

## A Season of

# H O P E

"After a year of upheaval and turmoil in almost every aspect of life, I hope that we are once again reminded by our Heavenly Father that it is only together as a community united in His love and compassion that we can transcend inequality and injustice, especially amongst the poor, needy and marginalised."

**Sister Thomasina Sewell, FMDM**

"My hope for 2021 is that for the world to defeat COVID-19 as one, and for recreational travelling to resume."

**Dr Tony Tan, Obstetrician and Gynaecologist**

"My hope for 2021 is that the world becomes a better, COVID-19-free and pollution-free place."

**Dr Soon Chao Yang, Cardiologist**

"My hope for 2021 is for more people to have cancer awareness, take charge of their health and do cancer screening. Remember – early cancers are highly treatable."

**Dr Lee Guek Eng, Medical Oncologist**

"My hope for 2021 is for everyone to stay healthy and to be blessed with the company of family and loved ones. We look forward to the recovery of the economy and hope that everyone will be gainfully employed. On the medical front, I hope for a vaccine that is safe and effective against the COVID-19 virus and finally, that each of us will find contentment and joy wherever we are and whatever we do."

**Dr Ong Eng Keow, Paediatrician and Neonatologist**

"My hope for 2021 is for blessings of Health: which makes all things work, Faith: which makes all things possible, and Love: which makes all things beautiful... for all."

**Dr Mark Wong, General and Colorectal Surgeon**



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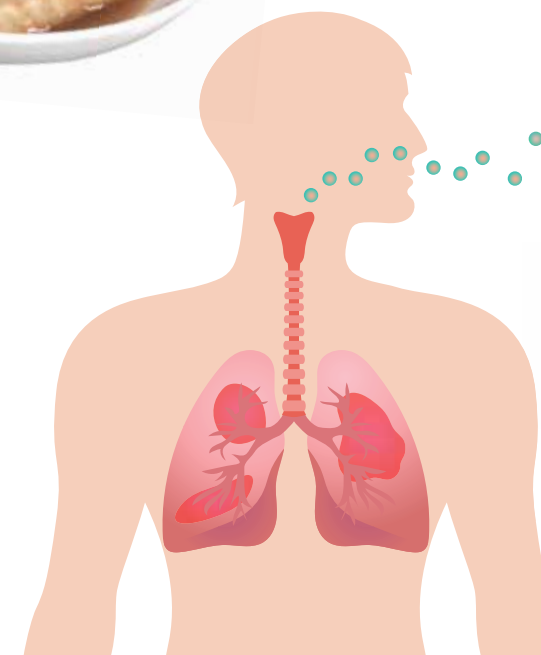
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# CEO's Message



This year has been extraordinary as we have been battling the COVID-19 pandemic for most of the year. It is therefore good that the recent daily new positive community cases have remained very low in Singapore. The development of the new COVID-19 vaccines has also been showing very encouraging results with quiet optimism that they may be approved for use soon.

However, we are not out of the woods yet as the virus outbreak is still ongoing globally. To prevent a resurgence of COVID-19 cases here, we have to continue to be vigilant, not let our guard down, adhere to safe distancing measures and practise good personal hygiene when we go about our social activities.

Many of our colleagues have been working at the forefront of this pandemic, continuing to provide our usual quality care to our patients. I would like to take this opportunity to thank the Mount Alvernia Hospital team and our doctors, for their dedication and resilience throughout this difficult period, where we remain steadfast in our mission to serve all with love.

In this issue, we will be sharing the hospital's growth to meet the evolving healthcare needs of the community. As the risk of cancer increases with age, the number of people suffering from cancer is likely to rise due to our ageing population. Recognising this need, we are building a new integrated cancer centre, in partnership with Icon Cancer Centre on the Mount Alvernia Hospital campus. Set to open in 2022, the centre will offer a full range of medical oncology, haematology and radiation oncology services. With these combined services, the integrated cancer centre will have the capacity to treat cancer patients who require concurrent chemo- and radiation therapies.

We are also building a 10-storey block which will house our maternity and paediatric wards, delivery suites, the Neonatal Intensive Care Unit, and allied health and ancillary hospital services. This new facility will be connected to the main hospital building via a link bridge, and is set to open in 2022.

As the hospital developments continue over the next one-plus years, I would like to assure you that the construction of these two facilities will be carefully planned to minimise any disruption and inconvenience to the care delivered in the hospital. Both developments will transform the Mount Alvernia Hospital not only in terms of its landscape, but more importantly in expanding our capacity and capabilities, in our pursuit of clinical excellence.

My hope for 2021 is for all countries in the world to overcome this COVID-19 pandemic soon. I hope that our new maternity and child block and integrated cancer centre projects can progress smoothly to completion, and that all of us at Mount Alvernia Hospital can safely continue to serve all the healthcare needs of our patients.

While we plan our upcoming festive celebrations with our loved ones, let us not forget to stay vigilant and ensure that we carry out these activities safely.

I wish everyone a blessed Christmas and a peaceful 2021 ahead!



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



*Serve all with Love*

## WISHING YOU A Blessed Christmas

“May the God of hope fill you with all joy and peace in believing, so that by the power of the Holy Spirit you may abound in hope.”

• - Romans 15:13 •





# Our bodies work 24/7. So does our clinic.

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Serve all with Love

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## Dear D<sup>OC</sup>

### Q What are the symptoms of breast cancer?

**A** You should seek a doctor's opinion if you notice any of the following:

- A lump in the breast (most common)
- New-onset nipple retraction
- Unusual nipple discharge including blood
- Swelling of all or part of the breast
- A lump in the armpit area
- Skin dimpling
- Thickening/redness/flaking/ulceration of skin in nipple or breast

### Q How can this disease be prevented?

**A** We cannot change risk factors such as ageing, starting periods early (younger than 12 years old), becoming menopausal at a later age, having a family history of breast cancer or an inherited genetic mutation. However, we can alter our lifestyles by limiting alcohol intake and smoking, having children at a younger age, breastfeeding, exercising regularly, and consuming a healthy diet rich in vegetables, fruits, fish, and less saturated fats.

### Q How often should women go for screening?

**A** Early detection with screening saves lives and simplifies treatment – sometimes mastectomy or chemotherapy may even be avoided. Women at average risk (aged 50 and above) should undergo screening mammograms biennially and those aged 40 to 49 are encouraged to go for annual mammograms.

In addition, breast self-examination cultivates familiarity with what feels normal so changes can be noticed

early. This is especially relevant for younger women below 40 years old when mammograms are not routinely recommended.

### Q How is the disease treated?

**A** Treatment aim and outcome is dependent on factors like stage and subtype. For cancers confined to the breast and regional lymph nodes (stages I-III), we treat with curative intent. For stage IV (advanced) disease, treatment is aimed at controlling the disease and prolonging survival.

Surgery is an indispensable part of the treatment for stages I-III cancers. Chemotherapy, radiotherapy, and anti-hormonal therapy (for HR-positive cancers) may be needed as well. Sometimes, chemotherapy is given to shrink the tumour before surgery to facilitate the chances of preserving the breast. If the tumour is HER-2 positive, anti-HER2 targeted therapy may be utilised too. Stage IV cancers may require a variety of treatments such as chemotherapy, anti-hormonal therapy, immunotherapy, and targeted therapy.

### Q What advice do you have for women with breast cancer?

**A** Along the road to recovery, it is important to obtain emotional and psychological support. Gaining support from your family and loved ones certainly makes the journey easier. Joining a support group or even volunteering could alleviate fears and prove fulfilling. Finally, remember to focus on the positives, do not let cancer define you, and embrace each day with renewed hope, courage and strength.

**Dr Tan Sing Huang**  
Medical Oncologist  
OncoCare Cancer Centre  
Medical Centre D #08-53

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# Portraits of Nursing

Our staff nurse Ms Diayana was presented with her portrait by Ms Tang Yaling, the artist behind the nurses' portraits used in the Nurses' Day 2020 print advertisement, commissioned by the Ministry of Health Holdings.

## A TEAM EFFORT

Diayana is part of the team who cared for recovering COVID-19 patients with mild symptoms, who were transferred to Mount Alvernia Hospital from restructured hospitals.

"The year 2020 has brought great pressure and fear due to the pandemic. Despite the difficult times, all of us in the hospital have stood firm and worked together to fight the pandemic," said Diayana, reflecting on the year to date.

When we asked Diayana to share her hopes for the coming year, she said, "In 2021, I hope that families who have been separated can meet again, and those individuals who have lost their jobs can find new ones. May there be more love and kindness in the world."

We thank Diayana and all of her colleagues for their hard work and dedication throughout these challenging times.



# 59

## YEARS OF JOURNEYING TOGETHER

Welcoming little ones into the world. Soothing them (and their parents). Reassuring patients, big and small. Supporting their recovery. Caring for the marginalised and vulnerable. Sometimes, walking the last journey together.

Since 1961, we have stayed true to the vision passed down by our founders, the Sisters of the Franciscan Missionaries of the Divine Motherhood (FMDM), striving to provide compassionate, excellent and holistic healthcare for all.

As we celebrate our 59<sup>th</sup> anniversary in 2020, we reaffirm our commitment to Serving All with Love – guided by our core values of Compassion, Humility, Integrity, Respect and Peace.



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# Going Virtual During the Pandemic

In response to these unprecedented times, we took many of our planned physical events online and organised a series of livestreamed events for the public.

## WEBINARS FOR DOCTORS BY DOCTORS

At the beginning of the year, we launched what was originally planned to be a series of in-person seminars for doctors, with the aim of knowledge-sharing and supporting our on-campus doctors. However, with the escalation of the pandemic, we quickly moved on to online webinars.

The webinars featured specialist doctors speaking to and with their peers, on a wide range of medical topics of interest including new and emerging treatments for several types of cancer, stroke and sports injuries.

## FACEBOOK LIVE EVENTS FOR THE PUBLIC

In the second half of the year, we hosted monthly Facebook Live sessions for the public, during which members of the social media audience were able to post their questions in real time. Our approachable on-campus specialist doctors and in-house dietitians responded on the spot with their professional opinions and up-to-date knowledge.

The topics included 'Asthma Management with Dr Yip Hwee Seng' in July, 'Personalised Medicine for Breast Cancer and Lung Cancer' in September (on Pages 46 to 51

of this issue of My Alvernia), 'Empowering Pregnancy, Birth and Beyond' in October (on Pages 54 to 57), and most recently, 'Cancer During Pregnancy' in November.

## LOOKING FORWARD

Given the enthusiastic response to both our webinars for doctors by doctors and our Facebook Live events for the public, we will be organising more virtual events for the year ahead.

Look out for details of future events on our Facebook page. Like and follow us @mtalverniahospital on Facebook.

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Reference:  
1. World Health Organization (WHO), 2017.  
<https://www.who.int/features/factfiles/dementia/en/>

\*If you have concerns, ask your healthcare professional today.



## Treats to Eat

Check out what our patients will be enjoying for Christmas Eve dinner and Christmas lunch.

### CHRISTMAS EVE DINNER MENU

Salmon Consommé with Prawn Quenelle



Poached Seabass with Ginger Cream Sauce  
Parisian Potatoes/Broccoli, Baby Carrot,  
Zucchini & Cauliflower

OR

Roast Turkey with Chestnut Stuffing & Cranberry Sauce  
Maxim Sweet Potato & Yam, Broccoli, Baby Carrot,  
Zucchini & Cauliflower



Christmas Pudding

### CHRISTMAS DAY LUNCH MENU

Cream of Wild Mushroom



Grilled Prawn with Garlic Butter Sauce  
Wild Rice & Anna Zucchini

OR

Honey Baked Ham with Pineapple Sauce,  
Fondant Potatoes, Butter Glazed Asparagus,  
Cherry Tomatoes, Baby Carrots & Cauliflower



Marinated Berries

## Flavours to Savour at Café 820

Located at the main lobby of Mount Alvernia Hospital, Café 820 serves great local and western food for the convenience and enjoyment of patients, visitors and our staff. Enjoy these value-packed promotions and popular takeaway festive delicacies.

### Weekday Promotions

(Monday to Friday only)



#### Breakfast Special

(Takeaway)

Available from

7.30am to 11.30am

\$5.00 nett with a drink

#### Vegetable of the Day

A la carte

\$5.00++ per plate



#### Mini Pandan

Chiffon Cake

\$5.00 nett



### Festive Takeaway

This year, Café 820 launched festive takeaway meals for Christmas, offering house-roasted turkey with chestnut stuffing, lingonberries sauce and turkey au jus. Maple-glazed chicken ham, with fresh house-made pineapple sauce and assorted grilled vegetables with oven-baked potatoes, is also on the menu.



### Did you know how Café 820 got its name?

The street number of our hospital's address is '820 Thomson Road'!





# Fancy a Bite to Eat?

Check out the great range of affordable eateries at Mount Alvernia Hospital. When you visit next, do drop in for a bite to eat, a pick-me-up drink or a sweet little treat.



*Nostalgic Asian food and beverages*

## Fun Toast

Mon to Sat: 7.30am to 7pm  
Sun & PH: 8am to 6pm



*Spreading joy with soy-based drinks and desserts*

## Jollibean

Mon to Sat: 8am to 6pm  
Sun & PH: 8am to 4pm



## Polar Puffs & Cakes

Daily: 8am to 5pm

*Quality pastries and cakes since 1926*



*Freshly made 6-inch and foot-long sandwiches*

## Subway

Mon to Sat: 8am to 9.30pm  
Sun & PH: 11am to 8pm



*Sushi, sashimi, bentos, udon and Japanese salads*

## Umisushi

Mon to Fri: 10am to 8pm  
Sat: 10am to 7pm  
Closed on Sun & PH



*There's always 7-Eleven!*

## 7-Eleven

Daily: 7am to 11pm

## For Your Convenience

In addition to eateries, our campus accommodates a range of handy retailers and service providers, including: Alvernia Retail Pharmacy, B&G Lifecasting & Big Shot Photostudio, Clarity, Mums Club and Noel Gifts.

Do pop in and get your prescriptions filled at the pharmacy, pick up a gift for a new mum or bub, grab a bite to eat, draw some cash from our ATM machines, and even pay your bills via the AXS machine on our premises... We have ample amenities at our hospital campus!





# Our HealthAngel Takes Off

Just over two years ago, the medical records of our patients were maintained on paper. Today, they are electronically stored and connected to the national healthcare network via HealthAngel – our electronic medical record system.

## A FEAT OF TEAMWORK

To make the giant leap forward from manual to digital record-keeping, we worked closely with IHiS, a specialist IT consultancy for the healthcare industry. As one of the pioneer healthcare institutions to have introduced the electronic medical record system in Singapore, SingHealth also generously shared its first-hand experiences in the implementation of the system.

With the expert guidance of IHiS and valuable insights from SingHealth, we trained over 800 staff members, of varying degrees of 'tech-savviness', on the usage of the new system.

The introduction of HealthAngel has greatly eased workflow, and improved the way the hospital's care team works across settings to provide patients with more coordinated, holistic and safer care.

The introduction of HealthAngel has greatly eased workflow, and improved the way the hospital's care team works across settings to provide patients with more coordinated, holistic and safer care.



## CLINICAL DECISION SUPPORT SYSTEM

The solution on which our HealthAngel is based, analyses patient data and provides information to help clinicians formulate diagnosis and improve the quality of patient care.



## KNOWLEDGE-BASED MEDICATION ADMINISTRATION

This solution allows nurses to perform bedside barcode scanning to verify medication administration – right medication, right dose, right time, right route and right patient – to enhance patient safety.

## MOVING FORWARD

The IHiS team continues to assist us as we enter the post-implementation phase of HealthAngel. We hope to continually refine the system and distil important learning points for future projects.

In the near future, we will be incorporating more enhanced features into HealthAngel. Looking further ahead, HealthAngel will open possibilities for integration between private health institutions like Mount Alvernia Hospital and national systems such as the National Electronic Health Record.





## Short Takes

A Taste of Our  
Confinement Cuisine



# A Taste of Our Confinement Cuisine

New mums can opt for one of two rotating confinement menus at Mount Alvernia Hospital. David Chang, Head of our F&B Department, shares a taste of what goes into the dishes.

### ROLE OF FOOD IN HOLISTIC HEALING

Be it during the post-natal recovery period, or the treatment of any other condition, food and nutrition play an important role in the holistic healing that the hospital advocates. Tasty, nutritious meals can decrease patients' length of stay, reduce their reliance on medication, and improve clinical outcomes for the patients.

### PREPARATION, COLLABORATION, EVALUATION

David shared that it takes three to six months to plan a new menu. The process requires close collaboration between the hospital's chefs and dietitians, and involves in-depth planning and discussion on taste and nutrition, nutrition calculation, portion sizes, and presentation.

All new ingredients, such as seasonings, are carefully evaluated by both chefs and dietitians before they find their way onto patient's plates.

Food and nutrition  
play an important role  
in the holistic healing  
that the hospital  
advocates.

Approx.

**70** meals  
are served to patients daily

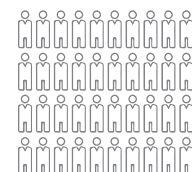
### Hospital Food by Numbers

The dinner menu  
offers up to

**20** options

Around

**50** staff  
work in the hospital's  
F&B department



## Short Takes

A Taste of Our  
Confinement Cuisine

### FRESH, TASTY AND HEALTHY

All of the hospital's confinement dishes are freshly prepared, cooked and served on the same day to maintain quality.

Patients particularly love the hospital's Double Boiled Chicken Soup with Red Dates & Mushroom, Double Boiled Fish Soup with Wolfberries, Braised Pork with Black Vinegar and Baked Chicken with Red Date Sauce, for which David generously shared the recipe.

Double boiled chicken  
soup with red dates  
and mushrooms



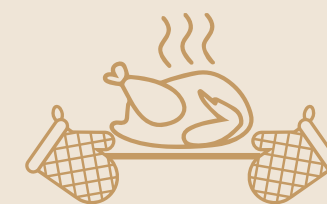
Stir fried  
kai lan



Steamed fish  
with lily bulb



*Pictures are for illustration purposes only.*



## Baked Chicken with Red Date Sauce



### Marinated Chicken:

Whole chicken (pullet)	1.9kg (or larger)
Salt	½ teaspoon
Cinnamon powder	a dash
Sliced ginger	30g
White pepper powder	¼ teaspoon
Chinese wine	½ cup

1. Stuff the ginger into the chicken.
2. Rub the chicken with wine.
3. Rub the rest of the seasoning onto the chicken.
4. Leave overnight in the refrigerator.
5. Pre-heat the oven to 180 degrees Celsius.
6. Remove the chicken from the refrigerator, rub it with cooking oil and lay it on a baking tray.
7. Bake the chicken for 35 minutes.
8. Turn the oven off and let the chicken remain in the oven for 10 to 15 minutes before removing.
9. Cool and debone the chicken.
10. Reserve the bone for the red date sauce.

### Red Date Sauce:

Red dates, seedless	120g
Sliced ginger	20g
Dark soya sauce	1½ teaspoons
Shao Xing wine	2 tablespoons
Baked chicken bone (from baked chicken)	
Chicken stock	1.25L
Cornflour	1 teaspoon
Water	2 tablespoons
Salt	½ teaspoon

1. Bring the chicken stock to boil.
2. Add the chicken bone and ginger.
3. Cook for 20 minutes on low heat.
4. Add the red dates and cook till soft.
5. Remove the ginger and chicken bone.
6. Use a blender to blend till smooth and fine.
7. Strain into a pot and reheat.
8. Add the dark soya sauce and Shao Xing wine.
9. Mix the cornflour with water.
10. Add to the sauce and stir constantly until it boils and thickens.
11. Serve with chicken.



# Our Feast Day Reflections

In celebration of the life of St Francis our patron saint and our Franciscan heritage, Mount Alvernia Hospital and Assisi Hospice engaged staff with weekly WhatsApp reflections beginning from the Feast of the Stigmata of St Francis on 17 September to St Francis' Feast Day celebration on 2 October.



