

## **Day 1 – 26<sup>th</sup> April 2024**

*NA – indicate either the speaker has answered the question verbally or the question was not answered. Participants can discuss the unanswered questions with fellow colleagues, seniors or experts in the future.*

### **All About Hormones - Updates on prescribing hormones in Primary Care**

Q: Should we refer children with short stature due to request by parents? (Especially short stature due to genetics)

A: NA

Q: I have a patient who has a prescription for GH, however suppliers are limiting to only on current patients. Any idea how to help pt get supply

A: NA

Q: Can we give child with d george syndrome with small stature to start on growth hormone?

A: NA

Q: I have a 6year old boy with faltering growth, follow up at the primary care. His igf-1 is low 48( 52-267). Gh is normal. Is he possibly having gh deficiency?

A: NA

Q: Good afternoon. May i know the flow pathway for referring the patient from klinik kesihatan? Is it available in all govt hospitals?

A: NA

Q: What investigations should be done before referring to peads?

A: NA

Q: Role of growth hormone for anti-aging is it safe?

A: NA

Q: Around what age will be the latest to refer for short stature?

A: NA

Q: How long to give growth hormone

A: NA

Q: Can clincis from other states refer tro growth hormone deficiency straight to ppum/hkl/hpj?

A: NA

Q: does short stature has implications such as cardio or renal etc health? to convince parents to receive the gh therapy

A: NA

Q: Why do we send CRP and ESR in stunted growth?

A: NA

Q: When should we repeat the early morning testosterone if the 1st test is low?

A: NA

Q: Dr May I pls know what is the advisable period to repeat the 2nd testosterone level.

A: NA

Q: Once patient dx having low testosterone (eg PADAM patient) do we straight away start testosterone therapy or we have a trial of non pharmaco treatment first?

A: NA

Q: Dr, is there a difference in measuring the total and free testosterone level when when diagnosing testosterone deficiency.

A: NA

Q: How about IM testosterone in treating these patients?

A: NA

Q: How to administer testosterone gel for testosterone deficiency?

A: NA

Q: Good morning Dr. If Asian men are more affected in hypogonadism why is the population in Asian countries higher?

A: NA

Q: Can we combine use of PDE5i and testosterone therapy together?

A: NA

Q: tongkat ali can raise creatinine levels in the renal profile. Will tongkat ali have the potential to be a safer/cheaper alternative to testosterone replacement?

A: NA

Q: Hi Dr Saiful, how soon to start testosterone treatment?

A: NA

Q: Hi Dr. Will the semen analysis will be affected by low testosterone level?

A: NA

Q: Hi, can we use clomiphene for testosterone deficiency patient who still want to have children?

A: NA

Q: Whats your advice for young man with normal testosterone level but low sperm count and motility?

A: NA

Q: Does BPH medication cause low testosterone?

A: NA

Q: How long does testosterone therapy need to be continued in patient?

A: NA

Q: Why is men with active desire to have children is contraindicated for Testosterone therapy

A: NA

Q: If a man desires to have children, they should not be started on Testosterone tx?

A: NA

Q: Are there medications that can cause low testosterone

A: NA

Q: Hi dr Shaiful, at what age is it considered too early to get testosterone deficiency and when shd suspect hypogonadism? Like in women is considered early if <40

A: NA

Q: A lot of my male Type 2 DM(bad control) patients come complaining of Erectile Dysfunction. Do we need to screen for TDS by taking their serum Testosterone?

A: NA

Q: How long usually patient need treatment if has TD?

A: NA

Q: The use of HRT on post menopausal in patient with Endometriosis?

A: NA

Q: Menopausal ladies frequent present complicated recurrent uti and has resistance. What is the suitable treatment other antibiotics?Any advantage for gynoflor?

A: NA

Q: In practical setting, do we recommend all perimenopausal patients for vit D and calcium?

A: NA

Q: If a patient is on hormonal contraception - Eg: implanon, till what age (Maximum) we should stop? And how long after that to monitor till we start MHT?

