

# College Special Interest Groups (SIGs)

## Report - Mental Health SIG

By Dr Tan Yew Seng, Chairman of Mental Health SIG & 19th Council Member

**F**amily physicians (FP) can intervene effectively in mental health problems in the community. This was the key message at the FM Grand Round on Mental Health that was held on 6 Jan 2004. This inaugural session of the Grand Round series was opened by A/P Goh Lee Gan, who cited the significance of the grand round as a forum for FP. The chairperson, Prof Kua Ee Heok of the Psychological Medicine department of the National University Hospital, affirmed the FP's role in mental healthcare, noting that the person in mental distress would more likely visit their FPs than any other professionals.

The theme of the Grand Round, "Symptom/Disease Attribution in Family Practice", was apt as patients in family practice frequently do not present with well-differentiated conditions, and symptoms are what FPs have to contend with at the first consultations. 3 cases were presented by Dr Dixie Tan and the author. Dr Tan chose her cases carefully to show how differently she handled the

problem before and after her family therapy training. The frankness and humility with which she shared her experience in the patient management provided valuable lessons that are hard to find in conventional textbooks. The author presented a case of somatic complaints during the recent SARS outbreak.

The grand round has been significant in 2 aspects. Firstly, judging from the ensuing questions, comments and discussion from the audience, this event fulfilled the intention of the organizers – that this should be a forum for FP, by FP. Secondly, the turnout was encouraging not only in numbers, but also in their ages. The age range of the attendees ranged from twenties to seventies. This provided a unique mix of fresh viewpoints and seasoned experience, from esteemed Professors to junior medical officers. This form of discourse evidently struck a chord with members of the audience. Said one of them, it was the "experiential" nature of the event that she found most useful.

### FMGR- "Symptom & Disease Attribution in Family Practice"

By Dr Shah Mitesh, Registrar NHG polyclinic, Advanced trainee(FM Fellowship Programme)

**3** cases were presented at the first FMGR focusing on mental health in family practice. We feature the 2 cases presented by Dr Dixie Tan. The 3rd case presented by Dr Tan Yew Seng has already been published in the Singapore Medical Journal in Nov 2003 as a case report "Fever Attribution in the SARS Outbreak" - Tan YS, Cheong PY Sing Med J 2003 Vol 44(11): 590-594 .

#### Case no. 1: A woman who was "afraid in the chest"

51 yr old Chinese principal of a reputed school, married with children, 2 years post menopause. She consulted the doctor because she felt "afraid in the chest" and wanted to exclude cardiac pathology. She also had stiff neck, mild weight loss and dizzy spells without vertigo.

On examination, she looked depressed and the check up was otherwise normal. CXR and cervical-spine xrays, ECG and general laboratory screening tests were all normal. A diagnosis of tension was made. She came back every 2 months with different symptoms each time. Each time accompanied by her husband for moral support. Later she confided that the husband was having an affair with someone in Shanghai.

The symptoms seem to improve by themselves with no intervention. Finally after a long lull the patient came to see Dr Tan on her own. She was happy and symptom-free and merely wanted to talk with her doctor who had known her through the years. She had separated from her husband and the children were grown up, freeing her of any financial responsibility. A final diagnosis of psychosomatic disorder secondary to marital disturbance was made.

#### Discussion points

1. Commonest symptom of outpatient psychiatry is phobia. Fear of crowded places, fear of failing exams/projects/

### Family Medicine Grand Round

### "A Teenager With Vomiting"

#### Chairman:

Dr Tan Yew Seng  
Chairman, Mental Health Special Interest Group CFPS

#### Discussant:

Dr Helen Leong Soh Sum  
Assistant Director, Medical Affairs  
National Healthcare Group Polyclinics

#### Outline:

School examinations are significant life events for many Singapore teenagers. However, it is not uncommon in family practice to find the stress of such an event being expressed somatically. In this grand round, we shall hear about a teenager whose problems in dealing with examination stress are manifested as vomiting. What can the family physician do in such situations? What psychological techniques can the family physician use to help this teenager? Dr Helen Leong, a consultant family physician who is also trained in psychotherapy will discuss the case and share her expertise in dealing with this often-encountered problem in family practice.

We look forward to your participation. For enquiries, contact the College Secretariat at 6223 0606 or email [contact@cfps.org.sg](mailto:contact@cfps.org.sg). **ADMISSION IS FREE. (1 Core FM Point)**

6 April 2004 (Tuesday)

5:15pm - 6:45pm

CFPS Lecture Room  
#01-02  
College of Medicine Building  
16 College Road  
Singapore 169854

relationships, and fear of marital disharmony are some good examples.

