



Hong Kong College of Health Service Executives

Regional Conference 2014



26 July 2014 (Saturday)

Organiser: Hong Kong College of Health Service Executives

www.hkchse2014.org

Scientific Program

Time	Session	Venue	
09:00–09:30	Registration	Shanghai Room, Level 8, Langham Place, Mongkok	
09:30–10:00	Opening ceremony Officiating Guests: Professor Sophia CHAN, JP <i>Under Secretary for Food and Health, HKSARG</i> Welcome by President, HKCHSE and OC Chairman		
10:00–10:30	Speaker 1: Prof John RASA <i>National President, ACHSM/ CEO, General Practice Victoria, Australia</i> Presentation title: Healthcare for All – A Global Health Leadership Challenge		
10:30–10:50	Morning tea break		
10:50–11:20	Speaker 2: Dr LIAO Xinbo <i>Deputy Director of Health Department, Guangdong Provincial, China</i> Presentation title: 從醫改看慢病防控		
11:20–11:50	Speaker 3: Dr Yao-Kuo CHIANG <i>Superintendent, Keelung Municipal Hospital, Taiwan</i> Presentation title: Health Care Experience in Taiwan		
11:50–12:20	Speaker 4: Prof Peter YUEN <i>Dean, College of Professional and Continuing Education (CPCE), Hong Kong Polytechnic University (PolyU)</i> Presentation title: Financing Health Care and Long Term Care in a Rapidly Aging Context: Assessing Hong Kong’s Readiness		
12:20–14:00	Business lunch (sponsored by Bright Future Pharmaceutical Laboratories Limited)		
14:00–14:30	Speaker 5: Prof Somnuek Domrongkitchaiporn <i>Deputy Dean of Hospital Administration School, Faculty of Medicine, Ramathibodi Hospital Mahidol University, Thailand</i> Presentation title: Health for All in Thailand		
14:30–15:00	Speaker 6: Dr Shyamala THILAGARATNAM <i>Director, Healthy Aging Division, Health Promotion Board, Singapore</i> Presentation title: Healthy Ageing – the Singapore Experience		
15:00–15:30	Tea break	(Ball Room III, Level 7, Langham Place,, Mongkok)	
15:30–16:00	Speaker 7: Tim PANG <i>Community Organizer, Society for Community Organization</i> Presentation title: Healthcare for All: A Human Right Perspective and Its Implementation in Hong Kong		
16:00–16:30	Panel discussion Moderator: Prof Geoffrey LIEU		
16:30–16:45	Preparation for AGM/ Reception, photo taking		
16:45–18:15	AGM + fellow conferment (8/F)		
Cultural Performance & Conference Dinner			
18:00–19:00	Cocktail and “Baduanjin” qigong teaching		Star Room, Level 42, Langham Place, Mongkok
19:00	Welcome by President, HKCHSE Vote of thanks by OC Chairman, 2014 Regional Conference		
19:00–19:30	Tai Chi demonstration		
19:30	Dinner starts		
23:00	Dinner ends		

Organizing Committee

Chairman	Dr S H LIU
Overseas Speakers Liaison	Dr H C MA Dr S H LIU Dr Steve CHAN Mr Anders YUEN
Local Speakers Liaison	Mr Stephen LEUNG Ms Peggy FUNG Dr Arthur SHAM
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Master of Ceremony (Dinner)	Dr Felix LI Ms Inez WU



