



## EDITOR'S NOTES

July 2013

We have two very interesting articles in this July Plexus e-bulletin. The first article on, "Hepatitis B Updates for Primary Care Physicians" is in conjunction with World Hepatitis Day on 28 July. Hepatitis B carriers constitute 4-6% of the Singapore population and hence this is a timely article to remind busy Doctors to monitor their Hepatitis B carrier patients. The 2nd article, "Elderly Presenting With Red Eyes – Beware the Red Flags!" provides useful prompts on important conditions to consider when an elderly patient presents with a seemingly ubiquitous eye condition. We hope you find these two articles useful and interesting. Happy Reading!

# HEPATITIS B UPDATES FOR PRIMARY CARE PHYSICIANS

*Dr Jarrod Lee, Consultant Gastroenterologist, Khoo Teck Puat Hospital*

The World Health Organization and World Hepatitis Alliance celebrate World Hepatitis Day on July 28th. The date marks the birthday of Nobel Laureate Professor Baruch Blumberg, who discovered the Hepatitis B virus in 1967. 4-6% of the population in Singapore has chronic Hepatitis B infection. Hence, this update is also a timely testament of the primary care physician's critical role in detecting and managing these patients.

## WHO TO MONITOR?

Patients with Chronic Hepatitis B infection, defined as presence of HBsAg > 6 months

## HOW TO MONITOR AND FOLLOW UP?

### 1. Educate Patient

- Natural history of Hepatitis B, including complications of cirrhosis and hepatocellular carcinoma (HCC).
- Modes of transmission and preventive measures for family members and sexual contacts, including vaccination
- Importance of follow up and long term monitoring to prevent and detect complications.
- Lifestyle advice, including diet, alcohol use, exercise and risk behaviours

### 2. Monitor for Inflammation which may Require Treatment.

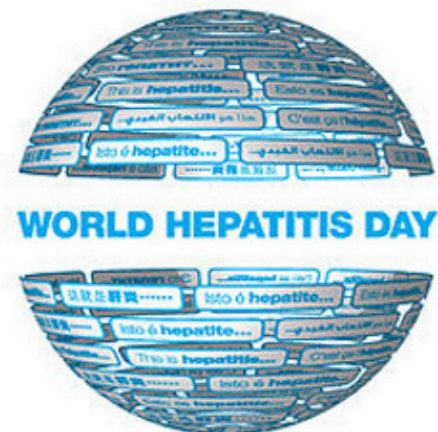
- Alanine aminotransferase (ALT): 3-6 monthly
- 1-3 monthly monitoring if ALT raised
- Exclude other common causes of raised ALT, e.g. drugs, fatty liver, alcohol, etc.

### 3. Monitor for Complications which need Specialist Management

- Cirrhosis:
  - o Clinical: ascites, jaundice, encephalopathy
  - o Lab: low platelets, low albumin, high bilirubin, high prothrombin time
- HCC: 6 monthly ultrasound and alpha fetoprotein (AFP)

## WHEN TO REFER TO SPECIALIST?

- ALT > 2x upper limit normal: to consider treatment
- Age > 40 yrs: to assess for inflammation and fibrosis, even if ALT normal
- Cirrhosis: to prevent progression, monitor and treat complications, and to plan for transplant
- Suspected HCC or screening: to obtain definitive diagnosis and plan for treatment
- Special populations: pregnant patients, patients receiving steroids or immunosuppressive therapy, patients with concomitant liver disease.



# ELDERLY PRESENTING WITH RED EYES: BEWARE THE RED FLAGS!

*By Dr Winnie Soon, Associate Consultant Family Physician National Healthcare Group Polyclinics*

**‘R**ed eye’ is a term used when the eye is red, itchy, watery and feels gritty.

Common causes of red eyes can be from an infection, an allergy or dry eyes. Rarely, red eyes may be a result of an inflammatory condition such as iritis or uveitis, which can be caused by problems with the immune system, trauma or medication.

As ‘red eyes’ caused by an infection is contagious, it can lead to an outbreak of infectious conjunctivitis or even an epidemic, hence, early diagnosis, treatment and hand washing can help limit its spread. Most cases of conjunctivitis (‘red eyes’) usually resolves in 5-7 days. Viral conjunctivitis usually produces a watery or mucous eye discharge whilst bacterial conjunctivitis often produces thicker, yellow-green eye discharge.



An allergic cause of red eyes results in bloodshot, glazed eyes that are watery and very itchy. Usually there may be other indications of an allergic predisposition e.g. asthma, allergic rhinitis or an atopic skin condition.

Dry eyes can be accompanied by symptoms of having ‘tired’ eyes. Triggers such as smoke, dust, eye make-up which act as irritants or excessive and prolonged near computer work can further aggravate the condition.

Symptom / Sign	Differential Diagnosis
1. Associated with thick pus-like discharge	Bacterial conjunctivitis
2. Change in vision or vision is blurred	Corneal problems, iritis, glaucoma, severe conjunctivitis and endophthalmitis
3. Foreign body sensation	Dry eyes, foreign body or corneal abrasion
4. Itching	Allergic conjunctivitis
5. Redness or tenderness extending from eye to surrounding tissues	Orbital cellulitis, severe conjunctivitis
6. Trauma, foreign body entry, previous eye operation	Sub-conjunctival haemorrhage, hyphaema, endophthalmitis

Caution is advisable and further reviews and follow-up action may be required in the circumstances, below:

1. Prolonged duration of red eye (more than 5 to 7 days)
2. History of auto-immune conditions such as rheumatoid arthritis or inflammatory bowel disease: look out for iritis or uveitis. For those with history of thyroid disease, thyroid eye disease may be present.
3. ‘Dry eyes’, although common in the elderly, may also be caused or aggravated by some medications e.g. SSRI, NSAIDS.
4. Medicamentosa: caused by prolonged and excessive use of eye-drops for dry eyes. Recommendation: stop current eye-drops and use preservative-free eye drops.

# PRIMARY CARE FORUM 2013

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## Course Calender July 2013 - September 2013

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Wong Mei Yin

Date	Course Topic	JULY
10 Jul	BCLS Re-Certification	
10 Jul	AED Certification	
11 Jul	Enhancing Critical Communication Skills that Matter!	
13 Jul	Interpretation of Spirometry Results	
17 Jul	Basic Clinical Measurement for Health Associates	
24 Jul	Advancing Ethics and Professionalism in Primary Care - Day 1	
26 Jul	NHGP's 1st Infection Control Seminar: "Moving Towards Elimination of HAIs"	
27 Jul	Advancing Ethics and Professionalism in Primary Care - Day 2	
31 Jul	Simplified Use of Medical Terminology	

Date	Course Topic	AUGUST
17 Aug	Surgical Prodecures for the Primary Healthcare Physician	
21 Aug	Teaching 101 for busy Healthcare Professionals	
22 & 23 Aug	General Practitioner's Assistant Course - Intermediate	
28 Aug	BCLS Re-Certification	
28 Aug	AED Certification	
29 Aug	BCLS Full Certification	

Date	Course Topic	SEPTEMBER
07 Sep	M Med Mock Exam	
10 Sep	M Med Slides	
12 Sep	Mentoring - A Guide by the Side	
14 Sep	Assist in Collection of Pap Smear Specimens	
19 Sep	BCLS Re-Certification	
19 Sep	AED Certification	

For information on customized courses, please call **6496 6683**  
For contribution of articles, please call **6496 6681** or email [secretariat@pca.sg](mailto:secretariat@pca.sg)

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6 Commonwealth Lane  
#02-01/02 GMTI Building  
Singapore 149547