2. Patient complained of fear in the heart, not physical heart but emotional aspect of heart.

3. Doctors can reassure patients even without prescribing medicines. The counter nurse is a counselor to the patients in many cases.

#### Case No. 2-A young woman presenting with nocturnal chest pain

A 35 yr old Malay divorced Factory Executive complained of a 2 day history of chest pain, waking her up in early hours of morning. The pain radiated to the nipples every 5 minutes, and was relieved by getting up. The symptoms were similar to those one month ago, after her father died. She also had poor appetite and insomnia. The patient admitted that something was "upsetting her" but did not wish to talk further. Examination was unremarkable, except for mild epigastric and LIF pain. A diagnosis of gastritis triggered by emotional disturbance was made. She was treated with Zantac, antacids, Prothiaden 25 mg om and Lexotan, for 2 weeks and asked to return for a review.

2 weeks later, she confided that since her father died, she had rented out his room to her niece and her husband. The niece's husband had made sexual advances towards her. There was anger but likely she was also loathed to bring up matter with niece having already suffered a loss of emotional support with father's death.

#### Discussion Points

1. Young patients usually have chest pain of non-cardiac origin.
2. Knowledge of old and recent issues in the family help to link and relate the symptoms better, hence coming to a diagnosis much earlier.
3. People who are depressed are much more prone to IHD and AMI. Most post-MI patients develop depression.
4. Antidepressant treatment should be given for 6 months, giving the patient enough time and confidence in us to confide her family / social problems. As psychotherapy kicks in, we can then taper off treatment.

## Report - Eldercare SIG

By Dr Tan Boon Yeow, Chairman of Elder Care & Fellow of College

The first Family Medicine Grand Round on Elder Care featured a 2-part presentation on the topic of "Treatment Resistant Depression in the Elderly". The first was presented by Dr Tan Boon Yeow, family physician practicing in St. Luke's Community Hospital. He explored ways in which a family physician can manage the depressed elderly. This was further illustrated with difficult cases that were encountered in practice. Dr Francis Ngui, consultant psychiatrist with a special interest in geriatric psychiatry, then looked at ways a psychiatrist can tackle this problem of treatment resistant depression.

In addition, the eldercare SIG had her first two meetings on the 16th of Jan and 3rd Feb this year. At the first meeting, we were able to discuss the various ways we hope to fulfill the objectives of the SIG group (highlighted in the previous College Mirror). It was reiterated that the SIG is really meant for college members and the

only criteria for being part of the group is that one has an interest in caring for the elderly.

The group expounded on ways we can achieve our aims. The newly inaugurated family medicine grand rounds as well as other ad hoc programs and College journal publications will be the means by which the eldercare SIG hopes to generate interest in the first year of its inception. The group also recognize the importance of being relevant to the needs of the practicing family physician in his clinic as well as to others that may deal more with the elderly in different settings (community hospitals, domiciliary care groups, nursing homes etc). It is envisaged that the College SIG will look more into the first group as there are other organizations and programs that cater for the latter groups. The SIG also hope to conduct a survey later in the year to find out more about the members' needs in this area of medicine.

### Family Medicine Grand Round

### "Eldercare experience"

#### Chairman:

Dr Tan Kok Leong, Fellow of College and Senior Family Physician, Singhealth Polyclinic.

#### Outline:

In this special interest group meeting, we look at eldercare through the perspectives of three family physicians.

**The Japan Experience - Dr Ho Han Kwee.** Dr Ho spent 2 years enjoying the maple leaves and sushi in

Japan. He was fortunate enough to be around during a time when the Long Term Nursing Insurance scheme was implemented in Japan and benefited from the discussion, actual implementation and evaluation of this scheme. During his spare time, he interacts with elderly from this country with the world's longest life expectancy.

**Eldercare Down Under- Dr Tan Boon Yeow.** Dr Tan spent a year and half in Melbourne and Sydney gleaning from the various aged care set ups ranging from acute to community geriatric services

**Eldercare training in Singapore - A/Prof Goh Lee Gan .** A/Prof Goh is chairman of Diploma in Geriatric Medicine Committee. He looks at the challenge of gearing up the family physician to meet the needs of the greying population .

Come, join us to hear about these unique experiences by our fellow colleagues as well as to draw lessons from these overseas systems of healthcare for the elderly. The 3 presentations will be followed by a discussion session to explore ways we can improve the local eldercare system. **ADMISSION IS FREE. (1 Core FM Point)**

4 May 2004 (Tuesday)

5:15pm - 6:45pm

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