Basilica of Saint Francis of Assisi, Italy

## A MESSAGE OF HOPE

The reflections began with a specially prepared video by Friar Derrick Yap, OFM who shared fascinating insights into the significance of Mount Alvernia and Assisi in Italy, the two places that St Francis loved.

Friar Derrick described Mount Alvernia as a place where St Francis spent much time with God in prayer and received the stigmata, experiencing in his own body the five wounds of Jesus. San Damiano, Assisi was the place where St Francis composed a special prayer – the Canticle of the Creatures, also known as Canticle of the Sun – in praise of God in all His creation.

“Francis invites us to have hope and to have faith and to look to God, and to be able to see God in all things, in all creation. Therefore with this heart of love, we are able to ‘Serve All With Love’ and ‘Caring for Life’; life from the very beginning when they are born right up to the end of life,” shared Friar Derrick.

“Francis invites us to have hope and to have faith and to look to God, and to be able to see God in all things, in all creation.”

Friar Derrick

## TIMELY BLESSINGS

The reflection in the second week centred around gratitude for the gift of life and an invitation to care for ourselves as we care for others. The mindful eating practice developed with Clarity Singapore showed how self-care can provide us with the opportunity to reconnect with

ourselves by refocusing our minds to the present, creating “a breathing space” to acknowledge our feelings, thoughts and physical senses.

Week 3 reflection honoured our life-giving mission and service of love and care guided by Franciscan values. ‘For it is in giving that we receive’, from Francis’ peace prayer, reminded us of the joy in giving and the privilege of service, as well as a rewarding sense of purpose.

Thank you to all who joined in the reflections and celebration for the Feast of St Francis, whose life continues to serve as an inspiration to all.







# Mindful Self-Care

We take this opportunity to share with our readers some helpful tips on mindfulness, along with a few practical suggestions on how you can show yourself some love.



## YOUR MINDFUL SELF-CARE CHECKLIST

### ✓ Mindful sleeping

To create an environment conducive to deep restful sleep, take a light evening meal, abstain from alcohol, shut down and switch off your digital devices at least 30 minutes before bedtime, and make sure that your room temperature, bedding and sleepwear are comfortable.



### ✓ Mindful exercise

Ensure you get your recommended 150 minutes per week of moderate-intensity physical activity by doing something you love. Hate jogging? Tune in to an online guided yoga class, strap on some rollerblades or go for a swim. Do not just go through the motions but take pleasure in the joy of movement.

This type of beneficial nature-based activity has its own name – ‘ecotherapy’.

### ✓ Mindful reconnecting with nature

This type of beneficial nature-based activity has its own name – ‘ecotherapy’. It could take the form of gardening, outdoor yoga or meditation, or simply walking through nature and consciously registering the texture of the grass beneath your feet, the sounds of birds and insects, and the fragrance of flowers. Knock-on benefits range from fitness to stress relief and social connectivity if you walk or work with a buddy.



### ✓ Mindful learning

Invest time in your personal growth. Take up an online course or consciously read non-fiction on a topic that piques your interest. Reawaken your sense of wonder and add to your conversational repertoire, which will stand you in good stead for the next item on our checklist, mindful companionship.

### ✓ Mindful companionship

In these days of working from home, or checking in at the office on alternate days, you might find yourself alone more often than you’d like. Now is the time to set aside time for reconnecting with friends. You don’t need a reason to catch up – even if it is via Zoom or Skype. In fact, ‘catching up’ is a reason in itself. Rediscover the art of conversation. Listen as much as you talk, and take comfort in knowing that you and your friends are going through similar challenges.

### ✓ Mindful eating

With the social distancing practices we observe today, many of us are often seated at our desks for our meals. Why not use this time and space to invite yourself to the practice of ‘mindful eating’? Practise mindful nutrition and make good dietary choices – go easy on the red meat and processed foods, fill your plate with wholegrains and colourful vegetables and ‘eat a rainbow’. Remember to give thanks for your ‘daily bread’ and engage all five of your senses.

<b>See</b>	What colours, shapes, textures, sizes do you see?
<b>Smell</b>	Take a slow breath in and smell your food. What do you smell?
<b>Touch</b>	Chew slowly. How does the food feel in your mouth?
<b>Taste</b>	What do you taste? Savour the food slowly.
<b>Listen</b>	Listen to your body. If your mind wanders, gently bring your focus back to your five senses.

Take good self-care!

Source:  
<https://www.healthline.com/health/self-care-checklist#putting-them-together>

<https://www.healthline.com/health/mental-health/ecotherapy>



# Turning the First Sod

On 3 November 2020, we hosted the groundbreaking ceremony for the Integrated Oncology Services Centre (IOSC), set to open in 2022. The cancer centre will be built and managed by Icon Cancer Centre, in partnership with Mount Alvernia Hospital.



From left: Ms Serena Wee (Icon), Dr Tan Yew Oo (Icon), Dr Karmen Wong (Icon), Mr Ho Tian Yee (MAH), Sister Elizabeth Lim (MAH), Mr Paul Beh (MAH) and Dr James Lam (MAH)



Reverend Father Clement Lee was present to conduct the rite of blessing and bless the land on which the cancer centre is to stand.

**“This partnership with Icon Cancer Centre allows us to better serve the needs of the community.”**

*Dr James Lam, Chief Executive Officer, Mount Alvernia Hospital*

## A JOYOUS OCCASION, A HOPE-FILLED FUTURE

The Chief Executive Officers of Mount Alvernia Hospital and Icon Cancer Centre both gave speeches that celebrated the partnership between the two healthcare organisations and the positive implications of the IOSC-to-be for cancer patients.

“As the risk of cancer increases with age, the number of people being diagnosed and living with cancer is likely to continue to rise on the back of an ageing population in Singapore,” said Dr James Lam, Chief Executive Officer, Mount Alvernia Hospital. “This partnership with Icon Cancer Centre

allows us to better serve the needs of the community, by providing them access to timely care, at reasonable costs. This event is significant not only because we are breaking ground on site, but we are also starting the journey of co-creating the future care for our patients, which will allow us to continue to serve even more patients with love on this site.”

## PATIENT-CENTRIC CARE, COMPREHENSIVE SERVICES

“The centre will deliver an innovative approach to care, ensuring the patient is at the centre of everything we do,” said Serena Wee, Chief Executive Officer, Icon Cancer Centre, Singapore. “Together we will provide all aspects of cancer care, including surgical oncology, medical oncology and radiation oncology for adults and children, under one roof. We will also introduce Icon’s full suite of patient services including palliative medicine and dedicated Cancer Programmes, supporting our cancer patients throughout their cancer journey.”

With this significant milestone, the future looks brighter and brighter for cancer patients and their families.







# Hopes for 2021



We asked members of our extended Mount Alvernia Hospital family to share their hopes for the new year.

“My hope for 2021 is that the year will be better than 2020. Given what we have endured during the pandemic, we will continue to uphold high standards of personal hygiene, keep masks on, and stay at home if unwell. I also hope that we can resume face-face meeting with families and friends, appreciate nature and enjoy the freedom to travel again.”

Ms Kathleen Low, Deputy Director, Nursing Administration/Infectious Control Team

“After a year of upheaval and turmoil in almost every aspect of life, I hope that we are once again reminded by our Heavenly Father that it is only together as a community united in His love and compassion that we can transcend inequality and injustice, especially amongst the poor, needy and marginalised.”

Sister Thomasina Sewell, FMDM

“My hope for 2021 is for COVID-19 to be eliminated.”

Dr Choo Bok Ai, Radiation Oncologist

“I quote St Teresa of Avila:

Christ has no body now but yours. No hands, no feet on earth but yours. Yours are the eyes through which He looks with compassion on the world. Yours are the feet with which He walks to do good. Yours are the hands through which He blesses all the world. Yours are the hands, yours are the feet, yours are the eyes, you are his body. Christ has no body now on earth but yours.

So my hope for 2021 is that God will give me the courage to dream, the wisdom to realise my dreams, and the perseverance to bring them to completion – since Christ has no body now but mine.”

Sister Eucharika Tan, FMDM

“My hope for 2021 is that life will return to normal and we will no longer be separated by border, social distancing and quarantines.”

Dr Piotr Chlebicki, Infectious Diseases Specialist

“I hope that an effective COVID-19 vaccine will be available for everyone by the end of 2021.”

Dr Steven Ng, Paediatrician and Neonatologist

“My hope for 2021 is that for the world to defeat COVID-19 as one, and for recreational travelling to resume.”

Dr Tony Tan, Obstetrician and Gynaecologist



“I hope that we continue to stay strong in body, mind and spirit to weather the ongoing pandemic.”

**Dr Timothy Lim**, Obstetrician and Gynaecologist

“My hope for 2021 is for more people to have cancer awareness, take charge of their health and do cancer screening. Remember – early cancers are highly treatable.”

**Dr Lee Guek Eng**, Medical Oncologist

“I hope that 2021 is the start of a new chapter and an amazing year ahead.”

**Dr Queck Kian Kheng**, Neurologist

“I hope everyone can focus on one dietary or lifestyle change and incorporate it into their daily schedule. Wishing all a Healthy 2021.”

**Ms Sarah Sinaram**, Head of Nutrition and Dietetics

“My hope for 2021 is that everyone will have a happier, healthier and brighter year than the one before, and certainly I hope to face the new year with renewed optimism that the world can overcome the coronavirus pandemic. I also hope that each and every one of our patients will continue to do well and be blessed with good health in the coming year. But amidst these uncertain times, my wish is that everyone is able to enjoy the joy and warmth of family and loved ones during this holiday season. Merry Christmas and have a Happy New Year!”

**Dr Tan Sing Huang**, Medical Oncologist

“My hope for 2021 is for everyone to stay healthy and to be blessed with the company of family and loved ones. We look forward to the recovery of the economy and hope that everyone will be gainfully employed. On the medical front, I hope for a vaccine that is safe and effective against the COVID-19 virus and finally, that each of us will find contentment and joy wherever we are and whatever we do.”

**Dr Ong Eng Keow**, Paediatrician and Neonatologist

“My hope for 2021 is that the world becomes a better, COVID-19-free and pollution-free place.”

**Dr Soon Chao Yang**, Cardiologist

“My hope for 2021 is good health for all and an end to the pandemic in Singapore and the rest of the world.”

**Dr Terence Tan**, Paediatrician and Neonatologist

“My hope for 2021 is for blessings of Health: which makes all things work, Faith: which makes all things possible, and Love: which makes all things beautiful... for all.”

**Dr Mark Wong**, General and Colorectal Surgeon

“My hope is for the opening of borders and travel without restrictions!”

**Dr Jacob Cheng**, Ophthalmologist

Maternity Services



Let us set you up for your *first date* with your little one.

*First impression counts* – especially after nine long months of waiting. We know the significance of this moment. Everything has to be right. That’s why we walk the journey with you from pregnancy to postnatal care.

Our support starts long before your little one arrives. Besides being there for you at every stage of pregnancy and childbirth, you can count on our team of experienced nurses and lactation consultants to care for you and your little one. We have both of you covered with our full suite of maternity care services.



Maternity Tours



Childbirth Education



Maternity Packages (Normal/Assisted/ Caesarean Section)



Breastfeeding and Baby Care Workshops



Alvernia Parentcraft Centre Consultations



Obstetrics Screening Services

To find out more about our maternity tours and services, please call 6347 6788 or email [enquiries@mtalvernia.sg](mailto:enquiries@mtalvernia.sg).



Serve all with Love

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[www.mtalvernia.sg](http://www.mtalvernia.sg)  
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# Dr Ahmad, Dr Manish and Dr Lee

We spoke to the three partners at the Asia Brain Spine and Nerve Medical Centre at Mount Alvernia Medical Centre – neurologist Dr Tauqeer Ahmad, neurointerventionist Dr Manish Taneja, and neurosurgeon Dr Timothy Lee. We learned that in the treatment of complex neurological conditions, three heads are better than one.



From left to right:  
Dr Manish, Dr Lee  
and Dr Ahmad



**Dr Manish:** We provide comprehensive neurological, neurosurgical, neuro-interventional and pain management care, all of which are complementary to each other.

**Dr Ahmad:** Patients suffering from a neurological condition often require the close attention of multiple specialists to manage their condition. For example, a young patient who suffers acute stroke requires a neurologist to diagnose and plan the best treatment, an interventional radiologist to intervene immediately and remove the clot, and lastly a neurosurgeon to do decompression craniotomy if needed. The availability of all the specialists in a highly coordinated manner within a very short period of time, to ensure that you do not miss the window of opportunity, is always a challenge even in a highly advanced centre.

**My Alvernia:** How did the three of you meet and decide to set up Asia Brain Spine and Nerve Medical Centre together?

**Dr Manish:** Being part of a small community of neuro-practitioners in Singapore, we had heard about each other. I first met Dr Lee in person when he asked me to see a patient of his who had been admitted to Mount Alvernia Hospital and needed treatment for a brain aneurysm. Dr Ahmad and I had known each other from my time at Singapore General Hospital. When we realised that all the neuroscience-related practitioners were practising independently in private practice in Singapore, we decided to start a comprehensive neuroscience centre together.

**My Alvernia:** Why did you choose to set up your practice at Mount Alvernia Medical Centre in particular?

**Dr Manish:** We had already been looking after patients at Mount Alvernia Hospital for a number of years, and were looking for a place

“Patients suffering from a neurological condition often require the close attention of multiple specialists to manage their condition.”

*Dr Ahmad*

that provides first-class logistical support along with a friendly working environment and seamless patient care. We met the senior management team to explain our vision and the rest is history.

**My Alvernia:** What sort of services does your practice provide, and how do they complement each other?

**My Alvernia:** Can you share another example of a case that has required the collaboration of all three partners?

**Dr Ahmad:** A patient with secondary headache often requires input from all three of us. Recently we managed one local patient, a lady in her early 40s, who had a tumour excised by Dr Lee, and an arteriovenous malformation (AVM) embolised by Dr Manish. She also suffered from epilepsy, which was managed by me.

**My Alvernia:** What are the most common conditions that you see among your patients?

**Dr Ahmad:** We see all kinds of conditions related to the brain, the spine and the nerves, from common problems such as headache and dizziness to complex tertiary conditions like brain and spine tumours, brain aneurysms and vascular malformations.





**My Alvernia:** What are some of the most important recent breakthroughs in the treatment of neurological conditions?

**Dr Manish:** One of the most important recent advances has been in clot removal for acute stroke and better endovascular devices for the management of brain aneurysms. Just a decade back, only 50 to 60 percent of aneurysms could be treated with a minimally invasive approach. Now with newer coils, stents and flow diverters, more than 90 percent of aneurysms can be treated with this approach.

“One of the most important recent advances has been in clot removal for acute stroke and better endovascular devices for the management of brain aneurysms.”

Dr Manish

**My Alvernia:** Given Singapore's ageing population, do you think that people are becoming more aware of the modifiable risk factors for conditions such as stroke and dementia, and taking preventive measures?

**Dr Manish:** Our Singapore community is by and large well aware of health-related issues. We are fortunate to have one of the best healthcare systems on the planet in both public and private practice, which is unique. Of course, patient education is a process that is constantly evolving as our understanding and practice evolves.



**My Alvernia:** Do you see any trends among your patients in terms of increases in preventable lifestyle-related conditions, an unhealthy dependence on pain medication, or anything else that could be cause for concern in our society?

**Dr Ahmad:** Though we do have all the first-world, lifestyle-related health problems, things are improving as awareness increases. There is always room for improvement, of course. We see some patients who have a dependence on sedatives or sleep-inducing drugs, and occasionally cases of analgesic abuse for headaches, but they are fortunately not so common.

**My Alvernia:** If you were to give Singaporeans one piece of advice in terms of preventing neurological conditions, what would it be?

**Dr Manish:** Please choose an active healthy lifestyle and get check-ups on a regular basis. It is better to prevent a neurological condition, if possible, rather than to treat it.

**My Alvernia:** How do you look after your own neurological and general health in your day to day life?

**Dr Manish:** I exercise regularly, stay fit and eat a healthy diet. I also enjoy life to the fullest!

**Dr Lee:** I spend time with my family, make sure that I get enough sleep, eat plenty of vegetables, and meditate.

**Dr Ahmad:** I get regular exercise, follow a balanced and healthy diet, strive to live a stress-free life, and try to minimise my use of electronic gadgets.



**My Alvernia:** What is the most rewarding or fulfilling aspect of practising neurology?

**Dr Manish:** Getting a patient well. There's nothing better than hearing a patient who has fully recovered say 'thank you' with a smile on their face!

**Dr Lee:** Above all, I appreciate an uneventful surgery followed by the full recovery of a patient.

Still fresh in my memory was the time I volunteered with Mount Alvernia Hospital's Community Outreach team to help a 5-year-old Cambodian girl suffering from tethered spinal cord syndrome. Doctors in her home country could not diagnose what was ailing her. They concluded that she would lose her ability to walk in a few years' time. A relatively simple surgery to relieve the pulling of the nerve was all she needed.

“I was happy to have helped the girl and fill her with hope for the future. Seeing her happy, smiling face and her mother's profound sense of relief was very fulfilling.”

Dr Lee

I was happy to have helped the girl and fill her with hope for the future. Seeing her happy, smiling face and her mother's profound sense of relief was very fulfilling.

**Dr Ahmad:** For me, it is a combination of early diagnosis, immediate intervention and complete recovery without any neurological deficit which in turns reduces morbidity.

**My Alvernia:** Thank you, gentlemen, for deepening our understanding of complementary care for neurological conditions. Here's wishing you the very best of patient outcomes!

**Dr Manish Taneja, Neurointerventionist**  
**Dr Tauqeer Ahmad, Neurologist**  
**Dr Timothy Lee, Neurosurgeon**  
**Asia Brain Spine and Nerve Medical Centre**  
**Medical Centre A #06-06**



# Meet Our New Specialist Doctors

Our extended family of on-campus specialist doctors grew considerably in 2019/2020. We are pleased to introduce you to our latest additions.

## ANAESTHESIOLOGY

### DR DAVID WOO Agape Women's Specialists



After completing his advanced anaesthetic training, Dr Woo embarked on his overseas Health Manpower Development Plan (HMDP) in 2010 and 2011, focusing on acute and chronic pain, especially in women, at Royal North Shore Hospital, Sydney. Upon his return to Singapore, he was one of the co-founding doctors who established the Women's Pain Centre at KK Women's and Children's Hospital (KKH).

Dr Woo's research and publications cover Chronic Back Pain in Women and methods of improving epidural analgesia. His many awards include Excellent Service Award (Silver/Gold – 2008/2009), Service from the Heart 2009, and the Singapore Health Quality Award (Star) in 2013.

### DR MARY TAN The Anaesthetic Clinic @ Alvernia



Dr Tan has a Bachelor of Medicine, Bachelor of Surgery (MBBS) and a Master of Medicine (MMed) in Anaesthesiology from the National University of Singapore (NUS). She has been a consultant obstetric anaesthesiologist at KKH, a Clinical Lecturer at Yong Loo Lin School of Medicine and an Adjunct Instructor with Duke-NUS Graduate Medical School, Singapore. In 2012, she was awarded a HMDP scholarship for a training stint in obstetric anaesthesia in Obstetric Critical Care at Royal Perth Hospital.

Dr Tan has brought relief to mothers on their perioperative journey for over 15 years, and been in private practice since 2014.

### DR PAY LU LU Tony Tan Women and Fetal Clinic & PLL Anaesthesia Clinic



Dr Pay obtained her MBBS in NUS in 1993, and her specialist qualifications in anaesthesia in 2000. In 2003, she was awarded a HMDP scholarship to further train in obstetric anaesthesia in Guy's and St Thomas' Hospital in London. She has worked in the anaesthesia departments of local hospitals including Singapore General Hospital (SGH) and Changi General Hospital (CGH), and was consultant anaesthetist at Women's Anaesthesia, KKH, till 2008.

Dr Pay has performed many epidural procedures for patients in labour, spinal anaesthesia for patients undergoing Caesarean section, intravenous sedation for minor surgical procedures and general anaesthesia for other surgeries.