Hong Kong College of Health Service Executives

Regional Conference 2014

Welcome Message



Dr H C MA

President of the Hong Kong College of Health Service Executives

Dr S H LIU

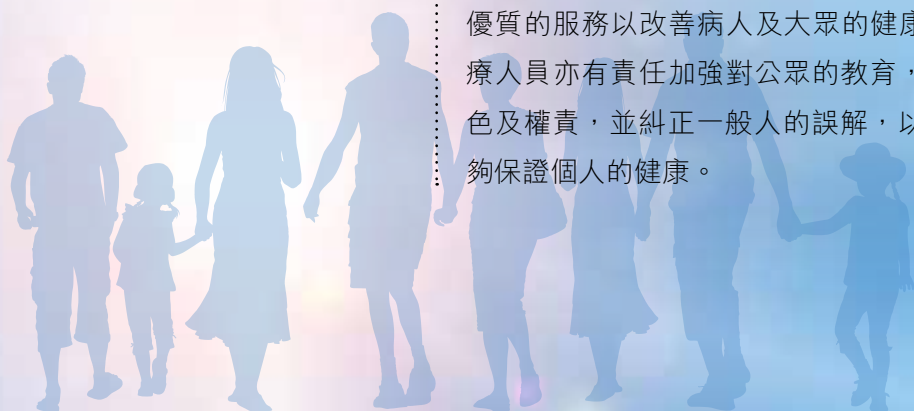
Chairman of the Organising Committee

Welcome to the Regional Conference 2014 of the Hong Kong College of Health Service Executives (HKCHSE). As one of the branch Councils of the Australasian College of Health Service Management (ACHSM), we are pleased to have the support from the ACHSM that it will also be the first Regional Conference to be held in the South-East Asia.

The theme we have chosen for this Conference is "Healthcare for all". Access to appropriate, adequate, and affordable healthcare service is the fundamental right of all citizens in the world. "Healthcare for all" has to be given the top priority in the public policy along with worldwide effort in order to safeguard our lives and that of millions of others. Every healthcare organization or institution is to be held accountable for implementing health policies and providing information to the people of the world. Healthcare professionals are to utilize evidence-based good-quality health-care practices to maintain the health of their patients and improve their quality of life. Individual 'empowerment' or preventive measures in healthcare should also be emphasized on taking control of, and responsibility for, one's own health rather than principally relying on the healthcare systems.

Renowned speakers in Hong Kong, South East Asia, and Australia will be invited to give talks and lead discussion on this important issue. Looking forward to greeting you in the 2014 Regional Conference of the Hong Kong College of Health Service Executives (HKCHSE) in July 2014!

能夠得到適切、足夠而可負擔的醫療服務是所有人的共同願望。為了能夠達致「全人醫療」的目標，政府及醫療機構有責任落實相關的醫療政策，並向公眾提供相關的醫療資訊。醫療人員須以實證醫學為本，提供優質的服務以改善病人及大眾的健康，乃至提高其生活素質。同時，醫療人員亦有責任加強對公眾的教育，強調個人在預防疾病及保健上的角色及權責，並糾正一般人的誤解，以為只要倚賴個別的醫療制度，就能夠保證個人的健康。



2013-2014 Council Members

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Hong Kong College of Health Service Executives

Regional Conference 2014

Speaker Highlight



Prof John RASA

National President, ACHSM/ CEO, General Practice Victoria, Australia

John is currently National President of the Australasian College of Health Service Management (ACHSM) and Chief Executive Officer of General Practice Victoria in Australia. John has been heavily involved in the development of Medicare Locals in Victoria and nationally.

John was project managing the Department of Health (Victoria) Food Services Strategy for six years which saw the centralisation of food production and distribution for Melbourne metropolitan hospitals. He was previously Chief General Manager – Acute Services, for five hospitals in Eastern Health in Melbourne; Chief Executive Officer, Box Hill Hospital; Associate Professor and Sub-Dean of Health Services Management at Charles Sturt University in NSW. John assisted the original development of Area Health Services in NSW and was CEO of the Illawarra Area Health Service; CEO of the Lang and the Macarthur Area Health Services in Sydney and assisted in the development of three new hospitals in Western Sydney.

John is still Director of the **Australian Centre for Leadership Development** and continues to be involved in clinical and health management leadership programs. The *Australian Centre for Leadership Development* has assisted the Australasian College of Health Service Management develop its current 'Management Competency Framework', as well designing and facilitating the College's Mentoring Program commenced in 2001. John is presently involved in delivering the Victorian Department of Health's Clinical Leadership Program conducted by ACHSM and La Trobe University.



