

Management of Health Problems at different stages of life

Training Seminar of General Practitioners in Huizhou, China 2012

惠港全科醫生培訓課程 2012

不同生命週期人群的健康照顧

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- **Problem of children** 小兒科問題
 - **Adolescent health problem** 青少年問題
 - **Men's Health** 男士健康

Allergy prevention 預防過敏癥

The worldwide prevalence of atopic diseases such as asthma, allergic rhinitis, atopic dermatitis and food allergy has increased considerably in recent decades.

在近幾十年內，哮喘、過敏性鼻炎、異位性皮炎及食物過敏等異位性疾病在世界各地的流行率都大幅增加

Food allergy and anaphylaxis rates are rising exponentially*.

食物過敏及過敏性休克的比率提升得越來越快

* Gupta R, Sheikh A, Strachan DP, Anderson HR. Time trends in allergic disorders in the UK. *Thorax* 2007;62:91-6.

Allergy prevention 預防過敏

Epidemiological evidence suggests that early life influences are important for determining one's risk for the development of atopic disease.*

流行病學證據顯示，嬰幼年的影響是日後發展出異位性疾病的一個重要因素

It is likely that a myriad of genetic and environmental influences are at play. Much attention is now being focused on exploring and developing allergy prevention strategies.

這可能是因為無數的基因及環境因素在發揮影響。醫學界現正把注意力集中在研究及發展策略以預防過敏

What are the current recommendations for primary allergy prevention during pregnancy and early childhood?

針對懷孕期間及孩童幼年期間如何預防過敏，現在有些什麼建議？

* Strachan DP. Family size, infection and atopy: the first decade of the 'hygiene hypothesis'. Thorax 2000;55(Suppl 1):S2-10.

When to implement strategies for allergy prevention (1)

什麼時候可以採取措施預防過敏癥？

Allergy prevention strategies are recommended for babies at 'high risk' of developing allergic disease. 建議具有過敏高危因素的嬰兒採取預防措施

A child is considered to be at 'high risk' of developing allergic disease if there is a positive family history of allergic disease (asthma, allergic rhinitis, atopic dermatitis and food allergy) in one or more first degree relatives (parents or siblings). 如果有一位或以上的第一級親屬（父母或兄弟姐妹）有過敏的病史（哮喘、過敏性鼻炎、異位性皮炎及食物過敏），該小孩就屬於過敏高危人士

Children born to atopic families (parents or siblings) are more likely to develop allergic disease (50-80%) compared to those with no family history of atopy (20%)*. 有異位性疾病家族史（父母或兄弟姐妹）的小孩比沒有此家族史的小孩更容易發展出過敏病（50-80% vs 20%）

* Prescott S, Tang M. ASCIA Position statement. Allergy prevention in children. October 2004.

When to implement strategies for allergy prevention (2)

什麼時候可以採取措施預防過敏癥？

No genetic markers have been identified that accurately predict the development of allergic disease in an individual, therefore family history of allergy is the only useful marker to identify those children at risk of developing allergic disease. 暫時尚未辨別出有哪種

基因標誌可以準確預測過敏病的發生，因此，過敏病的家族史是唯一的、有效的標誌來辨識出高危兒童

Maternal diet during pregnancy

母親在懷孕期間的飲食習慣

There is no evidence that avoidance of allergenic foods during pregnancy reduces the development of allergic disease in children.*

沒有證據顯示，懷孕期間避免進食致敏性食物可以降低孩童發展出過敏病的機會

- * Kramer MS, Kakuma R. Maternal dietary antigen avoidance during pregnancy and lactation for preventing or treating atopic disease in the child. Cochrane Database Syst Rev 2003;(4):CD000133.

Environmental allergen avoidance during pregnancy (1)

懷孕期間避免接觸致敏原 (1)

Some studies have suggested benefit with reducing house dust mite exposure during pregnancy and/or early infancy, others have reported an increased risk of sensitisation,*

Marks et al** recently reported no difference in prevalence of asthma, wheeze or atopy at 5 years of age with house dust mite avoidance during infancy.

一些研究指出，在懷孕期間及/或嬰兒期間減低接觸家居塵蟎是有益處的；也有一些指出會提高致敏的風險；Marks et al 最近的報告則指出，嬰兒期間避免接觸家居塵蟎對於哮喘、喘息或異位性疾病的流行率並沒有影響

* Woodcock A, Lowe LA, Murray CS, et al. Early life environmental control: effect on symptoms, sensitisation, and lung function at age 3 years. NAC Manchester Asthma and Allergy Study Group. Am J Respir Crit Care Med 2004;170:433-9.

** Marks GB, Miharshahi MPH, Kemp ASC, et al. Prevention of asthma during the first 5 years of life: a randomized controlled trial. J Allergy Clin Immunol 2006;118:53-61.

Environmental allergen avoidance during pregnancy (1)

懷孕期間避免接觸致敏原（1）

No recommendation can be made regarding pet exposure for the purpose of primary allergy prevention.

However, if there is established allergic disease – asthma, allergic rhinitis – and pet allergy, avoidance is recommended.

沒有資料建議避免接觸寵物來預防過敏性疾病。不過，如果是已診斷出患有過敏癥，例如哮喘、過敏性鼻炎及寵物過敏，則建議應該避免這些致敏原

Breastfeeding 餵哺母乳

There is evidence that exclusive breastfeeding and avoidance of complementary feeds in the first 3-4 months of life is associated with a reduced risk for developing allergic disease in early childhood, particularly atopic dermatitis during infancy and childhood asthma.