### DR YVONNE LIM The Anaesthetic Clinic @ Alvernia



Dr Lim honed her skills at KKH and the Royal Hospital for Women in Sydney, Australia, and has been attending to patients and expecting mothers for the last 20 years. She has dedicated her life to caring for patients in the operating theatre and delivery suite, ensuring that they have the best care and the most positive experience.

Working out of The Anaesthetic Clinic @ Alvernia, Dr Lim specialises in the peripartum management of high-risk pregnancies.

## CARDIOLOGY

### DR KELVIN WONG Orchard Heart Specialist Clinic



Dr Wong was a consultant cardiologist at CGH where he helped develop the electrophysiology service and helped set up the inherited cardiac conditions clinic and the atrial fibrillation clinic. Between 2008 and 2010, he was the research fellow for electrophysiology at John Radcliffe Hospital, UK, where he was later appointed a locum consultant, and at Oxford University Hospital's NHS Trust.

Dr Wong's areas of expertise include the treatment of cardiac arrhythmia, performing device implantations (pacemaker, defibrillator) and ablations for supraventricular tachycardia, atrial fibrillation and ventricular tachycardia.

### DR LEOW KHANG LENG Nobel Heart Centre



In 2011, Dr Leow received the HMDP award under the auspices of Khoo Teck Puat Hospital (KTPH) to subspecialise in interventional cardiology at Liverpool Hospital in Sydney, Australia. After his studies, he returned to KTPH and helped build a 24-hour primary angioplasty service. He has held several key leadership positions at KTPH and also sits on the hospital's medical device committee.

Dr Leow subspecialises in interventional cardiology, and is experienced in invasive cardiology procedures such as balloon catheter angioplasty, coronary angiography, coronary stenting, emergency heart attack treatment and intra-aortic balloon pump insertion.

### DR TAN SVENSZEAT Orchard Heart Specialist Clinic



Dr Tan completed his MBBS and Bachelor in the Art of Obstetrics degree at the National University of Ireland in 2004. He completed his residency in Internal Medicine and obtained his postgraduate Membership of the Royal Colleges of Physicians of the United Kingdom in 2009. He trained in interventional cardiology at the University of Ottawa Heart Institute, Canada, from 2015 to 2016, where he was a member of the Heart Team in transcatheter aortic valve replacement dealing with patients with severe aortic stenosis who are unsuitable for surgical valve replacement.

Dr Tan treats patients with major heart attack needing immediate ballooning and stenting of blocked arteries.

## ENT

### DR ADRIAN SIEW MING SAURAJEN Nobel ENT Centre



Having done his Master of Medicine (Sleep Medicine) at the University of Sydney under Professor Colin Sullivan (inventor of the CPAP machine for sleep apnoea), Dr Saurajen is one of the few ENT surgeons worldwide with a formal qualification in sleep medicine. He has subspecialty training in sleep medicine and surgery and a special interest in sinus surgery (balloon sinuplasty) and paediatric ENT (adenoids/ tonsils), sleep apnoea, nasal conditions and minimally invasive ENT surgeries.

Dr Saurajen has been instrumental in performing the balloon sinuplasty for chronic sinusitis patients in Asia.

## GASTROENTEROLOGY

### DR CHONG CHERN HAO gutCARE Digestive • Liver • Endoscopy Associates



Dr Chong attained his Master of Medicine and Membership of the Royal Colleges of Physicians of the United Kingdom (MRCP) in 2013. In 2016, he was accredited as a specialist in gastroenterology by MOH and admitted as a Fellow of the Academy of Medicine, Singapore. While practising at Woodlands Health Campus (WHC), he helped pilot the first medical ward, for which he received the Service Excellence Award in 2019.

With special interests in fatty liver, viral hepatitis B, hepatitis C, liver cancer and other liver-related disorders, Dr Chong believes in providing end-to-end seamless care for all patients and strongly supports healthcare education.



**DR LEE KEAT HONG**  
AliveoMedical



A visiting consultant at National University Hospital (NUH), Dr Lee has amassed a wealth of experience in caring for patients with gastrointestinal problems. He treats all general gastroenterology and hepatology conditions and has a subspecialty interest in advanced diagnostic and therapeutic endoscopic ultrasound (EUS).

Dr Lee is a distinguished gastroenterologist and hepatologist and has been invited to speak at prominent global and national medical conferences such as the Asian-Pacific Digestive Week, Asian-Pacific Association for the Study of Liver, and Asian EUS meetings. His accomplishments in clinical research work in viral hepatitis B have been published in reputable medical journals such as Hepatology International and Antiviral Therapy.

**DR LOH POH YEN**  
gutCARE Digestive • Liver  
• Endoscopy Associates



Dr Loh graduated from the University of Malaya in 1999 and subsequently obtained his MRCP and MMed from NUS in 2006. He is one of the few local doctors who is accredited by MOH and registered as a specialist in both gastroenterology and advanced internal medicine. His interest in the treatment of advanced liver diseases led him to be later trained under Professor Chen Chao Long, a pioneer in living donor liver transplantation, in Kaohsiung Chang Gung Memorial Hospital, the leading hospital performing living donor liver transplantation in Asia.

Before joining gutCARE, Dr Loh was instrumental in the setting up of the liver clinic in CGH.

## HAEMOTOLOGY

**DR RONALD NG**  
Icon Cancer Centre  
Mount Alvernia Hospital



Dr Ng is a Clinical Haematologist. He graduated from Hong Kong University in 1969 with a Gold Medal in internal medicine. He has held various academic and clinical positions at Hong Kong University and University College Hospital Medical School, London, and was a Senior Research Fellow at the Memorial Sloan Kettering Cancer Center, New York.

He started private practice in the specialty of haematology in Singapore. Dr Ng has previously been a member of the Singapore National Medical Research Council, and is currently a member of Singhealth Centralised Institutional Review Board, which is responsible for the review of ethical aspects of research studies. He is a Principal Mediator of the Singapore Mediation Centre, a Volunteer Court Mediator of the Singapore State Court, and a member of the Education Panel of the Medical Protection Society.

Dr Ng has published in the field of haematology, including in journals such as Cancer and Blood. His current clinical interests are in the treatment of anaemia, clotting and bleeding.

**DR TING WEN CHANG**  
Icon Cancer Centre  
Mount Alvernia Hospital



Dr Ting is a Clinical Haematologist. He received his haematology training during his fellowships at the Welsh National School in Cardiff, UK and the Fred Hutchinson Cancer Research Center, Seattle, USA. Dr Ting was awarded the Federal Scholarship to study medicine at the University of Malaya and the ASEAN

Fellowship in Internal Medicine at the National University of Singapore. He has been recognised for his length of service volunteering at an inner-city community centre, as well as 20 years' service to the Blood Service Group (BSG). He helped to develop Singapore's bone marrow transplantation programme and was a member of the team who successfully performed the first bone marrow transplant in Singapore in 1985. He was previously a member of the Haematology Resident Advisory Committee, Joint Committee on Specialist Training for six years. His other current appointments include visiting specialist in haematology at BSG and consultant haematologist of the Parkway Laboratories.

## INFECTIOUS DISEASES

**DR PIOTR CHLEBICKI**  
Infectious Diseases  
Medical Clinic



Dr Piotr graduated from the Medical Academy of Warsaw, Poland, and completed his internal medicine residency training in USA. He was certified by the American Board of Internal Medicine in 1999.

Having practised in Singapore since October 2000, Dr Chlebicki specialised in infectious diseases training and helped combat the SARS outbreak at SGH. He was awarded specialist accreditation in Internal Medicine and Infectious Diseases in 2003 and 2005 in Singapore, after which he received further training in infectious diseases at the University of Wisconsin in Madison, USA. His research has been covered by more than 40 scientific publications, and presented at international infectious diseases congresses and meetings around the world.

## MEDICAL ONCOLOGY

**DR LEE GUEK ENG**  
Icon Cancer Centre  
Mount Alvernia Hospital



Dr Lee is a Medical Oncologist. She graduated from the National University of Singapore with a Bachelor of Medicine, Bachelor of Surgery, after having obtained a Bachelor of Science (Hons) in Cell and Molecular Biology. She completed her Medical Oncology specialist training in 2013 and went on to practice medical oncology at the National Cancer Centre, Singapore. Dr Lee specialises in breast cancer, specifically focusing on young women with breast cancer and research. For her work in breast cancer, she was awarded the international fellowship NMRC research grant in 2016 to train as a fellow at the Dana-Farber Cancer Institute, focusing on young women with breast cancer and pregnancy-associated breast cancer.

Dr Lee has a strong focus on research and has been involved in a number of Singapore studies including identifying the barriers to trial participation amongst Asian populations and young women with breast cancer. She was involved in setting up a national programme for young women with breast cancer to help increase awareness and education. She was also awarded a second grant under Industry Alignment Fund (IAF) by NMRC for her research in a novel compound for treatment of brain metastases in advanced breast cancer patients. She represented Singapore in numerous overseas international oncology conferences and presented her research work extensively over the last eight years.

Dr Lee is also programme director of Icon's Young Women's Cancer Programme.

**DR LIM SHEOW LEI**  
OncoCare  
Cancer Centre



Dr Lim was a senior consultant medical oncologist at the Department of Gynaecological Oncology at KKH, an adjunct associate professor at Duke-NUS Medical School, and visiting consultant at the National Cancer Centre. She was also the chairperson of the Singapore Cancer Network's gynaecological cancer work group that developed the national consensus guidelines on the treatment of ovarian and uterine cancers. In addition, she has led numerous clinical drug trials investigating novel treatments such as immunotherapy for gynaecological cancers. Dr Lim was awarded research grants by the Japanese government for collaborative research work with Japanese researchers in investigating the role of intraperitoneal chemotherapy for the treatment of advanced ovarian cancer.

**DR TAN CHEE SENG**  
OncoCare  
Cancer Centre



Dr Tan obtained his medical degree from NUS, his postgraduate qualification from the Royal College of Physicians, UK, and his advanced specialist training in medical oncology from NUH. He was later awarded the prestigious Academic Medicine Development Award fellowship to subspecialise in personalisation of lung cancer therapies at Addenbrooke's Hospital, Cambridge University, UK, along with several other grants.

Dr Tan's main interests are in lung/thoracic and head/neck cancers. He has helmed several international multicentre cancer clinical trials, had his works published in international journals, and spoken at and chaired numerous oncology meetings and public talks.

## RADIATION ONCOLOGY

**DR CHOO BOK AI**  
Icon Cancer Centre  
Mount Alvernia Hospital



Dr Choo is a Radiation Oncologist with 17 years of experience in caring for patients with cancer. Dr Choo graduated from the University of Aberdeen, UK in 1998 and went on to obtain his postgraduate internal medicine training qualification from the Royal College of Physicians in London in 2002. He completed his clinical oncology specialist training in 2007 in Birmingham, UK, and is a Fellow of the UK Royal College of Radiologists. He joined the Academy of Medicine Singapore as a Fellow in 2013 and is currently the Chairman of the Chapter of Radiation Oncology. Dr Choo was the 2011 treasurer of the Singapore Society of Oncology and an Assistant Professor in Medicine at the Yong Loo Lin School of Medicine, National University of Singapore, from 2011 to 2018.

His practice includes radiation therapy technologies, precision medicine and the treatment of breast, gynaecological, head and neck, skin and sarcoma cancers. Dr Choo is skilled in the use of IMRT, IGRT, VMAT, RapidArc, SBRT and SRS in treating cancers. He helped set up MRI-based cervical interstitial and intracavity brachytherapy during his tenure at National University Hospital from 2009 to 2018, and has taught at various postgraduate teaching courses within the region.

Dr Choo was the principal investigator in three cervical cancer clinical and translational trials and a co-investigator in nine others. As part of these trials, he successfully obtained grants from the National Cancer Institute Singapore, Terry Fox and the New Investigator Grant from the National Medical Research Council



Singapore. He has published over 25 peer review articles in medical journals and wrote the chapter on clinical research in the Encyclopaedia of Radiation Oncology. He speaks regularly at local, regional and international meetings.

Dr Choo has a strong commitment to patient care from diagnosis to treatment and beyond. In 2010, he established the NCIS Nasopharyngeal Cancer Patient Support Group, of which he was the medical advisor, and started the Befriender's peer-to-peer supportive service. In 2016, he founded the Singapore Sarcoma Support Group and acted as the medical advisor. He organises yearly public forums to raise cancer awareness and was awarded the Singapore Patient Advocate Award in 2016 for his work in patient supportive services. In 2017, He founded the Dream Maker initiative to grant wishes to the terminally ill. In 2018, he received an accolade in the Healthcare Humanity award from the President of Singapore with an honourable mention.

## NEUROLOGY

**DR QUECK KIAN KHENG**  
**KK Queck**  
**Neurology Centre**



Dr Queck completed his Internal Medicine Residency Training with SingHealth in 2012 and attained his MRCP in the same year. He started his neurology training with SingHealth Senior Residency Training programme from 2013 to 2016, and obtained his accreditation in neurology from MOH and Singapore Medical Council in 2016.

Dr Queck contributed to the hyperacute stroke treatment roster at SGH, and developed the electronic stroke clinical pathway at SGH and Sengkang Hospital. He is active in medical education, serving as clinical lecturer in NUS and Lee Kong Chian medical schools, and has won numerous awards during his training and service in restructured hospitals.

## OBSTETRICS AND GYNAECOLOGY (O&G)

**DR CANDICE WANG PEIYING**  
**ACJ Women's Clinic**  
**Pte Ltd**



Dr Wang is experienced in ultrasound scan, prenatal and antenatal screening, instrumental vaginal delivery, caesarean section, management of patients with menstrual, fertility and menopause concerns, as well as gynaecological surgeries.

Dr Wang graduated from NUS in 2006 and obtained her Master of Medicine in Obstetrics and Gynaecology there in 2012. She is currently a member of the Royal College of Obstetricians and Gynaecologists (MRCOG), UK, and has been made a Fellow of Academy of Medicine, Singapore. In addition, she was appointed clinical lecturer in NUS, was part of the Physician Faculty for Transitional Year Residency Programme, and organised postgraduate examination courses.

**DR TIMOTHY LIM**  
**Timothy Lim Clinic**  
**For Women and**  
**Cancer Surgery**



Dr Lim obtained his medical degree at NUS in 1998, trained in Obstetrics and Gynaecology at KKH/ SGH, obtained the MRCOG in 2003. He was awarded the HMDP to train in minimally invasive gynaecological cancer surgery at the Department of Surgical Oncology, Institut Claudius Regaud Cancer Centre, Toulouse, France, in 2008. In 2016, he obtained a master in medical law and ethics at the University of Edinburgh.

In Singapore, Dr Lim headed the Gynaecological Oncology at KKH and pioneered the minimally invasive gynaecological cancer surgery. He also introduced a new form of lymph node biopsy in early endometrial cancer, helmed a multicentre HPV vaccine, and oversaw several chemo trials. He is currently the president of both the O&G Society of Singapore and the Society for Colposcopy and Cervical Pathology of Singapore.

**DR TONY TAN**  
**Medical Director of**  
**Alvernia Obstetric**  
**Screening Centre (AOSC),**  
**Tony Tan Women and**  
**Fetal Clinic & PLL Anaesthesia Clinic**



Dr Tan specialises in the management of high-risk pregnancies with special interests in twin pregnancies, miscarriages, screening and diagnosis of fetal abnormalities, amniocentesis and chorionic villus sampling, detailed ultrasound scans, preterm labour, pre-eclampsia and intrauterine growth restriction, and strategies to prevent stillbirth.

Dr Tan obtained his MBBS in NUS in 1993 and specialist qualifications in O&G in 2000. He further trained in fetal medicine

at Queen Charlotte's Hospital, London in 2003, and was consultant O&G and clinical director of a private practice from 2006 to 2019. He is a past president of Obstetrical and Gynaecological Society of Singapore and a past chairman of Maternal Fetal Medicine, Asia Oceanic Federation of Obstetrics and Gynaecology.

## PAEDIATRIC MEDICINE

**DR WENDY SINNATHAMBY**  
**Kids Clinic**  
**@ Mount Alvernia**



Dr Wendy graduated from Guy's and St Thomas' Hospitals in the UK in 1994 and subsequently did her paediatric specialist training there. She then worked as a consultant in paediatric medicine at the Medway Maritime Hospital in Kent. Upon returning to Singapore in 2007, Dr Wendy worked at NUH, where she helped set up the Adolescent Medicine services, and was in private general practice for more than nine years. Her areas of interest are general paediatrics, newborn screening and follow-up, growth and development screening, emergency paediatrics, vaccination, travel advice and adolescent medicine.

## RESPIRATORY MEDICINE AND INTENSIVE CARE

**DR YIP HWEE SENG**  
**The Respiratory Practice**  
**Lung • Asthma • Cough**  
**• Allergy**



Dr Yip served as the clinical director of the Medical Intensive Care Unit in NUH from 2013-2019. In 2012, he was awarded the Academic Medicine Development Award (Individual) by NUH, which allowed him to pursue his interest in intensive care at The Alfred Hospital in Melbourne. Upon being awarded the Academic Medicine

Development Award (Team) in 2015, he and his team went to John Hopkins Hospital in Baltimore to learn about the early mobilisation of intensive care unit patients.

Dr Yip's areas of interest include severe asthma, community-acquired pneumonia, endobronchial ultrasound, intensive care, and point-of-care ultrasound. He treats conditions such as acute bronchitis, asthma, chronic cough, lung cancer, pneumonia, and tuberculosis.

## UROLOGY

**DR PNG KENG SIANG**  
**FeM Surgery**  
**@ Alvernia**



After completing a fellowship in minimally invasive and robotic surgery at Indiana University, USA, Dr Png joined the MOH Health Technology Assessment Committee for robot-assisted surgery in 2015. In 2018, he joined the work group advising MOH on robotic surgery matters. He is also the founding life member and vice president of the Robotic Surgery Society of Singapore and honorary secretary of the Singapore Urological Association.

Dr Png has a special interest in treating urological cancers using minimally invasive techniques, and surgical treatment of benign prostatic hyperplasia. He is proficient in robot-assisted operations using the da Vinci surgical platform for prostate cancer, kidney cancer, bladder cancer, pelviureteric junction obstruction and other reconstructive robotic operations.

**DR TAN YUNG KHAN**  
**Urohealth Medical Clinic**



Dr Tan completed dual fellowships at Columbia University Medical Centre, New York and UT Southwestern, Texas. During his tenure at Tan Tock Seng Hospital (TTSH), he initiated and established three major technologies. He is accredited in major private hospitals and is currently a visiting consultant with TTSH and KKH.

As the medical director of Urohealth Medical Clinic, Dr Tan provides specialised care in prostate and kidney cancers, kidney stone and bladder diseases and men's health issues. He is one of the few accredited surgeons in robotic and minimally invasive laparoscopic procedures who has successfully performed human robotic kidney stone surgery.





# Coming to Grips with Plantar Fasciitis

One of the major causes of chronic heel pain, plantar fasciitis is a common foot condition that is typically associated with sporting activities. While it is undeniably painful, it is eminently treatable. Dr Gowreeson Thevendran, Consultant Orthopaedic Surgeon, Island Orthopaedics, explains why.

## WHAT IS PLANTAR FASCIITIS?

The plantar fascia is a band of deep tissue that runs from your heel bone to your toes. It supports the arch of your foot and also acts as a shock absorber. A tear or injury to this tissue caused by overuse or repetitive loading may trigger inflammation, resulting in the condition known as plantar fasciitis.

Plantar fasciitis is usually associated with frequent and long distance running, jumping exercises or high-intensity interval training. It causes a severe stabbing pain in the bottom of the foot beside the heel.

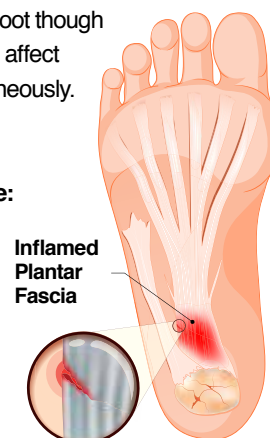
"It is estimated that about 10 percent of people will have this condition at some point in their life," said Dr Gowreeson.