Healthcare for All – A Global Health Leadership Challenge

Adjunct Associate Professor John P. Rasa

National President, ACHSM/ CEO, General Practice Victoria, Australia

This paper will identify some of the key challenges confronting health leaders both in Australia and perhaps globally. Health challenges like inequitable health outcomes in indigenous communities, the ageing of the community and the rise of chronic disease especially associated with obesity, diabetes, cardiac disease, depression, and cancer.

The question is whether the nature of organizational health leadership needs to change to ensure health care for all in meeting these challenges? A changed leadership to ensure that the health system can be more effective in ensuring good access and equity, achieving integrated service outcomes, and facilitating a more preventive approach. It will be argued that this leadership needs to ensure equitable access to services, support the development of new roles, enable new technologies and facilitate a re-orientation of expensive specialist services to primary health care. What management capabilities will be critical in order to be seen as an effective health leader in driving this change and ensuring that our future health system is sustainable?



Hong Kong College of Health Service Executives

Regional Conference 2014

Speaker Highlight



廖新波

廣東省衛生廳 副廳長

祖籍廣東台山，生長在韶關。1977 年考入廣州醫學院，畢業後進入廣東省人民醫院工作，從事病理工作 10 年，副主任醫師；後從事醫院管理工作 10 年，任過辦公室副主任、主任、院長助理、副院長。2004 年任廣東省衛生廳副廳長，分管醫政、外事工作已 7 年。先後在海法科技大學、牛津大學、哈佛大學、北京大學等國內外著名大學進修和研讀，獲管理學碩士。兼任中山嶺南學院和公共衛生學院等幾所院校客座教授和哈佛中國教育顧問。

著有《醫院前線服務》、《公務員保健手冊》、《變革時期的醫院管理》、《醫改，何去何從》等書。在國家和省級期刊上發表過《我個醫療體制改革中政府的責任及職能定位》等論文。2008 年率廣東醫療隊奔赴汶川大地震現場參加醫療救援工作近月，期間先後受到溫家寶總理等 5 位政治局常委接見。2008-2009 年先後被廣東省省委、國務院評為“廣東省抗震救災優秀共產黨員”及“全國抗震救災先進個人”和“全國民族團結進步模範個人”。



從醫改看慢病防控

廖新波

廣東省衛生廳 副廳長

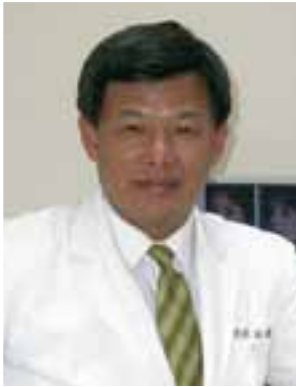
衛生資源稀缺是任何國家都面臨的挑戰，如何使用好稀缺的衛生資金更是各國極待解決的問題。中國衛生部衛生發展研究中心對衛生總費用測算顯示，70% 的費用投向了醫療服務，只有很少費用投向疾病的預防。慢性病預防和管理的費用過少，與慢性病驅動的疾病負擔逐年增長對應，導致資金在整體配置上出現了低效率。就此，筆者將會探討現時中國公立醫院改革面對的困難，同時提出解決問題的努力方向，當中包括：政府責任不明、理論模糊、補償機制遲遲不能制定、監管機制沒有建立，和缺少第三方評估。



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Speaker Highlight



Dr Yao-Kuo CHIANG

Superintendent, Keelung Municipal Hospital, Taiwan

Dr CHIANG is the Superintendent of the Keelung Municipal Hospital, a famous and well-known laser cosmetic center in Taiwan. He is also the Director of the Keelung City Medical Association and the Supervisor of the Taiwan Society of Aesthetic Plastic Surgery. Under his strong leadership, the Keelung Municipal Hospital's performance of the first 7 years was five times better than it was before, as evidenced by the over 90% service satisfaction rate in the public survey. With these, Dr CHIANG honored the National Outstanding Civil Service Award in 2004.

While supervising the Keelung Municipal Hospital, Dr CHIANG has participated in planning and implementation of the "Keelung Community-based Integrated Screening" program for 15 years. This program has been serving more than 350,000 Keelung's citizens and has become a model of health screening in Taiwan. He himself is also very active to attend various activities related to health promotion, and practices what he preaches — completed cycling around the island of Taiwan, swimming cross the Sun Moon Lake, and climbing Jade Mountain; and participated in various international Marathon events.



