

## Photos as Therapy

A new tool for emotional and mental wellness



24 Fibroids and Cysts | 28 Colorectal Cancer  
34 My Baby Bites When Breastfeeding! | 43 When Taste Fades



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## Contents

- CEO's Message 4
- Dear Doc 6
- You Ask 7
- SHORT TAKES**
- Health Screening 8
- Our Hospital is Also a Gallery 10
- I Can See Clearly Now! 11
- Shoes for the Feet 12
- Paws for a Cause 13
- COVER STORY**
- Photos as Therapy 14
- In Their Shoes 18
- WHAT'S UP DOC?**
- Going on a Diet? 22
- Fibroids and Cysts 24
- Skin Deep 26
- Colorectal Cancer 28
- Feelings and Cancer 30
- BABY N U**
- Give Your Baby A Massage 32
- My Baby Bites 34
- While Breastfeeding! 34
- JUNIOR & MUMMY**
- When Food Can Harm 38
- Home Safe Home 40
- SENIOR LIVING**
- When Taste Fades 43
- IN THE PINK**
- Can You Get Addicted to Sugar? 46



12



13



18

26



32



# CEO's Message

Years ago, going to the doctor was a relatively straightforward process. Sometimes, we scheduled appointments, but most times, we just visited the neighbourhood clinic and saw the doctor. While this still occurs, healthcare consumers today, however, have more options to choose from. Now when someone is sick, he may Google his symptoms, search online for a medical doctor to visit, look for medications that are available over the counter at retail pharmacies or head out to a hospital accident and emergency department.

These trends, combined with the change in disease patterns and medical advancement, have greatly influenced the way our hospital has developed and evolved our breadth of health services over the last 57 years. When the hospital first opened, we had only 60 beds and were entirely staffed by 35 FMDM Sisters. It cost \$1.6 million to set up the hospital, which was a considerable sum during those times. The Sisters were very determined to build this place, and they dedicated ten years of their pay towards defraying this cost. We were also fortunate to receive funding from many kind donors and well-wishers.

The history of Mount Alvernia Hospital officially started 57 years ago on a Saturday, 4 March 1961. Imagine the excitement on that day for the FMDM Sisters to finally see their hard work come to fruition after years of planning, preparation and building; along with 200 guests and notable benefactors like Ee Peng Liang and Lee Kong Chian.

To commemorate the spirit of our founding FMDM Sisters, we have included in this issue a feature on what it was like to be walking in their shoes, managing a hospital; establishing the enduring mission of Mount Alvernia Hospital, which lasted more than five decades. Theirs is a story of simple joys and passion, derived from serving the patients despite many start-up challenges. We are very blessed that the founding FMDM Sisters had meticulously documented their precious developments every step of the way with notes and photos. They had indeed left behind a grand legacy that we will do our very best to not only continue but to nurture and grow.

Speaking of photos, in this issue, we are happy to share how pictures can help improve the state of mind for the mentally ill and serve as a form of therapy for those with dementia. Most of all, photography is a way to document life as it is, according to the late Alan Lee, a patient at Assisi Hospice who finally fulfilled his wish to hold a photography exhibition.

Finally, we have the medical spotlight zoomed in on cancer. While World Cancer Day is on 4 February, the month of March is designated as Colorectal Cancer Awareness Month, an initiative by the National Cancer Centre. Other than tackling the disease with medical treatments, we should also be mindful to look after patients and caregivers holistically, including their state of mind and wellbeing.

Being the first private and the only not-for-profit tertiary care hospital in Singapore, we feel very blessed and thankful for our success and contribution to the nation's healthcare evolution over the past decades. We are very proud of our heritage and tradition, and we hope you will share in our joy of turning 57!



**Dr Lam Kian Ming**  
CEO  
Mount Alvernia Hospital

C E L E B R A T I N G



YEARS OF CARE IVING

In 2018, we celebrate 57 years of quality healthcare, imbued with our core values of compassion, humility, integrity and respect. Mount Alvernia Hospital was founded by the Sisters of Franciscan Missionaries of the Divine Motherhood (FMDM) in 1961 to care for all - in particular, the marginalised and vulnerable. The Franciscan spirit of inclusiveness and our mission to deliver excellence continue to drive our work in the present, and in the future, to meet the ever-changing healthcare needs of the population.



820 Thomson Road  
Singapore 574623

Tel: 6347 6688  
Email: [enquiry@mtalvernia.sg](mailto:enquiry@mtalvernia.sg)

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AIR MAIL



17a



### Letter to Dr Simon Ng, Paediatrician and Neonatologist, Babies and Children Specialist Clinic Pte Ltd at Mount Alvernia Hospital

*My baby has a fever and he is also teething. Does teething cause fever? What kind of thermometer is easy to use and most accurate? What do I need to look out for if my baby is running a fever?*

Teething shouldn't cause too high a temperature. When teething occurs, some children will put things in their mouths and catch infections. So it is not so much teething itself, but because of teething, that they put things or fingers in their mouths and catch a bug. Therefore we should look for the source of infection (rather than teething itself) that has led to fever. You can use an ear thermometer, which is easy to use and relatively accurate. Take care to straighten the ear canal for an accurate reading. You can also consider using forehead thermometers, but these tend to be influenced by the environmental temperature. The first thing you do if your baby is running a fever is to monitor the temperature. When a child has fever, I advise parents to look out for the following causes of concern that warrant a doctor's intervention:

1. Unusual lethargy and fatigue, or
2. When the child keeps on throwing up, or
3. When the child is breathless, or
4. When the the child reacts in great pain to his parents' gentle examination of his tummy, or
5. When there're a lot of rashes, or
6. When the fever is persistent, or when it is pretty high. When fever occurs, parents usually give paracetamol but when it is given and the fever remains high (39 or 40 degrees onwards), you need to bring your baby to the doctor immediately.

### Letter to Dr Brian Khoo, Cardiologist, Nobel Heart Centre at Mount Alvernia Hospital

*I went for a treadmill test in February this year. The test results mentioned that I am fit for a fitness test. Does that mean I have a healthy heart and am fit? Recently, I have been experiencing some chest pains. Please advise whether I still need to go for health checks?*

There are many causes of chest pains. It could be due to an underlying heart disease, a gastric problem, gallstones, muscle strain and/or lung disease. Even though you have passed the treadmill stress test, I would advise you to consult your doctor for a more detailed evaluation due to the persistent nature of your symptoms.

## You Ask

**Q:** Hi, I have received the Medisave deductions from CPF for my delivery but I have not received the bill. I have opted for fast discharge previously so that I do not have to wait for the bill. May I know when I would receive the final bill? Thanks.

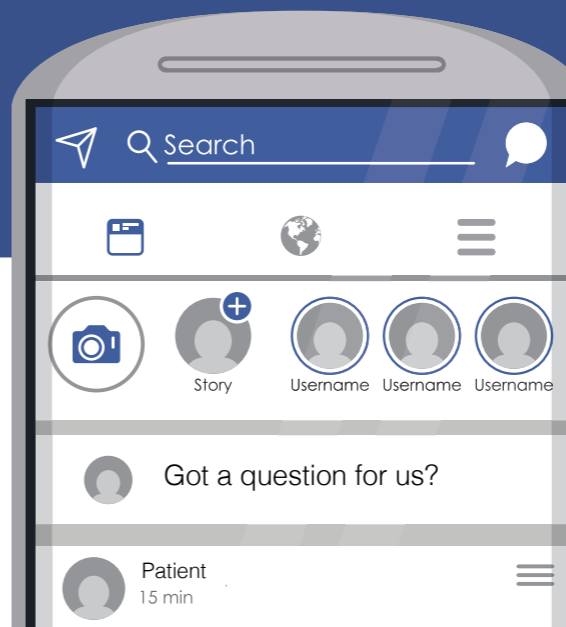
**A:** Hi, the final bill will be ready two to four weeks after discharge. Hope this helps!

**Q:** For baby skin problems, which section should I look on your website to find a doctor to consult?

**A:** You may contact any of the clinics listed in our paediatric medicine section: <https://mtalvernia.sg/doctors/#paediatric-medicine>

**Q:** I read Issue #31 and wish to enquire how much will Dr Ho Kheng Thye charge for performing a CT Myocardial Perfusion test for myself who is aged 57 and without any major cardiac complications?

**A:** Dear Sir, for doctor's fees, please request information from Dr Ho's clinic at 6251 1618 or send an enquiry at <https://mtalvernia.sg/doctors/dr-ho-kheng-thye/>.



# MyAlvernia

#### Editor

Joyce See

#### Writers

Joyce See

Suzanne Lauridsen

Weena Lim

#### Editorial Advisor

Goh Hock Soon

#### Creative

SPEcial Pte Ltd

#### Advertising Sales

Jacqueline Wong

[jacqueline@boldink.com.sg](mailto:jacqueline@boldink.com.sg)

HP: 9790 0905

#### Printer

Ho Printing Singapore Pte Ltd

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#### Contact Information

Please address all correspondence to: The Editor, My Alvernia.

[mah@mtalvernia.sg](mailto:mah@mtalvernia.sg)

[mtalverniahospital](https://www.facebook.com/mtalverniahospital)

[mtalvernia.sg](http://mtalvernia.sg)

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## Health Screening A Great New Year's Resolution

While some diseases cannot be prevented, we can reduce their impact with early diagnosis. A health screening can pick up conditions before they become serious and even save a life.

### AWARENESS BEATS AVOIDANCE

Understandably, the thought of unearthing a potential illness during a health screening can be quite unsettling. The discovery of a condition can trigger emotions in response to the prospect of treatment, physical discomfort and financial costs. Depending on the condition and its severity, diagnosis can also raise big questions about preferences, values and wishes for future care.

Despite these misgivings, most patients are thankful that a potentially serious medical problem was picked up early during a health screening. It gave them time to discuss their situation with their family and think through decisions regarding the subsequent adjustments to their lives that their condition required. Most importantly, it gave them time to consult a specialist, devise a treatment plan, and optimise their chances of a full recovery.

### WHAT HAPPENS DURING A HEALTH SCREENING

On the day of the patient's appointment, a staff member will probably discuss suitable health screening options. This can be subject to changes after consultation with a doctor. Blood, urine and stool tests will then be collected, followed by X-rays, ultrasound, CT scans and eye screening. During the screening, the patient will also see the doctor for a full consultation and physical examination.