## WHAT ARE ITS SYMPTOMS?

The symptoms associated with plantar fasciitis usually involve the sole. Pain is typically felt around the heel, though some pain may be felt in the middle of the foot. The pain intensifies over time. It usually affects only one foot though it can sometimes affect both feet simultaneously.

### Symptoms typically include:

- a dull, sharp or burning pain at the bottom at the heel



- severe pain in the heel and tenderness at the sole of the foot
- difficulty walking, especially on rising from bed or after sitting or lying down for a prolonged period of time
- intensified pain after stress on the plantar fascia ligament

Pain is usually felt not during but just after exercising, when the soft tissues start to tighten up.

## WHAT CAUSES PLANTAR FASCIITIS?

The cause of this ailment is not entirely clear. However, being overweight is a risk factor, since excess weight puts massive pressure

on the plantar fascia ligaments and impedes healing. During late pregnancy, pregnant women are more prone to plantar fasciitis due to the added weight they are carrying.

For obvious reasons, endurance runners are at a higher-than-normal risk of developing plantar fasciitis, as are people whose jobs require them to stand for long periods of time. People between the ages of 40 and 70 are also at higher risk, with women more likely to be affected than men. This may be due to hormonal differences between the genders.

**"Plantar fasciitis is not a lifelong sentence. The pains will disappear, and you will get to enjoy a pain-free lifestyle as soon as your treatment begins."**

*Dr Gowreeson*

People with flatfoot syndrome typically have tight plantar fascial bands which are more likely to tear or get inflamed. Hence plantar fasciitis patients with flatfeet are advised to wear customised orthotics with a supportive arch to reduce the likelihood of a recurrence.

## HOW IS IT TREATED?

Dr Gowreeson has this message of hope for people living with plantar fasciitis: "Plantar fasciitis is not a lifelong sentence. The pains will disappear, and you will get to enjoy a pain-free lifestyle as soon as your treatment begins."

He emphasised that plantar fasciitis is a self-limiting condition, which usually heals within a time range of 6 to 18 months without treatment. However, the suffering can be significantly minimised with treatment.

"You can gain up to 90 percent recovery within six months of consistent non-operative treatment," advised Dr Gowreeson.



## Non-Surgical Methods of Treatment for Plantar Fasciitis



REST



ICE



COMPRESS



ELEVATE

RICE therapy



Special footwear



Physical therapy



Extracorporeal  
shockwave therapy



Night splints



Cortisone  
injections



Anti-inflammatory  
medication



Acupuncture  
therapy

First-time sufferers of plantar fasciitis are typically advised to follow the 4-step 'RICE' method of rest, ice, compression and elevation. For repeat cases, special supportive footwear, shoe inserts or customised orthotics are often prescribed, sometimes with night splints or braces that are worn overnight to stretch the plantar fascia and Achilles tendon. Medication, physical therapy and Extracorporeal Shockwave Therapy (EST) are also used to treat very painful or chronic cases.

## SURGICAL TREATMENT

Dr Gowreeson shared that 3 to 5 percent of all patients may end up requiring surgery, usually after prolonged and failed conservative therapy and worsening symptoms. Surgery helps to reverse the underlying biomechanical problem – the tight calf muscles and the tight plantar fascia.

"Surgical release can be done through small keyholes and the patient is walking from Day 1 with a supportive sandal," shared Dr Gowreeson. "There is usually significant relief within the first four weeks even in this recalcitrant group of patients."

## MOVING FORWARD, PAIN-FREE

You heard it from Dr Gowreeson – plantar fasciitis can be successfully treated, with surgery as a last resort for a handful of patients. If you suspect that you may be experiencing the painful symptoms of this common condition, seek treatment, reclaim your quality of life, and move on.

**Dr Gowreeson Thevendran**  
Consultant Orthopaedic Surgeon  
Island Orthopaedics  
Mount Alvernia Medical Centre A #01-01/02



# If the Shoe Fits...



Orthotics, customised shoe inserts designed to correct foot problems, can help with common conditions such as plantar fasciitis, bursitis and arthritis. Here's a quick lowdown.

## ORTHOTICS VS. INSERTS

Orthotics are prescription medical devices that are customised for your foot, while shoe inserts are over-the-counter purchases. Both provide extra cushioning and/or support for the foot. While inserts can certainly help some people, those with more serious biomechanical problems stand to gain greater benefits with orthotics.

While inserts can certainly help some people, those with more serious biomechanical problems stand to gain greater benefits with orthotics.

If you are experiencing foot, leg or back pain, you should consult a podiatrist to see whether orthotics could help. If you decide to try them, your podiatrist will study your gait and take 3D images and a detailed mould of your foot or feet, which will form the blueprint for your orthotics.

## RIGID VS. SOFT ORTHOTICS

Orthotics fall into two main types – rigid and soft. In addition, ankle foot orthotics extend beyond the foot and up the leg to assist with stability and mobility.

### Rigid orthotics

- also known as functional orthotics
- made from hard materials like plastic or carbon fibre that provide support
- work best in shoes with closed toes and low heels
- ease foot aches and strains, and sometimes associated leg and back pain

### Soft orthotics

- also known as accommodative orthotics
- made from soft compression materials that provide cushioning
- may need to be worn with prescription footwear to accommodate their bulk
- relieve pressure from sore and painful spots from conditions like plantar fasciitis or diabetic foot ulcers

### Ankle foot orthotics

- shoe inserts with a portion that extends from the heel upwards and around the calf
- worn with a smooth long sock to prevent skin irritation
- improve walking patterns by limiting movement and supporting weak muscles
- often prescribed for children with cerebral palsy and patients with gait abnormalities

## Orthotics Can Help with...

Arthritis	Flatfeet
Back pain	Hammer toes
Bunions	Heel spurs
Bursitis	High arches
Cerebral palsy	Plantar fasciitis
Diabetes	

## SKILL, SCRIPT, FIT AND FREQUENCY

The success rate of wearing orthotics depends on:

- the skill of the orthotist, the professional technician who makes them
- the accuracy of the prescription
- the fit of the shoe that is worn with them
- the frequency with which they are worn

The message is clear. If you have been prescribed orthotics, make sure they fit well, wear them regularly, and your foot, leg and back problems should be eased if not solved.

Sources:  
<https://www.webmd.com/pain-management/what-are-shoe-orthotics#1>

<https://www.healthline.com/health/bone-health/orthotics>

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<sup>1</sup>HMB =  $\beta$ -hydroxy  $\beta$ -methylbutyrate  
<sup>2</sup>Abbott's calculation based in part on data reported by Nielsen MarketTrack for Diabetic Supplement category, 12-month period ending February 2020, Singapore Total Scan Channels (Copyright © 2020)  
<sup>3</sup>Euromonitor International Limited; Consumer Health 2020 edition, per Supplement Nutrition Drinks category definition, retail value sales, RSP, 2019 data





# Understanding Transient Ischemic Attacks

Transient ischemic attacks (TIAs) are sudden and brief neurological events that leave no permanent damage but can warn of an impending stroke. Dr Queck Kian Kheng, Consultant Neurologist, KK Queck Neurology Centre, explains how they occur, who is at risk, and how they can be prevented.



## SYMPTOMS AND SIGNS

TIAs have a range of symptoms including numbness, weakness in one part of the body, and speech and visual disturbance. Patients may describe an inability to talk or speak fluently, or an inability to understand the conversation. Visual symptoms include sudden loss of vision in one side of the eye, or loss of vision in a certain part of the vision field.

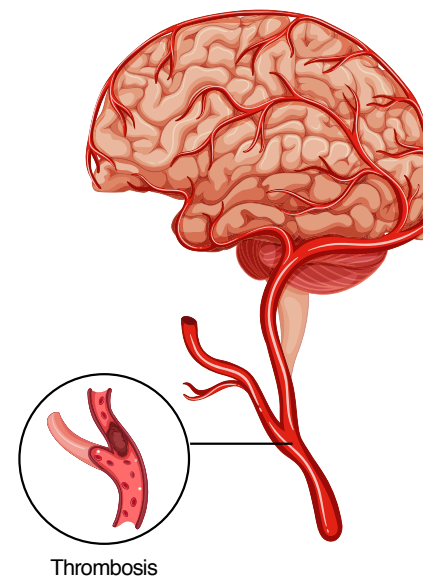
An easy way to remember the signs of a TIA or stroke is the acronym 'F.A.S.T.', which stands for:

**F**ace drooping  
**A**rm weakness  
**S**peech difficulty  
**T**ime to call 995!

"A TIA should always be treated as a medical emergency," emphasised Dr Queck. "Early diagnosis and treatment can prevent a more serious and potentially debilitating stroke."

## CAUSES AND RISK FACTORS

Causes that could lead to a TIA include blockage of the vessels within the brain, known as thrombosis; floating blood clots blocking the vessel within the brain, known as an embolism; and reduced blood flow to the brain due to the narrowing of the blood vessels supplying the brain tissues, called hypoperfusion.



Thrombosis

Patients who have underlying risk factors including diabetes mellitus (high sugar level), hypertension (high blood pressure) and hyperlipidaemia (high cholesterol) are at risk of having a TIA. Smoking, a sedentary lifestyle and obesity also heighten the risk factor for TIA.

**"A TIA should always be treated as a medical emergency. Early diagnosis and treatment can prevent a more serious and potentially debilitating stroke."**

*Dr Queck*

In younger patients, a significant family history of TIA and/or stroke, and an underlying history of thicker blood, known as the pro-thrombotic state, also increase the risk for TIA.

## DIAGNOSIS AND LOOKALIKE CONDITIONS

A TIA is diagnosed on the basis of a patient's clinical symptoms and presentation. Evaluation with brain scans, either a CT or MRI brain scan, is usually performed to exclude the presence of any underlying bleeding in the brain.

In cases where the TIA is a 'warning stroke', and the neurological symptoms are transient, the brain imaging will be normal and show no radiological evidence of acute stroke.

A thorough clinical diagnosis is critical, since there are many other neurological conditions that can mimic the symptoms of a TIA, according to Dr Queck. These include migraine disorder, nerve lesion, and electrolyte disorders like hypoglycaemia (low blood sugar level).

## TREATMENT AND MANAGEMENT

When a patient suffers a TIA, the priority is to identify the cause, and treat the symptoms accordingly. The second priority is to prevent the future occurrence of a stroke.

Once the cause of the TIA has been established, blood thinning medication will typically be prescribed to reduce the risk of another TIA or a stroke occurring in the future. Next, a long-term health plan with actionable goals should be developed, implemented and monitored. The aim is to control the patient's underlying risk factors such as diabetes mellitus, hypertension and hyperlipidaemia.

If untreated, a TIA may be followed by a serious stroke that leaves the patient with significant functional disability. Early treatment is crucial for secondary stroke prevention.

## THE GOOD NEWS

Dr Queck shared, "The good news is that up to 80 percent of TIAs and strokes are preventable with medications and lifestyle modification." He reiterated the importance of treating a TIA as an emergency, since early treatments have been proven to improve patient outcomes.

"Early discovery helps with recovery," advised Dr Queck.

In summary, the good news is that with recent advances in medical technologies, TIAs can be treated and prevented. And if you do suffer a TIA, you can take charge of your future health and prevent a stroke by heeding the timely warning.

**Dr Queck Kian Kheng**  
Consultant Neurologist  
KK Queck Neurology Centre  
Medical Centre A #02-03



# Personalised Medicine for Breast Cancer and Lung Cancer

## Highlights of the FB Live Webinar

On 19 September 2020, Mount Alvernia Hospital and Icon Cancer Centre jointly organised a livestreamed event, supported by Mundipharma Singapore. Our on-campus specialists Dr Lee Guek Eng and Dr Shang Yeap spoke on the use of personalised medicine in the treatment of breast cancer and lung cancer respectively, and the management of their side effects. Here are some of the highlights.



**Dr Lee Guek Eng**  
Medical Oncologist  
Icon Cancer Centre

### Breast cancer, the most common cancer among females

Before fielding questions submitted by online attendees, Dr Lee spoke about the rising incidence of breast cancer, which has tripled since the 70s. She also confirmed that an increasing number of cases of early-stage breast cancers are being detected, which may be largely due to increased screening.

Dr Lee is seeing more younger women with breast cancer, which she believes is partly due to a growing awareness of the fact that breast cancer is not solely confined to older women. Hence younger women are now more likely to do self-breast examinations, go for screenings and report changes in their breasts to their doctors.

Changes that warrant further investigation include lumps in the breasts, changes in skin texture, changes in the shape of the nipples and breasts, and nipple discharges. However, Dr Lee stipulated that not all of these signs indicate the presence of breast cancer.



### Q What are the typical treatment options for breast cancer?

**Dr Lee:** The treatment for each patient is highly individual. Before developing a treatment plan, we look at the stage and profile of the cancer.

Based on the absence or presence of hormone receptors for progesterone and oestrogen, and receptors for HER2, we characterise the cancer as one of three sub-types – hormone receptor-positive, HER2-positive and triple negative. For example, hormone treatment is generally only suitable for patients with hormone receptor-positive sub-types of cancer.

**“In recent years,  
current medicines  
and therapies have  
improved success  
rates. Triple-negative  
breast cancers are  
generally the most  
difficult to treat.”**

*Dr Lee*

In the case of a diagnosis of Stage IV cancer, the usual process would be a systemic treatment with chemotherapy. Most treatment plans adopt a multi-disciplinary approach.

Hormone receptor-positive breast cancers are generally less aggressive than HER2-positive and triple-negative cancers. However, in recent years, current medicines and therapies have improved success rates across all sub-types. Triple-negative breast cancers are generally the most difficult to treat.

### Q What are the common side-effects of breast cancer treatment and how can they be managed?

**Dr Lee:** The severity of side-effects varies from patient to patient. I advise my patients not to listen to the horror stories and wait to see how their bodies react to their treatment. Though nausea is a common side effect, its portrayal is exaggerated in movies and dramas. Besides, we always pre-medicate the patient with anti-nausea medicine before chemotherapy, and after. Hair loss is also quite common, but is only temporary. Once the chemotherapy has been completed, the hair will grow back. Wigs and scarves can of course help women boost their confidence during their treatment.

Bone density loss is another side-effect for post-menopausal women undergoing hormone treatment for breast cancer. Injections for preventing bone loss during hormone treatment in post-menopausal women are quite effective, but should always be combined with diet and exercise.

### Q How does cancer treatment affect fertility for younger women?

**Dr Lee:** This is a very important question for younger patients who have not completed or even begun their family planning. For women who desire childbirth after a breast cancer diagnosis, I strongly encourage them to consult a gynaecologist before commencing their treatment.

### Q Is it possible for benign lumps to become cancerous?

**Dr Lee:** Benign lumps can be caused by many things and need to be evaluated, as some can be associated with an increased risk of cancer developing later on. To ascertain that a lump is benign, the radiologist will look at the imaging. If the imaging is inconclusive, we will do a biopsy. Even if the lump is benign, we usually follow up with a mammogram or ultrasound three to six months later, depending on how suspicious the lump looks.





## Q What are the survival rates for various cancer patients?

**Dr Lee:** We do not predict survival rates according to the age of the patient, but by the stage of the cancer and the biology of the cancer. For Stage I cancer patients, the 5-year survival rate is more than 90 percent; for Stage II, it is around 80 percent. The survival rate decreases as the stage of the cancer increases.

Hormone receptor-positive breast cancers are generally less aggressive than HER2-positive and triple-negative cancers.

However, in recent years, current medicines and therapies have improved success rates across all sub-types. Triple-negative breast cancers are generally the most difficult to treat.

When the original breast cancer recurs in other organs such as the lymph nodes, lung, liver, brain and so on, it is considered a Stage IV cancer. Though Stage IV cancers are not curable, they are very treatable with various medicines and therapies.

## Q In the case of a recurrence, do breast cancer patients undergo the same treatment the second time round?

**Dr Lee:** The first step is to do a biopsy to determine whether the cancer is the same type as the previous cancer. There is a high chance that the recurring cancer will be the same type as the first, but this is not always the case. The new cancer will be characterised according to biology and stage before the treatment plan is decided.

## Q Does breast cancer increase the risk of developing other cancers?

**Dr Lee:** It depends whether there is a genetic cause, which is more likely in young patients. If there is a hereditary cancer gene, there is a possibility that they may be predisposed to getting other forms of cancer.

## Q What are BRCA genes, and do they also affect men?

**A** The BRCA1 and BRCA2 genes produce proteins that help to repair the genetic material of our bodies. When these genes are damaged, the genetic material can be altered during the renewal process, which can lead to cancer formation. It can be passed down to both males and females, and predisposes carriers to breast cancer and ovarian cancer, as well as prostate cancer in men, and pancreatic cancer.

“Though Stage IV cancers are not curable, they are very treatable with various medicines and therapies.”

Dr Lee

## Q When is a pre-emptive (prophylactic) mastectomy necessary?

**Dr Lee:** This is a highly personal question, and some patients will be more receptive than others to the idea. For example, the celebrity Angelina Jolie carries the mutated BRCA1 gene and chose to undergo a very public prophylactic mastectomy. For those who carry mutated BRCA1 or BRCA2 genes, a prophylactic mastectomy dramatically reduces the risk of breast cancer. It is almost but not quite 100 percent effective, as there is always some tissue left behind.



**Dr Shang Yeap**  
Medical Oncologist  
Icon Cancer Centre

## Lung cancer, one of the most common cause of cancer deaths

In the Q&A session on lung cancer, Dr Yeap confirmed that lung cancer is the second most common form of cancer among Singaporean males after colorectal cancer, and remains one of the most common cause of cancer-related deaths in Singapore. Though smoking is still the main cause of lung cancer, a worrying factor is the incidence of lung cancer among non-smokers. Worldwide, about 20 percent of lung cancer patients have never smoked. In Singapore, that number is as high as 30 percent, which is even more disturbing.

Dr Yeap confirmed that genetics play a part in determining your risk of getting lung cancer, and pointed out that just being Asian alone puts you at a higher risk of getting lung cancer unrelated to smoking. It is possible that there is a genetic mutation in Asians that makes certain individuals more sensitive to lung carcinogens such as secondary smoke.

There are two main types of lung cancer – small cell and non-small cell lung cancer. Smokers have a higher chance of getting small cell lung cancer, which tends to be aggressive and resistant to treatment. Non-smokers, on the other hand, have a

higher chance of getting non-small cell lung cancer, which is less aggressive and more responsive to treatment.

“Smokers have a higher chance of getting small cell lung cancer, which tends to be aggressive and resistant to treatment.”

Dr Yeap

As there are no official screening programmes for lung cancer, it is often picked up at a later stage when it is less treatable. Many early-stage lung cancer patients with a 2cm or 3cm tumour have no symptoms at all. At a more advanced stage, common symptoms include a persistent cough, coughing up blood, difficulty breathing and chest pains.

## Q How is lung cancer diagnosed?

**Dr Yeap:** While a chest X-ray may or may not pick up lung cancer, a CT scan or a CAT scan will provide a clearer picture, depending on its size. However, a conclusive diagnosis requires a biopsy or a bronchoscopy, whereby a tiny camera is inserted into the lung (similar to a colonoscopy).

Once lung cancer has been diagnosed, a PET scan can determine whether the cancer has spread to other parts of the body.

## Q What are the common forms of treatment for lung cancer?

**Dr Yeap:** Treatment options for lung cancer are similar to those for breast cancer – namely surgery, radiation and chemotherapy (systemic treatment). Early-stage cancers are usually treated with surgery. Later stage cancers are more often treated with a combination of radiation and chemotherapy. Advanced cancers are often managed with chemotherapy, when a cure is unlikely.

## Q How has personalised medicine improved outcomes for lung cancer patients?

**Dr Yeap:** Twenty years ago we only knew whether a lung cancer was a small cell or non-small cell type. In the last 15 years or so, we’ve drilled down to the molecular biology of lung cancer through genetic testing of the cancer itself (not the carrier, as for breast cancer). This determines the presence or absence of certain driver mutations that accelerate the progression of the cancer. One common driver mutation is the EGFR

gene. Up to 60 percent of lung cancer patients have this driver mutation, which is highly treatable with personalised medicine. The good news is personalised medicine for lung cancers is usually administered in tablet form. Unlike chemotherapy, tablets do not affect other good cells and have far fewer side effects.