Health Care Experience in Taiwan

健康照護的台灣經驗

Dr Yao-Kuo CHIANG

Superintendent, Keelung Municipal Hospital, Taiwan

1. Over the past 15 years of, we have accumulated a huge mass of data and experiential reports of over 350,000 people
 2. The Keelung Municipal Hospital has long devoted to the practice of long term care: nursing home, day care, home care – over 17 years of experience
 3. a brief of Taiwan's national health insurance
 4. an introduction on the current situation of the implementation of the health-promoting actions now being held
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1. 基隆市 15 年來，辦理「闔家歡健康篩檢」超過 35 萬人的結果和經驗報告
 2. 基隆市立醫院從事長期慢性照護，包括：護理之家、日間照護、居家護理的 17 年經驗
 3. 台灣全民健保簡介
 4. 台灣目前從事健康促進活動之現況介紹



Hong Kong College of Health Service Executives

Regional Conference 2014

Speaker Highlight



Prof Peter P. YUEN

*Dean, College of Professional and Continuing Education (CPCE),
Hong Kong Polytechnic University (PolyU)*

Professor Peter P. Yuen is Dean of the College of Professional and Continuing Education (CPCE) of The Hong Kong Polytechnic University (PolyU). He is also Professor in the Department of Management and Marketing of PolyU. He received his Bachelor of Arts degree in Cellular and Molecular Biology and Master in Business Administration degree from the State University of New York at Buffalo, and his Doctor of Philosophy degree in Health Economics from the University of Birmingham.

Prior to his appointment as Dean of CPCE, Professor Yuen held a number of management positions in PolyU – Associate Vice-President (Management), Director of the Public Policy Research Institute, and Head of the Department of Management. He was also the Chairman of the Postgraduate Scheme in Business and Management, and the founding Director of the Doctor of Business Administration programme in the Faculty of Business.

Professor Yuen's research involves public policy formulation and evaluation, and health services management. He is an Editor of *Public Administration and Policy* and served on the editorial board of *Asia Pacific Journal of Health Management*, *Health Risk and Society*, *Journal of Health Organization and Management*, and *Journal of Management in Medicine*. Professor Yuen also served as a consultant for the Hong Kong SAR Government and the Bauhinia Foundation on a number of public policy related projects including the West Kowloon Cultural District, Sustainable Built Environment, Subsidized Homeownership, Managed Care, and Health Systems Reform.

Professor Yuen is currently the Chairman of the Federation for Self-financing Tertiary Education (Hong Kong). He is a founding Fellow of the Hong Kong College of Health Services Executives, and an Honorary Fellow of the Australian College of Health Services Management. He once served as Vice-President of the Chinese National Institute of Health Care Management Education, and President of the Hong Kong Public Administration Association.



Financing Health Care and Long Term Care in a Rapidly Aging Context: Assessing Hong Kong's Readiness

Peter P. Yuen, PhD

*Professor and Dean, College of Professional & Continuing Education
The Hong Kong Polytechnic University*

..... This paper examines the issue of financing medical and long term care in Hong Kong in the context of population aging and relevant public policies. It first describes the change in the population age structure in the next twenty odd years, and the associated decline in the size of the labour force and the taxpaying population. It then reviews the increase in demand in health care and long term care as a result of aging and the financing implications. The existing financing mechanisms for medical care and long term care as well as Government's responses are then examined. The author concludes that Hong Kong is poorly prepared for the rapidly aging process that it will encounter in the next twenty odd years.
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Hong Kong College of Health Service Executives

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Speaker Highlight



Prof Somnuek DOMRONGKITCHAIPOORN

Deputy Dean of Hospital Administration School, Faculty of Medicine, Ramathibodi Hospital Mahidol University, Thailand

Prof DOMRONGKITCHAIPOORN is the Deputy Dean of Hospital Administration School, Ramathibodi Hospital, Mahidol University in Thailand. He is a Fellow in Nephrologist and has long teaching experience in the Division of Nephrology in Mahidol University since the mid-90s. With his strong clinical background, Prof DOMRONGKITCHAIPOORN has significant publications on renal diseases and received several research awards in the past ten years. He is a member of the Organ Transplantation Committee in Thailand and also serves on the Editorial Board of *Songklanagarind Medical Journal*.