For information on health screening or to make an appointment, call **6347 6215** or email [hsc@mtalvernia.sg](mailto:hsc@mtalvernia.sg)

### FREQUENTLY ASKED QUESTIONS

#### Q. I feel well. Why do I need to go for health screening?

Health screening helps you find out if you have a particular disease or condition. Sometimes, you may not show any signs or symptoms of a disease. Early detection, followed by treatment and control of the condition can result in good outcomes and lower the risk of serious complications. Certain chronic diseases such as diabetes take time to develop and if detected early can be better managed with fewer complications and improved long term outcomes. Cancer starts small and by the time a patient feels pain, bloated or a lump, the cancer may already be at an advanced stage.

#### Q. Do I need to go for screening regularly?

A health screening will only pick up health conditions that are present at the time of checking. Regular screening helps to detect conditions that may develop after the previous examination. That is why it is important to go for screenings at the recommended frequency.

#### Q. There are many health screening packages. How do I select the right one for me?

This will depend on family history (if there is a history of cancer, diabetes or heart disease in the family), age (older patients tend to develop more problems such as glaucoma), lifestyle (smokers and those who lead a sedentary lifestyle) and any existing health complaints.

# Last year, health screening saved my life

The early detection followed by treatment and good control of the condition helps me cope with my illness and lowers further risk of serious complications. Knowing my health status is a first step to a better life, better health.

## Service Assurance

We know getting the right results are important. If additional tests are required, we help our patients make informed decision by being transparent.



## Keep Your Health In Check!

The health screening includes

- Heart Health
- Cancer Screening
- Diabetes Panel
- Bone Screening
- Haematology Profile
- Nutrition Advisory

**Make an appointment today**

**Call us at 6347 6215**

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VISIT [www.mtalvernia.sg/clinical\\_services/health-screening](http://www.mtalvernia.sg/clinical_services/health-screening)

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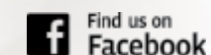
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MOUNT ALVERNIA HOSPITAL

820 Thomson Road Singapore 574623

Tel: 6347 6688 Email: [enquiry@mtalvernia.sg](mailto:enquiry@mtalvernia.sg)

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*Serve all with Love*

# Our Hospital is Also a Gallery

We invite you to enjoy our exhibition of over 150 works of art that share themes of Joy, Peace, Love and Hope.



The Art @ Mount Alvernia programme began in 2014 as a social engagement initiative to connect the minds of our young people to the concept of assisting healing and therapy. It was intended to be both a showcase of their artistic talents and an avenue through which they could express their thoughts and send messages of joy, peace, love and hope. There has been sufficient evidence that subject matter, imagery and medium could positively affect patients' moods, comfort and stress levels and approaches to their visits and stays.

While our youngest artist is just nine years old, the average age of our artists is around 14 years old. Previously, we have shown the works of artists from Cerebral Palsy Alliance of Singapore, formerly known as the Spastic Children's Association of Singapore, Haig Girls' Primary School and ITE College Central, School of Design & Media (Visual Merchandising). Currently, we are showing works from Zhong Hua Secondary School and Hai Sing Catholic School.

Now, instead of stark, white walls, the brightly coloured paintings from the students deck the corridors of our wards and clinics. They not only add vibrancy to the Hospital but strike a note of disarming simplicity and sincerity, speaking straight from the hearts of their teenage creators.

**Now, instead of stark, white walls, the brightly coloured paintings from the students deck the corridors of our wards and clinics.**

Look out for these works of art at the Medical Centre D as well as in the newly refurbished wards of St Michael's, St Dominic's, St Gabriel's and St Joseph's. ■

# I Can See Clearly Now!

It has been about a year since Madam Tan Bee Yiok, from Tanjong Pagar GRC, was treated for cataracts at Mount Alvernia Hospital\*. This former housekeeper was aware of her failing vision, but had not pursued treatment due to her financial circumstances.

#### A MUCH IMPROVED OUTLOOK ON LIFE

Madam Tan looks after her mentally disabled grandson while her son and daughter-in-law are at work. We recently caught up with her. The chatty 81-year old was overjoyed to see our staff-in-charge. Affectionately calling him 'uncle', she praised his past kindness in fetching her back and forth for the pre-check, surgery and post-operation reviews at Mount Alvernia Hospital. She also

**"After the operation, I opened my eyes and could see so clearly! Now it's so much easier for me to do housework."**

expressed her gratitude to the Residents' Committee (RC) staff for shortlisting her for the treatment. When she meets members of the Committee around her estate, they invariably ask about her eyesight.



"My eyesight is definitely better," she shared in Hokkien. "After the operation, I opened my eyes and could see so clearly! Now it's so much easier for me to do housework."

Madam Tan's social life has also improved, along with her vision.

"I'm happy to meet my friends every day at the market and go with them for RC outings," she shared. "I get red packets and free food whenever I join the RC activities. Some of my peers still complain about these freebies, but what is there to complain about? We should be contented. Stop comparing and complaining," declared the feisty octogenarian.

Great philosophy, don't you think? ■

*\*Madam Tan's surgery was performed pro bono by Dr David Chan from Atlas Eye Specialist Centre and Mount Alvernia Hospital waived all the fees for all the tests and surgery.*

# Shoes for the Feet



They bear the entire weight of our bodies, take us from point A to B and beyond, and provide us with a host of pleasurable sensations – from the feeling of sand between our toes to paddling in the ocean. They are, of course, our feet. The least we can do is choose the right shoes and fit.

### EASY STEPS TO FOOT HEALTH

Whether you lead a moderately active life or hit 10,000 steps a day, your feet deserve your loving attention. To keep them in tip-top shape, just follow some simple ground rules – practise good hygiene, regularly trim your nails and, most importantly, choose the right shoes. Failure to do the latter can lead to corns, bunions and hammer toe, all of which may require surgical intervention.

### NOT-TOO-HIGH HIGH HEELS

High-heeled shoes have a pointed, narrow toe box that crowds the toes and forces them into an unnatural triangular shape. As the heel height increases, the front of the foot is forced into the pointed toe box, increasing the pressure on the ball of the foot. Furthermore, high heels force the wearer to adjust her gait and posture – the lower part of the body leans forward, and the upper part leans back to keep you balanced. Over time, this can change the body's anatomy, leading to back problems, shortened calves and thickened tendons.

If you must wear high-heeled shoes, do not choose heels higher than around two inches, or about five and a half centimetres.

### SHOES FOR MUMS-TO-BE

During pregnancy, the hormone relaxin not only loosens the joints around the pelvis, but also the ligaments in the feet, causing feet to increase in size. This is compounded by weight gain and the accumulation of fluids in the lower extremities. Hence, care should

be taken to wear well-fitting shoes with broad heels, arch support and good shock absorbency. High heels should go into storage.

Flip-flops, though convenient to wear and flat, are not ideal. "Pregnancy places extra pressure on your joints and feet. While flip-flops are flat, they don't provide the necessary arch support. As a result, you may develop pain in the heel and bottom of the foot," explained Dr Goh Shen Li, Senior Consultant Obstetrician and Gynaecologist from S L Goh Women's Clinic.

"Switch out the flip-flops for sandals, which have straps that hold your feet in place and prevent tripping. Better yet, choose well-fitted shoes that have a rounded toe box and are low-heeled. The insoles should have a supportive arch to help minimise discomfort and absorb shock," advised Dr Goh.

In short, put function before fashion and your feet should go the distance – not only the nine months of pregnancy, but those walks around the world we can expect to take in the course of a lifetime. ■

SL Goh Women's Clinic  
Medical Centre D, #05-59

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# Paws for a Cause

There's a reason why dogs are called man's best friend. Besides being great companions, dogs help humans in many areas, from law enforcement to emergency searches and rescue operations and aiding people with hearing, sight and mobility challenges. As the Chinese zodiac's Year of the Dog unfolds, we spotlight their roles in healing and therapy.

### FOUR-LEGGED GUIDES AND FRIENDS

Dogs have found their way into diverse healthcare settings, from their long-established roles as guide dogs for the blind to therapeutic 'playmates' for geriatric and psychiatric patients.

As a guide for the blind, dogs not only provide mobility but also fill the role of a befriender. However, not all dogs make the grade as guide dogs. Those who do are graduates of rigorous training programmes that are designed to ensure the safety of the visually impaired.

### The presence of a dog in therapy sessions can be calming, and allows the element of touch.

In some nursing homes in Singapore, you will encounter excited barks in the hallway, followed by playful scenes of dogs, patients, ball throwing and chasing. Other dogs will be cuddled contentedly on the laps of residents. These are therapy dogs. Their job is to simply do what they do best – bringing companionship and cheer to the residents.

Therapy dogs are professionally trained to assist in therapy, obey instructions and work with the patients as their extra pair of hands or eyes. For patients who are cognitively challenged with mood disorders and may be socially awkward, these doggie friends offer meaningful relationships and often become their best pals.

### THE CANINE TOUCH AND ITS BENEFITS

The presence of a dog in therapy sessions can be calming, and allows the element of touch, creating a safe point from which to start a conversation.

Some therapy dogs are brought along by volunteers who visit hospitals, nursing homes, and rehabilitation facilities with their pets. Patients who have been sidelined from their families due to mental or physical illness can benefit greatly from visits by a canine caller. A session with a therapy dog can brighten their day, lift their spirits, and help motivate them in their therapy or treatment, with the end-goal of going home.

During these sessions, patients are able to pat the dogs, brush their coats, play and walk with them. These actions serve as basic exercises and help to improve patient mobility as well as patient morale. Suitable breeds include golden retrievers, chihuahuas, samoyeds, corgis, spaniels and poodles.

### P'AWESOME ORGANISATIONS

Non-profit voluntary welfare organisations that offer animal-assisted therapy include Therapy Dogs Singapore and The Guide Dogs Singapore Ltd. Since 2014, Save Our Street Dogs (SoSD) has also offered a programme called Healing Paws, which offers animal-assisted activities. Through the programme, owners and their dogs volunteer in institutions such as children's and elderly homes, and hospices, providing companionship, motivation, and recreation.

When you need a hand, reach for a paw. ■

*Here's Wishing One and All a Happy and Healthy Year of the Dog!*



**PICTURE MY WORLD**

In therapy sessions, photos are frequently used to help counsellors gain insights into their patients' relationships with pictured places and people, and help unearth buried memories and emotions. However, photography is increasingly being used as a self-initiated therapeutic activity that does not require the presence of a professional therapist or counsellor. This is known as therapeutic photography.

Unlike photography therapy or photo therapy, which is a formal art therapy practice, therapeutic photography can be practised by anyone. This is especially so in view of the fact that a phone is now, quite literally, a camera.

**PHOTOS FORGE CONNECTIONS**

Some years ago, the Institute of Mental Health (IMH) launched a successful two-month long project called 'Picture My World', which used photography to help mental health patients communicate their feelings and perceptions of the world. After attending a series of workshops that equipped them with basic photography tools and skills, the patients were encouraged to go out into the world and photograph anything and everything in sight. The visual diaries they created helped foster an understanding of mental health issues in the community, and made patients feel more connected to the outside world and the people in it.