## Q How effective is personalised medicine?

**Dr Yeap:** Twenty years ago we hit everyone with the same drugs. These days, personalised medicine targets cancer almost like a sniper aiming for a target. The most effective ones are fast-acting and can shrink cancers very quickly.

As mentioned, targeted therapy is usually given as tablets, and side effects are minimal. Though tablets can cause rashes and diarrhoea, they seldom cause nausea or hair loss. Many lung cancer patients are on tablets that can keep their cancer under control for many years.







### Q How long can a stage IV patient, for example, carry on with 'maintenance chemotherapy'?

**Dr Yeap:** A strong course of main chemotherapy can last for about a month, then the patient may be put on what we call 'maintenance chemotherapy' to keep the cancer under control for much longer. Two factors cause the cessation of maintenance chemotherapy. One is when the side effects erode quality of life. The second is when the maintenance chemotherapy simply ceases to be effective and fails to control the cancer. We generally continue maintenance chemotherapy until one of these factors arises.

### Q What is immunotherapy and who is it suitable for?

**Dr Yeap:** Though it is not chemotherapy, immunotherapy is administered like chemotherapy via infusion. It essentially

boosts your own immunity, and is particularly effective for patients whose cancers do not have driver mutations. Side effects are few and rare.

For patients with a high percentage of PD-L1, a protein that helps keep immune cells from attacking non-harmful cells in the body, immunotherapy alone can be adequate. For patients with lower PD-L1, immunotherapy tends to be more effective when combined with chemotherapy.

In short, genetic profiling is very important for developing a personalised treatment plan, and many biomarkers will be taken into consideration.

### Q Are there any disadvantages associated with targeted therapy and immunotherapy?

**Dr Yeap:** There are few side effects except for one – the blow to your wallet. The big

problem is the cost. Lung cancer treatment with targeted therapy or immunotherapy can easily amount to \$10,000 or more per month. We are quite fortunate in Singapore, since most people can access these drugs through government subsidies and insurance.

### Q What is the risk of getting lung cancer for second-hand smokers and ex-smokers?

**Dr Yeap:** We do know that second-hand smoking will increase your risk of getting lung cancer, though we cannot quantify it as a percentage. While the risk is obviously not as high as it is for first-hand smokers, the period of exposure can be longer. For example, children who grow up in households with smokers will have prolonged exposure. I advise patients who are exposed to second-hand smoke to firstly encourage the smokers to quit smoking, and secondly to ensure that the smokers understand that they are putting their family members at risk.

The good news is that upon quitting, your risk starts to drop and continues to drop with each passing year. At 15 years after quitting, your risk drops by up to 70 percent.

### Q Other than smoking, what are other risk factors for lung cancer?

**Dr Yeap:** There is insufficient evidence to say that exposure to incense increases your risk, but exposure to certain chemicals such as asbestos and uranium certainly increase your risk.



## Checklist for lowering your risk of breast and lung cancer

- ✓ Know your family's medical history
- ✓ Exercise regularly (30 minutes, five times a week)
- ✓ Go for regular check-ups and screenings
- ✓ Be aware of your body and (for women) do regular breast self-examinations
- ✓ Highlight changes in your breasts to your doctor
- ✓ See a doctor if you have a cough that persists for more than a month, cough up blood, experience difficulty breathing or suffer chest pain
- ✓ Do not smoke
- ✓ Limit alcohol intake
- ✓ Follow a healthy balanced diet with plenty of fresh fruits and vegetables and a limited intake of processed foods and fatty meats



## Glossary

**Personalised medicine** – Any treatment that is customised to the individual patient

**Maintenance therapy** – The treatment of cancer with medication, typically following an initial round of treatment, which may include chemotherapy, hormonal therapy or targeted therapy

**Immunotherapy** – A type of cancer treatment that boosts the body's natural defences or immune system to fight cancer

**Hormone receptor-positive** – Describes cancer cells that have a group of proteins that bind to a specific hormone such as oestrogen or progesterone

**HER2-positive** – Describes cancer cells that have an excess of a protein called HER2 on their surface, a protein that helps control cell growth

**Triple negative** – Describes cancer cells that test negative for oestrogen receptors, progesterone receptors, and excess HER2 protein

**Breast cancer stages 0 - IV** – A scale that expresses the extent of a cancer, with stage 0 describing non-invasive cancers that remain within their original location and stage IV describing invasive cancers that have spread outside the breast to other parts of the body

**BRCA1 and BRCA2 genes** – Short for 'BReast CAncer genes', the mutated forms of these tumour-suppressor genes are inherited and dramatically increase the risk of breast and ovarian cancers

**EGFR gene** – A gene that makes a protein called epidermal growth factor receptor (EGFR), which is found in its mutated forms in non-small cell lung cancer and some other types of cancer

**PD-L1** – A protein that normally helps keep immune cells from attacking non-harmful cells in the body, it is found in high amounts in some cancer cells and seems to 'trick' the body into not attacking them as foreign, harmful substances

**The Angelina Jolie Effect** – A term coined by the media that describes the massive increase in referrals for genetic counselling and testing for breast cancer risk, following the prophylactic double mastectomy of Angelina Jolie, a celebrity and a carrier of the BRCA1 gene

Dr Lee Guek Eng, Medical Oncologist  
Dr Shang Yeap, Medical Oncologist  
Icon Cancer Centre Singapore  
Medical Centre A #05-03/04





# 5 Reasons to Exercise 30 Minutes a Day During Pregnancy

You are pregnant so you should rest and avoid exercise, right? Wrong! The common notion that exercise during pregnancy might harm your baby has been discredited. In fact, the opposite is true, and doing some moderate physical activity – even if it's just a walk around the park – has numerous benefits for you and your baby.

## GREAT REASONS TO BE ACTIVE

- 1 Helps keep your pregnancy weight gain in check.
- 2 Can improve your mood!
- 3 May help you have a shorter labour.
- 4 Might make the birth easier thanks to stronger muscles and greater cardiovascular fitness.
- 5 Can help improve your health and fitness level.

## NO NEED TO QUIT

What sort of exercise you do during pregnancy is all about what you did before you conceived. If you are healthy and have always exercised and kept fit, there is no need to stop now. Check with your healthcare provider, but chances are you can probably carry on with your usual workouts and levels of intensity during most of your pregnancy.

## MOVE MORE, SIT LESS

If you led more of a sedentary lifestyle before you got pregnant, it may be time to start to get active now. In fact, some experts recommend it! You might want to choose something gentle such as swimming or walking, and build up how long and how often you exercise. Discuss what you plan to do with your healthcare provider.

## WHAT TO AVOID AND WHAT TO ADAPT

Steer clear of exercises where you might fall or injure your abdominal area. So cycling, basketball, soccer, horseback riding, kickboxing, and skiing are out. But aerobics, spinning, swimming, running, and walking (with small changes where necessary) can still be in.

Importantly, you should avoid exercises that involve lying on your back during your second and third trimesters. This is because the weight of your growing baby presses on the main blood vessel, bringing blood back to your heart, and this can make you feel faint. If you regularly do a class where some of the exercises are done on your back, ask your instructor for alternatives.

As your baby grows and you feel heavier, you will probably have to make some small tweaks to your routines but you do not need to stop completely. Try squatting instead of jumping in aerobics classes, adjusting the position of your bike when spinning and running on smooth, flat surfaces to reduce your risk of stumbling.

**In addition to the water you need for exercise, aim to drink about 2 litres of fluid every day – that is around eight cups.**

Consider pregnancy exercise classes such as yoga and Pilates – besides being specifically designed around you and your growing baby, they allow you to meet other mums-to-be, which can be fun and motivating!



## EATING AND DRINKING FOR AN ACTIVE LIFESTYLE

Staying active, combined with eating a balanced, healthy diet, can help you keep your weight gain under control. Not only will nutrient-dense food containing protein, carbohydrates, healthy fats, vitamins, and minerals support the healthy development and growth of your baby, it will also give you the energy you need to be active.

It is easy to get overheated when you exercise so make sure you keep a bottle of water handy during and after your physical activity. In addition to the water you need for exercise, aim to drink about 2 litres of fluid every day – that is around eight cups.

Sources:  
Committee Opinion. Committee on Obstetric Practice. Physical activity and exercise during pregnancy and the postpartum period. The American College of Obstetricians and Gynecologists 2015; 650.

Article courtesy of Nestlé







# Empowering Pregnancy, Birth and Beyond

## Highlights of the FB Live Webinar

On 29 October 2020, Mount Alvernia Hospital presented a livestreamed event, sponsored by Abbott. Dr Chua Yang, the founder of A Clinic for Women who specialises in a holistic approach to women's health, and Ms Jacqueline Loh, a specialist in maternal and paediatric nutrition from Mount Alvernia Hospital, brought their professional perspectives to a wide range of topics. The questions posed by the audience provided a real-time insight into the concerns of expecting and new mothers today.



**Dr Chua Yang**  
Obstetrician and  
Gynaecologist  
A Clinic for Women



**Ms Jacqueline Loh**  
Dietitian  
Mount Alvernia Hospital



### On practices and precautions during pregnancy

**Q** When is a good time to see a gynaecologist when you fall pregnant?

**Dr Chua:** A good time to do the first ultrasound scan is around six to seven weeks from the last menses. That early pregnancy scan will help ascertain the dates, because not everybody has a 28-day cycle, confirm that the pregnancy is not an ectopic one, and rule out multiple pregnancies like twins and triplets. We can also diagnose whether twins are identical or non-identical very early in the pregnancy.

**Q** Should I be concerned if I cannot keep food down during my first trimester?

**Dr Chua:** If there is occasional throwing up, and throughout the day you are able to hold down food, there is no cause for concern. A

small amount of weight loss during the first trimester is quite acceptable. However, if you cannot keep anything down, you should visit your clinic for an IV drip to avoid dehydration.

**“A small amount of weight loss during the first trimester is acceptable.”**

*Dr Chua*

**Q** What is the recommended amount of weight gain during pregnancy?

**Dr Chua:** The amount of weight gain is relative to the mummy's starting weight. If the mummy's weight falls within the correct BMI before pregnancy, we're hoping that she puts on about 12 kilograms on average through the whole pregnancy. A lot of that weight gain happens in the third trimester, and that amount factors in a moderate amount of

water retention. In general, for the first six or seven months, a mummy should gain a kilogram to one and a half kilograms each month, but in the third trimester that goes up to about two kilograms a month.

**Q** What should I do if my baby is sitting on my bladder?

**Dr Chua:** As the baby grows, they will exert pressure on your bladder and this cannot be avoided. It is important to not let that feeling make you drink less. Hydration is very, very important. Drink frequently – little sips at a time.

**Q** Why is it important to sleep on your left side during the third trimester?

**Dr Chua:** In the third trimester, it is wise to avoid lying on your back so that your heavy uterus does not press down on your aorta and inferior vena cava (IVC). Sleeping on your left side allows the optimal flow of blood to your heart via your IVC, which is positioned on the right side of your body. This in turn helps avoid water retention caused by restricted blood circulation.



## On supplements, vitamins and diet

**Q** Are there any supplements or vitamins that should be taken when planning a pregnancy?

**Jacqueline:** Folic acid helps the body produce blood, which is very important during pregnancy for both mum and baby, and helps ensure the healthy development of the baby's spinal cord, which happens very early on in pregnancy. You can get folic acid from leafy green vegetables and cruciferous vegetables like cabbage and cauliflower, or from a supplement.

**Q** Are there any foods that should be avoided during pregnancy?

**Jacqueline:** Because the immune system of a pregnant woman is weaker, you should avoid foods that have higher rates of bacterial contamination such as chicken, fish, pork and seafood, soft cheeses and blue cheeses. Also, high-mercury fish such as white tuna, shark, swordfish and king mackerel should be avoided. You should abstain from alcohol and limit your caffeine intake to 200 mg per day.

**Q** Should I be eating for two during pregnancy?

**Jacqueline:** There is a misconception that you should be eating double the normal amount during pregnancy. The calorie requirements for a pregnant women only increase during the second and third trimesters, by about 300 to 450 additional calories. It is better to focus more on the nutrients rather than the calories. Calcium, iron and omega-3 are the nutrients you want to bulk up on. For calcium, you can add more dairy to your diet. For iron, you should eat red meat or chicken. And you can get omega-3 from oily fish or supplements.



**Q** How can I cure food cravings?

**Jacqueline:** You cannot really 'cure' food cravings, but you can curb them by noting their timing. To limit your indulgence in unhealthy foods, I suggest you do not go to the supermarket on 'craving days' or during 'craving hours'.

**Q** Can vegetarians obtain optimum nutrition during pregnancy?

**Jacqueline:** Vegetarians must simply ensure that they obtain sufficient of those nutrients that are more abundant in animal proteins, such as vitamin B-12, vitamin B, calcium, protein and iron. They can eat eggs and dairy products as well as non-haem iron sources like spinach, broccoli and beans. As these are not as well-absorbed by the body, they could be combined with a vitamin C-containing food such as fruit and an iron-fortified cereal to enhance their bioavailability. Vegans generally need supplementation for vitamin D and calcium.



## On giving birth

**Q** What are your thoughts on a natural birth vs. a caesarian section?

**Dr Chua:** It is important to recognise that there are many situations where the option of a natural birth may not apply. However, natural birth usually amounts in the least amount of complications. We are not talking about the ease of the birthing experience, especially for the first time. Caesarian sections tend to be quite easy for the first birth, as we are working with a 'virgin abdomen' that has not been operated

“You do not need to choose all organic foods or the most expensive foods – just ensure that the correct nutrients are there.”

*Jacqueline Loh*

on. However, subsequent births and future abdominal surgery will carry a higher risk of complications, especially adhesions from scarring, which could have been avoided if the first birth was a vaginal one. For every subsequent pregnancy, the duration of the labour is generally halved. It gets easier and easier. Don't just think short-term, think about the long-term wellbeing of the mother and the baby.

## On the post-natal period

**Q** Does diet affect the nutritional quality of breastmilk?

**Jacqueline:** There are certain foods called galactogens, which help with breastmilk production. However, it must be combined with efficient clearing of the breastmilk. By eating galactogens alone, the milk will not magically come. Lactation cookies can help, but it is important to balance the nutritional value with the taste.

**Q** How do you detect the signs and symptoms of post-partum depression?

**Dr Chua:** The signs may not show up in the ward, as the mother is resting and has a strong support system around her. Mothers can feel overwhelmed when they go home, which is why it is very important for mummies and daddies to plan the division of labour before the birth of their baby. Husbands are



usually the first to notice that the wives are not behaving the same as before. When I see the parents about a week after the birth, I ask about mood changes in a natural way. I look out for mothers who get teary, or feel very insecure or inadequate about their ability to care for their baby. While some anxiety is normal, if serious depression or psychosis sets in, the mummy needs more specialised help.

**Q** What do you think of baby-led weaning?

**Jacqueline:** At 6 months of age, there are often multiple care-givers, and everyone must be on the same page. If some family members are not so keen, especially older family members who may feel nervous about baby choking on, say, a chunk of carrot, it's probably better to stick to the traditional method. There is no absolute right or wrong, and both will lead to the same outcome.

## IN CONCLUSION

**Q** What is your key message for expecting and new mothers?

**Dr Chua:** Good communications are very important. Never be afraid to ask questions – of your gynaecologist, your lactation consultant and your paediatrician. Do not just rely on Dr Google. Make sure that you

are finding out specifically about 'you'. Your doctor knows you, and is the preferred source of information.

**Jacqueline:** All advice should be individualised. Every pregnancy is going to be different. With regard to food, the main takeaway is not to be too stressed out about it. To ensure the safest food for you and your baby, always choose foods that are stored well and fully cooked. You do not need to choose all organic foods or the most expensive foods – just ensure that the correct nutrients are there.



Scan to view the  
complete FB Live event

**Dr Chua Yang**  
A Clinic for Women  
Obstetrician and Gynaecologist  
Block D #08-58

**Nutrition & Dietetics Department**  
Tel: +65 6347 6702  
Mon to Fri: 8.30am to 5pm  
Sat: 8.30am to 1pm  
Please obtain a doctor's referral before you call for an appointment.





# Motherhood – Myths and Realities

by Cindy Khong, Counsellor at Clarity Singapore

Motherhood is one of life's most demanding roles. Not surprisingly, many women get caught up in the cultural traps of striving to comply with unrealistic expectations of what it means to care for another human. We debunk some of the common myths surrounding motherhood and replace them with the realities.

## MYTH #1: MOTHERHOOD WILL SURELY BE THE HAPPIEST TIME OF YOUR LIFE

This is one of the most commonly held myths. Hence, many mothers assume that they should only feel joy, pride and sheer delight after giving birth.

**IN REALITY...** While the period after giving birth can be satisfying and joyous, it can also be demanding, stressful and challenging. First-time mothers and even experienced ones often feel overwhelmed and exhausted. Like all of life's journeys, motherhood has its ups and downs. The challenges are part of a normal adjustment process, not personal shortcomings.

## MYTH #2: WOMEN INSTINCTIVELY 'KNOW' HOW TO BE MOTHERS

This myth tends to cause mothers to feel shame and guilt when they make mistakes or simply do not know what to do.

**IN REALITY...** While it is true that mothering is to some extent biologically designed, it is mostly a learning process with a lot of trial and error along the way. Just as it takes time to learn how to ride a bicycle or drive a car, it takes time and effort to learn how to be a satisfactory mother. No woman is born with the requisite knowledge, and it is perfectly normal to make mistakes. Mistakes are opportunities to learn and discover something new about the situation, yourself or your baby. So, be curious and open to learning instead of expecting yourself to know everything.

## MYTH #3: ASKING FOR HELP MAKES YOU A 'BAD' MOTHER

Though many mothers experience countless difficulties and challenges, they often downplay the negatives for fear of being labelled as bad mothers. Instead of talking about their difficulties, they share their 'achievements' and 'successes' on social media. They are in fact unknowingly perpetuating the myth of 'supermums', whose lives are chaos-free and picture-perfect both at home and at work. The mythical supermum knows exactly what to do at all times, is ever-attentive to her family's needs as well as her own, always in perfect balance, and has flawless timing.

Like all of life's  
journeys, motherhood  
has its ups and downs.  
The challenges are part  
of a normal adjustment  
process, not personal  
shortcomings.

**IN REALITY...** Pressuring yourself to be a supermum, never complaining or asking for help, is possible – but unrealistic and possibly self-destructive. Motherhood is an extremely complex and complicated role, hence achieving perfection and being right all the time are simply impossible. Every mother makes mistakes because mothers are only humans. It is human to want some

time alone, become frustrated and feel overwhelmed when things do not go our way. There is no shame in admitting that the journey of motherhood is not an easy one, and giving yourself permission to attend to your needs. You matter, too.

## SO, GET REAL AND GO EASIER ON YOURSELF

Believing in the above myths often causes mothers to measure their performance against unrealistic expectations, which can contribute to the development of postpartum depression and anxiety. By rejecting these myths and adjusting goals to more realistic levels, mothers are more likely to feel better about themselves and spend more quality time bonding with their babies.

Healthy habits such as scheduling breaks, nurturing yourself emotionally by learning to express and accept negative feelings, developing a good support system and cultivating a sense of humour are just some of the many ways in which you can practise self-care. Remember to continually tell yourself, "I matter, I am important and I will treat myself with care." Then motherhood will almost certainly become less of an obligation and a chore, and more of a personal experience to be enjoyed and valued.

Sources:

<https://mhaohio.org/get-help/maternal-mental-health/about-ppd/myths-and-realities-about-motherhood/>

Life will never be the same: The Real Mom's Postpartum Survival Guide – by Ann Dunnewold and Diane G. Sanford

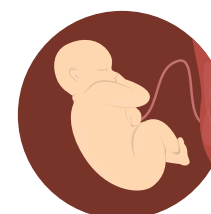




# The Truth About C-Sections

There is a lot of misunderstanding surrounding Caesarian section (C-section) deliveries. To shed some light on the matter, we spoke to Dr Tony Tan, Obstetrician and Gynaecologist, Tony Tan Women and Fetal Clinic and Medical Director, Alvernia Obstetric Screening Centre.