證據顯示，出生後的頭3-4個月只餵哺母乳，並避免餵哺其他食物，可以降低兒童早期發展出過敏性疾病的風險，特別是嬰兒期異位性皮炎，及兒童哮喘

Maternal allergen avoidance during lactation

母親在哺乳期間避免接觸致敏原

Currently, there is not convincing evidence that allergen avoidance during lactation has a protective effect against allergic disease.*

暫時尚未有令人信服的證據表示母親在哺乳期間避免接觸致敏原對過敏性疾病起著保護性的作用

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Kramer MS. Maternal antigen avoidance pregnancy for preventing atopic disease in infants of women at high risk. Cochrane Database Syst Rev 2000;(2):CD000133.

Introduction of solid foods (1)

加入固體食物（1）

There is no evidence that delayed introduction of solids beyond 4-6 months of age is of benefit for the prevention of allergic disease.*

沒有證據顯示推遲加入固體食物的時間（4-6個月大）對預防過敏性疾病有好處

* Filipiak B, Zutavern A, Koletzko-S, et al. Solid food introduction in relation to eczema: results from a 4 year prospective birth cohort study. J Pediatr 2007;151:352-8.

Introduction of solid foods (2)

加入固體食物（2）

There is currently insufficient evidence to support the association between early introduction of solid foods and the development of atopic disease.

暫時並沒有足夠的證據支持異位性疾病和較早加入固體食物有關的論調

There has also been increasing concern that the commonly recommended practice of delaying introduction of solid foods for longer periods than 4-6 months and up to 2-4 years may actually increase, rather than decrease, the risk of allergic disease.

人們普遍會建議推遲加入固體食物的時間來預防過敏癥（4-6個月至2-4歲），但現在越來越多人關注到這種做法其實可能會增加，而不是降低過敏癥的風險

Introduction of solid foods (3)

加入固體食物（3）

The development of tolerance to food allergens is an antigen driven process and emerging evidence suggests that early and repeated exposure to food proteins during a proposed 'window' between 4-6 months of age may be optimal for the induction of tolerance.

對食物致敏原的耐受性的發展是一種抗原驅動過程，越來越多的證據顯示，在建議的“窗口期”期間（4-6個月大）較早、以及經常接觸食物蛋白可能是誘發耐受性的最佳時期

Delayed introduction of foods after 6 months of age may lead to increased development of food allergy and other allergic disease.*

推遲加入固體食物，例如在六個月大之後才加入，可能會增加發展出食物過敏或過敏性疾病的機會

* Poole JA, Barriga K, Leung DYM, et al. Timing of Initial exposure to cereal grains and the risk of wheat allergy. *Pediatrics* 2006;117:2175-82.

Smoking 吸煙

Maternal smoking during pregnancy has been associated with impairment of fetal lung development.

胎兒的肺部出現損傷，已經證實和母親在懷孕期間吸煙有關

Parental smoking has been associated with an increase incidence of early childhood wheeze.*

父母吸煙會增加幼兒喘息的發病率

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Martinez FD, Cline M, Burrows B. Increased incidence of asthma in children of smoking mothers. Pediatrics 1992;89:21-6.

Referral to an allergy specialist

轉介予專科醫生

History is the mainstay of diagnosis of allergic diseases. The GP should take a detailed history with particular attention to: timing of the onset of symptoms, nature and extent of symptoms (organ systems involved), duration of symptoms, reproducibility of symptoms (if previously exposed) and other factors required to induce symptoms (eg exercise).

病史是過敏性疾病的診斷主要工具。全科醫生應該詳細地詢問病史，並特別注意以下幾點：癢狀發作的時間、癢狀的性質和幅度（包括器官系統）、癢狀歷時時間、癢狀的繁殖能力（之前是否接觸過），或者其他會引致該癢狀的因素（例如做運動）

Referral to an allergy specialist should be considered in any child with a history of:

如果小孩有以下任何一種病史，應該考慮轉介予專科醫生：

- Suspected IgE mediated food allergy – IgE mediated reactions generally occur rapidly upon ingestion of the offending food (within 30 minutes to 1 hour) and can involve the skin (urticaria, angioedema), gastrointestinal system (vomiting, diarrhoea, abdominal pain), respiratory system (cough, wheeze, stridor, chest tightness, change in voice, tongue swelling) or the cardiovascular system (hypotension, collapse)
- 懷疑是由免疫球蛋白E引起的食物過敏 – 免疫球蛋白E過敏反應通常在攝取過敏食物之後就會立即出現（30分鐘至一小時之內），並會影響到皮膚（麻疹、血管性水腫）、胃腸道系統（嘔吐、腹瀉、腹痛）、呼吸系統（咳嗽、喘息、喘鳴、胸部壓迫感、改變聲音、舌腫）、心血管系統（低血壓、暈倒）

Referral to an allergy specialist should be considered in any child with a history of:

如果小孩有以下任何一種病史，應該考慮轉介予專科醫生：

- suspected non-IgE mediated food allergy – non-IgE mediated reactions are generally delayed in onset with symptoms developing several hours to days after ingestion of the offending food. They present predominately with gastrointestinal symptoms.