Like the patients at IMH, Canadian photographer Bryce Evans used photography to help him through his personal struggles with anxiety and depression and reconnect with the world.

# Photos as Therapy

Photos reveal long-buried emotions, guard our memories and connect us to the present. We uncover some of their therapeutic uses and benefits.

“You’re literally looking through a different lens, and that gives you a different perspective on the world.”



As a teenager, he started posting a series of photos on Facebook about his inner turmoil. The subsequent outpouring of empathy and sharing made him realise that he was not alone. Then it clicked: photography was not just an escape route and an art form, but a tool that could help reconnect him with reality and society. Photography, he claims, ultimately saved his life.

“You’re literally looking through a different lens, and that gives you a different perspective on the world,” said Bryce, in an online interview published by The Georgia Straight. “It helps you to focus externally versus getting caught up in your head.”

Conversely, Bryce pointed out, photography can also be introspective and help uncover the inner self. This is especially so when patterns start to emerge in the photos you take, revealing subconscious preoccupations and suppressed feelings.

Bryce’s life-changing and indeed life-saving experience with

photography inspired him to found a global online photography for people struggling with anxiety and depression, called ‘The One Project’. Despite targeting people with mental health issues, it has been subsequently embraced by people with cancer, chronic pain and stress. Members have their own personal dashboards where they can post photos and chat about them. They can also take online courses and connect offline at Instameet gatherings around the world.

**A PHOTO SPEAKS A THOUSAND WORDS**

As Bryce’s growing global movement attests, the main benefits of therapeutic photography stem from the propensity of photos to be conversation topics. As the saying goes, a picture paints a thousand words. Likewise, a photo can visually express a feeling that is difficult to verbalise, and trigger a conversation.

“They show there’s still a bit of life here and I hope people can see a bit of happiness here. Someone once said, if you can’t add days to your life, add life to your days.”

Besides externalising inner feelings, therapeutic photography can help promote mental wellness and personal happiness in a multitude of other ways. For example, it can:

- help you distance yourself from problems and see the ‘bigger picture’
- motivate you to get outside and connect with nature
- inspire you to appreciate and search for beauty in the world
- help you focus, first on your subject and then on other tasks at hand
- take control of your life, beginning with how you frame a photo
- help you make friends and socialise, as part of a special interest photography group or by sharing your photos on online platforms
- build self-esteem, when peers compliment you on your photography skills

**MEMORIES ARE MADE OF THIS**

Losing your memory is the start of losing the sense of self. According to the Alzheimer’s Disease Association (ADA), dementia already affects more than 45,000 people in Singapore. Many older Singaporeans are living with declining mental abilities, with the numbers predicted to double by 2030.

While dementia has no cure, memory jogging is one of the ways

to delay the onset of its symptoms. Memories Café is one such initiative by ADA. In two-hour sessions, dementia patients are immersed in a regular café setting where, accompanied by a caregiver, they take part in fun activities to stimulate memories and connect them with the world.

For those living with Alzheimer’s, looking at photographs can help connect them with their past while anchoring them in the present. Caregivers can help by printing photos and placing the hard copies in traditional albums, or digitally uploading them into cloud storage so that they can be accessed anywhere, any time. Especially for seniors in the early stages of Alzheimer’s, looking at photos of friends and loved ones, as well as joyous personal experiences and milestone events, can have a positive impact on their moods. It helps to slow down the progression of the disease by providing cues and clues to their past experiences. After all, we are, as it is often said, the sum of our pasts.

Close to home, photographs are making the local community more dementia-friendly in unexpected places. At a coffee shop in the heart of Bishan, every table displays large decals showing life-sized photos of hawker food, together with photos of coin denominations showing prices and suitable condiment pairings. The coffee shop, at Kim San Leng Food Centre at Block 511, Bishan Street 13, is part of a larger effort by Bishan East-Thomson constituency to create a dementia-friendly community.



**A LOVE AFFAIR WITH LIFE**

In August last year, The Straits Times ran a moving story about a 69-year-old terminally ill patient, Mr Alan Lee, whose end of life was made meaningful through photography.

Mr Lee, who suffered from chronic obstructive pulmonary disease and was under the care of Assisi Hospice, was a freelance photographer who worked for Singapore Press Holdings. In his final months, he got to fulfill his lifelong ambition of holding a photography exhibition.

‘Come Walk with Me’, an exhibition of Mr Lee’s photos depicting the lives of residents at the hospice, opened on 2 August 2017, on Level 1 of Assisi Hospice.

“These are not sad pictures, not sob pictures,” Mr Lee told The Straits Times. “They show there’s still a bit of life here and I hope people can see a bit of happiness here. Someone once said, if you can’t add days to your life, add life to your days.”

Mr Lee passed away on 28 October 2017, just months after his exhibition opened. His legacy calls to mind the words of Burk Uzzle, the youngest photographer ever to be hired by Life Magazine, when he said, “Photography is a love affair with life.”

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# In Their Shoes

It has been 57 years since the FMDM Sisters opened the hospital in 1961. We take a trip down memory lane and relive what it was like to walk a mile – make that several miles a day, in the shoes of the dedicated pioneer Sisters.

In the first year or so, the entire hospital was run by the Sisters. They literally did everything themselves.

Sister Thomasina Sewell, aged 85, recalled the Sisters' motivation in stepping up to every challenge that presented itself. "When I look back, I think it was our old attitude of – what did we come for? We are here to serve. So whatever needed to be done, was done."

For the Sisters, night duty involved not only long hours but long flights of stairs. "When the bell goes on the third floor, you run up the stairs. We never used the lift. We did three months at a time, no days off," recalled Sister Thomasina.

**"When the bell goes on the third floor, you run up the stairs. We never used the lift. We did three months at a time, no days off."**

### NO TASK WAS BENEATH THEM

In the early years, the Sisters' duties extended beyond the hospital premises to the important job of driving an ambulance. Sister Antonine Noordin, a past hospital administrator who did double duty as an ambulance driver, now in her 80s, remembered a particularly memorable evening that would have daunted less composed individuals.

"One day we were called out in the night to a place, a very lonely place, and waited there two hours – and none turned up. So when



Mother-General heard (about) it, she said it was too dangerous. But we were not scared. We thought it was funny," she said with a chuckle.

The Sisters were made of stronger stuff than most, in more ways than one. Sister Antonine recalled one particular instance when a patient, a large-sized European man, had to be fetched from the Cathay building. Together with the late Sister Jean Marie, she had to lift him onto a stretcher and carry him into an ambulance.

From 'phantom callers' to heavy loads, the Sisters took it all in their stride.



The Sisters were not averse to dirty work, either. In fact, they led by example. In the early days, at night when there no or few housekeeping staff on duty, the Sisters would don heavy rubber aprons over their habits, roll up their sleeves and sluice the blood clots off the bed linen in the maternity wards.

The Sisters were equally hands-on when it came to cleaning the babies, both healthy deliveries and, sadly, the stillborns who were delivered pre-term or didn't make it due to birth defects and other reasons. Their reverence and respect for the bodies of the latter was recalled by one of the nurses, who remembers them covering up the babies' bodies to spare the grieving parents further trauma.



### FEARLESS, NIMBLE AND HANDY WITH A THIMBLE

Before the hospital was officially opened, the Sisters pitched in to help wherever they could. Unfettered by gender-based social conventions, they rolled up their sleeves and handled typical 'handyman' tasks such as electrical wiring. They also dedicated many hours to the traditionally feminine task of sewing.

The founding Sisters' sewing skills were applied not only to the mundane practical tasks of hemming hospital gowns and bed linen, but to the exquisite and intricate embroidery that adorned every bed sheet, baby crib cover and tray mat. Consequently, the hospital felt less clinical and more homely, and every patient felt special – not only cared for, but cared about.



### EVERY PATIENT, A PAMPERED GUEST

In the early days, there was no disposable tableware or paper serviettes, and no cling wrap covering the patients' meal trays. The Sisters insisted that the patient's trays were assembled at their bedsides, with soup poured from a pot, and proper salt and

pepper shakers that were routinely emptied and cleaned every night to prevent clogging. Every tray was lined with a hand-embroidered tray mat and graced by a linen serviette and a flower in a vase.

The tableware was stainless steel, and the Sisters themselves polished it until it shone. Their shining example and tireless work ethic inspired the non-religious staff, who were all in awe of their stamina.



"The beauty of it was, whether you were a patient in a private room, 2-bedded or 8-bedded, it made no difference to the way we treated them," said Sister Thomasina.

"From the time we started, we catered for everyone," said Sister Marie Louise Cordeiro.

### PUTTING THEMSELVES IN PATIENTS' SHOES

The Sisters have always strived to care for not just the physical needs of their patients, but for their emotional and spiritual needs as well. To coin a well-used phrase, they put themselves in their patients' shoes.



"When I was a young nurse, I would pride myself that I had achieved so many deliveries in a night.

I would count how many major operations that I had assisted and how much I have learnt. But in later years I realised, that was not enough. There is another side. The empathy side, towards the patient. The relationship with the patient, the kindness, care and



concern that would come across that can matter," said Sister Florence Wong.

Sister Thomasina pointed out that while healthcare and service delivery had evolved over the decades, nurses must never forget basic values such as empathy for their patients. "Listen. And pick up the unsaid things," she said. "It's always not just what they say. It's about what they're not telling you. Use your heart. It's not a case of just doing things. Your feelings for your patients should come from your heart. Nobody can teach you that."

Clearly, the Sisters saw themselves as not just carers but companions, privileged fellow travellers on the journeys of their patients and patients' families.

**"It's always not just what they say. It's about what they're not telling you. Use your heart. It's not a case of just doing things. Your feelings for your patients should come from your heart. Nobody can teach you that."**

The Sisters' characteristic compassion was extended not only to the patients, but to staff as well. Some of them recall how the Sisters were not only keen observers of everything that went on in the wards, but wonderful listeners. They would always listen 100 percent when the nurses approached them for professional and personal advice. Comforting and consoling words were always forthcoming, not to mention the promise of a prayer for a satisfactory solution.

**THEN AND NOW**

In the 57th year of Mount Alvernia Hospital, much has changed. Today, medical records are stored digitally, state-of-the-art equipment has revolutionised surgical procedures and electronic monitoring systems have spared the nursing staff much legwork. Although the hospital has grown from 60 beds in 1961 to a modern 17,490 sq m facility that is home to over 50 specialist clinics and 28 specialties, the values that underpinned the foundation of the original hospital have remained the same.