A: NA

Q: how often should we do mammogram surveillance for patient after starting on MHT

A: NA

Q: If woman above 60yo uses hrt, how frequent to monitor?

A: NA

Q: Is there any contraindication for topical estrogen?

A: NA

### **Aesthetic Medicine in Primary Care**

Q: Can aesthetician with medical background prescribe medication as dermatologist such as isotretinoin? (edited)

A: Nope, Iso is only by dermatologists

Q: Do aesthetic clinic differ from skin centres?

A: I believe u mean dermatologist skin clinics. we do a lot of procedures in aesthetics

Q: Can GP without LCP open skin / aesthetic centres?

A: Nope, sorry. u need LCP to open aesthetic clinic

Q: What are the procedures GP can do without LCP accreditation?

A: Only skin boosters i believe as its meso injection

Q: Whats the price of electri? And how frequent is the treatment?

A: Treatment is once in 3-4 weeks. u can contact JLC asia for the cost price. selling price is RM 1500 per syringe

Q: Is beauty supplement effective? For example tomato/fern heliocare etc

A: There are clinical papers on this. they are effective

### **Management of COPD: What's New in GOLD**

Q: What is your opinion on hand held spirometry? Is it reliable?

A: We do use hand held spirometry as well. as long as its MDA device approved, and also gone through the maintenance services, we accept handheld spirometry. though not the optimum, but better than not doing one.

Q: If patient has been diagnosed with COPD, but diagnosis is not done by spirometry, then already on LAMA/LABA & responding, should still do spirometry?

A: Yes. because if COPD progresses, if its emphysema subtype, knowing the FEV1 decline would give us a better idea if further bronchoscopic intervention is needed for COPD management

Q: How frequent should we monitor eosinophilic count if we added on ics?

A: I usually do 6 monthly FBC as monitoring. with symptoms monitoring as well.

Q: How to manage patient with asthma & copd?

A: confirm the diagnosis first. if this pt is asthmatic as a baseline, then ICS is better to be initiated as ICS is important in the treatment of asthma.

Q: Is it necessary to prescribe SABA on an as-needed basis for a patient who is already on LAMA and LABA for maintenance?

A: Yes. as a reliever therapy

Q: Hi Dr. In copd patient, what reliever can be given to patient if pt already be given laba+lama eg spiolto respimat? Tq

A: try not to give SAMA. go for ventolin (beta 2 agonist) as reliever

Q: In my clinic, only small number of patients able to complete spiro, or having reliable test, despite we have trained our staff. any tips to improve this?

A: NA

Q: copd is spirometrically diagnosed, can we start the treatment based on clinical evaluation or need to refer all patient to chest clinic for spirometry first?

A: NA

Q: Is it a must to give oral prednisolone to all AECOPD patients?

A: NA

Q: Is it possible COPD has normal spirometry? Since a normal spirometry does not exclude bronchial asthma.

A: NA

### **Steroids usage in common conditions - to use or not to use?**

Q: How do you counsel patient who insist on steroids?

A: Explain about side effects of steroid more

Q: Is steroid use in paediatric patient with exacerbation of bronchial asthma not as effective as in adult?

A: NA

Q: How long should we administer dexamethasone for a sore throat? Is a single dose sufficient or should it be given for a few days?

A: NA

Q: Dr.. i see a lot of pt , post covid syndrome complain of chronic cough but with asthma like sx , worsen by cold induced so thus steroid have role

A: NA

Q: Dr, if exudative sore throat in age grp. abt 15yrs old , will.steroid be beneficial or antibiotics?

A: NA

Q: May I know your opinion in starting montelukast in pediatric pt without atopy/Asthma

A: NA

Q: Do we refer all patients post Covid with symptoms of long covid to tertiary care?

A: Depends on patient's severity & preference, good to refer, we have specific guideline on that by MOH

Q: What's your opinion on using Neb Budesonide for severe acute asthma/wheezing exacerbation? It reduces risk of intubation, but CPG only for Croup

A: NA

Q: Is there a time frame to repeat a second course of steroid?