懷疑並非是由免疫球蛋白E引起的食物過敏 – 非免疫球蛋白E過敏反應一般在攝取過敏食物後數小時至數天才會出現；通常以胃腸道系統的癥狀為主

- 10-15% present with food protein induced enterocolitis syndrome (FPIES) (severe vomiting and associated pallor and collapse). There is no specific diagnostic test to confirm the diagnosis of a non-IgE mediated allergy and diagnosis is made by elimination of the offending food and subsequent rechallenge when appropriate

大約10-15%過敏病患者是患上食物蛋白引發腸炎癥候群。現時並沒有確切的檢驗可以確定非免疫球蛋白E過敏診斷，通常是利用消除過敏食物（需要時可能要不斷針對不同食物）的方法來進行診斷

Referral to an allergy specialist should be considered in any child with a history of:

如果小孩有以下任何一種病史，應該考慮轉介予專科醫生：

- **Asthma that requires preventer therapy**
患有哮喘，需要接受預防性藥物的治療
- **Allergic rhinoconjunctivitis that has not responded to maximal medical therapy**
過敏性鼻結膜炎，對最大劑量的藥物治療沒有反應
- **Atopic dermatitis where there has been a poor response to topical management or where dietary precipitants are suspected – to assess the possible role of dietary and environmental allergens**
異位性皮炎，對局部性治療的反應不好，或懷疑是飲食習慣引起的
- **Suspected drug or latex allergy** 懷疑是藥物過敏或乳膠過敏
- **Systemic reaction to an insect sting**
被昆蟲叮螫後引起的系統性反應

Oral food challenge

食物攝取試驗

Oral food challenges for diagnosis of food allergy.*

食物攝取試驗被視為診斷食物過敏標準”

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Sicherer SH. Food allergy: when and how to perform oral food challenges. *Pediatr Allergy Immunol* 1999;10:226-34.

Oral food challenge (cont'd)

食物攝取試驗

Food challenges should only be performed by specialist units trained in early identification of allergic reactions and equipped for management and resuscitation.

食物攝取試驗應該由專業單位/部門來進行，這些單位/部門應該接受過辨別過敏反應方面的培訓，並有管理、復原過敏情況的設備

Oral food challenge (cont'd)

食物攝取試驗

Oral food challenges generally involve a half day hospital admission and are usually open, but can be single or double blinded or placebo controlled. Oral food challenges involve giving small incremental doses of the food and carefully monitoring for any reaction. The challenge is stopped once any objective reaction has occurred.

接受食物攝取試驗需要住院半天，試驗通常是開放的，不過有時候也可能是單盲或雙盲或使用安慰劑的。食物攝取試驗的方法是以微量遞增的方式讓病人進食某種事物，然後仔細監察任何的反應。如果出現任何客觀反應就立即停止。

Management 治理

If the allergist believes that the results are indicative of clinically relevant food allergy, avoidance measures will be indicated; however if there is uncertainty an oral food challenge may be considered.

如果過敏科醫生相信試驗結果代表了相關的食物過敏，就會給予避免措施預防過敏；但如果不肯定的話，可能要考慮接受食物攝取試驗

Where multiple foods are to be avoided, dietician referral is recommended.

如果需要避免多項食物，則應該轉介予營養師

Management (cont'd)

治理

Most children develop tolerance to most common food allergens (ie egg, milk, wheat and soy) by the time they are 5-6 years of age. 大多數的小孩在5-6歲的時候都會逐漸發展出對大多數食物致敏原的耐受性（例：雞蛋、牛奶、小麥、大豆）

Therefore periodic re-evaluation is important to identify foods that no longer need to be avoided.

因此，應該定期地重新評估以找出不需要再避免接觸的食物

It is recommended that SPT be repeated every 1-2 years for food allergens and that supervised oral food challenge be considered when appropriate. 建議：每1-2年就重復進行一次食物致敏原的皮膚點刺試驗；如有需要，也可考慮食物攝取試驗

Management (cont'd)

治理

In contrast, peanut and tree nut allergy tends to be ongoing into adult life in up to 80% of children. However, periodic re-evaluation of these children is also important to ensure appropriate allergy management plans are in place and any allergic comorbidities are adequately managed.

相反地，多達80%的兒童，他們的花生和堅果類過敏癥往往會持續到成年期。不過，定期的重新評估對這些兒童來說也是很重要的，因為可以確保過敏治理方案到位，以及監察是否適當地治理任何過敏性合併癥



**Practical tips for management of
adolescent in Family Medicine practice**

**家庭醫學實踐－
治理青少年的實用錦囊**

Case scenario: adolescents

個案學習：青少年

John Chan aged 14 years, came to consult you this morning with his mother, Mrs Chan. John and Mrs Chan were very anxious of John's increasing tiredness and feeling lack of energy. He has been experiencing sore throats, dyspepsia and headache. John's father, Mr Chan is a prominent barrister (senior counsel) in town with little time for interaction with John.

John，14歲，今天早上與母親，陳太，一起來看病。John近來覺得越來越疲倦、沒有活力，陳太和John都很擔心。除此之外，John也出現喉嚨痛、消化不良和頭痛。John的父親，陳先生，是本地一位著名的律師，很忙，平時和John溝通的時間不多。

Clinical problem solving: adolescents

臨床問題的解決：青少年

Mrs. Chan used to be Chartered Accountant but she is now working part-time only because she tended to suffer from frequent attacks of migraine and getting tired easily. John has been a top student in one of the famous schools in Hong Kong.