**A Walk Through History**

**1949**

Three English Sisters from the Franciscan Missionaries of the Divine Motherhood (FMDM) arrive in Singapore and take over the tuberculosis wards at Tan Tock Seng Hospital, which eventually became known as Mandalay Road Hospital.

**1952**

The Sisters plan to build Singapore's first Catholic hospital. They pool their savings and canvas for donations.

**1956**

Land is purchased on Thomson Hill.

**1957**

Construction of Mount Alvernia Hospital begins.

**1961**

Mount Alvernia Hospital is declared officially opened by Dato Lee Kong Chian.



**1963**

The first extension to Mount Alvernia Hospital is completed.

**1964**

A department of pathology and a blood bank are set up, making Mount Alvernia Hospital the first hospital to have its own blood bank.

**1965**

Prime Minister Lee Kuan Yew opens a new 5-storey wing, bringing the total number of beds to 127.

**1971**

Prime Minister Lee Kuan Yew opens yet another extension, adding another 72 beds and bringing the total to 221 beds. It includes an Intensive Care Unit and a Paediatric Ward.

**1986**

A Clinical Pastoral Care Department is established by the FMDM Sisters to provide a holistic healing environment for patients and their families.

**1989**

Work commences to add a 7-storey specialist medical centre.

**1996**

Medical Centre A opens and starts admitting specialist doctors with full admission rights.

**2000s**

The Day Surgery Centre and the expanded breadth of clinical services including Day Surgery Centre, 24-hour Walk-In Clinic and Emergency Department and enhanced Diagnostic Imaging Department with latest Mammography Screening, MRI and CT Scans open to serve the public.

**2010s**

Hospital renovations at main building began and plans to build a new medical centre are executed.

**2014**

Minister for Health, Mr Gan Kim Yong, opens Medical Centre D, accommodating more than 50 specialist clinics and much-needed extra parking space. Two more operating theatres are added, bringing the total number of operating theatres to 10.



**2015**

Expanded Community Outreach efforts with the opening of the first community outreach medical clinic at Enabling Village, Redhill.

**2016**

The second community outreach medical clinic opens at Agape Village, Toa Payoh. The clinic also provides dental care services to their members.

**2017**

All major wards renovations and upgrading works are completed. They are St Dominic's, St Michael's, St Francis', St Gabriel's and St Joseph's. The Electronic Medical Record (EMR) Project begins.

**2018**

We are 57!



# Going on a Diet?

## Chew Over the Facts First

Detox, low-carb, high-protein, 'clean', raw, paleo... It seems that every second person you meet is 'on a diet'. Mount Alvernia Hospital's Nutrition and Dietetics Department provides some food for thought.

### DETOX IS NOT DIETING

The latest buzz is all about detoxing the body and there is no end to the hype about detoxing. From the latest '3-day detox plan' to yet another recipe for a cleansing juice blend, the Internet is full of promises of a healthier, slimmer and glowing you. However, how much of the buzz is based on scientific fact?

**"A healthy person's body is able to efficiently remove 'toxins' on its own."**

These days, 'detox' has become a common term used to describe any number of non-traditional diets, fasts, or procedures that claim to reset metabolism, reduce weight and eliminate so-called 'toxins' from the body.

Before it entered into the pop culture vocabulary, the word 'detox' referred chiefly to a medical procedure that rids the body of dangerous, often life-threatening, levels of alcohol, drugs, or poisons. Patients undergoing medical detoxification are usually treated in hospitals or clinics.

"A healthy person's body is able to efficiently remove 'toxins' on its own," said Sarah Sinaram, Head of Nutrition and Dietetic Services Department.

**YOU CAN'T LOSE WEIGHT ON A DIET**  
Dieting often leads to feelings of constant hunger and deprivation, which can be ignored for a short time but eventually result in powerful food cravings and over-compensatory behaviour such as bingeing.

Moreover, dieting can also reduce a person's ability to feel hungry or full, making it easier to confuse hunger with emotional needs.

The bottom line is, diets don't work. Yo-yo dieting often causes fluctuations in weight, creating a negative or distorted body image. Most people regain the weight they have lost on a diet, within months or years.

**REAL RISKS**  
Emotional and body image issues aside, there are serious health risks attached to dieting, points out Janice Chong, Dietitian, Nutrition and Dietetics Services Department.

"A fad diet is a diet that is usually unbalanced, over-emphasising certain food group(s) and

always promising some health benefits – quick weight loss, cancer prevention and so on. However, most fad diets are not scientifically proven and people may be at risk of nutritional deficiency," warned Janice.

Fad diets also increase the risk of developing many medical problems. Janice cited the example of a diet high in protein and low in carbohydrate, which can stress the kidneys, increase the formation of uric acid and cause kidney stones to form.

Dieting generally slows metabolism – the rate at which the body burns calories, due to loss of muscle mass, and lowers the body's temperature in order to use less energy. It can cause constipation and/or diarrhoea, headaches, insomnia and fatigue.

For women, dieting can lead to medical problems such as the absence or cessation of menstruation during her reproductive years, anaemia and osteoporosis.

### A BETTER APPROACH

Clearly, short-term diets are not long-term solutions to weight loss. A balanced diet, combined with an active lifestyle, is the best way to attain and maintain a healthy weight and body image.

My Healthy Plate, a campaign by the Singapore Health Promotion Board (HPB), serves as a guide to help plan a healthy and balanced diet. It also encourages people to focus on calcium, cook with healthier oils, drink plenty of water and aim for 150 minutes of physical activity every week.



The message is clear. Ditch the diet. Embrace healthy eating and regular exercise to look and feel your very best. ■

Source: <https://www.healthhub.sg/programmes/55/my-healthy-plate>

## Teenage Dieting

Being overly concerned with weight and shape is becoming very common among teenagers. "Teens who go on a diet are often more concerned about how they look rather than their health. They could be influenced by media or their idols, which tend to portray images that connect being slim with beauty," said Janice.

Since teenagers are still undergoing growth spurts, it is critical that they obtain the right amount of nutrients to be both physically and mentally healthy in their later years.

### Recommended number of servings per day for those aged 13-18 years



Source: Healthhub, Ministry of Health Singapore



# Fibroids and Cysts

Fibroids and cysts are very common among women of childbearing age, and mostly benign. Dr Hong Sze Ching, Consultant Obstetrician and Gynaecologist at SOG - SC Hong Clinic for Women, provides an insight.

## DIFFERENCES

Women's paunches can sometimes be mistaken for belly fat. Despite rigorous dieting and exercising, the 'belly fat' simply refuses to melt away. It is only after a scan that they realise that they have fibroids.

What is the difference between fibroids and cysts? In general terms, fibroids consist of dense tissue and occur only in the uterus, while cysts form on the ovaries and are fluid-filled.

It is not clear why fibroids develop, but some factors are thought to influence their formation. Fibroids appear to grow under the influence of oestrogen and progesterone. In pregnancy, levels of oestrogen and progesterone are higher and fibroids may grow and enlarge.

"Women with a family history of their mother or siblings having fibroids may be at a higher risk of developing them. Other risk factors include high body weight, being of African-American descent, and being over the age of 30," explained Dr Hong.

Most ovarian cysts arise from ovulation and are known as functional or physiologic cysts. During the menstrual cycle, a hormone stimulates the follicles or sacs in each ovary to grow and produce oestrogen. One follicle will become the most dominant or largest. During ovulation, this follicle ruptures to release the egg. The follicle left behind can fill up with fluid or blood and form a cyst. These functional cysts typically resolve on their own after one or two menstrual cycles.

Other types of ovarian cysts include tumours. These ovarian tumours can be benign or malignant. Benign examples include chocolate cysts and dermoid cysts. Malignant tumours include epithelial ovarian cancers, or germ cell tumours.

**"If it is small and there is no abdominal pain or bleeding, the fibroid or cyst can be observed and followed up at regular intervals by a gynaecologist."**

## SYMPTOMS... OR NOT

Fibroids can cause a range of symptoms including heavy and/or painful periods, pelvic or back pain, urinary or bowel symptoms. Fibroids affecting the womb lining can also cause subfertility or miscarriage. If a woman has any of these symptoms, treatment may be required. If the fibroids grow quickly or are big, treatment may also be warranted.

However, in some cases, women with fibroids or cysts may not have any symptoms. These are usually found only when a woman has an ultrasound, CT or MRI scan.

Dr Hong added, "If it is small and there is no abdominal pain or bleeding, the fibroid or cyst can be observed and followed up at regular intervals by a gynaecologist, who will look for increases in size and worsening symptoms."

## HEAVY AND PAINFUL PERIODS

If fibroids are left untreated, symptoms can persist. If a woman has heavy periods, it can also result in low blood count, or anaemia. The good news is that fibroids carry less than one percent risk of cancer.

Women with ovarian cysts can have abdominal pain, or painful periods. Pain may also happen when there is torsion, rupture or bleeding in the cyst. These symptoms would necessitate removal of the cyst.

Functional/physiological ovarian cysts that are not large and do not cause any symptoms can be monitored for a period of time to ensure they resolve.

Non-functional cysts that are small or without any symptoms can also be observed. However they will likely require removal if they grow or start to cause symptoms later on. Removal or biopsy of the cyst will also allow histological examination of the cyst to exclude any malignancy.

**The good news is that fibroids carry less than one percent risk of cancer.**

## IMPACT ON FERTILITY

If the fibroids are large or are in certain locations in the womb, they can affect the chances of successful conception. Furthermore, some ovarian cysts can be associated with subfertility, depending on the type. Endometriotic cysts are caused when bits of the tissue that lines the uterus grow on other pelvic organs, such as the ovaries or fallopian tubes. This condition may also be associated with infertility.

Polycystic ovarian syndrome is a condition where there are many small cysts on the ovaries, irregular periods and hormonal imbalance. This condition may also affect fertility.

Other types of cysts like physiological cysts, which usually disappear within a woman's next few menstrual cycles, do not usually affect fertility unless they grow in size.

## PREVENTION, POSSIBLY...

Maintaining a healthy weight and eating well may lower a woman's risk of developing fibroids. It's safe to say that it certainly can't hurt.

In the case of functional ovarian cysts, these can often be prevented by the use of birth control pills, suppressing ovulation. However, there are no proven effective preventive measures for non-functional cysts and fibroids. ■

**SOG - SG Hong Clinic for Women  
Medical Centre D, #07-62**

# Skin Deep

## Deepen Your Understanding of Skin Cancer

According to the Ministry of Health, skin cancer is the sixth most common type of cancer among both men and women in Singapore. Although it is not ranked high among cancers in terms of mortality, it warrants some attention and preventive care.

