every region of the world except the Americas and Australia, health officials are warning that the possibility of a global pandemic grows greater by the day.

In February alone, the H5N1 virus has been detected in bird populations in 16 new countries, including Italy, Greece, France, Germany and Bosnia. India is also bracing itself after the western state of Maharashtra confirmed that the deaths of about 30,000 birds were caused by avian flu. In addition to endangering the country’s poultry industry, the risk of the disease migrating from birds to humans would make the 1.1 billion people in the world’s second most populous nation vulnerable to the virus. A recent study by the Australia-based Lowy Institute for International Policy estimates that a worst-case scenario could kill more than 140 million people

and cost US\$4.4 trillion in lost global economic output.

Experts agree that the world is not ready to cope with a pandemic, but with a few years of preparations, some countries might be. However, even if a vaccine was found today, it would still take about six years for it to hit the market. What would be more effective in the short-term is the development of rapid diagnostic test kits.

(Source: *The Straits Times*)

### **ANOTHER RISK FACTOR FOR CORONARY DISEASE?**

Meta-analyses were performed of 191 studies relating to mutations in genes mediating haemostasis, such as the Factor V Leiden mutation, as well as variants of prothrombin and platelet glycoprotein receptors. A moderate association was found between coronary disease and the Factor V Leiden mutation. A similar association was found involving the prothrombin 20210A gene variant. In total, there were 66,155 coronary disease cases and 91,307 controls.

Given this finding, there may be a role for similar studies involving coronary disease and haemostasis genes in our own Singapore population.

(Source: *Lancet* (2006) 367(9511):651-658)

### **PHYSICAL DIAGNOSIS REVISITED**

In a recent issue of the *New England Journal of Medicine*, Dr Sandeep Jauhar recounts how a dissecting aortic aneurysm was missed, possibly due to over-dependence on investigations. In the ensuing discussion, he cites a 1992 study at Duke University Medical Centre where 63 residents in internal medicine were asked to listen to three common murmurs programmed into a mannequin. Despite ideal conditions of a quiet room and having all the time they wanted, about half of the candidates could not identify mitral regurgitation or aortic regurgitation.

On the other hand, Jauhar also cites a study of 52 male patients where three consultant physicians were tested against the gold standard of chest radiography to determine if a patient had pneumonia. Sensitivity of clinical diagnosis ranged from 47% to 69%, and specificity from 58% to 75%.

As we move towards a more technologically oriented practice, this discussion is likely to continue.

(Source: *NEJM* (2006) 354(6) 548-551) ■