陳太是一位特許會計師，不過她現在只是兼職工作，因為她很容易會出現偏頭痛，以及容易覺得疲倦。John則在香港一所著名的中學裡讀書，而且是位尖子。

What are the provisional diagnostic hypotheses? 你初步的診斷假設是什麼？

- 1) Anaemia 貧血
- 2) Infection e.g. glandular fever, hepatitis, TB 感染，例：
：腺熱、肝炎、肺結核
- 3) Peptic ulcer 胃潰瘍
- 4) Psychological such as depression, somatoform disorders, anxiety 心理疾病，例如抑鬱、官能症、焦慮
- 5) Endocrine problems such as hypothyroidism, DM 內分泌疾病，例如甲狀腺功能減退、糖尿病
- 6) ?auto-immune disease 自身免疫病？
- 7) ?substance abuse 濫用物質？
- 8) ???malignancy 惡性腫瘤？？？

How would you proceed with the consultation? 你會如何繼續這個會診？

History 病史：

- Mode and duration of onset 起病的形式及持續時間
- Any constitutional symptoms such as fever, weight loss, myalgia, arthralgia, joint swelling, skin rash, diarrhoea, vomiting, respiratory symptoms 有
何一般症狀，例如發燒、體重減輕、肌肉疼痛、關節痛、關節腫脹、紅疹、腹瀉、嘔吐、呼吸道症狀
- Recent history of traveling 近來有沒有外游

How would you proceed with the consultation? 你會如何繼續這個會診？

History 病史：

- Explore school life 探討學校的生活
- Explore home circumstances 家庭生活
- Explore any intimate relationship 有沒有任何親密的關係
- Explore about daily activities 日常生活的活動
- Explore emotional health such as sleep, mood, concentration, loss of interest, suicide ideas
探討心理健康的問題，例如睡眠、情緒、專注力、失去興趣、自殺的念頭等
- Explore possibility of substance abuse
發掘是否有濫用物質的可能性

How would you proceed with the consultation? 你會如何繼續這個會診？

Examination 檢查：

- Temperature, any pallor, any lymphadenopathy
體溫、臉色是否蒼白、任何的淋巴結病？
- ENT exam, signs of respiratory tract infection
耳鼻喉方面的檢查，呼吸道感染的表徵
- Abdomen for tenderness, masses 腹部壓痛、腫塊
- Assess mood and emotion 評估心情及情緒
- Explore possible signs suggesting substance abuse
發掘可能代表濫用物質的表徵
- Joint pain or swelling 關節疼痛或腫脹

Blood test normal. What next?

血液測試結果正常。然後呢？

- Reassurance choosing the term ‘stress related’ rather than ‘psychosomatic’ 選用“壓力引起的不適”一詞，而非“身心症”，以令病人安心
- Stress related disorder is preferable to having organic disease 與壓力相關的失調通常會引致器官病
- Viewing symptoms as either/or (biological or psychosocial) and would be both 出現的症狀可能是生理上或心理生的，也可能兩種都有
- Further testing can be done if needed 如果有需要的話可以多做一些檢驗

Management approach

治理方案

- Regular monitoring with careful use of medication
定期監察情況，小心使用藥物
- Well balanced diet, adequate rest and regular exercise
平衡的飲食習慣、足夠的休息，以及定期做運動
- Modification of daily schedules 改變平時的日程表
- Family counseling if needed
如果有需要的話，接受家庭輔導

Common unexplained symptoms

常見的難以解釋的症狀

- Sore throat/cough 喉嚨痛 / 咳嗽
- Dizziness 頭暈
- Headache 頭痛
- Shaking/twitching 顫抖 / 抽搐
- Abdominal pain 腹痛
- Seizures 癲癇
- Nausea 反胃
- Limb or joint pain 四肢或關節疼痛
- Tiredness 疲倦

Characteristics features of major depression as described by DSM-IV-TR (APA, 1994) are:

DSM-IV-TR标准（美国精神医学学会，1994年）对抑郁症主要特征的描述如下：

- Depressed mood 情感低落
- Loss of pleasure or interest in usual activities
对日常活动丧失兴趣，无愉悦感
- Disturbance of appetite 食欲不振
- Sleep disturbance 失眠

Characteristics features of major depression as described by DSM-IV-TR (APA, 1994) are:

- **Psychomotor agitation or retardation**
精神运动性激越或迟缓
- **Loss of energy**精力减退
- **Feelings of worthlessness and guilt**
自我评价过低，有内疚感
- **Difficult in thinking** 思考困难
- **Recurrent thoughts of suicide**
反复出现自杀的念头

■ *However many adolescents have little or no insight how they feel and even expressing so adult screening instruments are less useful.*

■ 然而很多青少年对自己的感觉和表现并不自知或很少自知，因此，用于成人的筛查工具就不那么有效。

Few simple questions would be sensitive in screening but low specificity (Fleming, 2007)

在筛查中具有一定敏感性的简单问题不多，并且特异性也不高 (Fleming, 2007):