Health for All in Thailand

Prof Somnuek Domrongkitchaiporn

*Deputy Dean of Hospital Administration School, Faculty of Medicine,
Ramathibodi Hospital Mahidol University, Thailand*

Thailand has invested continuously on health care infrastructure. This results in greater access to healthcare at most local level and creation of extensive network of health care facilities. Distribution of work force has been successfully done by an obligation for new medical graduates to serve in rural hospitals. In 2002, the country achieved universal health coverage (UHC). It covers 99% of population, ranging from primary health care to hospitalization. The total health expenditures, estimated at 4.1 % of its GDP or \$US 328 per capita, is relatively low. With the right policies, Thailand demonstrates that UHC is achievable in low middle-income countries.



Hong Kong College of Health Service Executives

Regional Conference 2014

Speaker Highlight



Dr Shyamala THILAGARATNAM

Director, Healthy Aging Division, Health Promotion Board, Singapore

Shyamala is Director of the Preventive Health Programmes Division, and the Regional Health & Community Outreach Division at the Singapore Health Promotion Board. She is responsible for developing programmes promoting healthy ageing and chronic disease management, as well as programmes related to mental health, substance abuse and communicable diseases for both children and adults. In addition, the national screening programmes (BreastScreen Singapore, CervicalScreen Singapore, the National Colorectal Cancer Screening Programme and the Community Functional Screening Programme, among others), are under Shyamala's purview. She is also Adjunct Assistant Professor at the Saw Swee Hock School of Public Health, Singapore.

Shyamala and her team have been developing more integrated and tailored programmes to meet the challenges of Singapore's changing healthcare landscape and an ageing population. Increasingly, the emphasis has been on developing models of preventive care, working with Singapore's 6 Regional Health Systems, other government agencies and voluntary welfare organisations to improve population health through early detection, optimal clinical and lifestyle follow-up, and creating supportive health promoting environments.



Healthy Ageing – the Singapore Experience

Dr Shyamala Thilagaratnam

Director, Healthy Aging Division, Health Promotion Board, Singapore

Singapore's population is ageing rapidly; 1 in 5 Singaporeans will be above 65 by 2030, posing a significant strain on the healthcare system. This is already being manifested, for example, as high hospital bed occupancy rates and frequent readmissions amongst the vulnerable elderly population.

This presentation will describe the strategies we employ and the models of care that are being developed to improve population health as a whole through health promotion and disease prevention. The presentation will include a description of Singapore's Regional Health Systems (RHSs) and how the Health Promotion Board works with these RHSs – to keep the healthy, healthy; to detect disease conditions early and help individuals manage their conditions well. There are many opportunities to create health promoting ecosystems where healthier choices are the easier choices, and to improve on health literacy levels such that people know where to find health information, how to interpret it and are able to make informed health choices.

The presentation will describe some of the challenges we have had in the area of healthy ageing, as well as how health promotion efforts have changed over the years to become a bit more sophisticated and tailored to the needs of different segments of the population, so as to support efforts towards improving population health, and facilitating healthy ageing.



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Regional Conference 2014

Speaker Highlight



Tim PANG

Community Organizer

Society for Community Organization

Mr Tim PANG received B. Sc. in Biology (specialized in Human Biology) from the Chinese University of Hong Kong in 1996. After graduation, he turned to social service and furthered his study in social work for professional development. He received his Master of Social Work degree from the University of Hong Kong in 2000.

After graduation, Tim has been working in the Society for Community Organization, an organization acting for social justice and safeguarding human rights. He is responsible for the project of health right/ patient's rights. He was a member of the Committee on Promoting Acceptance of People Living with HIV/ AIDS of Hong Kong Advisory Council on AIDS from 2002 to 2005. He was invited as a member of the Patient Group on the Hospital Accreditation Pilot Scheme in 2009 until now. In August 2013, he was appointed as a member of Hospital Authority Review Steering Committee, which aimed at reviewing the management of public healthcare services provided by the Hospital Authority.