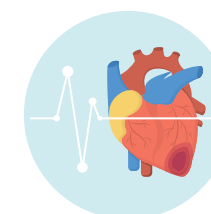
## Scenarios for a Medically Recommended C-Section



The placenta is lying over the cervix



Foetus is not in a head-down position



Foetus is in distress during labour



Stalled labour



Previous caesarian delivery

### WHEN IS A C-SECTION RECOMMENDED?

A C-section is a surgical operation where the baby or babies are delivered via an abdominal surgery. When the perceived risks of a C-section are less than the perceived risks of a vaginal delivery, a C-section is recommended.

### SHOULD A C-SECTION EVER BE 'A CHOICE'?

Dr Tan actively discourages elective or medically unnecessary C-sections, as they pose risks to the mother, to the baby, and to future pregnancies. He urges all mothers to attempt vaginal delivery so long as it is not deemed dangerous for any medical reason.

That said, Dr Tan is empathetic towards nervous first-time mothers. He allays their fears of prolonged pain during labour by offering the option of epidural analgesia. While others fear the need for an emergency C-section after unsuccessfully attempting a vaginal delivery, in fact the figures are low.

In addition, some expecting mothers fear damage to the foetus during labour. However, such complications are rare, according to Dr Tan.

### WHAT IS THE REAL 'COST' OF A C-SECTION?

Dr Tan explained the increased risks posed by a C-section compared to a vaginal delivery.

## Increased Risks Associated with a C-Section vs. Vaginal Delivery

### For the Mother

- accreta, or abnormal adhesion of the placenta to the scar, with an associated risk of bleeding and infection during or after delivery
- difficulties with breastfeeding
- post-natal depression, often linked to failed attempts at breastfeeding

### For the Baby

- (especially if delivered before 39 weeks)
- transient disorders
- longer-term respiratory disorders

### For the Next Pregnancy

- uterine rupture
- stillbirth

Dr Tan believes that when parents are fully informed, few would knowingly choose a C-section. However, if parents remained insistent on a C-section after the pros and cons had been discussed and fully understood, Dr Tan would respect their wishes.

### IN CONCLUSION

Clearly, a C-section should be viewed as a medical necessity, not a personal choice. When it is needed, it can be a life-saver. When it is not, it can be a source of unnecessary risks.

## Conversion to a C-Section After Attempting Vaginal Delivery

Pregnancy	Percentage
First	Approx. 20 percent
Second and Subsequent	Approx. 4 percent

Dr Tony Tan  
Obstetrician and Gynaecologist  
Tony Tan Women and Fetal Clinic  
Medical Centre D #07-66

Medical Director  
Alvernia Obstetric Screening Centre  
Medical Centre D #05-51/52



## Do you know the difference between Natural vs C-section delivery?

The **GUT'S** role is more than just digestion and absorption of food. It is part of your child's immune system which acts as the first line of defense against infections and allergies.

**70-80%  
OF IMMUNE CELLS\*  
ARE LOCATED WITHIN  
YOUR CHILD'S GUT**

**C-section delivery has been shown to cause imbalanced in gut microbiota colonisation in your child's gut. This may affect the development of your child's immune system, causing your child to be more sensitive and at higher risk of falling sick.**

### Mode of delivery impacts diversity and colonisation of the gut microbiota and immune development

Your child's gut harbours variety of microbiome like bacteria, viruses, fungi, protists and other microorganisms. The overall composition of the microbiome community plays an important role in early and future health development of the individual<sup>2</sup>. Delivery of the child via C-section is one of the factors that influence the composition of the microbial community in the child's gut compared to those who are vaginally born<sup>3</sup>.

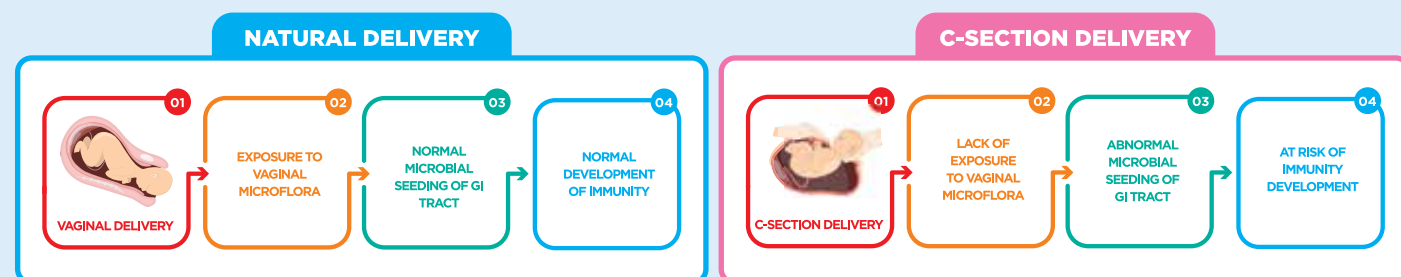


Figure 1: Microbes seeded in the intestine during natural delivery or C-section lead to changes in long term colonization and subsequent altering of the immune development<sup>4</sup>

During natural delivery, the contact with the maternal vaginal and intestinal flora is an important source for the start of gut microbiota colonization<sup>4</sup>. During caesarean delivery, this direct contact is absent, and non-maternally derived environmental bacteria will be the seed to colonize the baby's intestinal environment, changing the gut microbiota composition of c-section delivery children vs naturally born children<sup>4</sup>.

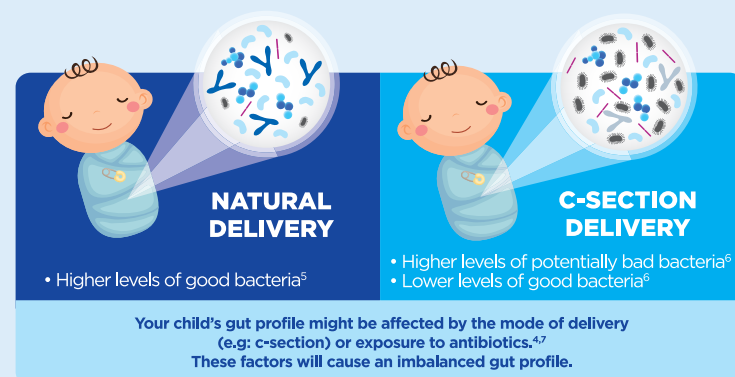


Figure 2: Comparison between the gut microbiota of naturally born children and C-section delivered children.

## Strengthening the immune system with Prebiotics and Probiotics

Nutrition plays an important role in establishing a healthy gut microbiota. A healthy, balanced diet with a wide variety of nutrients will provide your child all that he or she needs to grow. Additionally, scientific studies have shown evidence that supplementing our children's diet with 'good' microorganisms (probiotics) and foods which encourage their growth (prebiotics), may help in the development of a healthy gut microbiota.

Prebiotics and probiotics are increasingly being added to food or supplemented in milk, for good reasons. Probiotics are live microorganisms that would give your child health benefits when consumed in adequate amounts while prebiotics are non-digestible fibers that stimulate the growth of certain microorganisms in the gut. Together, prebiotics and probiotics work synergistically to increase the number of 'good' bacteria in the gut which would improve your child's overall health and strengthen the immune system.<sup>8</sup>

### UNDERSTAND HOW TO SUPPORT YOUR CHILD'S IMMUNE SYSTEM

#### NATURAL DELIVERY



#### Prebiotic Blend

<sup>^</sup>Supports your child's natural defences

#### C-SECTION DELIVERY



#### Good Bacteria Probiotics **BBM-16V**

Fights bad bacteria in gut



#### Prebiotic Blend

<sup>^</sup>Supports your child's natural defences



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#### Disclaimers:

1. Vighi G, et al. Allergy and the gastrointestinal system. Clin Exp Immunol. 2008;153 (SUPPL.1):3-6
2. Mueller NT, et al. The infant microbiome development: mom matters. Trends Mol Med. 2015 Feb;21(2):109-17
3. Arbolea S, et al. C-section and the Neonatal Gut Microbiome Acquisition: Consequences for Future Health. Ann Nutr Metab. 2018;73(suppl 3):17-23
4. Neu J, Rushing J. Cesarean versus Vaginal Delivery: Long term infant outcomes and the Hygiene Hypothesis. Clin Perinatol. 2011 Jun;38(2):321-31
5. Mitsuoka T. Establishment of intestinal bacteriology. Biosci Microbiota Food Health. 2014;33(3):99-116
6. Chua MC, et al. Effect of Synbiotic on the Gut Microbiota of Cesarean Delivered Infants: A Randomized, Double-blind, Multicenter Study. JPN. 2017;65:102-106
7. Muryaka PM, et al. External influence of early childhood establishment of gut microbiota and subsequent health implications. Frontiers in Paediatrics. 2014;2:109
8. Pandey KR, et al. Probiotics, prebiotics and synbiotics - a review. J Food Sci Technol. 2015;52(12):7577-7587

<sup>^</sup> Contains unique prebiotic blend, scGOS:lcFOS (9:1).



# Understanding Nutrition for Pregnant and New Mums

Learn about nutrients important for mum and baby during pregnancy and breastfeeding.

## PROPER NUTRIENTS FOR A HEALTHY PREGNANCY

Everyone knows the saying ‘eating for two’, but what does that really mean for pregnant women? Although it may give the impression that pregnancy is a licence to eat as much as you want, taking in the appropriate number of calories and the proper nutrients is vital to a healthy pregnancy.

Eating right during pregnancy and breastfeeding is important for infant development and doing so requires some nutrition knowledge and proper planning to ensure that mother and baby get the nutrients they both need.

These tips for what to eat, how much of it to eat, and when to opt for a supplement, can help pave the way to good health both during pregnancy and beyond.

## COUNTING CALORIES FOR PREGNANCY

While there can be exceptions, many women are surprised to learn that typically no additional calories are required during the first trimester of pregnancy. By the second trimester, though, an expectant mother requires roughly an additional 340 calories per day. That is about equivalent to two additional snacks or one small sandwich. During the third trimester, you may need an extra 450 calories per day — similar to an additional small meal.

Gaining weight is normal and encouraged during pregnancy, and weight loss is not advised while expecting. The recommendations below, based on a research study, indicate how much weight gain is considered healthy, based on a mother’s pre-pregnancy body mass index (BMI). But, as always, it is important to consult with your doctor before making any major changes to your diet.

## Recommended Weight Gain During Pregnancy

### Underweight (BMI <18.5):

Weight gain of 12.7 to 18.14 kg (28 to 40 lbs)

### Normal (BMI 18.5-24.9):

Weight gain of 11.34 to 15.88 kg (25 to 35 lbs)

### Overweight (BMI 25-29.9):

Weight gain of 6.8 to 11.34 kg (15 to 25 lbs)

### Obese (BMI 30+):

Weight gain of 4.99 to 9.07 kg (11 to 20 lbs)

### Pregnant with twins:

Weight gain of 11.34 to 20.41 kg (25-45 lbs)

## IMPORTANT NUTRIENTS FOR PREGNANT WOMEN

As your baby grows, certain nutrients are vital for the health of the mother and foetus. Here are six nutrients expecting mothers need to ensure for a healthy pregnancy and birth.

### 1. Folate

Over the years, healthcare professionals have identified folate as a vital nutrient for foetal growth. Folate is crucial for foetal brain and spinal cord development, and deficiencies can lead to neural tube defects. In fact, women should make sure they are getting enough folate before conception. Pregnant women should get at least 600 micrograms (mcg) of folate a day from foods like legumes, nuts and seeds, eggs, leafy greens, broccoli, and many other fruits and vegetables, or from supplements. Talk to your doctor about folic acid if you are thinking about getting pregnant or expecting.

### 2. Iron

Iron is a mineral that helps carry oxygen to the organs and tissues of the mother and foetus. During pregnancy, blood volume increases for both the mother and the baby, and dietary iron needs almost double. The daily recommended dose of iron for pregnant women is 27 milligrams (mg). You can get enough iron from eating red meats, beans, lentils, leafy greens, oats and fortified grains, but some healthcare professionals recommend also taking an iron-fortified prenatal vitamin. Eating vitamin C-rich foods like citrus fruits, peppers, strawberries and tomatoes in combination with iron-rich foods or supplements can help increase iron absorption.

### 3. Calcium

Calcium is imperative for the development of foetal bones and teeth, as well as maternal bone health. Without enough calcium in a mother’s diet, a baby will draw from maternal calcium stores, which can cause weakening of the mother’s bones. The calcium recommendation for expectant mothers is 1,000 mg per day, which can be achieved by consuming 3 to 4 cups of dairy a day. For those who do not eat dairy, calcium is found in other foods like soy products, broccoli, canned salmon, dark leafy greens and sardines. Split your calcium dose, too. Take no more than 500 mg at a time to improve absorption. You can also get this essential nutrient through a supplement.

### 4. Vitamin D

Though a mother’s vitamin D needs do not increase during pregnancy it is important to maintain adequate intake. Vitamin D works in conjunction with calcium for the development of foetal bones and teeth. The vitamin D recommendation for pregnant women is 600 international units (IU) a day or 15 mcg, which you can get from the sun, fortified milk, fatty fish, eggs and mushrooms, or from a supplement.

**Gaining weight is normal and encouraged during pregnancy, and weight loss is not advised while expecting.**

### 5. Choline

The American Medical Association (AMA) has found that choline may help with brain and spinal cord maturation during a pregnancy. Choline is found naturally in animal products, eggs, beans and most nuts. Its health benefits are so substantial, that this nutrient is often added to baby formulas. More than 90 percent of women consume less than the recommended amount of choline — 450 mg per day — so talk to your doctor about whether you may need supplementation.

### 6. Fibre

Many pregnant women experience constipation throughout their pregnancy. To prevent this uncomfortable state, make sure you eat plenty of fibre-rich fruits, vegetables, beans and whole grains. Aim to get between 25 and 30 grams of fibre per day and drink plenty of water.

## NUTRITION NEEDS WHILE BREASTFEEDING

Both the mother and infant’s health benefit from breastfeeding. Not only does breast milk contain the right mix of nutrients for infant growth, it is also affordable and easily accessible.

During the first six months of milk production, women burn up to 400 extra calories per day while breastfeeding, helping many new mothers return to their pre-pregnancy weight. During the lactation period, a mother’s nutrient needs are increased as they were in pregnancy and in the case of some nutrients above what she needed during pregnancy. You may find that you are hungrier or thirstier while breastfeeding, and this is perfectly normal. Eat plenty of nutrient-dense foods, such as fruits, vegetables, whole grains, lean proteins and healthy fats, to satisfy your appetite. And stay hydrated. A good rule of thumb is to drink a glass of water every time your child nurses.

A healthy diet should meet your needs, but your healthcare professional may recommend that you continue to take your prenatal multivitamin supplement while you breastfeed.

The health benefits of breastfeeding also include emotional ones, as the experience helps foster a close bond between a mother and child. Additionally, studies have shown that children who were breastfed experienced benefits such as improved memory retention and language skills, and overall heightened intelligence.

Nutrition is important at every stage of life, but pregnancy and the months after create unique dietary needs for both women and babies. By following a well-balanced diet and getting plenty of fluids, you and your baby have the best chance of staying happy and healthy during pregnancy and long after.

*Article courtesy of Abbott*







# 14 Easy Ways to Promote Your Child's Development

Here are some simple things you can do to optimise your little one's cognitive flexibility and physical development between the ages of one and three years.

## WHAT YOU CAN DO FOR YOUR CHILD'S COGNITIVE FLEXIBILITY

Developing your child's cognitive flexibility enables them to let go of old learnings and embrace new ways of approaching things. Their mind will be able to change gears quickly, and move from one task and topic to another with ease.

Here are some simple activities that you can do with your child to nurture their cognitive flexibility.

- 1 You:** Teach your child how to logically 'self-talk' through a problem.  
**Your child:** Learns how to independently solve problems instead of running to you.

- 2 You:** Use your gaze and motions to draw attention to different objects around your child.  
**Your child:** Follows your cues and uses toys from different sets (such as blocks, trains, tracks and dolls) that you provide one by one, to create a play scene.

- 3 You:** Change the rules of a familiar game.  
**Your child:** Learns how to gracefully adapt to new situations, and continues to have fun despite the change in mechanics.

- 4 You:** Read a variety of books.  
**Your child:** Explores words with the same letter combinations but different pronunciations (such as 'tough' and 'through'), thus developing a curiosity for language.

- 5 You:** Tell jokes to your child.  
**Your child:** Begins to understand how one phrase or sentence can have different meanings depending on nuances of tone and context, starts to tell jokes to family and friends and develops an all-important sense of humour.

- 6 You:** Mix up your routine.  
**Your child:** Accepts variety and learns to cope with unexpected events.

- 7 You:** Play 'What's this?', a guessing game with everyday items.  
**Your child:** Finds many uses for a single thing, such as using a placemat for a magic carpet, thereby developing resourcefulness and creativity.

- 8 You:** Encourage your child even when they make a mistake.  
**Your child:** Tries new challenges with self-confidence and without fear of failure.

## Encourage your child even when they make a mistake.

- 9 You:** Encourage role-playing or make-believe.  
**Your child:** Acts out real-life situations such as being a fireman or a garbage collector, honing their ability to see things from other people's perspectives.

- 10 You:** Be a role model by attempting challenging tasks with confidence.  
**Your child:** Observes you and mimics your actions.

## WHAT YOU CAN DO FOR YOUR CHILD'S PHYSICAL DEVELOPMENT

While your little one is absorbing knowledge and language like a sponge, they are also bursting with physical energy. To boost the development of their motor skills, take your toddler outdoors and encourage them to run, skip, jump and explore the joy of movement.



Here are some easy ways to develop your child's physicality.

- 11 You:** Do 'fiddly' things together that require a variety of large and small movements, such as flipping through books, picking up beads, folding paper and so on.  
**Your child:** Develops fine and gross motor skills at the same time.

- 12 You:** Play catch and football and encourage your child to play with both hands and feet.  
**Your child:** Pushes themselves to use their non-dominant hands and feet and develops their 'weaker' side.

- 13 You:** When your child fails at a task, show them how to do it over and over again until they grasp it.  
**Your child:** Will learn quickly – practice makes perfect!

- 14 You:** Provide a safe 'playground' for your child – in your backyard, at a park or public playground, and play physical games together, such as catch, playing on swings and slides, and so on.  
**Your child:** Your child will grow stronger, and so will the bond between parent and child.