■ *Are you tired? 你感觉疲劳吗?*

■ *Do you sleep well? 你睡的好吗?*

■ *Do you feel sad or cry a lot? 你感觉很沮丧或是常常哭泣吗?*

■ *Do you enjoy school/employment? 你喜欢学习/工作吗?*

Features of depression in adolescence

青少年抑鬱症的特點

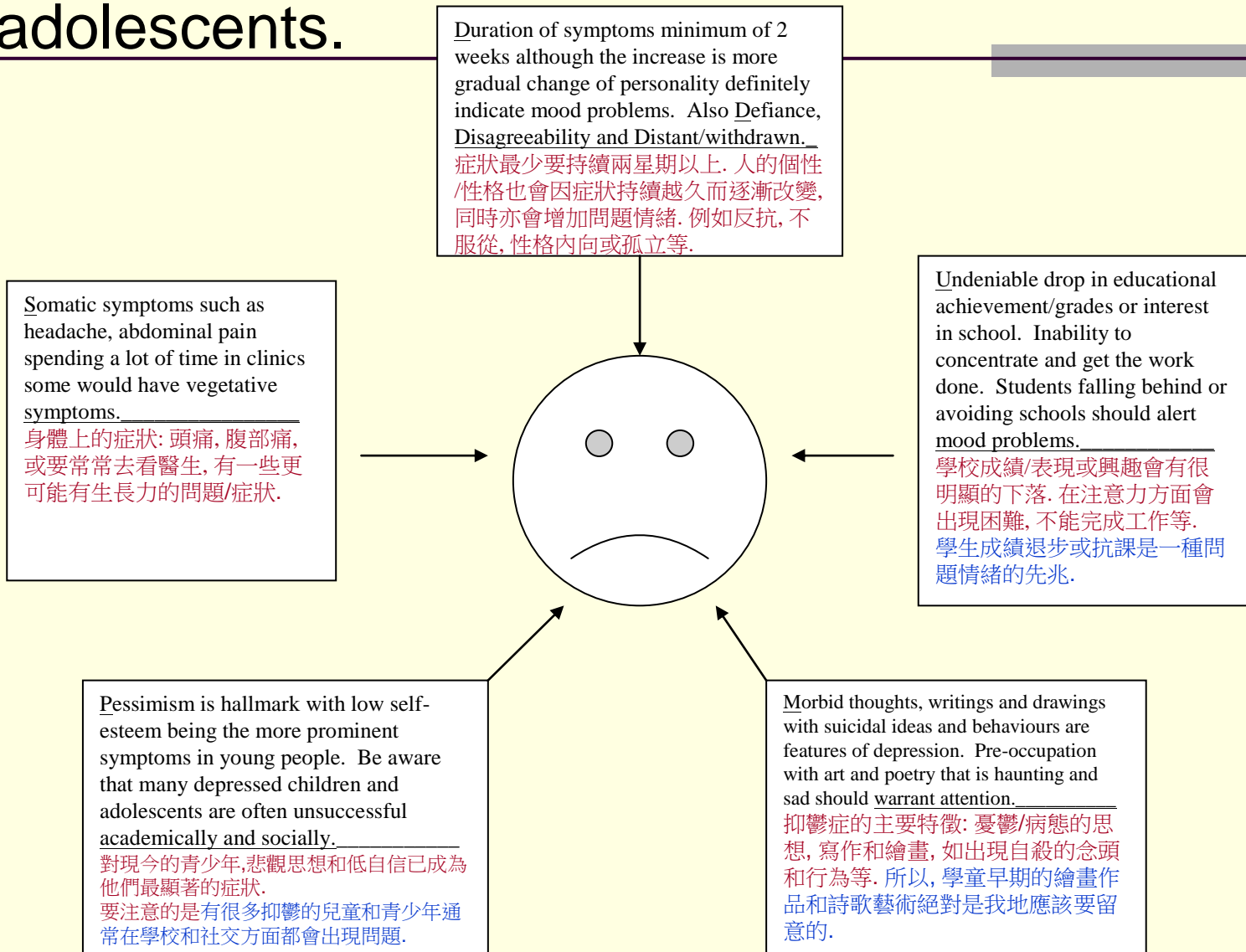
- Low mood and tearful 情緒低落及時常哭泣
- Loss of interest 對事物失去興趣
- Emotional outburst 情緒失控
- Boredom 感沉悶
- Withdrawal and isolation 社交退縮和孤立
- Hopelessness and helplessness 感無望和無助
- Low self esteem 自尊心較低
- Poor sleep and appetite 睡眠和食慾較差

Features of depression in adolescence

青少年抑鬱症的特點

- Sleep disturbance 失眠
- Fatigue 感虛弱
- Impulsive behaviours 行為衝動
- High risk behaviours (alcohol and substance misuse 高危行為 (如酗酒、濫用藥物)
- Psycho-somatic complaint 身心病症
- Suicidal idealism 有自殺意欲
- Self ham behaviour 自我傷害的行為
- Inabilities to cope with usual activities 不能應付日常活動
- Decrease interest in maintaining good health 對維持健康失去興趣

DUMPS (Carlson, 2000) represents five of criteria for diagnosis of depression in children and adolescents.



How to identify high risk

如何察覺高危的青少年

- Recent Australian study has noted that 25% of adolescents presented with somatic symptoms such as headache, abdominal pain, palpitation
- 澳洲最近一位研究指出青少年到家庭醫生診所求診時，有25% 是有顯著的情緒問題 (Beckinsale et al, 2001)，很多時候都會將精神情緒問題軀體化，而成為生理上的病，例如頭痛、肚痛、心跳等

- It is not uncommon to present with somatic symptoms such as headache, lethargy and other non-specific symptoms with underlying mental health problems. Family doctors need to be more alert with the underlying problems when adolescents present with non-specific complaints. Study by Lee et al (2004) in Hong Kong, around 15% of adolescents consulted their family doctors with non-specific complaints with higher proportion amongst older adolescents.
- 表现为躯体症状如头痛、昏睡和其他非特异症状的潜在精神健康问题的病例并不少见。当青少年有这些非特异性主诉时，家庭医生应当更加警惕这些潜在的问题。Lee等2000年在香港进行的研究表明，约15%的青少年因非特异性主诉向家庭医生咨询，这一比例在年龄较大的青少年中更高。

Lee A, Tsang KK, Lee SH., To CY., Healthy School Research Support Group Older school children are not necessarily healthier: Analysis of medical consultation pattern of school children from a territory wide School Health Surveillance. Public Health 2000, 115: 30-37.

