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have access to testing. Healthcare and frontline workers staying in the neighbourhood also appreciate the ease of testing. Thirdly, MOH does provide a fair remuneration and strong support for clinics providing SASH. Moreover, with the Patient Risk Profile Portal (PRPP) and automated patient notification via SMS, the whole process is now very streamlined and efficient.

CM: Will you continue to provide this service to your patients?

NW: Absolutely! We intend to keep doing this until the pandemic is over, and the pandemic won't be over unless we all play our part. SASH is a vital part of this fight against COVID-19. I feel disappointed whenever I read

about community cases which were not swabbed on first presentation. The delay in swabbing carries the risk of further community spread, and we really need to work together to win this fight. We certainly don't want to go back to another circuit-breaker.

CM: Any other thoughts or ideas that you would like to share?

NW: I would like to thank all the frontline workers for the sacrifices made during this long battle against COVID-19. I firmly believe that we will be able to overcome this pandemic and emerge stronger. I hope everyone can continue to work together to keep our nation safe.

■ CM

FAMILY PRACTICE SKILLS COURSE ON BASIC OBESITY MANAGEMENT – A Sneak Preview

Interviewed by A/Prof Goh Lee Gan, Past President, College of Family Physicians Singapore

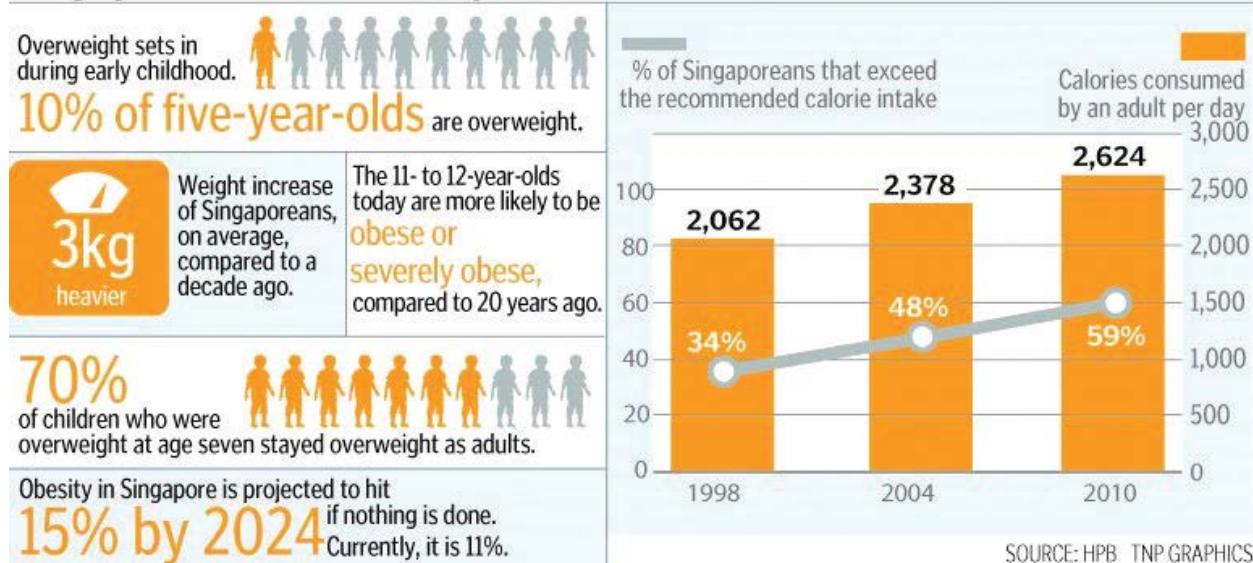
Introduction

Obesity is a rising problem in Singapore and worldwide. Our Health Promotion Board warns of the rising obesity. If nothing is done, obesity in Singapore is projected to hit 15% by 2024 from the present figure of 11%. See Figure 1.

