National University Hospital

NUH NEWS FLASH By GP Liaison Centre (GPLC)

Issue 3/2020

Medical Spotlight

Are there any new platforms that our Specialist Outpatient Clinics (SOCs) adopt to manage or treat patients?

The practice of telemedicine has been around for a while even before COVID-19 existed. In the **National University Cancer Institute, Singapore (NCIS)** context, patients have virtual consultations with their doctor through the use of video or tele-conferencing, thus eliminating the need for a hospital trip and avoiding close contact with other people at the clinic.

During pre-COVID-19 times, NCIS had been running a smaller-scale pilot telemedicine scheme for over a year. When the outbreak hit, NCIS was well-prepared to conduct telemedicine for patients on a wider scale. *"The pandemic simply served to accelerate the acceptance of this mode of consultation," said Professor Chng Wee Joo, Director of NCIS.*

Period	No. of telemedicine cases per month
Before COVID-19	13 (average)
March 2020	26
April 2020	67
May 2020	125
June 2020	130

The table shows a rising trend in the number of telemedicine cases during COVID-19.

Telemedicine has been fully implemented since 1 March. Patients have to sign a consent form before telemedicine can commence and verify their identity for every session. Each session is conducted with the doctor, who will call the patient if it is a phone consultation or join a video conference that is arranged by the clinic with the attending patient. A guide is provided to help patients navigate the app used for video conferencing.

It should be noted that telemedicine is not a replacement for physical visits to the doctor, but rather a complementary tool that can offer convenience to eligible patients and be harnessed in times like the current pandemic. Eligible patients are those who are no longer on active treatment or are on long-term care.

For patients who need medication, it can be delivered to their homes to save them a trip to the hospital pharmacy. NCIS currently makes about 240 deliveries a month, as compared to 12 trips a month before COVID-19. Online payment is also encouraged.

It is probably safe to say that the demand for telemedicine will not dip anytime soon, at least not before the COVID-19 situation stabilises.

The National University Cancer Institute, Singapore (NCIS) *is a national specialist centre under the National University Health System (NUHS). It is the only public cancer centre in Singapore treating both paediatric and adult cancers in one facility.*

NUH is also progressively rolling out virtual consultations for clinics in other specialties. Doctors will identify suitable patients and discuss the options with them. More details can be obtained from the respective clinics.

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New Clinical Appointments/Promotions

We are pleased to announce the appointment of Dr Peng Li Lee as Head, Department of Emergency Medicine, National University Hospital (NUH), with effect from 1 April 2020.

Dr Peng joined NUH in 2000 and is currently a Senior Consultant with the Department. She holds an academic appointment as Assistant Professor with the Yong Loo Lin School of Medicine, National University of Singapore.

In addition, she is Associate Designated Institutional Officer, Program Director of Emergency Medicine Residency Program, Residency Leadership Development Program, and Director of Postgraduate Education in Emergency Medicine. Notably, Dr Peng was instrumental in the transition of the postgraduate Emergency Medicine (EM) training from the BST / AST system to the ACGME-I model of EM Residency for NUHS in 2010.

Happenings @ NUH

Satellite Pharmacy (Eye)

We have set up a satellite pharmacy at ***NUH Medical Centre, Level 17***. It provides a one-stop, one-bill service for our patients at the Eye Surgery Centre.

Operating Hours:
Mon to Fri: 9am – 6pm
Closed on Sat, Sun and Public Holidays

Relocation of Neurology Diagnostic Lab and Sleep Lab

Our Neurology Diagnostic Lab (NDL) and Sleep Lab have been relocated to ***Kent Ridge Wing, Level 4***. The facility's main entrance is located along the corridor between the Endoscopy Centre and Lift Lobby 8.

Operating Hours:
Mon to Fri

- *NDL: 8.30am – 5.30pm*
- *Sleep Lab: 9pm – 7am*

Special Care Kit for Special Needs Individuals

Special needs individuals who may be suspected of or diagnosed with COVID-19 require additional support to understand what is happening around them or going to happen to them.