Simple screening tool for mental well being

心理健康的簡單的篩檢工具

1. Are you tired? 你會否覺得很累？
2. Do you sleep well? 你睡得好不好？
3. Are you sometimes sad or cry a lot? 會不會有時候覺得很傷感，或者大哭？
4. Do you enjoy school/employment? 你享受學校/工作生活嗎？

These are questions with high sensitivity but LOW specificity (a lot of false positive)

這些問題具有高敏感度，但**低**明確度（會出現很多“假陽性”的答案）

Treatment strategies 治療策略

- Brief psychological therapies 簡略的心理治療
 - Cognitive behaviour therapy 認知行為治療
 - Interpersonal psychotherapy 人際關係心理治療
- Longer term psychotherapy 長遠心理治療
 - Longer term psychodynamic therapies can be used for severe or persistent cases
長遠的心理治療主要針對嚴重或持續的個案
- ???Anti-depressant 抗抑鬱藥

Consult adolescent psychiatrist for latest evidence

HEADSS is good protocol for a full understanding of psychosocial history

HEADSS 是一個很好的楷模，有助全面了解心理社交歷程
(Golden ring et al, contemporary Pediatrics, 1998; Jul: 75-80)

H – Home Life including relationship with parents

家庭生活，包括與父母的關係

E – Education or employment including financial issues

教育或就業，包括財政問題

A – Activities including sports, social relationships, and Affect (mood)

活動包括運動、社交關係以及情感 (情緒)

D – Drug use including cigarettes and alcohol

藥物使用、吸煙及飲酒

S – Sex (intimate relationships and sexual risk behaviours)

性方面 (親密關係及危險性行為)

S – Suicide, depression and self harm also sleep problems.

自殺、抑鬱、自我傷害、睡眠問題

HEADSSS

- **H**ome
- **E**ducation and employment
- **E**ating
- **A**ctivities
- **D**rugs
- **S**exuality
- **S**uicide and depression
- **S**afety and Savagery

Goldenring JM, Rosen DS. Getting into Adolescent heads: an essential update. *Contemporary Pediatr* 2004; 21;^4



在全科醫療中促進男士健康

MEN'S HEALTH

Case Study of a patient for whom motivational interviewing techniques may be useful 個案學習

習：推動性面談技巧可能會有用處

Harris and McKenzie (2006) *MJA*, 185:440-444

- Joseph is a 45-year old self-employed electrician who is overweight (body mass index, 28 kg/m²). He does 20 minutes of moderate physical activity once a week. He is married with two grown-up children who do not live at home. He does not smoke, and drinks 2-3 standard drinks of beer per day.

Joseph，45歲，是一位自顧電工。Joseph有過重的問題（身高體重指數是28）。他每個星期做20分鐘的中度運動。他已婚，有兩個已成年子女，子女並沒有和他們一起住。Joseph沒有吸煙，每天會喝2-3份標準份量的啤酒。

個案學習

Harris and McKenzie (2006) *MJA*, 185:440-444

- Joseph's diet is high in fat. He also drinks 1-2 bottles of soft drink per day. He eats little fruit and 1-2 servings of vegetables per day, and eats a very large meal at night. His father died at the age of 60 from a heart attack.

Joseph平時的飲食習慣是屬於高脂的。他每天還會喝一至兩罐的汽水。他較少吃水果，蔬菜份量是一天1-2份；晚飯通常都吃很多。Joseph的父親死於心臟病，享年60。

個案學習

Harris and McKenzie (2006) *MJA*, 185:440-444

- On examination, his blood pressure is 140/90 mmHg. His fasting blood glucose level is 4.8mmol/L; total cholesterol level, 6.0mmol/L; high-density lipoprotein cholesterol level, 1.0mmol/L; low-density lipoprotein cholesterol level, 3.0mmol/L; triglyceride level, 3.0mmol/L.

身體檢查結果：

血壓	140/90 mmHg
空腹血糖值	4.8mmol/L
總膽固醇	6.0mmol/L
高密度脂蛋白膽固醇	1.0mmol/L
低密度脂蛋白膽固醇	3.0mmol/L
三酸甘油酯	3.0mmol/L

個案學習

Harris and McKenzie (2006) *MJA*, 185:440-444

- He finds it difficult to eat more healthily because there are no healthy food alternatives available at his workplace. He finds it difficult to find the time for physical activity because of his work.
他發現自己難以改吃一些較健康的食物，因為在他工作的環境中並沒有提供健康食物的選擇。同時他也發現因為工作忙碌的關係，很難找時間做運動

個案學習

Harris and McKenzie (2006) *MJA*, 185:440-444

- He is concerned about his health, but unsure whether he wants to change his lifestyle. He says: “I’d like to lose weight, but I’ve tried before and failed.”

他很關注自己的健康，可是不肯定自己是否想改變現時的生活方式。他說：“我想減肥，以前試過了，但是不成功。”

個案學習

Harris and McKenzie (2006) *MJA*, 185:440-444

- Accordingly to the Stages of Change model, he can be classified as “unsure” (contemplation), which places him in the most suitable group for motivational interviewing techniques.

根據“行為改變的步驟”，Joseph屬於“不肯定”（考慮中）的組別，是最適合應用推動性面談技巧的人群

個案學習

Harris and McKenzie (2006) *MJA*, 185:440-444

- Decision balance is one such technique in which, rather than telling the patient what to do, the doctor helps patients to reflect on their current behaviour and on changing it.

“衡量決定”是其中一種技巧，這種技巧的應用並不是告訴病人應該做些什麼，而是幫助病人思索他們現時的行為，繼而幫助他們去改變行為

個案學習

Harris and McKenzie (2006) *MJA*, 185:440-444

- For example: “What do you like about your current diet? What are the things you do not like about it? What would be the benefits of change? What would be the risks of change?”