In this context, College is working with Dr Tham Kwang Wei (TKW) and Dr Benjamin Lam (BL) from the

Singapore Association for the Study of Obesity (SASO) and Novo Nordisk to conduct a Family Practice Skills Course on Basic Obesity Management Accreditation (BOMA) Course for Family Physicians to help to prevent the obesity prevalence in Singapore from rising further. A/Prof Goh Lee Gan managed to connect up with the two course organisers for a sneak preview.

Figure 1
Singaporeans and obesity



Source: Health Promotion Board, Singapore

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College Mirror (CM): Hi KwangWei and Benjamin. Thank you for agreeing to this interview on the forthcoming Skills Course being conducted on Saturday and Sunday, 3-4 April 2020. Can you share with our readers on the role of SASO in addressing the rising prevalence of obesity in Singapore and worldwide?

Dr Tham Kwang Wei (TKW): Thank you, Prof Goh, for this opportunity to share with the readers and members of the College regarding the purpose and work of SASO.

Globally, 800 million people live with obesity (PwO). It is a costly issue, with the medical consequences of obesity estimated to cost over \$1 trillion by 2025. Layering on to the ongoing global epidemic of obesity is the current COVID-19 pandemic, with further health and economic impacts.

This is where SASO comes in. Established in 2001, SASO aims to promote the study of obesity in Singapore including its causes, manifestations, prevention and treatment and to provide a better understanding of obesity to HCPs and to the general public.

Recognizing that there is a lack of structured CMEs in obesity locally, we have been active in organizing a series of CMEs over the years, and also co-organising the annual Obesity, Bariatric & Endocrine Societies (OBES) Congress since 2016, where experts in this field come together to share their work and learn from each other. This year, we are also launching the Rooting Out Obesity: Training & Skills (ROOTS) program and the upcoming BOMA with the College on 3-4th April 2021.

SASO, as an affiliate of both the Asia-Oceania Association for the Study of Obesity (AOASO) and the World Obesity Federation (WOF), participates in global consensus meetings on education and policy-making, while leaning on them for resources to further our cause in obesity work in Singapore. For example, WOF does a lot of work and research in preparation for every year's World Obesity Day, giving us a wealth of resources for our campaign locally. We also collaborate with other countries in the region to share information and conduct CMEs and conferences.

CM: Thank you, KwangWei. How big is the obesity problem in Singapore? What can we do with our patients to bring this figure down?

TKW: Indeed, overweight and obesity are serious public health issues. In just a short span of 18 years, the prevalence of obesity in Singapore had more than doubled to 10.8% in 2010 (i.e. about 1 in 9 adults), with 40% of Singaporeans having a BMI of $>25\text{kg/m}^2$.

In 2004, WHO recognized that Asian populations have a high percentage of body fat for the same BMI and that the risk of diabetes and cardiovascular disease can be high at a lower BMI. Hence, a lower threshold of BMI for Asians was recommended where a BMI of 23 kg/m^2 , 27.5 kg/m^2 and 32.5 kg/m^2 reflected 'moderate', 'high', and 'very high' risk respectively.

If we apply these thresholds to the 2010 data, then 23.0% of Singaporeans (1 in 4 adults) had high or very high risk, and more than half of Singaporeans (55.3%) had an elevated risk (moderate or higher) of developing diabetes and cardiovascular disease based on their BMI.

Need to do more

Dr Benjamin Lam (BL): Observational and self-report evidence suggest that less than half of patients with obesity are advised by their physicians to lose weight. Primary care physicians often cite lack of motivation by the patient as the main reason with other barriers following the main themes of limited understanding about obesity care, concern about negative consequences of raising a sensitive topic, and limited time and resources.

On the other hand, studies on patients with obesity suggest that patients do believe that it is the responsibility of their family physicians to initiate the conversation about weight management and would like them to do so, and only 3% were offended by such a conversation, according to an online survey conducted in 11 countries, involving 14,502 participants.