A: NA

### **Procedures in Primary Care (Implanon, Intraarticular injection, Removal of Lumps and Bumps)**

Q: What's the dilution for adrenaline & LA for the lipoma? Using 2% LA?

A: NA

Q: Do you send all lumps for hpe? How much is the cost of 1 minor surgery?

A: NA

Q: Can we refer foreigners from semenanjung to your clinic?

A: NA

Q: can we give IA injections to patient who is on Antiplatelets, anticoagulants or warfarin?

A: NA

Q: Does amount of hyaluronic acid injected (how many mls) make a difference in term of symptoms relieving for knee OA?

A: NA

Q: How frequent to repeat IA hyaluronic for knee oa?

A: Usually depends on manufacturer's recommendations for the previous HA injected. I usually reassess every 3- 6 months

Q: Are stem cells injection legal in malaysia?

A: NA

Q: Some are saying PRP injection is more efficacious than HA injection. Is that true? Is either one inferior to the other one?

A: NA

Q: When should we refer to Rehab department vs orthopaedic department. Tq

A: NA

Q: Do u suggest giving IM Depo before installing Implanon?

A: NA

Q: Implanon reinsertion after removal using similar insertion site or need to insert at another site?

A: Can insert at same site but my advice to insert next to the site for easier removal later

Q: After Implanon insertion, do we need to give additional OCP or practice abstinence for 1 week?

A: depending on time of insertion, first 5 days of menses- no protection needed.

Q: Can we insert the new implanon into the same wound that we use to remove the old one?

A: Can, but i would advice next to the site to help you for easier removal later for the current implan as old wound site may have extra fibrous sheath.

Q: On removal of implanon, what should we do if we could not locate the implant?

A: If u are unable to locate, u can try ultrasound to assist in localization or Xray

Q: Dr, I came across few patients who have almost amenorrhea or spotting for first 1.5yrs but after 1.5yrs prolonged menses? Need Tranexemic Acid or Cocp ?

A: Any prolonged menses due to implan, best to provide POP/COC for 1 mth cycle as it majority cases would help her condition

Q: If patient became pregnant while on implanon, need to remove it?

A: Yes

Q: Can we insert a new implanon without removing the old one?

A: Best to removed expired implan as it is still a foreign body

Q: how to manage patient on implant with intermenstrual or prolonged bleeding > 15 days. I heard we can use tranexamic acid and COCP

A: NA

Q: One of the side effect of implanon is irregularity of the menses- some of my patient had prolonged menses, is there any role of giving tranexemic acid or cocp?

A: If you have exclude all causes for irregular menses and it is purely due to implan, best to use 1 month regime of hormonal pills-either progestogen/ COC

Q: Can Implanon have late onset bleeding/ longer menses duration , example after 2 years of usage?

A: Can, irregular menses can occur anytime during the implan usage

Q: How long(weeks) to wait if pt prolonged bleeding to decide to remove? I have pt have almost 1 month bleeding and decided to remove at last

A: Pre insertion counselling is vital to prevent default in implan practice. once patient understand it is temporary irregular bleeding, they will be more understanding with the s/e and would not request for removal as they know it is effective for FP. if bleeding is prolonged >2wks, can provide hormonal method- either progestogen only or COC for duration of 21 days.

Q: Does patient who have prolonged menses with IM depo not suitable for implanon? And do we need to do a trial of IM depo before inserting Implanon?

A: NA

Q: Any tips for more efficient removal of implanon?

A: You need to prepare straight and curve mosquito forcep to help for removal. Dissect the fibrous sheath first and locate the implan by pushing the proximal end to facilitate easier grasping of the distal end of implan.

Q: Has LPPKN made any efforts to reduce the cost of Implanon for patients as a method of contraception?

A: NA

### **Fortifying the twin pillars to community diabetes care**

Q: When can we refer an obesity patient, especially young morbidly obese to hospital Putrajaya and what are the investigations need to be done prior referring?

A: NA

Q: When do you start considering to give detemir as bd dose, tq

A: NA