Sources:

1. The Role of Pretend Play in Children's Cognitive Development. Retrieved 8 Oct 2017 from <http://ecrp.uiuc.edu/v4n1/bergen.html>

2. Facilitating Motor Skill Development in Young Children. Retrieved 8 Oct 2017 from <https://illinois.edu/blog/files/6039/140057/81762.pdf>



Scan to learn more

Article courtesy of Wyeth Nutrition



# All About Asthma



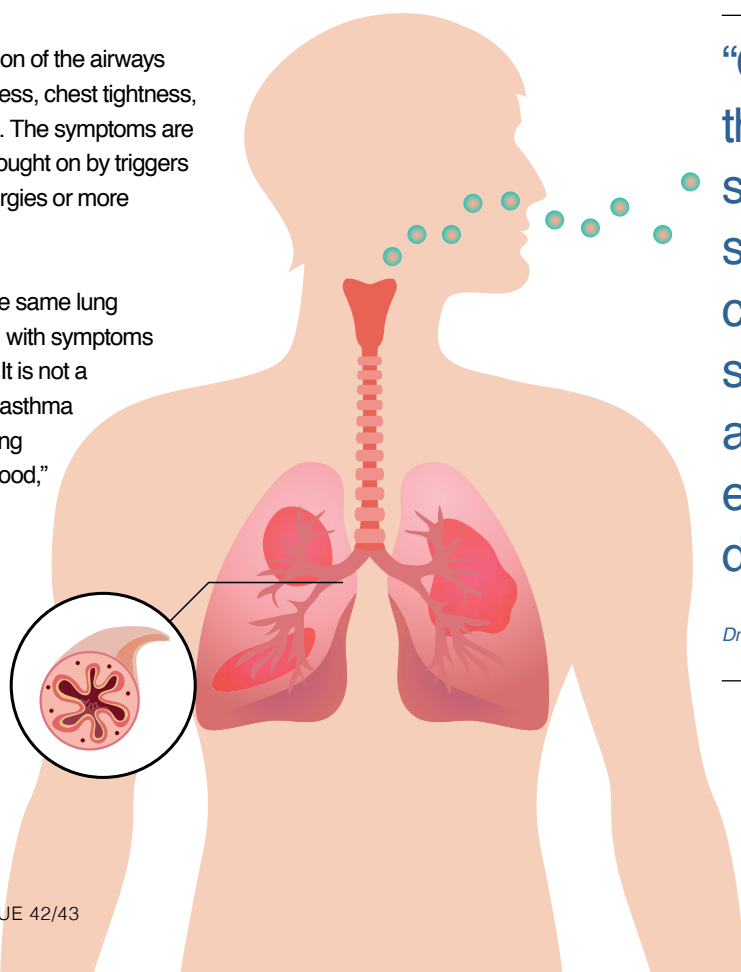
Childhood asthma is essentially the same lung condition that occurs in adults, according to Dr Yip Hwee Seng, Consultant, Respiratory Medicine and Intensive Care Medicine at The Respiratory Practice. That said, asthma affects approximately one in five children in Singapore, and the majority will outgrow it. Dr Terence Tan, Paediatrician, Kinder Clinic Mount Alvernia, weighs in on the subject.

## WHAT IS ASTHMA?

Asthma is an inflammation of the airways that causes breathlessness, chest tightness, wheezing and coughing. The symptoms are usually episodic, and brought on by triggers that may be specific allergies or more general triggers.

“Childhood asthma is the same lung condition seen in adults, with symptoms starting from childhood. It is not a separate disease. Most asthma patients start experiencing symptoms during childhood,” clarified Dr Yip.

Inflamed airway during an asthma attack

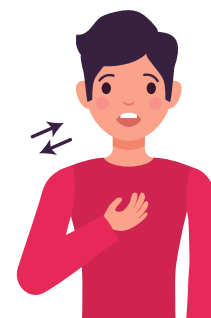


“Childhood asthma is the same lung condition seen in adults, with symptoms starting from childhood. It is not a separate disease. Most asthma patients start experiencing symptoms during childhood.”

Dr Yip



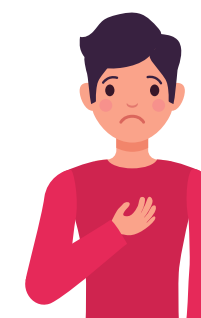
## ASTHMA SYMPTOMS



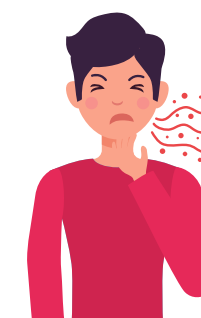
Breathlessness



Chest tightness



Wheezing



Coughing

## WHAT CAUSES IT?

The causes of asthma are numerous, complex and not all fully understood. A family history of asthma or allergic conditions that trigger its symptoms is the main risk factor for childhood asthma.

“Common specific triggers include dust mite, pollen, nuts, cockroaches, moulds, food colouring and dairy foods. Non-specific triggers include infections, stress and temperature change,” shared Dr Tan.

In addition, viral infections such as the respiratory syncytial virus are also thought to increase the risk of asthma if a child has the infection in early childhood, along with environmental factors such as pollution and passive cigarette smoke exposure.

Dr Yip raised an interesting and increasingly accepted theory known as the hygiene hypothesis.

“The incidence of asthma in Singapore has increased over the years. This has been attributed to urbanisation. Early childhood exposure to microorganisms is believed to help our immune systems develop. However, the modern living environment may be too clean, and does not challenge the immune systems of the young. This is thought to lead to frequent allergies and conditions such as asthma,” explained Dr Yip.

## WHY DO ASTHMA SUFFERERS OFTEN HAVE ALLERGIES?

The association of asthma with other allergic disorders such as allergic rhinitis, eczema, allergic conjunctivitis and food allergies is well established.

“There seems to be a change in the way allergic conditions, including asthma, affect children as they grow up.”

Dr Tan

“The same pathway from the lack of exposure to microorganisms in early childhood is thought to lead to similar allergic conditions such as eczema and allergic rhinitis,” said Dr Yip, harking back to the hygiene hypothesis. “Genetics may also play a role in it,” he added.

“Many kids who have one or more of these other allergic conditions are more at risk of allergic asthma. Basically, asthma in these children is the lung manifestation of their allergic tendency,” shared Dr Tan.

## HOW IS ASTHMA TREATED?

“Patients are encouraged to self-manage their asthma, through a written asthma action plan, which is a written treatment plan issued and explained to you by your doctor,” advised Dr Yip. The action plan will typically include the use of medication.

There are two basic types of medication that are prescribed to treat asthma. They are:

### Relievers

- aim to relieve exacerbations or attacks
- work quickly
- used as needed

### Controllers

- aim to prevent attacks
- work slowly over time
- used regularly

Both relievers and controllers are typically inhaled through handheld devices or taken orally as medicine.







Dr Tan explained that for young patients, the threefold objectives of treatment are: to achieve a good or normal quality of life; to protect and preserve lung function; and to minimise or ideally avoid the side effects of treatment. Most children will be prescribed both reliever and controller medication, and sometimes both will be combined.

#### WHEN IS MEDICAL ATTENTION REQUIRED?

According to Dr Yip, mild asthma attacks can be safely managed at home by following the instructions outlined in the patient's asthma action plan. However, medical attention should be sought when breathlessness is very severe and shows no improvement after the use of reliever medication, or only with the frequent use of reliever medication, and when breathlessness limits regular activities.

Both doctors emphasised the importance of a detailed written action plan, developed with a doctor, which will include clear criteria regarding what constitutes a severe asthma attack and instructions on what to do in the event of one. For children who may not be old enough to manage their conditions, it is of course important for care givers and teachers to be familiar with the asthma action plan.

#### CAN ASTHMA BE OUTGROWN?

As the incidence of childhood asthma is thought to be about 20 percent and the incidence in adults is about 5 percent, it seems that approximately three-quarters of all children with asthma will outgrow it.

The main explanation for this decline in the incidence of asthma is the simple fact that as children grow, the diameter of their lung airways naturally increases. In children with milder asthma, their airways may grow to the point that wheezing no longer occurs. However, Dr Tan suggests other possible reasons that may contribute to the significantly higher rates of asthma among children compared to adults.

"First, the diagnosis of childhood asthma is not straightforward as specific tests like lung function testing or exhaled nitric oxide



testing cannot be easily carried out," said Dr Tan. Hence, what may have been thought to be childhood asthma may be finally attributed to other transient causes with asthma-like symptoms, such as recurrent bronchiolitis or recurrent viral-induced wheeze. These conditions do not persist into adulthood.

**"The so-called 'allergic march' describes how many young children who wheeze eventually stop wheezing and instead develop more nasal symptoms in the form of allergic rhinitis."**

Dr Tan

"Secondly, there seems to be a change in the way allergic conditions, including asthma, affect children as they grow up. The so-called 'allergic march' describes how many young children who wheeze eventually stop wheezing and instead develop more nasal symptoms in the form of allergic rhinitis," shared Dr Tan.

#### HOPE IS ON THE HORIZON

As with almost all common and chronic medical conditions, science is improving the prognosis for all patients, regardless of age.

"There are new medications, which are generally termed biologics, that are available for treating severe asthma," shared Dr Yip. These drugs are produced from living organisms or contain components of living organisms, using biotechnology.

"In addition, the concurrent treatment of certain allergies such as house dust mite allergy has been shown to improve asthma control, Dr Yip added.

Whether you are the parent of an asthmatic child or suffer from asthma yourself, that news should have you breathing more easily already.

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Consultant, Respiratory Medicine and  
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The Respiratory Practice  
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You may choose MyLongTermCare Plus as a supplement too. Please visit [www.aviva.com.sg/mylongtermcare](https://www.aviva.com.sg/mylongtermcare) for more information. You need to have a CareShield Life or ElderShield policy before purchasing MyLongTermCare or MyLongTermCare Plus.

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# Your Top 10 CareShield Life Questions Answered

You've heard the buzz. And if you're wondering what CareShield Life is all about, we have answers.

We might require long-term care at some point in our life. It's hard to predict when or for how long you'll need it. An accident or a serious illness such as a heart attack or stroke could lead to severe disability needing long-term care. The question is: Are you and your loved ones financially prepared for it?

To ensure that everyone has access to basic financial support for long-term care needs, the Government has introduced CareShield Life—a national long-term care insurance scheme on 1 October 2020. Without further ado, let us answer the questions you may have about CareShield Life.

## 1. WHAT'S CARESHIELD LIFE?

CareShield Life is a national long-term care insurance scheme that offers monthly payouts as long as you remain severely disabled, which will require a prolonged duration of personal and medical care.

## 2. WHO'S ELIGIBLE FOR CARESHIELD LIFE?

**Singapore citizens or permanent residents born in 1980 or later**

If you're born after 1990 (aged below 30 in 2020), you'll be automatically covered by CareShield Life, regardless of your

pre-existing medical conditions. If you're born between 1980 to 1990 (aged 30 to 40 in 2020), you'll be automatically covered on 1 October 2020 or when you turn 30, whichever is later, regardless of your pre-existing medical conditions.

**Singapore citizens or permanent residents born in 1979 or earlier**

You have an option to enrol in CareShield Life or be automatically enrolled from the end of 2021 (for those born between 1970 and 1979 and insured under ElderShield 400) as long as you're not severely disabled.

## 3. I'M DISABLED. AM I ELIGIBLE FOR CARESHIELD LIFE?

For those with pre-existing medical conditions and disabilities, you'll still be able to enjoy the benefits of CareShield Life as long as you're a Singapore citizen, or a permanent resident born in 1980 or later.

## 4. I'M AN ELDERSHIELD POLICYHOLDER. AM I ELIGIBLE FOR CARESHIELD LIFE?

If you're under the existing ElderShield scheme and born between 1970 and 1979, you'll be automatically enrolled from end of 2021 as long as you're not severely

disabled. Keeping in mind that if you're under the ElderShield 300 scheme, you'll need to top up your premiums if you choose to switch to CareShield Life.

If you are under the existing ElderShield scheme and have not been automatically enrolled into CareShield Life from end 2021, you may apply to join the scheme from end 2021 if you're not severely disabled.

## 5. WHAT'S THE DIFFERENCE BETWEEN MEDISHIELD LIFE AND CARESHIELD LIFE?

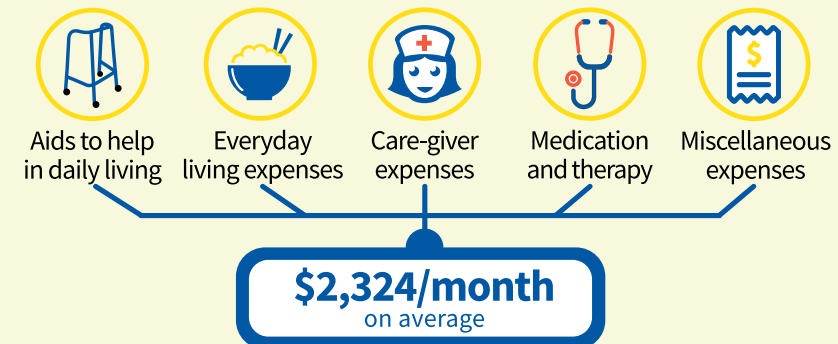
If you're like most people, you're probably wondering how CareShield Life is different from MediSave and MediShield Life. Let us break it down for you.

As we know by now, **CareShield Life** is an upgraded version of ElderShield scheme that provides monthly cash payouts in case of severe disability. The payout is to financially support you for your long-term care needs such as employing a caregiver or the cost of daily-living aids.

**MediShield Life**, which is also a mandatory scheme, insures you for hospitalisation expenses and selected outpatient treatments.



## How much does long term care cost?



Source: Aviva's Long Term Care Study 2018

Both MediShield Life and CareShield Life premiums for you and your family members are fully payable by MediSave.

## 6. HOW DOES CARESHIELD LIFE WORK?

**Coverage:** The good news is CareShield Life scheme covers you for life and the payout increases annually until age 67 or when a successful claim is made, whichever earlier.

**Premium:** Upon enrolment, you'll be required to pay an annual premium using your MediSave account until the year you turn 67.

The premium amount will increase over time to support payouts that will also increase over time. From 2020 to 2025, premiums will increase by 2% annually, after which adjustments to the rate of increase will be recommended by an independent CareShield Life Council, based on claims experience, changes in life expectancy and disability trends.

**Payout:** CareShield Life claims will be paid out in the event of severe disability, which is determined by the inability to perform at least three of the six Activities of Daily Living (ADL).

The amount of payout will increase annually, starting with S\$600 per month in 2020, until age 67 or when a successful claim is made, whichever is earlier. From 2020 to 2025, payouts will increase at 2% per year. Thereafter, rate of payouts increases and corresponding premium adjustments will be recommended by an independent CareShield Life Council. If you become severely disabled after the age of 67, your payout amount will be pegged to the year you turn 67.

## 7. WHAT'S CONSIDERED SEVERE DISABILITY?

Severe disability is determined by the inability to perform three of the six Activities of Daily Living (ADL)—washing, dressing, feeding, toileting, walking or moving around and transferring. You'll need to arrange for a disability assessment to certify your severe disability status by a MOH-accredited severe disability assessor, which is free for the first time.

## 8. WHAT IF I'M UNABLE TO PAY FOR MY CARESHIELD LIFE PREMIUMS DUE TO FINANCIAL DIFFICULTIES?

For those who are unable to afford their premiums due to financial difficulties, the Government offers premium subsidies and support measures. An Additional Premium Support may also be offered to those who cannot afford to pay even after subsidies and support measures.

## 9. WHAT WILL HAPPEN WHEN I RELOCATE TO ANOTHER COUNTRY?

Singapore citizens who are living abroad — either temporarily or permanently — will still be able to enjoy the benefits of CareShield Life as long as the premiums are paid.

## 10. CAN I ENHANCE MY CARESHIELD LIFE COVERAGE AND HOW?

Although CareShield Life provides you with basic financial support for long-term care, there're a lot of — one-off and recurring — potential long-term care expenses you need to factor in. For example, a caregiver, daily-living activity aids, rehabilitation therapy, special diet and medication. According to Aviva's Long-term Care Study done in 2018, an average cost of long-term care today is S\$2,324 per month. Therefore, having adequate long-term care coverage for

yourself and your loved ones will help to ease the financial burden if any of you become severely disabled.

Many of us think of disability as something that will only develop when we're older. While we can try to lead a healthier lifestyle to minimise the risk of severe disability due to illnesses, we can't prevent accidents from happening. It's important to get long-term care protection when you're young and healthy so there will be little or no coverage exclusions.

For greater assurance, there are a few appointed private insurers in Singapore that offer supplementary plans for CareShield Life. For example, Aviva's MyLongTermCare and MyLongTermCare Plus provides greater coverage and additional benefits such as Caregiver Relief Benefit and a premium waiver when you are unable to perform at least 1 ADL.

For more information on CareShield Life, please visit <https://www.careshieldlife.gov.sg/>.

For details MyLongTermCare and MyLongTermCare Plus, please visit [www.aviva.com.sg/mylongtermcare](http://www.aviva.com.sg/mylongtermcare).

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Information is accurate as at 21 Oct 2020. Protected up to specified limits by SDIC.

This article was first published on Aviva's Money Banter. For more articles on financial planning, please visit [aviva.com.sg/money-banter](http://aviva.com.sg/money-banter).



# Avoiding Falls

Falls are one of the most common causes of injury among the elderly. Ng Lih Wing, Senior Physiotherapist at the Rehabilitation Centre, Mount Alvernia Hospital, shares some practical advice on how they can be avoided.

## HOMING IN ON THE FACTS

Globally, one in three adults aged above 65 falls once a year. According to the National Registry of Diseases Office (NRDO) of Singapore, the rate of accidental falls in 2012 was 277.7 per 100,000 for adults aged 60 years and older. This increases sharply with age. Overall, females are likelier to fall than males, and singles are likelier to fall than married people. The majority of falls occur in the home.

Falls often have serious consequences. The most frequent types of injuries are head and face traumas (29.6 percent), lower limb (24.2 percent) and upper limb injuries (13.6 percent) including bone fractures, followed by trunk injuries (9.3 percent) and others, including burns and lacerations.

## FALLS RISK FACTORS

There are many risk factors that can contribute to falls. They can be loosely divided into personal risk factors and environmental ones.

### Personal risk factors include:

- medication-induced dizziness
- functional disabilities
- sensory impairment, especially poor vision and poor hearing
- chronic medical conditions
- depression

“Keeping pathways clear of clutter, cables and rugs is equally important. Reorganising and reducing clutter along with installing rails has shown to be most effective in preventing falls.”

Ng Lih Wing

### Environmental risk factors include:

- slippery floors
- inappropriate footwear
- poor lighting
- excessive glare
- pathway obstructions

## HOW TO MINIMISE THE RISK OF FALLS AT HOME

Though the mention of home evokes images of a safe place, it is fraught with fall hazards, especially for the elderly. Many falls occur to and from the toilet, since elderly people often face frequent urination issues.



While Lih Wing emphasises that there is no such thing as ‘fall-proofing’ a home, she suggests that structural modifications such as grab bars, night lights and luminous safety tape on steps can make homes more elderly-friendly, especially when combined with good housekeeping.

“Keeping pathways clear of clutter, cables and rugs is equally important. Reorganising and reducing clutter along with installing rails has shown to be most effective in preventing falls,” said Lih Wing.

## An elderly-friendly home



Grab bars along pathways and in bathrooms



Clutter-free pathways (no cables or rugs)



Luminous safety tape on steps and elevations



Night lights and touch lamps

## EYEWEAR AND ATTIRE

At a personal level, wearing well-fitting glasses with up-to-date prescription lenses and sensible shoes can significantly reduce the risk of falls.

“Loose comfortable rubber shoes, slippers and sandals without heel straps are popular among Singaporeans. This kind of shoe is not only convenient to slip on

and off, but also suited to our hot and humid weather. However, it can be a killer,” cautioned Lih Wing.

Instead of slippers, Lih Wing urges elderly people to wear comfortable, well-fitting shoes with heel straps, cushioned heels and non-slip soles that are able to be flexed about 30 degrees, not 180 degrees.

## REGULAR EXERCISE

In addition to going for regular medical check-ups, Lih Wing recommends regular exercise to strengthen ageing muscles, improve stability and reduce the risk of falls. For elderly people who are mobile, Lih Wing recommends simple walking as a good form of exercise.

“Do not just walk forward, try to walk sideways as well. Increase the speed as your ability improves. Go up and down a step sideways if you can, making sure to lightly hold onto the railing if your balance is not great,” suggested Lih Wing.

For elderly people who find walking difficult, yet are still able to stand, simply repeatedly rising from a chair is a great way to train and strengthen legs.

“Make sure you stand up straight and sit down in a controlled manner. Repeat till your legs feel slightly tired. Count the number you can do and you will slowly find yourself getting stronger and doing more!” encouraged Lih Wing.

## TAKE STEPS TO STAY ON YOUR FEET

If you are elderly, or approaching your senior years, take active steps to stay on your feet. Look after your health, swap your slippers for sensible footwear, keep moving, and ready your home in anticipation of a long and active life.





# Finding Comfort in the Age of COVID-19

by Anthony Goh

A day after the Circuit Breaker was introduced on 25 March 2020, I felt as desolate as Robinson Crusoe\*. At times I felt lonely, anxious, depressed and bored, sometimes all at once. But all was not lost. I had my faith, and my new friend, technology.