Healthcare for All: A Human Right Perspective and Its Implementation in Hong Kong

Tim PANG

Community Organizer, Society for Community Organization

Right to health is a basic human right enshrined in the Universal Declaration of Human Rights. The International Covenant on Economic, Social and Cultural Rights further states the steps for the realization of the right to health include ensuring access to health care for all. Right to health contains four elements: availability, accessibility, acceptability, and quality; while the States Parties have the obligations to respect, protect and fulfil. Participation is the central feature of the right to health. Using health-right-based approach to review the implementation of right to health in Hong Kong shows that the objective “health to all” is generally attained. However, challenges ahead may affect Hong Kong’s healthcare system.



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Regional Conference 2014

Moderator of the Panel Discussion



Prof Geoffrey LIEU

DBA, MHA, LFACHE, FACHSE, LFHKCHSE

Director, Healthy Aging Division, Health Promotion Board, Singapore

Prof Lieu is a veteran executive in hospital management and healthcare reform. He specializes and is adviser and consultant to numerous health policy formulation, health system and hospital reform, and governance and leadership development initiatives.

He has served as heads of professional organizations and non-executive director of various public and private organizations, both locally and internationally. He is Founder and Chairman Emeritus of the Institute for Health Policy and Systems Research (IHPSR), established in 1997 and the first independent not-for-profit healthcare think-tank in Hong Kong at the time.

Prof Lieu holds a number of adjunct and visiting academic appointments, including Adjunct Associate Professor of the University of Minnesota School of Public Health. He teaches and writes about health economics, health policy, and health services management. He is an internationally active speaker on future healthcare development, financing and reform.

Instead of his work defining who he is, Prof Lieu is now defining his work and spends most of his time trying to make a difference in implementing initiatives to embrace longevity as social and economic powerhouses, in advocating effective financing and protection of the health of elderlies, and in innovating the way future hospital executives and healthcare leaders are to be educated.

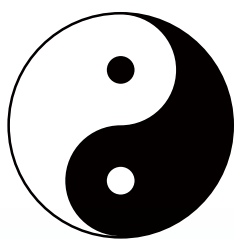


Cultural Performance



Baduanjin

With roots from the traditional Chinese medicine, Health Qigong–Baduanjin (健身氣功 • 八段錦) is one of the most common forms of Chinese qigong with scientific evidence for health and well-being. Participants of the Regional Conference will have an opportunity to get an experience on the practice of it from a group of occupational therapists who have just made a Guinness World Record in holding the largest Health Qigong Class this year. The therapists (including Priscilla Siu, Stella Chan, Gloria Cheung, Bobby Ng and Maurice Wan) are members of the Traditional & Cultural Sport Activities' Study Group, Hong Kong Occupational Therapy Association and are also qualified Baduanjin coaches of the Chinese Health Qigong Association of the General Administration of Sport of China. They will demonstrate and lead conference participants through the eight different movements of Baduanjin.



Tai Chi

Chinese martial arts have a very long history and are rich in contents. Zhao Bao--He Style Tai Chi Chuan (HSTCC, 趙堡和式太極拳) is a fine example. HSTCC takes students through a complete, natural range of motion over the centre of gravity. Its form (Quanji) emphasizes circular movements to illustrate a harmony state with the philosophy of Yin and Yang. It exercises both

the skeletal and muscle systems as a whole, and thus helps the students to improve joint flexibility, maintain clear mind and good blood circulation, and eventually a healthy body. With appropriate instruction and sustainable practice, it is believed that it can even mitigate the effect of aging.

Mistress CHOW Sau Fong and Ms HO Siu Yung have been practicing martial arts for over 20 years and received many awards in Hong Kong and even International martial arts competitions. Mistress CHOW has also been teaching staff of the North Hospital HSTCC and other martial arts for more than eight years. It is our honour to have Mistress CHOW and Ms HO to give us the demonstration tonight.