### THE SKIN YOU'RE IN

The skin is your body's largest organ. It's both a waterproof wrapper and a protective covering. However, even the softest and dewiest skins can turn flaky in colder climates, and short of wrapping ourselves in cotton wool, we all suffer minor cuts, scrapes and bruises from time to time. The wonderful news is that skin cells rejuvenate and wounds heal quickly, leaving behind only scars which are likely to fade over time.

While these superficial skin conditions can be detected and remedied quite easily, skin cancer is less immediately obvious and can be much more difficult to treat.

### NOT ALL SKIN CANCERS ARE CREATED EQUAL

There are many different types of skin cancers but they can be broadly divided into two groups – melanoma and non-melanoma skin cancers, explained Dr Colin Theng, Medical Director and Consultant Dermatologist from The Skin Specialists & Laser Clinic.

"Melanoma is a mole cancer. This is the most serious and dreaded form of skin cancer as late detection can lead to an increased risk of spreading or metastasis, which can be fatal. Melanoma usually presents as a mole that is changing and increasing in size. The colour may be uneven (different shades), the edge may be irregular and it may also bleed," he explained.

Non-melanoma skin cancers on the other hand, start in the cells of the skin. The most common forms are basal cell carcinoma (BCC) and squamous cell carcinoma (SCC).

BCC is a slow-growing skin lump on the outermost layer of the skin. It can heal and recur, sometimes accompanied by bleeding that forms a sore. Fortunately, the risk of spreading is rare with BCCs. It may grow for many years undetected, as the pigmented BCC may be mistaken for a mole.

SCC also presents with a persistent skin growth, which is gradually enlarging. It may have an overlying thick scaly

crust, with bleeding that later forms a sore. Unlike BCC, SCC can metastasise, or spread, and can be fatal. The risk of a SCC spreading, however, is much lower than that of a melanoma.

**"Melanoma is a mole cancer. This is the most serious and dreaded form of skin cancer as late detection can lead to an increased risk of spreading or metastasis, which can be fatal."**

### CAUSES AND TREATMENTS

The most common cause of skin cancer is exposure to the sun's ultraviolet (UV) rays. While Asians are genetically 'designed' for the sun, they are not spared from the damage caused by the UV radiation from the sun or tanning beds.

"Other common risk factors for skin cancer include exposure to certain chemicals such as arsenic, previous radiation therapy or radiotherapy. People on immunosuppressive medications are also prone to the disease," Dr Theng added.

If the skin cancer is confined to the skin only, with no evidence of having spread, removal of the cancer-affected area with adequate margin is usually the main treatment, according to Dr Theng.

"In melanoma, when the cancer has spread to other parts of the body, adjuvant chemotherapy or immunotherapy will be required," he advised. Adjuvant is applied before treatment or surgery.

Other treatments like cryotherapy, topical imiquimod, photodynamic therapy and radiation therapy can be used for early cases of BCC and early forms of SCC.

"Malignant melanoma cases that have been diagnosed early have over 98 percent 5-year survival rates, but if it has spread to the lymph nodes and other parts of the body, the 5-year survival is 18 percent. Hence early detection and treatment are of vital importance," advised Dr Theng.

Skin cancer screening is usually not included in health screening packages. "However, you can visit a dermatologist for mole checks and skin cancer screening. Often, an examination using a dermatoscope will be performed during the screening to detect melanoma and skin cancers," he added.

### SUN PROTECTION

Dr Theng always advises his patients to stay away from the sun and use sun protection, not only to reduce their risk of skin cancer, but also skin ageing. Minimising sun exposure will reduce the risk of developing pigmentation, wrinkles and dry skin.

According to Dr Theng, we need to heed the 'BCS' of sun protection:

## B Behaviour

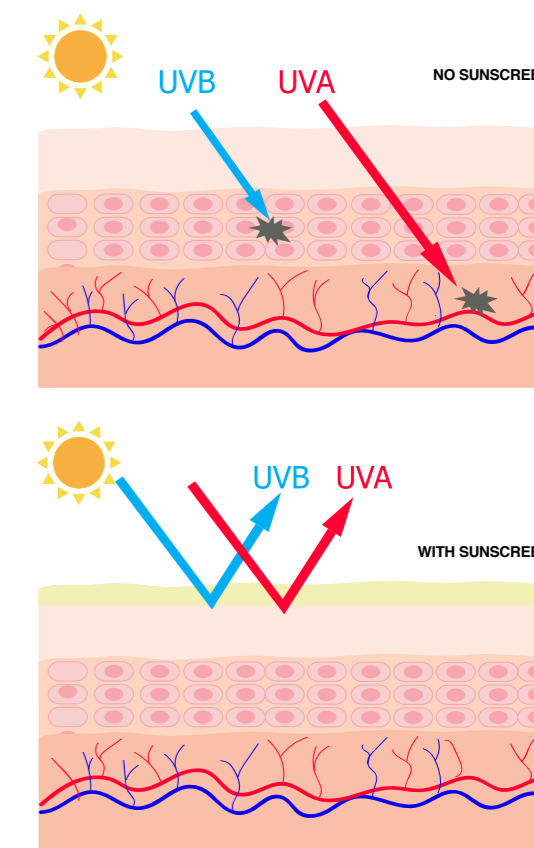
Avoid direct exposure to the sun; seek shade; avoid the sun from 10am to 4pm when the UV rays are most intense.

## C Clothing

Wear broad-rimmed hats; wear long sleeves and pants; preferably wear clothes with a high UPF (Ultraviolet Protection Factor).

## S Sunscreen

Use a broad spectrum sunscreen (that protects against both UVA and UVB rays). Apply it on sun-exposed areas of the skin and reapply regularly, especially after a swim or vigorous exercise.



So stay sun-smart and look after the skin you're in. After all, your skin is constantly protecting you. When you take care of your skin, you're helping your skin take care of you. ■

The Skin Specialists & Laser Clinic  
Medical Centre D, #07-61

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# Colorectal Cancer

## A Common Sense Approach

It's the most common cancer in Singapore, and your risk of getting it increases with age. Dr Mark Wong, General and Colorectal Surgeon from Colorectal Clinic Associates, prescribes a common sense approach to prevention and treatment.

### WHAT IS COLORECTAL CANCER?

Colorectal cancer refers to a malignant tumour that starts as a polyp, or small growth, along the inner wall of the colon and rectum. Warning signs include a change in bowel habits, such as persistent or alternating pattern of diarrhoea or constipation, a change in the frequency of stools, and the presence of blood in stools.

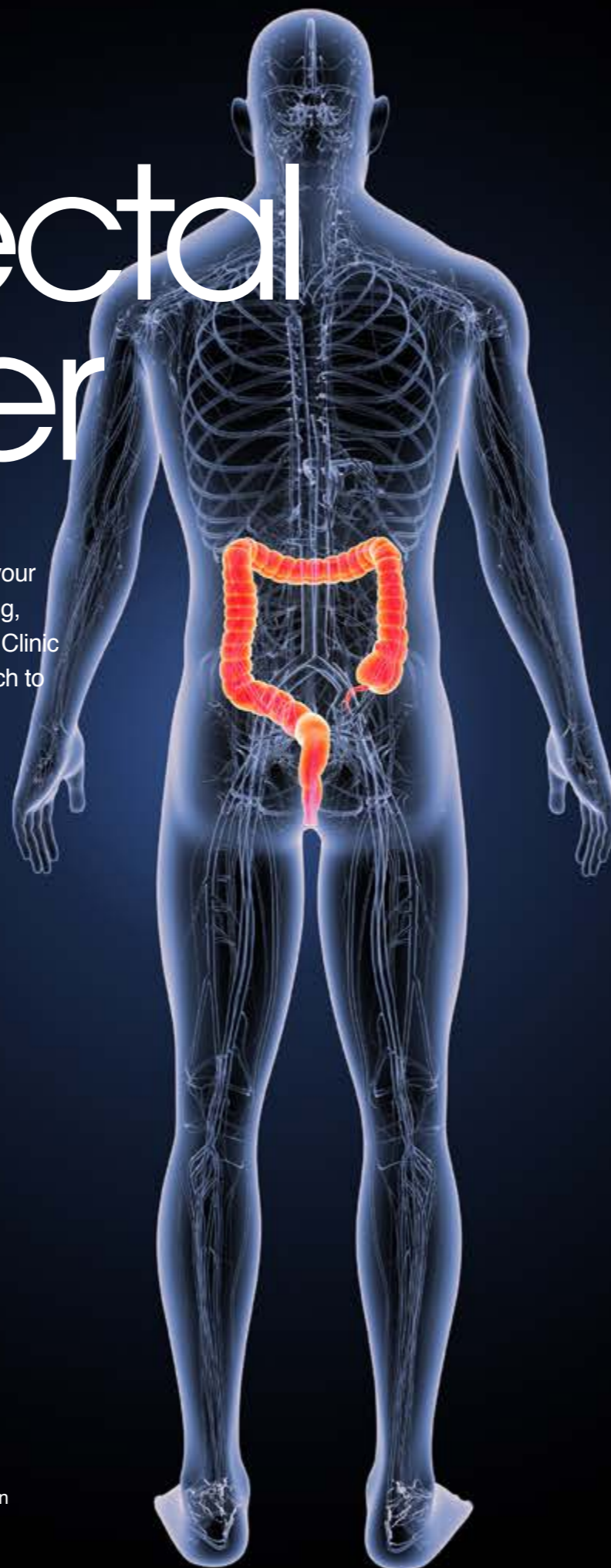
Since polyps generally take years, not weeks or months, to become cancerous, regular screening can intercept their development by simply removing them before they become cancerous.

While not all polyps become cancerous, it is not possible to tell which ones will and which ones won't, according to Dr Mark Wong. Therefore, all polyps are routinely removed during screening.

### WHO GETS IT?

Modifiable risk factors for colorectal cancer include obesity, physical inactivity and smoking. And it does affect younger patients as well. In the younger patient, it may be related to genetically-linked hereditary cancer syndromes, which place immediate family members of sufferers at higher risk of developing it during their lifetime.

For reasons not fully understood, colorectal cancer affects more men than women. In fact, it is the most common cancer among Singaporean men, and the second most common cancer among Singaporean women. The latest report from the National Registry of Diseases Office (NRDO) revealed that more than 9,800 new cases in total were diagnosed between 2011 and 2015.



The same report states that the specific incidence rate of colorectal cancer rose steeply past the age of 50 years, regardless of gender, with more than three in four colorectal cancer patients diagnosed above the age of 55. The peak incidence was noted in the 55 to 64 years age group in males, and after 75 years in females.

“Colonoscopy is regarded as the ‘Gold Standard’ for colorectal cancer screening as it is the most accurate and reliable method available.”