例：“你喜歡你現時的飲食習慣的哪些方面？”

“你不喜歡哪些方面？”

“做出改變的好處是什麼？”

“做出改變的風險又是什麼？”

個案學習

Harris and McKenzie (2006) *MJA*, 185:440-444

- Then the doctor summarises what the patient has said, and asks the patient to weigh this up. This gentle approach is likely to result in patients coming up with a realistic plan which they can follow.

然後醫生再總結病人的意見，並請病人做出衡量。這是一種比較溫和的方法，很可能會促使病人提出一個比較實際、他們會跟從的計劃

Why we need to be more concerned on Men's Health

我們為何要多關注男士的健康？

- Men's health is NOT simply reproductive health
“男士健康”指的不只是生殖方面的健康問題
- Men are at highest peak of cardiovascular disease, chronic lung disease, cancers, suicide and injury (Harris and McKenzie (2006) *MJA*, 185:440-444). For cardiovascular disease, the increase mortality amongst men would be due to smoking, alcohol, overweight, elevated lipid level.

心血管疾病、慢性肺病、癌症、自殺和受傷個案中，男性患者佔了大多數 (Harris and McKenzie (2006) *MJA*, 185:440-444)。在心血管疾病個案中，男性死亡率的提高可能和吸煙、喝酒、過重，和血脂升高有關

Why we need to be more concerned on Men's Health

我們為何要多關注男士的健康？

- Although prevalence of depression was found to be higher in females, mortality from suicide was much higher in males particularly in rural and remote areas and easier availability of lethal means such as alcohol, drug
雖然女性的抑鬱症患病率比較高，但男性因抑鬱症而自殺的死亡率遠高於女性，特別是在農村及較偏遠的地區；同時也因為比較容易獲取致命工具，例如酒精、藥物
- Depression would manifest as somatic symptoms, violent behaviours, anger and risky behaviours.
抑鬱症可以表現在以下幾種方面：身心症、暴力行為、憤怒行為及高危行為

Why we need to be more concerned on Men's Health

我們為何要多關注男士的健康？

- Reproductive and sexual health problems in men are more common especially over age 40
生殖方面和性健康方面的問題在男性之間比較常見，特別是40歲以上的男士
- Benign prostatic hypertrophy affecting 20% of men aged 40-49 and around half over 65 years (Tsang KK and Garraway 1994 *Age and Ageing* 23,360-364)
良性前列腺增生影響了20% 40-49歲的男士，以及約一半的65歲以上的男士(Tsang KK and Garraway 1994 *Age and Ageing* 23,360-364)

Why we need to be more concerned on Men's Health

我們為何要多關注男士的健康？

- Erectile dysfunction would affect over 40% of those age 65 or above (Pinnock *MJA* 1999(171):353-357) due to organic cause (vascular disorders) and/or psychologist
超過40%的65歲以上的男士因為器官原因（血管疾病）以及/或者心理因素出現勃起障礙症
- Male hormones disorder 1 in 200 adult men (Handelsman *MJA* 2004(180):509-34)
每200位男士就有一位患上雄性荷爾蒙失調 (Handelsman *MJA* 2004(180):509-34)

Why we need to be more concerned on Men's Health

我們為何要多關注男士的健康？

- Men “approach” and also “consume” health care differently
男性對保健的“方法”和“消費”有不同的看法
- Men are less comfortable with the health care system and have less understanding
男性對醫療系統感覺比較不自在，對醫療系統的了解也比較少
- Consultations for men tends to be more superficial and usually at later stage of illness
與男病人的診症通常比較表面，而且男性通常是在疾病後期才求診

Why we need to be more concerned on Men's Health

我們為何要多關注男士的健康？

- Men are less likely to engage in preventive health check especially at young age
男性比較少會進行預防性的身體檢查，特別是年輕時
- Men do not like to take time off work for consultation
男性不喜歡請假去看醫生
- Men from lower socio-economic class are more likely to defer or avoid medical intervention particularly those requiring out of pocket expense.
處於社會經濟階級較低的男性比較會延遲或避免醫療干預，特別是當需要自己付錢時

Some Key assessments for men aged 45 years and over in general practice

Harris and McKenzie (2006) *MJA*, 185:440-444

SNAP (Smoking, Nutrition, Alcohol, Physical Activity) risk factors

SNAP高危因素（吸煙、營養、酒精、運動）

Ask 詢問：

- How many cigarettes a day do you smoke? 你平均一天吸幾支煙？
- How many portions of fruit and vegetables do you eat each day?
你平均一天吃幾份水果和蔬菜？
- How many standard drinks of alcohol do you usually drink per day on weekdays and on weekends, and how many alcohol-free days do you have each week? 在週日和周末，你分別會攝取多少份標準量的酒精？一個星期有幾天是不喝酒的？
- How many times a week do you usually do 30 minutes (all together or in shorter amounts) of brisk walking or moderate physical activity?
一個星期內你會做幾次至少30分鐘（不同時段加起來或一次性）的快步走路或中度運動？

Some Key assessments

Harris and McKenzie (2006) *MJA*, 185:440-444

Physiological risk 生理方面的高危因素

Measure 量度：

- Body mass index (weight in kilograms divided by the square of height in metres) and waist circumference. 身高體重指數（體重[kg]除以身高[m]的平方）和腰圍
- Blood pressure 血壓
- Total cholesterol and glucose levels by fasting blood test 總膽固醇和空腹血糖指數
- Urine protein level and GFR if high risk 尿蛋白；如果是高危人士，加上腎小球濾過率檢測