Experience

Samsca
(tolvaptan)

15 mg tablet

Experience the first and only oral vasopressin V_2 -receptor antagonist that increases
FREE WATER CLEARANCE
and serum sodium concentrations.

Samsca promotes free water clearance¹

- ◆ Direct antagonism of the V_2 -receptors increases urine water excretion, resulting in:
 - An increase in free water clearance (aquaresis)
 - A decrease in urine osmolality
 - An increase in serum sodium concentration

Indication

SAMSCA is indicated for the treatment of clinically significant hypervolemic and euvolemic hyponatremia (serum sodium $<125\text{mEq/L}$ or less marked hyponatremia that is symptomatic and has resisted correction with fluid restriction), including patients with heart failure and Syndrome of Inappropriate Antidiuretic Hormone (SIADH).

Abbreviated Prescribing Information

Presentation: Tablets 15mg or 30mg of tolvaptan. **Indication:** SAMSCA is indicated for the treatment of clinically significant hypervolemic and euvolemic hyponatremia (serum sodium $<125\text{mEq/L}$ or less marked hyponatremia that is symptomatic and has resisted correction with fluid restriction), including patients with heart failure and Syndrome of Inappropriate Antidiuretic Hormone (SIADH). **Dosages:** To be initiated in hospital due to need for evaluation of therapeutic response. The usual starting dose for SAMSCA is 15mg administered once daily without regard to meals. Increase the dose to 30mg once daily, after at least 24 hours, to a maximum of 60 mg once daily, as needed to achieve the desired level of serum sodium. Limit treatment duration to 30 days. **Contraindications:** Hypersensitivity to any component of Samsca. Urgent need to raise serum sodium acutely, Anuria, Hypovolemic hyponatremia (worsening), Hypertension. Patients who cannot perceive or appropriately respond to thirst. Concomitant use of strong CYP3A inhibitors. Pregnancy, breastfeeding. **Warnings and precautions:** Tolvaptan should be initiated and re-initiated in patients only in a hospital where serum sodium can be monitored closely. Tolvaptan has not been in a setting of urgent need to raise serum sodium acutely. For such patients, alternate treatment should be considered. Osmotic demyelination syndrome is a risk associated with too rapid correction of hyponatremia (eg, $>12\text{mEq/L/24 hours}$). Osmotic demyelination results in dysarthria, mutism, dysphagia, lethargy, affective changes, spastic quadriplegia, seizures, coma and death. Caution should be exercised to ensure patients have adequate access to water and not become overly dehydrated. Urinary outflow must be secured to avoid risk of developing acute urinary retention, if hepatic injury is suspected, discontinue SAMSCA. Avoid use in patients with underlying liver disease. Concomitant use of SAMSCA with other treatments for hyponatremia or other medicinal products that increase serum sodium concentration may result in a higher risk for developing rapid correction of serum sodium and is therefore not recommended. **Drug Interactions:** Caution with co-administration with CYP3A inhibitors, inducers and substrates, P-gp inhibitors, and digoxin. Concomitant use with hypertonic saline is not recommended. The effect of vasopressin analogues such as desmopressin may be attenuated in patients using such analogues to prevent or control bleeding when co-administered with SAMSCA. **Adverse reactions:** The following adverse reactions were reported ($>2\%$) in clinical trials in hyponatremia: Dry mouth, constipation, thirst, asthenia, pyrexia, hyperglycemia, anorexia, polyuria, See full package insert for further details and other undesirable effect. **Overdosage:** If overdose occurs, estimation of the severity of poisoning is an important first step. Treatment should involve symptomatic and supportive care, with respiratory, ECG and blood pressure monitoring and water/electrolyte supplements as needed. A profuse and prolonged aquaresis should be anticipated. Please refer to full package insert for further details.

Reference: 1. Samsca package insert



生命增輝 健康添瑞





Caring and curing

At Novartis, we are committed to answering the unmet needs of patients around the world.

Breakthrough medicines are our highest priority — they open up healthcare's frontier and answer unmet needs. But no two patients are exactly alike. That's why at Novartis we go beyond breakthrough medicines to offer disease prevention, generic alternatives and access to medicines.