## LIFE AS I KNEW IT, PAUSED

The Circuit Breaker affected me adversely in many ways. Not only was I unable to go on my daily walks, but even the community gyms were closed. Churches were shut, too. No attending weekend masses, no meeting my usual kakis for tea or lunch, no visible community to relate to.

In addition to abandoning my normal schedule, I had to wear a mask whenever I went outside, observe social distancing while queuing at the nearby shops to buy my daily essentials, and frequently wash my hands with soap. My anxiety was heightened by the constant news

reports that underlined the vulnerability of the elderly, advising them to stay home, stay safe and not to go out of the house unnecessarily.

## TURNING BOREDOM INTO ACTION

Over time, one gets 'bored of being bored'. I took myself in hand and told myself that if I couldn't keep myself as physically fit as I would have liked to, now was the time to keep myself mentally fit. Hence I spent a lot of time poring over The Straits Times (online), and revisited old magazines and books that had been untouched for some time. They became my company.

I knew I was not alone in this ordeal. The government was anxious. The economy was bad. The coronavirus was spreading like wildfire. The World Health Organisation was contemplating whether to declare COVID-19 a pandemic. And the worst part was that there was nothing anyone could do to stop it, let alone to fight it.

## MEDITATION AND POSITIVITY

From the very onset of the COVID-19 outbreak, and as the global situation worsened, I have always felt positive that "this too will pass" and have kept my faith in God. I practise daily meditation to rid my mind of all negative thoughts, and remain

thankful about the good things in my life – my good health and the few good friends I have who are around my age and equally fit and strong.

## RENEWING THE IMPORTANCE OF HEALTH

In view of the mounting casualties of COVID-19, the lockdown has also been a time to reflect on the importance of health and the preciousness of life. Our body is our lifetime partner and the lifelong transportable home we live in. Yet we often take it for granted and treat it with a casual, even callous indifference.

Hence it is my hope that people will become more health-conscious for life and continue to implement the good hygiene measures that have rapidly become second nature. I urge everyone to make healthy dietary choices and get regular exercise. I also advocate yearly flu vaccinations to strengthen our immune systems, especially for the at-risk and vulnerable elderly.

As for exercise, I see improvements already. During my excursions into the outside world, I see more people jogging, walking and cycling than ever before. Beginners and seasoned fitness enthusiasts alike, I salute them all.

## MY FRIEND, TECHNOLOGY

Technology has helped me immensely in recent months. Since church services have been cut, I attend Sunday masses via video on YouTube. They help break the monotony while strengthening my faith in God.

Through my smartphone and personal laptop, I surf the Internet for healthy new recipes to cook at home, and I use WhatsApp to stay in touch with my loved ones. What's more, my daughter has taught me how to order food via food delivery apps (though I must admit that this practice still feels foreign to me).

With the help of my daughter, I have learnt how to scan QR codes through the SafeEntry app. That said, I am not as fast

as the younger generation, so to avoid a queue forming behind me while I'm fumbling with my phone, I sometimes use my IC or EZ-link card instead.

Technology has helped me immensely in recent months. Since church services have been cut, I attend Sunday masses via video on YouTube.

## SILVER LININGS

Meanwhile, I saw people of all ages scrambling to come to terms with the changes that had been forced upon them, and then quite quickly settling into their respective versions of the new norm. Employees and students were obliged to work and study from home in makeshift digital workspaces. Companies adjusted and people adapted. Consequently, the lockdown has accelerated the demand for digital technology and hastened its widespread embrace.

The 'Seniors Go Digital' movement was implemented by Infocomm Media Development Authority to encourage senior citizens from lower-income groups to embrace digital technology with governmental help and subsidies. Furthermore, there are many digital courses available online and seniors are encouraged to take advantage of the SkillsFuture grants of \$500 to attend courses of their choice.

The age of digitalisation arrived sooner than expected, and it is here to stay. With less time spent commuting and no need for large physical office spaces, the potential savings in time and money are immense. No doubt there will be some negative

effects of being physically separated from colleagues and classmates, but I believe the pros will outweigh the cons.

## THE WORST BRINGS OUT THE BEST

It takes a global pandemic like COVID-19 to bring out the best in every Singaporean. I am heartened to see people from all walks of life chipping in dutifully to help out their neighbours, especially the elderly who are frail and immobile.

I reserve my personal admiration for all the unsung heroes, namely the cleaners, migrant workers, food delivery people and frontline health workers who toil tirelessly to save the lives of the infected while risking their own.

## QUESTIONS PERSIST BUT HOPE ENDURES

This is the age of nail-biting uncertainties. Singapore joins all the nations of the world, large and small, in facing testing times ahead. Do we as a nation possess the mental toughness to persevere in the face of such severe economic setbacks? How can any nation face the future with a sense of optimism when the country is drowning in a sea of red ink? I am a firm believer that COVID-19 will be ultimately defeated by our concerted efforts for the common good.

As for myself, I intend to continue to familiarise myself with technology, and in turn share whatever knowledge I gain with my fellow seniors. Most importantly, I constantly remind myself to never forget the 'Golden Rule' – to love our neighbours as we love ourselves.

I am a firm believer in the potential of humankind to overcome all obstacles in its way. With persistence, we will turn despair into hope and certain success.

*The opinions expressed in this article are those of the author.*

*\*Robinson Crusoe is the hero of Daniel Defoe's novel about a shipwrecked English sailor who survives, alone, on a small tropical island.*



# How Healthy is Your Bubble Tea?

Ever wondered exactly how much sugar is in your favourite bubble tea drinks? Do you know that '0 percent milk tea with pearls' may not be totally sugar-free after all, and could contain as much as 5.5 tablespoons of sugar? Dietitians from the Nutrition and Dietetics Department, Mount Alvernia Hospital, lift the lid on bubble tea.

## How Much Sugar is in Your Bubble Tea?

Taiwan Milk Tea with  
Pink Cactus Pearls (25%)  
49.7g of sugar



Earl Grey Milk Tea  
with Pearls (100%)  
34.6g of sugar



Grapefruit Yakult  
Green Tea (25%)  
39.2g of sugar



Oolong Tea with  
Fresh Milk and Pearls (50%)  
28.2g of sugar



Rose Lychee  
Jung Suan Tea (30%)  
42.7g of sugar



Milk Tea  
with Pudding (25%)  
58.5g of sugar



Brown Sugar Pearl  
Fresh Milk (30%)  
42.4g of sugar



1 teaspoon = approx. 5 grams of sugar

NOTE: Sugar content was tested using a Brix Refractometer on 12 October 2020

## How to Make Healthier Choices

- 1 Choose lower sugar options to decrease your sugar consumption

9.0  
tsp of sugar

Oolong Milk Tea  
with Pearls (100%)  
44.7g of sugar



5.5  
tsp of sugar

Oolong Milk Tea  
with Pearls (0%)  
27.2g of sugar

- 3 Choose healthier mix-ins, or skip them altogether.

Choose:  
Herbal jelly  
White pearls  
Red beans/Cereal

Instead of:  
Pudding jelly  
Tapioca Pearls  
Oreo bits/Foam toppings

- 4 Whenever possible, choose drinks with the 'Healthier Choice' symbol:



- 5 Go for plain tea instead of milk tea as the latter is typically made with non-dairy creamer which is unhealthy and higher in calories, unless you ask for fresh milk to be used in your drink instead.

As for fruit teas, note that many contain sweetened fruit puree/syrup and can contain even more sugar than regular milk tea. Go for non-sweetened options instead.

## Did You Know?

### Our Favourite Mix-ins

1. Tapioca pearls
2. Taro balls
3. Jelly
4. Pudding
5. Popping boba
6. Nothing



### Our Favourite Type of Bubble Tea

Milk tea with  
tapioca pearls



## The Hard Truth

Did you know, the Singapore Health Promotion Board's (HPB) Recommended Daily Allowance (RDA) for sugar intake in an adult is 8 to 11 teaspoons of sugar, but a medium-sized 500ml milk tea drink with pearls at 100% sugar level contains 335 calories and 8 teaspoons, or 40 grams of sugar? What this means is that drinking just 1 cup of your favourite bubble tea would already meet your daily limit!



## Tips to Cut Down on Your BBT Addiction

- 1 Gradually decrease your sugar level, especially if you are still ordering high.
- 2 Toppings like red beans and cereal are better as they prolong enjoyment of the drink and are more filling, thus they can better satiate your cravings.
- 3 Limit your intake to 1 to 2 cups each week. If you are finding it hard to resist, share a drink with your friend instead to divide the calorie and sugar intake.







# What's the Fuss About Fermented Foods?

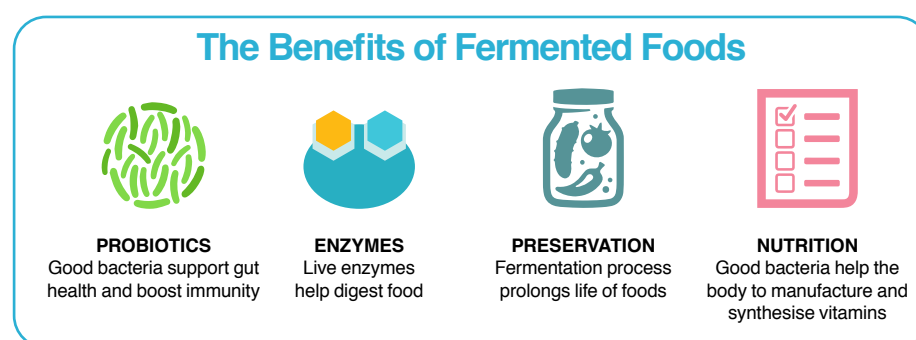
We keep hearing about the supposedly boundless health-giving properties of fermented foods. Dietitians from our Nutrition and Dietetics Department share their insights.

## WHAT ARE 'FERMENTED FOODS'?

In a nutshell, fermented foods are foods that have been altered by living microorganisms, such as bacteria, yeast and moulds. They include yoghurt, kefir and some cheeses. Some fermented foods such as kimchi, sauerkraut and sour pickles, along with yoghurt, kefir and kombucha, can contain 1 million to 1 trillion live microbes per gram. The microorganisms in other fermented foods, such as tempeh, most soy sauces, shelf-stable cheeses, beer and wine, are often killed by baking, pasteurisation or filtering.

## THEIR MANY BENEFITS

Fermented foods deliver many benefits, including prolonging the shelf life of their raw ingredients. However, their primary



benefit is related to their role in gut health. There is an overwhelming body of evidence that suggests gut health plays a much greater role in overall health than previously thought. Hence medical science is focusing on the benefits of ingesting live microorganisms, which fermented foods contain plenty of. Though many types of

microorganisms exist in the gut, bacteria are the most studied.

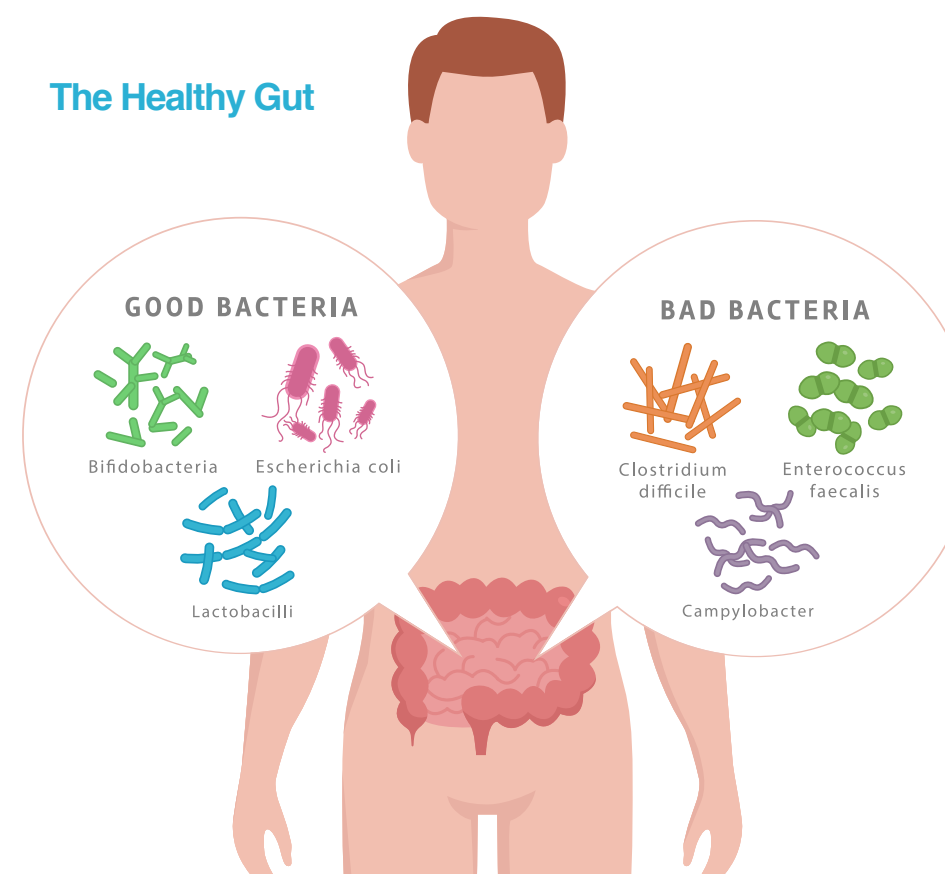
When the live microorganisms in fermented foods travel through the digestive tract, they join the trillions that already exist within the gut. Many are killed by the acidic conditions but those that survive work tirelessly for,

and sometimes against, the host's body. They have many functions, from helping digest food to helping the body synthesise vitamins and boosting immunity through complex chemical reactions. Fermented foods are thought to help treat a vast array of conditions including diarrhoea due to infection or medication, irritable bowel syndrome, Crohn's disease and various digestive disorders. They may also have an indirect positive impact on a wide-ranging number of conditions, from depression and diabetes to urinary tract infections, osteoporosis and gingivitis. They are believed to also support heart health and skin health.

## WHAT ABOUT PROBIOTICS

Probiotics are simply live microorganisms that are good for the gut. As fermented foods contain countless types of microorganisms, it is impossible to separate the good from the bad. Hence most foods are not permitted to be labelled 'probiotic' in most markets. However, certain fermented products labelled as probiotic supplements do contain only gut-friendly microorganisms. The good bacteria work hard to maintain the balance of the gut microbiome, but sometimes they are outnumbered by bad bacteria.

## The Healthy Gut



When the balance of good and bad bacteria in the gut is upset, digestive and overall health can suffer.

When the balance of good and bad bacteria in the gut is upset, digestive and overall health can suffer.

Common symptoms include constipation, bloating and diarrhoea. Long-term symptoms are thought to be far-reaching, possibly even life-threatening, and are still being studied. In such cases, taking probiotic supplements can help alleviate your symptoms of discomfort.

## CAN I TAKE IT?

However, fermented foods or probiotic supplements are not for everyone. Individuals with a weakened immune system should avoid consuming such foods. This includes patients on immunosuppressive drugs, severely ill hospital patients or those recovering

## Recommended Fermented Foods



from certain medical procedures such as surgery. Additionally, if you are pregnant or notice any severe persistent side effects, discontinue use and consult a doctor.

## LIVEN UP YOUR DIET

It is a great idea to incorporate fermented foods in your diet. Their live cultures will support your digestive health, and their tangy flavours will liven up your taste buds. Do keep in mind that not all fermented foods contain live bacteria due to food processing or cooking. Therefore, always read the labels on foods prior to purchase – for example, choose yoghurt with active or live cultures such as *Lactobacillus* or *Bifidobacterium*. Look more closely and you will realise that such foods come in many different forms and are not hard to find. Common examples include Vitagen, Yakult and yoghurt products.





# Keeping Fit While Working from Home

The home office comes with its own set of occupational hazards. Adwin Ho, Physiotherapist at Mount Alvernia Hospital Rehabilitation Centre, shares how you can work on your fitness while working from home (WFH).

## WFH CAN BE A PAIN IN THE NECK

In recent months, Adwin has seen an increase in the number of patients presenting with neck and lower back pain and strain, many of them working from home. He expects the trend to continue.

To avoid musculoskeletal injuries while WFH, Adwin recommends getting up from your chair every 20 minutes or so. He claims that even getting up once every 30 to 45 minutes will go a long way towards preventing aches and pains from developing.

If you need some cues to remind you when to get a move on, Adwin suggests:

## Keep hydrated

Not only does a good hydration plan benefit every cell in your body, but regular dashes to the toilet will increase your activity level and minimise prolonged sitting.



## Drink from a cup

Likewise, drink from a cup instead of a water bottle as this encourages frequent visits to the kitchen for refills.



## Stretch

A variety of quick and easy neck and lower back stretches can be performed in a seated position. They are just a Google search away!

## ACE YOUR WORK SPACE

Adwin emphasised the importance of paying attention to the physical components of your work space. He recommends a chair with a proper back and head support, and a table at a height that is conducive to working comfortably. The top of your computer screen should be at or slightly below eye level, and your monitor should be directly behind your keyboard.

“That being said, the most comfortable chair is the one you don’t sit in for too long!” added Adwin, underlining the importance of getting up and moving around.

## A WEIGHTY ISSUE

Adwin predicts that WFH-related health problems will not be limited to musculoskeletal injuries.

“Weight gain is another health issue that I foresee, due to the decrease in physical activity level that comes with working from home, compared to going to the physical workplace,” cautioned Adwin.

Being overweight or obese puts you at a higher risk of sprains, strains and falls, and drastically increases stress on the joints. It is also related to many serious health conditions, including diabetes, sleep apnoea, and even cancer. The knock-on effects of sneaky weight gain, the kind that creeps up on you half-kilo by half-kilo, can have disastrous long-term consequences.

Since WFH means easy access to the fridge and snacks, Adwin takes a realistic stance on resisting temptation — simply do not buy unhealthy foods in the first place!

## WORKING OUT FROM HOME

If you are now skipping the daily commute and have more time on your hands, why not put it towards those fitness goals you have been putting off?



According to Adwin, there are many effective bodyweight exercises that can be done in the comfort of your home with minimal or no equipment, such as squats and lunges.

“The time saved from not having to commute can be put to good use with a quick jog around your estate or a few laps in the pool,” suggested Adwin.

“All in all, exercising at home and outside of home each has its own benefits. It is healthy to have a balance of both.”

Adwin Ho

## WORKING FITNESS INTO YOUR SCHEDULE

Both the World Health Organization (WHO) and SingHealth recommend that adults do at least 150 minutes of moderate-intensity aerobic physical activity throughout the week, or at least 75 minutes of high-intensity aerobic physical activity throughout the week. The manifold benefits include weight management, stress relief and better sleep.

“Most importantly, time should be set aside for physical activity. It should be one of the important priorities in life, not an afterthought,” emphasised Adwin. “Once you adopt this mindset, exercise will become an enjoyable activity, not a chore.”

Adwin underlined the importance of starting slowly when embarking on a new exercise programme, especially if you have not exercised for a long time.

## GET OUT OF THE HOUSE

Though exercising at home has its benefits, including not being at the mercy of our unpredictable weather and the enforcement of social distancing, Adwin pointed out that it has its limitations, too. For example, heavy-duty jumping is out of bounds, and hanging punching bags and pull-up bars may cause structural damage to your flat or apartment.

“On the other hand, when you are exercising outside of home, you are accorded the luxury of space, which helps you put in a good cardio session,” pointed out Adwin. “It is also good to have a change of environment and enjoy the fresh air.”

The verdict is — “All in all, exercising at home and outside of home each has its own benefits. It is healthy to have a balance of both,” said Adwin.

## MAKE WFH WORK FOR YOU

The pandemic has taught us many things, including how unpredictable life is and how adaptable we human beings are. If you still have gainful work but are WFH till further notice, give thanks and make it work for you. Please pay attention not only to your physical fitness health but to your mental health, too.

Now, get up, stretch your legs and refill that drinking cup!





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† Contains DHA. For Aptamil Gold+ Stage 3 only. ‡ Contains unique prebiotic blend, scGOSiL/FOS (9:1). Arslanoglu et al. 2008. Journal of Nutrition 138:1091-1095.  
^ Excludes infant and follow on formula (0-12 months). T&Cs apply. Please refer to website for more details.