### ANNUAL SCREENING AFTER 50

An annual Faecal Immunochemical Test (FIT) is generally recommended from the age of 50 onwards. For those with a family history of the disease, Dr Wong recommends commencing screening 10 years before the age of diagnosis for the youngest colorectal cancer sufferer in the family. FIT is non-invasive and free for all Singaporean citizens and Permanent Residents above the age of 50 years, and can be carried out in the comfort of your own home. It involves collecting a stool sample, which is sent to a laboratory for testing.

If the FIT result is positive, patients will normally undergo a colonoscopy to rule out or confirm the presence of colorectal cancer.

“Colonoscopy is regarded as the ‘Gold Standard’ for colorectal cancer screening as it is the most accurate and reliable method available,” shared Dr Wong.

Using, high-definition, fibre-optic technology, a colonoscopy allows the doctor performing the procedure to view the inner wall of the colon and rectum in detail. If any polyps or cancers are identified, they can be biopsied or removed immediately.

An alternative method of screening is a CT scan for the colon and rectum, known as CT colonography. Unlike a colonoscopy, it does not allow removal or biopsy of suspicious findings.

### LIFE AFTER SURGERY

Keyhole or minimally-invasive surgery is regarded as standard of care by many colorectal surgeons. Chemotherapy and radiotherapy are generally reserved for more advanced cancers that have spread beyond the colon and rectum.

In the first few months after surgery, patients are advised to avoid strenuous exercise and lower their intake of dietary fibre to reduce bloating and constipation. Patients may also experience more liquid and frequent stools, but this usually abates over time.

Some patients, particularly the elderly and those with rectal cancers, may experience some faecal incontinence or involuntary leakage of stool after surgery, especially if treatment involves radiotherapy. This can generally be improved with medications and pelvic floor exercises.

### PREVENTIVE MEASURES

Under no circumstances does Dr Wong recommend detox programmes or colon hydrotherapy. He explained, “A healthy colon needs a flora of bacteria, which requires having faeces in the colon. Think of a luxuriant rainforest with its vibrant ecosystem of animals and plants as a normal colon with faeces. Compare this to a scorched forest after a raging fire – this is a colon washed clean of faeces by detox or hydrotherapy.”

Instead, Dr Wong advocates a balanced approach to preventing colorectal cancer. He recommends a healthy diet, incorporating all food groups in moderation, with regular exercise and most importantly, regular screening.



In Singapore, the five-year survival rate for people with Stage 1 colorectal cancer is between 85 to 95 percent. On the other hand, the survival rate for people with Stage 4 is less than five percent. Though prevention is always better than cure, with early detection, the future can still look bright for people diagnosed with colorectal cancer. ■

Colorectal Clinic Association Pte Ltd  
Medical Centre D, #08-55

In addition to the toll it takes on physical health, cancer can weigh heavily on your mind as well.

# Feelings and Cancer



## IMPACT ON FAMILY

Just as cancer affects you physically, it can also bring up a whole different range of feelings you are dealing with for the first time. It makes the existing feelings seem more intense and could change day by day. And it does not just affect you only, but also your family. While the feelings are more intense during treatment, it lingers even after treatment as well. These feelings should not be ignored, according to 365 Cancer Prevention Society (365CPS).

Ms Kelly Kuo, head of counselling and training at 365CPS, shared that after a cancer diagnosis and while receiving treatment, patients undergo enormous biological and emotional pressures. This could have a negative impact on their spouses who are usually on the receiving end of that 'dark side'."

"Cancer patients are usually confronted with a strong fear of death that could cause them to feel lost and frustrated. They can also lose hope for the future. During treatment, their emotional roller-coaster can cause them to feel imprisoned in their difficult circumstances. This severely affects their quality of life and physical condition, placing extra burden on their wellbeing and everyone around them," added Kelly.

## EMOTIONAL COUNSELLING

While emotional counselling cannot treat or cure cancer, there have been numerous studies and evidence shown that such counselling can help both the patients and their caregivers face and conquer their deepest psychological fears. This in itself helps them cope better with the challenges they face during and after the cancer diagnosis and treatment. It can also help reduce the stress faced and improve quality of life.

Min Min (alias) lost her husband through cancer. While in treatment and coping with his failing health, her late husband was going through counselling sessions at 365CPS to help him deal with his circumstances. The belief in counselling for cancer patients and their caregivers has gained recognition as an important aspect of holistic healing. Hence in addition to medical and clinical services, both the National Cancer Centre and the National University Cancer Institute have included counselling services as part of their disease management continuum.

## LIFE GOES ON

Support for caregivers tends to be overlooked but it is important to take care of them as they dispense the much

needed physical and emotional support for patients throughout their journey; more so if the end means the passing of the loved ones. By accepting reality and finally coming to terms with the expected outcomes, both the terminally-ill patient and their family are given an opportunity to move forward and pursue whatever life brings.

**By accepting reality and finally coming to terms with the expected outcomes, both the terminally-ill patient and their family are given an opportunity to move forward and pursue whatever life brings.**

Kelly added, "Through this process, both the patients and their loved ones are then gradually able to look at themselves in new ways and become more accepting and appreciative of their circumstances that allow them to bravely continue on their life journey." This is indeed helpful and more so when learning to cope with loss.

Tian Tian (alias) can attest to that when she attended the art therapy sessions organised by 365CPS. "It allows me to see both my weak and soft side, which was a stark contrast to the strong and independent woman I perceived myself before my illness," she said.

"Through this restorative journey of artistic therapy, I came to embrace and overpower these destructive thought patterns and it gave me a chance to break the shadow created by own negative emotions, helping me to face the days ahead," she added.

If patients have younger children, the young ones also need to be taken care of. As Patrick Ness highlighted in his book,

"The Monster Calls", children going through a parent's cancer may develop their own set of emotional baggage that can be emotionally disruptive and stressful.

"Over the course of six counselling sessions, this process of healing has helped me learn to let go of this great burden and finally put my mind at ease," shared Min Min. The counsellor engaged in therapeutic role play as a way of speaking to her inner self thus allowing her to express hidden feelings and desires that lingered long after her husband's passing.

## RALLYING TOGETHER AS FAMILY

Apart from counselling, family support is always important and always highly recommended. Spouses and loved ones can show support with flowers, hugs and handholding when needed. Being physically present during doctors' appointments, lending a listening ear and learning as much as you can about the disease is another way to show that you care. Other areas that might help would be rearranging furniture where necessary to accommodate patients' more sedentary, rehabilitative lifestyles and making minor adjustments to chores, duties and schedules.

## THERE'S HOPE

Once the patients and their families accept that they have cancer, often there's a feeling of hope and peace, as 365CPS attests. Cancer is not necessarily a death sentence, especially if detected early.

And there are countless stories from many survivors who continue to live meaningful and fulfilled lives till old age. Ultimately, being actively involved in your health care, keeping your appointments diligently, and making gradual but meaningful changes in your lifestyle are among the things that one can do to remain positive. While the emotional struggles are real for both patients and their loved ones, not dwelling on fear-filled thoughts, but doing whatever it takes to live life, gives and inspires hope. ■



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# Give Your Baby A Massage

Massage encourages both bonding and the healthy development of your little one.

## THE FIRST LANGUAGE

Touch has been called the 'first language'. The sensory system supporting touch and bodily sensations, such as heat and cold, is the first to develop in humans. Hence, it does not require a leap of imagination – really just a baby step of logic – to understand its importance in the first days, weeks and months of life.

## A TIME TO BOND

According to Ms Kang Phaik Gaik, Head of Parentcraft/Lactation at Alvernia Parentcraft Centre, besides creating happy moments for parents and their babies, baby massage can have a direct impact on babies' comfort, well-being and even their adult lives.

"Research has shown that mothers who stroke, touch and massage their newborn babies help them gain weight, reduce stress, sleep soundly and be more attached to their mothers," she said. Furthermore, babies who are cuddled and touched grow up to be calmer and better-adjusted adults.

The four main benefits of baby massage can be summed up as:

- Stimulation of all the senses and all physiological systems of the body
- Helps baby's body to produce the 'calming hormone' that promotes deeper sleep and reduces stress
- Relief of minor discomfort from conditions such as wind, colic, constipation, mucus and teething pain, empowering the parents to help their baby in a simple way
- Helps to enhance parent-baby bonding, allowing the parent to communicate his or her love through the nurturing touch

## SAFE FOR ALMOST ALL NEWBORNS

Ms Kang emphasised that baby massage is not about treatment. It's all about the nurturing touch, something that all babies need from the very beginning of life.



"It is a cue-based programme, so we instruct parents to read cues and respond according to these cues and behavioural state. In accordance with those cues, we sometimes adjust the massage or suggest alternatives to massage such as containment hold or still touch," explained Ms Kang. The baby massage classes are conducted at the Alvernia Parentcraft Centre to new parents and infant caregivers.

**"Mothers who stroke, touch and massage their newborn babies help them gain weight, reduce stress, sleep soundly and be more attached to their mothers."**

## PREPARATION BEFORE A MASSAGE

Ms Kang has a few tips on setting the scene for a relaxing and satisfying massage session for baby and parents.

1. Before you start, ensure nails are short and trimmed
2. Remove all jewellery
3. Find a conducive environment that is warm and draught-free
4. Play soft music – you may also talk or sing to your baby during the massage

Whether it's to lull your baby to sleep or put him or her in a playful mood, baby massage is effective, enjoyable and satisfying for both mother and child. ■

# Winning @ Weaning Workshop

*When your baby is six months old, you would have tackled most issues with feeding breast milk or formula milk. Now, it is time to introduce solids to your baby's diet!*



While it does sound like a natural next-step to toddlerhood, it can be quite daunting to new parents - imagine a mess created by spit-outs and spills!

- How do you start the weaning process?
- Which is better: Purees & Mashes or Baby-Led Weaning?
- In the first place, is my baby ready for solid food?
- What about food allergies?

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## Programme Highlights

- Introducing solids
- Demonstration using various food textures
- Practical session on making baby food

## Each registration is for 2 pax

- \* Workshop fee is \$38 per couple
- \* Fee covers practical tips on weaning, food ingredients used in the class and a book on simple home cooked meals for your baby.

If you need to find out more about the session, please contact us at 6347 6702 or email us at mah@mtalvernia.sg



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My Baby  
**Bites**  
While  
Breastfeeding!

Ms Kang Phaik Gaik, Head, Lactation/Alvernia Parentcraft Centre, tells us why babies sometimes bite while breastfeeding, and what you can do to prevent it.