Oncology Care

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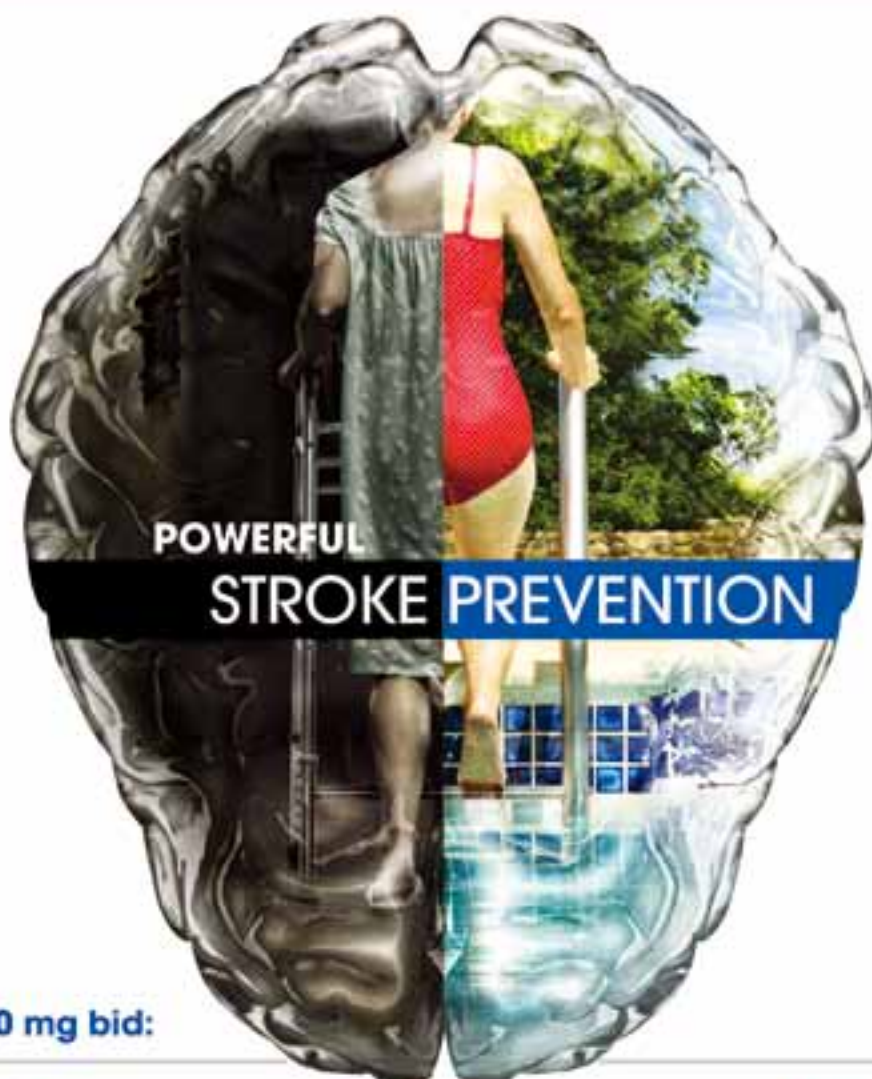
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p < 0.001



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[†] Risk factors: previous stroke, transient ischemic attack, or systemic embolism (SEE); left ventricular ejection fraction < 40 %; symptomatic heart failure, ≥ New York Heart Association (NYHA) Class 2; age ≥ 75 years; age ≥ 65 years associated with one of the following: diabetes mellitus, coronary artery disease, or hypertension.

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Reference: 1. Pradaxa[®] Prescribing Information, HK. 2. Connolly SJ et al. Dabigatran versus Warfarin in Patients with Atrial Fibrillation. *N Engl J Med*. 2009;1139-1151. 3. Connolly SJ et al. Newly Identified Events in the RE-LY Trial. *N Engl J Med*. 2010;363:1875-1876.



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*調查結果根據生活報2011年11月間小兒健康及中成藥問卷調查報告

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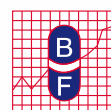
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