This survey also showed that nearly half of them said they were motivated to lose weight, with $>80\%$ of the total participants saying they had made at least one serious weight loss effort in the past. These results should reassure the primary care physician that there is a sizable population with obesity willing to be helped with their weight. Hence, apart from public health measures, primary care physicians play a pivotal role in the tackling of overweight and obesity in Singapore, and we need to help our primary care physicians to fulfil this role.

Course objectives

CM: Thank you, Benjamin. Can you tell us a bit about the objectives of the BOMA course obesity and beyond this skills course? How do participants get accreditation and what is the benefit of this accreditation?

TKW: As Benjamin has mentioned, SASO strongly believes that one of the pillars to tackle obesity is the HCPs in the community. Primary care physicians are the first point of contact for most patients, interacting with them across the spectrum of life events and often with their entire family as

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well. Hence, they are poised to make one of the greatest impacts in the management and prevention of obesity and we value them as our partners in tackling the overweight and obesity problem in Singapore.

The BOMA skills course aims to equip primary care physicians to manage patients with obesity. In general, obesity, as a topic, does not receive much emphasis in our medical school curriculum or even post-graduate training. We often feel ill-equipped to manage the many patients we face daily who are overweight/obese or suffer from weight-related medical complaints.

Beyond excess caloric intake and reduced physical activity, there are other complex roots of obesity that can interplay to aggravate obesity or make the patient “resistant” to weight loss. Additionally, there are so many different diets or fitness regimes that can be conflicting and confusing to both us and the patients.

The BOMA skills course will provide participants with a systematic approach to obesity and practical tips on how to manage patients with obesity in their practices. It will also provide the evidence behind the latest and emerging therapies, “fad” diets and use of IT in weight loss.

Course features

Some of the features of the course are:

- 1) Faculty consisting of specialists and fellow primary care doctors who have experience in obesity management

and who understand the challenges of primary care physicians.

- 2) Case studies using audience polling and interactive panel discussions to engage the audience, with ample time for questions and answers.

- 3) Practical formulae and “quick tips” for the busy physician that are relevant and localised.

BL: To achieve accreditation after this course, participants need to complete the online MCQ assessment within 90 minutes after the Day 2 session and attain a score of 60% and above. The 150 accredited participants with the highest scores will also receive a starter pack for obesity management.

Accredited participants will receive free membership to SASO until the end of 2021 to encourage ongoing engagement in obesity CMEs. Members receive priority to attend our local CMEs and get discounted rates for international conferences and courses. In conjunction with our public awareness campaign, SASO will offer accredited doctors from the BOMA to be listed on our website for the public to seek professional help.

Looking forward

CM: Thanks, Kwang Wei and Benjamin. We look forward to attending this BOMA Skills Course.

■ CM

Same place, Same time, Everyday

- In loving memory of dad, Dr Paul Chan Swee Mong

by Dr Chan Hian Hui Vincent, FCFP(S)

“He was a good man.” “We will not have another doctor like him.” “He was a kind doctor, very caring to his patients.” These were the words said by dad’s old patients to me in the clinic. My father, Dr Paul Chan Swee Mong was a modest man, and many of his good deeds were only known to me after his passing last year on 02 October 2020. My father never boasted about his good deeds, but to hear patients describe how he would often waive charges for the genuinely poor (in the pre-CHAS era), to how he went all the way to encourage a patient who did badly in school and was in despair, would leave me in awe.



Dr Paul Chan Swee Mong

He once told me about how in the first few days of opening his clinic, he charged an elderly lady a total fee of \$4. That elderly lady later knocked on his door and asked in Teochew “are you sure you have enough to use?” There were many other small deeds here and there, and to me, that would be like “do(ing) small things with great love” as mentioned by Mother Teresa.

The importance of the village GP

I am sure there must be many similar stories among our Pioneer Generation

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