Some Key assessments

Harris and McKenzie (2006) *MJA*, 185:440-444

Emotion health 情緒健康

Ask 詢問：

- Over the past 2 weeks have you felt
在過去兩個星期內，你有沒有試過覺得 —
 - Down, depressed or hopeless?
情緒低落、抑鬱或無助？
 - Little interest or pleasure in doing things?
對所做的事情不感興趣或不覺有樂趣？

Some Key assessments

Harris and McKenzie (2006) *MJA*, 185:440-444

Early disease 早期疾病

Ask about 詢問：

- Skin lesions or changes, and examine high-risk men
皮膚病變或改變，並檢查高危的男士
- Symptoms of sudden onset of loss of focal neurological function in patients aged over 55 years
55歲以上的男士突然出現喪失局部神經功能的症狀
- Shortness of breath and chest pain 呼吸急促、胸口痛
- Change in bowel habits 排便習慣改變
- Family history of cardiovascular disease, cancer, diabetes
有心血管疾病、癌症和糖尿病的家族史

Some key assessments

Harris and McKenzie (2006) *MJA*, 185:440-444

Reproductive health 生殖方面的健康問題

Enquire about changes over the past few months in: 查詢以下兩方面在過去幾個月裡是否有變化：

- Urination (and its impact on life)

排尿（以及對日常生活的影響）

- Sexual function 性功能

- For cancer prevention such as prostate and colo-rectal cancer, suggest to refer to updated preventive guidelines of respective academic colleges

How to manage those important health issues of men in general practice 全科醫生應如何治理與男士健康有關的重要問題

- Priorities should be consistent with the impact of health problems of men in the primary care setting with provision of effective intervention 基層醫療提供的有效干預措施對男性健康的影響，應該和預防措施的優先次序一致
- Special attention should be given to cardiovascular disease, injury and depression 應特別留意心血管疾病、受傷，和抑鬱的情況
- Preventive strategies such as immunisation against influenza should not be neglected amongst those with chronic illnesses 如果病人是慢性病患者，不應忽略一些疾病預防的措施，例如打流感針

Assessing various components of patient' world

評估病人世界的不同組成部份

- Proactive identification and assessment of present and potential diseases in the context of whole person 應用全人護理的概念，積極地去辨識和評估現在及潛在的疾病
- Patients' experience of health and illness 病人在健康和疾病方面的經驗
- Patients' potential for healthy living 病人採取健康生活方式的可能性
- Patients' context 病人的生活背景
- Doctor-patient relationship 醫患關係

Over period of time with exploration of alternatives, finding new ways of fulfillment of personal values, needs, motives and expectation helping men to be more aware of their health and play an active role in reduction of risk factors

經過一段探索其他方法、尋找新的途徑來實現個人的價值觀、需要、動力和期望的時間，可以幫助男性更加關注他們的健康，並在降低高危因素方面扮演一個更積極的角色

5As approach 5A 方法

- **A**sk about risk factors or early signs of major health problems (SNAP: smoking, nutrition, alcohol and physical activities)
詢問 (**A**sk) 高危因素，或者嚴重健康問題的早期表徵 (SNAP：吸煙、營養、酒精和運動)
- **A**ssess the level of risk and diagnoses as early as possible
評估 (**A**ssess) 風險水平，盡早做出診斷
- **A**dvice and motivate patients to lower their risk
勸告 (**A**dvice) 並鼓勵病人降低他們的風險
- **A**ssist patients with pharmacological and non-pharmacological treatments
以藥物或非藥物治療來協助 (**A**ssist) 病人
- **A**rrange referral and follow up
安排 (**A**rrange) 轉介及跟進

Enabling factors for men to seek appropriate care in general practice

鼓勵男士尋求適當醫療服務的誘因（1）

- Special after hours services
應診時間之後的特別時段
- Access to other health professionals if needed, e.g., dietitian, clinical psychologist
如果有需要的話，為他們提供接觸其他專業醫護人員的途徑，
例如：營養學家、臨床心理學家
- Use of preventive checklist in patients' record
記錄病歷時使用“預防措施清單”
- Prompts in waiting room for preventive screening
等候室擺放宣傳資料，提醒病人進行預防性篩檢

Enabling factors for men to seek appropriate care in general practice

鼓勵男士尋求適當醫療服務的誘因（2）

- Arrange longer consultation time for those men who have not presented for follow up
為之前沒有前來復診的男病人安排長一點的診症時間
- Enhance support by partners
以伙伴關係來加強對病人的支持
- Motivational interviewing techniques 推動性的面談技巧
- Reminders 提醒物
- Public health initiatives with widespread media and celebrities playing important part in promotion
公共衛生倡導活動 – 利用大眾媒體廣泛宣傳，並邀請名人參與宣傳活動

Enabling factors for men to seek appropriate care in general practice: Australia GP4Men

鼓勵男士尋求適當醫療服務的誘因（澳洲全科醫生指引）

- Information exchange about men's health activities and research within GP network and general community
在全科醫生和社區醫療的網絡裡進行男士健康活動方面的信息交流和研究
- Website linking GPs and relevant men's health programmes
網頁鏈接到全科醫生和男士健康的有關活動計劃
- Enhanced engagement of men outside practices such as workplace based health assessment or social centres
在診所以外的層面加強男士的參與，例如在他們的工作地點或社區中心提供健康評估服務
- Community based men's health activities
以社區為基礎、以男士為對象的健康活動



The End

完