**BABIES BITE BECAUSE...**

Babies bite for many reasons, from pain relief to frustration and boredom. The key to prevention is understanding the motivation behind it. Here are seven common causes and corresponding tips on what you can do to help stop it.

**#1 TEETH!**

Teething causes discomfort in a baby's gums, which can prompt him to bite down on the breast for relief. This usually begins after five months and can last till two years of age.

**Do...** cease feeding when he bites, and offer him a cold towel, teething ring or toy to bite on instead. Resume feeding when he stops chewing.

**Don't...** shriek loudly or talk in a sharp, harsh tone.

**#2 TOO MUCH MILK**

Too much milk, or too fast a letdown, may cause your baby to gag, gulp, choke, splutter or bite.

**Do...** be patient. Many new mums experience an oversupply of milk, and in most cases, this will naturally adjust to the baby's needs within six weeks or so. Meanwhile, you can try a laid-back approach (biological nurturing position) to breastfeeding – lie down and feed your baby tummy to tummy. You can also try hand-expressing a little milk before each feed so that the letdown is less forceful.

**Don't...** try and enforce scheduled feeding times on your baby. 'On demand' is the practice endorsed and recommended by the World Health Organisation.



**#3 FRUSTRATED**

Too little milk can make your baby frustrated. He may move his head around frantically, pulling and tugging in search of milk, and bite.

**Do...** try power-pumping between feeds to increase your supply. You can also try eating foods that are known to increase lactation, such as oats, barley and salmon. Many other foods such as fennel, fenugreek, malunggay and green papaya soup have been used in traditional cultures for centuries to promote lactation, though there is insufficient scientific evidence to confirm their effectiveness. If all else fails, seek the advice of a lactation expert.



**Don't...** automatically supplement breastmilk with formula.

**#4 BABY'S HAD ENOUGH**

Often an older baby will bite down on the breast at the end of a nursing session because he is full and getting bored.

**Do...** look for the warning signs of biting. You will come to notice a change in rhythm and in the tension in your baby's jaw. Slip in a finger to unlatch him just before he bites.

**Don't...** try and force-feed him when he isn't hungry.

**#5 SLEEP, INTERRUPTED**

When baby falls asleep at the breast and you try to unlatch him too suddenly, he will involuntarily clamp down and bite.

**Do...** tickle your sleeping baby's chin to get him to unlatch. If this fails, slide one finger into the corner of his mouth, between his gums, and gently release the suction on your nipple before taking him off the breast.

**Don't...** leave your sleeping baby on your breast. This will eliminate the risk of biting. Mums, especially exhausted new ones, risk falling asleep themselves, which is dangerous for many reasons including dropping or smothering the baby.



**#7 NOT FEELING WELL**  
If your baby has a sore throat or an ear infection, he may have difficulty swallowing and bite out of frustration.

**Do...** try breastfeeding in an upright position to help your baby breathe easier. Seek medical advice on how to safely and hygienically clear your baby's airways.

**Don't...** suck the mucus out of your baby's nose or use over-the-counter medication.

**BREASTMILK IS NATURE'S BEST FOOD**  
The World Health Organisation recommends exclusive breastfeeding for the first six months of life, followed by continued breastfeeding with appropriate complementary foods for up to two years or beyond. If you decide to continue feeding your baby into toddlerhood, you and your child will soon get used to bite-free feeding. ■

**#6 IN A PLAYFUL MOOD**  
Babies love a reaction. If your baby bites and you let out a cry, he'll probably find it more delightful than frightful. On the other hand, it could alarm him so much that he stops nursing altogether. It can go either way.



Don't try and enforce scheduled feeding times on your baby. 'On demand' is the practice endorsed and recommended by the World Health Organisation.

**Do...** Be consistent and say 'no' in a firm voice, every time he bites. Explain that biting hurts you.



**Don't...** Pull a face or make a melodramatic exclamation, which he could find amusing, and prompt him to become a serial biter!

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# When Food Can Harm



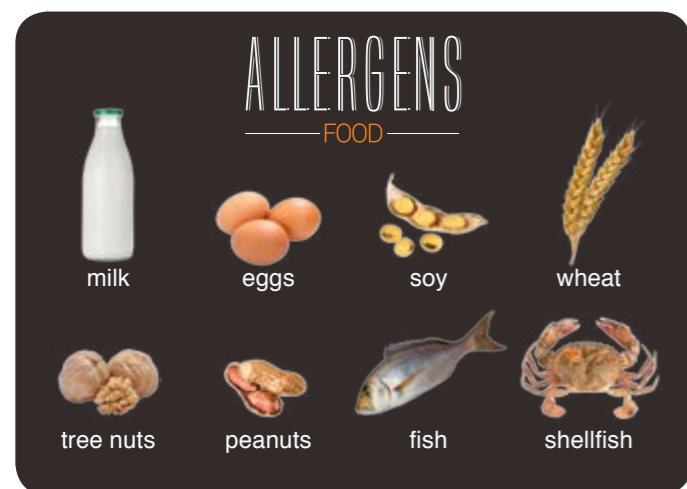
Food allergies in childhood are common, and the constant worry can eat away at parents' peace of mind. Here are some helpful insights and tips on how to cope.

## DEFINE 'ALLERGY'

A food allergy is a response by the body's immune system to a particular food, known as a food allergen. The immune system responds to the allergen as if it were toxic, producing antibodies called Immunoglobulin E (IgE), which in turn triggers the release of histamines that cause an allergic reaction.

## COMMON ALLERGENS

The 'Big 8' food allergens, which are responsible for over 90% of food allergies in children and adults, are:



Eggs, milk, and peanuts are the most common causes of food allergies in children, followed by wheat, soy, and tree nuts. Peanuts, tree nuts, fish, and shellfish commonly cause the most severe reactions. Although most children 'outgrow' their allergies by the age of five or six, allergies to peanuts, tree nuts, fish and shellfish may be lifelong.

An allergic reaction could be accompanied by some or all of the following symptoms: a skin rash such as hives or eczema, swollen lips and face, itching, vomiting, stomach pain and diarrhoea. In more serious cases, the child could go into anaphylactic shock, which can lead to unconsciousness and even death.

Delayed-onset symptoms can occur any time after the allergen has been consumed or even touched, but usually within 20 minutes to two hours. Symptoms include vomiting, diarrhoea, bloating and cramps, but are usually not life-threatening.

**Food allergies affect four to five percent of school children in Singapore.**

## FIRST AID

Sometimes, parents of children with severe food allergies carry a medication kit containing antihistamines and an EpiPen. This is an auto-injector that administers a dose of epinephrine (also known as adrenaline) that can reverse the symptoms of anaphylactic shock and save a life.

For mild reactions, antihistamine medications can relieve symptoms. If the child has difficulty breathing, severe vomiting and diarrhoea with abdominal pain, or looks pale and lethargic, medical advice should be sought immediately.

## ADJUSTMENTS AND PRECAUTIONS

There is an inherited tendency to develop allergies, and there is no scientifically proven way to prevent them. However, breastfeeding for as long as possible can help to delay the onset of symptoms and may even help to lower the risk of developing them. Solids can be introduced slowly from six months onwards, beginning with single-ingredient foods at intervals of a few days apart, so that the baby's response can be monitored.

**Although most children 'outgrow' their allergies by the age of five or six, allergies to peanuts, tree nuts, fish and shellfish may be lifelong.**

If an allergy develops, complete avoidance of the allergens is the best course of action. For obvious reasons, eating out can be a minefield. Dine at restaurants with allergy menus only if your child's allergic reactions are mild, since there is always a risk of cross-contamination from cooking utensils and tableware. Better still, eat at home, where you can be extra-vigilant. A blanket ban on the offending foods is the safest course of action. Scrutinise food labels as if a life depends on it, because it may.

When attending birthday parties, pack allergen-free treats for your child and be sure to inform the host of your child's dietary restrictions. Likewise, bring packed food when travelling on planes,



and avoid remote holiday destinations with limited access to medical facilities.

Overall, information is key to prevention. Inform teachers, friends, relatives, and everyone and anyone who is likely to be entrusted with the care of your child, even for a short while, about your child's allergies.

When a child with a food allergy starts school, a whole new set of challenges arises. Obviously, 'sharing is not caring' for children with allergies. The Early Childhood Development Agency (ECDA) is reviewing the requirements of pre-schools in managing food allergies. A standard requirement is to display a list of children's names and their respective allergies near the dining area, for all staff to easily reference.

Having an allergy sufferer in your family is undeniably stressful. However, your child may well outgrow his allergies, and being mindful of your family's diet will not just benefit the allergy sufferer in your family, but everyone else, including the cook. ■



## Food Allergy vs. Food Intolerance

A true food allergy causes an immune system response that affects numerous organs in the body. It can be life-threatening, in the case of anaphylaxis.

Food intolerance can share some of the symptoms as a food allergy, but is generally less serious and usually limited to digestive problems. The most common type of food intolerance is lactose intolerance. This occurs when the body lacks the enzyme needed to fully digest the A1 protein in milk, leading to symptoms such as bloating, cramps, gas and diarrhoea.



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# Home Safe Home

Childproofing your home is a must when you have a little one at home.



### TINY TRAPS, BIG RISKS

Your home is a place of safety, comfort and serenity, right? Think again. With an infant or small child in the house, it's also a danger zone. Once you start looking out for them, you'll see safety hazards everywhere you look. And while you may be lulled into a sense of security when your baby is a swaddled bundle of joy who can barely raise his head, just wait till he starts crawling – and later, walking!

Babies like to explore the world with their mouths. Everything, and we mean everything, goes in there.

### ALL-ROOM GROUND RULES

Babies like to explore the world with their mouths. Everything, and we mean everything, goes in there. While the tendency will pass, for the safety of your child and the whole family for that matter, it is essential that the floor of your home is kept meticulously clean and free of small, dangerous objects that your curious



toddler could choke on or hurt himself with. In addition, toys should be chip-proof and kept spotlessly clean.

### KITCHEN CONCERNS

Let's look at the heart of the home, the kitchen. As the site of the most serious of all childhood accidents, it's a minefield of mishaps waiting to happen. Not only can cabinet doors and drawers slam on little fingers, their contents can range from sharp knives to hot kettles to dangerous household appliances. Here's what you can do to childproof your kitchen even before the cooking begins.



### SENSIBLE SAFETY MEASURES

- ensure that doors and drawers have soft-closing hinges, to prevent slamming
- install safety latches on your fridge and on all doors and drawers
- keep appliances, glassware, spices, alcohol and flammable liquids out of reach
- seal off all electrical outlets with safety plugs
- keep pan and pot handles turned inwards on a cooktop
- ensure your floor is slip-proof



### BATHROOM BANES

Next comes the bathroom. Everyone knows that water and electricity are a dangerous combination. And where there is water, drowning is also a dreadful and real possibility. Make sure you always unplug electrical appliances such as hair dryers after use and seal all electrical outlets. Keep medication and sharp objects like razor blades out of reach at all times.