With support from the Ministry of Health (MOH), NUH has partnered KK Women's and Children's Hospital (KKH) and Institute of Mental Health (IMH) to create a visually-enhanced special care kit and video with the goal of empowering caregivers and healthcare workers to better communicate with these special needs individuals. Such support will help special needs individuals cope better with the procedures of testing, diagnosis and treatment.

The kit consists of social stories and visual schedules depicting the different processes that these special needs individuals may have to undergo. Click ***here*** to download the kit.

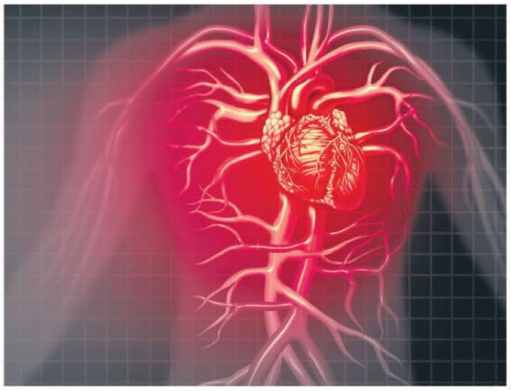
NUH in the News

Source: The Straits Times, page C5 / Date: 20 July 2020

ASK THE EXPERTS

Brought to you by National University Heart Centre Singapore

Managing and treating inherited heart disease ATTR-CM



"My 63-year-old father has been diagnosed with Transthyretin Amyloid Cardiomyopathy (ATTR-CM) and was told that it's the hereditary form. What is ATTR-CM and are my siblings and I at risk of developing it, too? What should we do?"

Transthyretin is a type of protein produced by the liver. Transthyretin amyloidosis occurs when abnormal transthyretin protein clumps together to form insoluble fibrils, known as amyloid proteins, which can deposit in many organs.

This can happen due to ageing (termed "wild-type" transthyretin amyloidosis), or due to a genetic mutation that causes abnormal transthyretin proteins to be produced by the liver (termed "hereditary" transthyretin amyloidosis).

What causes hereditary ATTR-CM?

In patients with hereditary transthyretin amyloidosis, there is a mutation in the gene sequence coding for transthyretin.

As such, an unstable transthyretin protein is being produced by the liver continuously, resulting in increased deposits in many organs in the body — such as the peripheral nerves, intestines, kidneys, body ligaments and the heart.

When there is abnormal deposition of amyloid fibrils in the heart, the patient is then diagnosed with Transthyretin Amyloid Cardiomyopathy (ATTR-CM).

When does it lead to heart failure?

In ATTR-CM, amyloid proteins deposit in the area around the heart muscle cells, which causes the heart to become stiff and unable to contract and relax normally.

This affects its ability to deliver blood to the body adequately. At this point, patients will develop heart failure symptoms — shortness of breath on exertion, easy fatigability and water retention.

Sometimes, these amyloid proteins deposit themselves around the normal electrical pathways of the heart, resulting in abnormal electrical heart signals. Patients can get abnormally slow or abnormally fast heart beats, which can cause fainting spells or even sudden death.

What is the risk of developing hereditary ATTR-CM?

As this condition results from a genetic mutation, there is a 50 per cent risk of each individual child of the patient inheriting the abnormal gene, which can lead to the disease later in life. Family members of patients diagnosed with hereditary ATTR-CM should see a doctor trained in managing amyloidosis.

During the consultation, your doctor will obtain a detailed medical history and perform a physical examination. Further tests, such as an electrocardiogram (ECG) and heart scans, may be required.

Genetic counselling will also be conducted. Your doctor will explain the genetic basis of the condition and offer the option of genetic testing to look for the presence of mutation in the gene coding for transthyretin protein.

If the result is negative, that means you do not carry the abnormal gene and will not require follow-up. Those with positive tests are carriers of the mutation and will require long-term follow-up to manage any development of symptomatic disease in the future.

Above: For patients who have been diagnosed with hereditary ATTR-CM, their family members should consider consulting a doctor for a health review and further testing.
PHOTO: GETTY IMAGES

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