### LIVING AND DINING ROOM RISKS

The living room is another danger zone. The sofa, a comfortable nest, looks like a play gym to your toddler or small child. Place edge bumpers and corner guards on tables, coffee tables, cabinets and hard chairs. Finally, make sure all your heavy furniture is stable and not easily pulled or tipped over by children – pay particular attention to bookcases and floor lamps.



### SET THE SCENE FOR HAPPY MEMORIES

Of course, even when every possible safety measure is taken, accidents could still happen. If a serious accident occurs, stay calm and seek medical advice. Meanwhile, secure your home and enjoy raising your little one, confident in the knowledge that you have done everything possible to create a safe environment. May your home be the setting for only happy family memories!



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# When Taste Fades

Many older people complain that food doesn't taste 'like it used to'. It's not all in their heads – it's in their taste buds, as it turns out.

### WHY OUR SENSES DIM WITH AGE

Some loss of taste and smell is natural due to ageing, according to Dr Chan Kin Ming, Geriatrician at Chan KM Geriatric & Medical Clinic Pte Ltd. He said that the loss of sensation is more pronounced especially after 60.

"As we grow older, there is a gradual impairment of the nerve endings. As they become less sensitive, some people may develop a reduced sensation in their fingers or toes, while others may develop a reduced sense of taste and smell as well," he explained.

A newborn has approximately 10,000 taste buds scattered at the back, side and tip of the tongue. However, as a person ages, some of these taste buds are lost.

"From as early as 50 years of age, changes in taste can occur due to the natural degeneration of nerves in the taste buds, compounded by reduced saliva production," said Sarah Sinaram, Head of Nutrition and Dietetic Services Department at Mount Alvernia Hospital.

Similarly, our sense of smell becomes less acute over time, due to the degeneration of nerves in the nose. When chewed, food releases aromas that enhance our enjoyment. If these aromas are not detected, our enjoyment of eating is eroded.

### ASIDE FROM AGEING...

Besides the 'usual suspect' of ageing, medications such as cholesterol or blood pressure lowering drugs may also contribute to a reduced sense of taste and smell. Likewise, dental problems, cigarette smoking, dementia, Parkinson's disease or head injuries may play a part.

**"As we grow older, there is a gradual impairment of the nerve endings. As they become less sensitive, some people may develop a reduced sensation in their fingers or toes, while others may develop a reduced sense of taste and smell as well."**

Dr Chan points out that some patients with dementia or cancer may not feel hungry at all, and therefore don't enjoy food. Patients with Parkinson's disease may also find chewing and swallowing a chore, especially when they are prone to choking

when attempting to swallow food and water. Depression can also rob a person of the joy of eating, regardless of age. On the other hand, you can become depressed due to a reduced sense of taste and smell.

**EXCESSIVE FLAVOURINGS**

A reduced sense of taste and smell may cause poor appetite resulting in decreasing food intake due to poor appetite and hence poor nutrition, weight loss and even malnutrition. It also carries an equal risk of people adding excessive flavours just to get the taste.

“Some people may add extra salt or sugar in their cooking or to their food to compensate for the loss of taste. However, this can pose health risks in elderly people, especially those who suffer from hypertension, heart problems or diabetes.”

“Some people may add extra salt or sugar in their cooking or to their food to compensate for the loss of taste. However, this can pose health risks in elderly people, especially those who suffer from hypertension, heart problems or diabetes,” said Sarah.

To add flavour to food without heaping on the salt and sugar, natural sources like peppercorns, tomatoes, chillies, garlic, onions, basil, lemon and lime juice can be considered.



“On a case-by-case basis, sometimes we do recommend the use of more salt in patients’ food, but with close monitoring of their heart and renal conditions,” added Dr Chan.

**HEALTHIER FIXES**

To whet appetites for food, home cooks should also ensure that the food they prepare is visually appealing, incorporating lots of colourful vegetables and served on attractive plates. Attention should also be paid to the temperature at which food is served, since certain foods taste better warm than chilled, and vice versa.



Dr Chan urges family members and caregivers to let the elderly eat foods that are cooked to their taste. “It is pointless to insist on a low-salt or low-sugar diet when the intake is not sufficient to meet the person’s basic nutritional needs. When all avenues have been exhausted and a person’s dietary intake is still inadequate, supplements can be prescribed,” he advised.

Another strategy to stimulate an elderly person’s appetite that Dr Chan suggests is to try serving frequent small meals instead of three large ones. Sarah suggests nutrient-dense small meals



such as French toast or fruit served with custard. Food should always be easy to swallow – cut into small pieces, cooked till soft, or even blended.

**FOOD TASTES BETTER WITH COMPANY**

“People tend to eat more when there is company. So, eat with the elderly,” said Dr Chan. He also suggests involving them in food preparation, if they are up to the task. If the preparation drains them of energy, they may be too tired to eat by the time the food is ready.

Of course for every rule there is an exception. “Again, know the elderly well. Some



of them may be easily distracted when in a crowd, thus eating less than usual. This group of elderly may need to eat separately from the rest. Sometimes even

the TV has to be switched off in order not to distract them from their food,” qualified Dr Chan.

**LONG-TERM PLANNING**

It almost goes without saying that healthy eating habits should be cultivated at a young age. Current research suggests that taste preferences are formed in infancy and even in the womb.

“Since we can’t prevent the loss of smell and taste as we get older, one should start controlling the amount of salt or sugar added in food since young, as taste preference is easier to adjust at a younger age,” shared Sarah.

The message is clear. Eat not just for the momentary pleasure of it, but for a long, healthy and satisfying old age. The years will be so much kinder, and sweeter, in the long run. ■

Chan KM Geriatric & Medical Clinic Pte Ltd  
Medical Centre D, #08-55

# Can You Get Addicted to Sugar?

Discover the distinction between craving and addiction, and learn how you can manage your sugar intake. Sarah Sinaram, Head of Nutrition and Dietetic Services Department at Mount Alvernia Hospital, enlightens us.

## ADDICTION VS CRAVING

At present, there is insufficient evidence to support the hypothesis that sugar may be physically addictive, according to Sarah.

“However, it is also important to note that there is a clear distinction between the popular use of the word ‘addiction’ – as in ‘I love cheese, I’m so addicted to it!’, which involves an element of exaggeration, and the clinical definition of addiction, which should not be used flippantly,” she clarified.

That said, sugar cravings are real and are indicative of a lack of nutrients. Sarah explains the causes for these cravings and provides tips on how to control them.

“Added sugar should contribute to no more than ten percent of your dietary energy. This translates to approximately 40-55g (8-11 teaspoons) daily.”

## WHY WE CRAVE SUGAR

### Cause #1

Irregular or missed meals or under-eating can cause cravings. Irregular meals or insufficient energy intake deprive your brain and body of fuel. This sets you up to crave starchy or sugary foods for energy.

**Solution:** Have small meals at regular intervals throughout the day, say every four to five hours. Most people find this stabilises their energy and prevents impulse and binge eating. Eating a healthy snack before you run out of energy can help prevent sugar cravings.

### Cause #2

Insufficient protein and fat in your diet can cause cravings, as carbohydrates and sugars are the body’s first fuel source. If your diet primarily consists of carbs, it will be utilised within two hours of intake, leaving you feeling hungry soon after.

**Solution:** Have well balanced meals that include proteins and some healthy fats. These macronutrients will help you feel fuller for longer, keeping sugar cravings at bay.

### Cause #3

Your carbohydrate intake is mainly refined or processed, which will leave you feeling hungry soon after.

**Solution:** Opt for unrefined, whole grains, which have more dietary fibre and a lower glycaemic index.

## Cause #4

Emotional eating can manifest as cravings. No amount of sugar can satisfy your emotional needs.

**Solution:** Explore other ways of feeling good, such as taking a brisk walk or picking up a hobby.

## WATCH THAT SUGAR

The truth is, we need sugar in our diet for energy. However, we should be mindful of the amount we consume. While sugar is consumed directly in beverages and sweets, it is also used in food preparation and cooking. In addition, we consume sugar as a carbohydrate in foods such as rice and noodles.

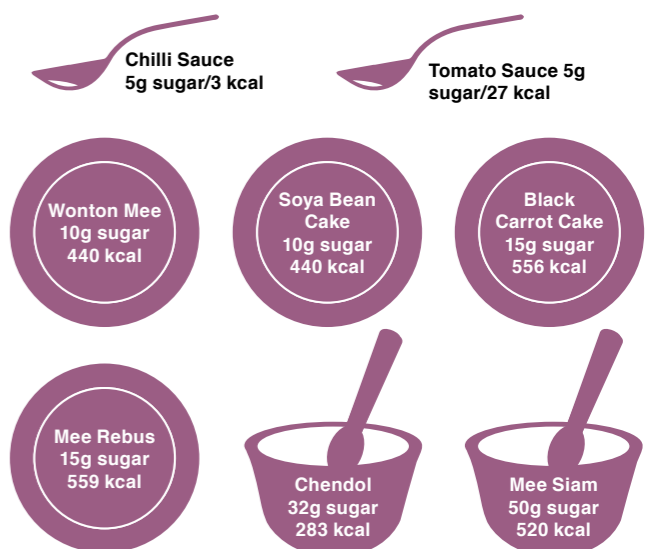
“Added sugar should contribute to no more than ten percent of your dietary energy. This translates to approximately 40-55g (8-11 teaspoons) daily. This limit includes sugar added to beverages as well as foods such as cakes and candies,” shared Sarah.

If you find yourself craving for a dessert right after a meal in a hawker centre, Sarah suggests opting for a serving of fruit or a healthier alternative such as iced jelly with mixed fruit or cheng tng.



## SUGAR, SUGAR EVERYWHERE

Sugar is not confined to sweets. It is also found in daily staples such as rice, noodles, gravy and chilli sauce, to name a few. Unlike its obvious presence in ice-cream, candy and sugary sodas, it can occur in surprising amounts in savoury foods. For example:



Beware of these tasty traps, and eat in moderation. ■

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- **Hot Tank Capacity:** ABT. 1.5ℓ
- **Weight:** 19KGS



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### SPECIFICATIONS

- **Size:** 260(W) x 480(D) x 495(H)mm
- **Motor Power consumption:** 90W
- **Heater Power Consumption:** 400W
- **Cold Tank Capacity:** ABT. 4.2ℓ
- **Hot Tank Capacity:** ABT. 1.5ℓ
- **Weight:** 19KGS