

Dedicated to Excellence in Dermatology

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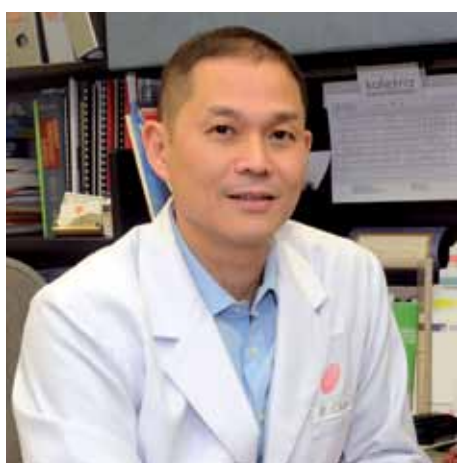
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Director's Message – 2009 Review



Several new programmes and services were introduced in 2009. We started an Acne Clinic that provides comprehensive acne management for patients with moderate-to-severe acne vulgaris, the second most common new condition seen at NSC. We introduced the VTRAC Excimer lamp which adds another treatment modality for psoriasis and vitiligo patients. It complements the existing range of phototherapy devices at NSC, which includes the PUVA machine and the MultiClear system. We also brought in the Cutera XEO laser for the Mandalay Clinic, which provides laser treatments for a wide range of vascular conditions, including leg veins. Over at the Department of STI Control (DSC), the MPLC-LC480 system was installed to replace the Cobas Amplicor. It is able to perform PCR for detection of *Neisseria gonorrhoeae* and *Chlamydia trachomatis* simultaneously, and has the advantage of full automation in sample preparation thus reducing turnaround time and manpower requirements significantly.

The Centre's toilets underwent a complete revamp and retrofitting; there was attention on patient safety and hygiene levels through use of non-slip floor tiles, sensor taps and hand-driers. The directional signs in Clinics A/B were

upgraded for greater clarity and convenience to patients and visitors. In the pharmacy, overall ambience was enhanced with new flooring and warm tone lighting for better patient experience. With the launch of the Wireless@NSC service, patients and visitors can now surf the Internet freely and seamlessly at most locations in the Centre. DSC introduced an appointment booking system to better manage patient load and reduce waiting time, which was a timely implementation given the increasing patient load over the years.

To achieve greater adherence to dapsona prescribing guidelines, we introduced on-screen reminders for doctors to order laboratory tests and creation of electronic charts to assist in monitoring treatment and laboratory results. This improves patient safety through early detection of the dapsona side-effects and hypersensitivity. Another enhancement to the EMR was the introduction of the end-of-consult summary sheet for patients. All first-visit private patients receive printed information on their outpatient consultation, including diagnosis, investigations, treatments, and medications. The summary sheet serves as a reference for patients. This initiative has been very well received by most patients.

The H1N1 influenza pandemic had its impact on NSC operations. Staff and patients alike rose to the occasion; they participated and cooperated with infection control measures in a responsible and informed manner. The NSC Influenza Task Force deserve our thanks for planning and implementing timely and appropriate measures to keep NSC safe.

We hosted three HMDP visiting experts in 2009. Prof Jeffrey Bernhard from the University of Massachusetts, United States in February; Prof Peter Soyer from the University of Queensland, Australia in May; and Prof Jean-Hilaire Saurat

from the University of Geneva, Switzerland, was with us from end December to early January 2010. Three NSC Consultants were awarded HMDP awards by NHG. Dr Lim Yen Loo was awarded HMDP Fellowship in Drug Allergies & Eruptions, Atopic Dermatitis & Immunodermatology in Vienna and Graz, Austria from June to December. Dr Tan Wee Ping left for her 10-month stint in Dermatotomy and Cutaneous Lymphoma at the St John's Institute of Dermatology, St Thomas Hospital, United Kingdom in September, and Dr Lynn Chiam commenced her 6-month HMDP training in Paediatric Dermatology at the Radboud University Nijmegen Medical Centre, Netherlands from November.

The Ego-NSC Dermatology Registrar Fellowship, first launched in 2008, was awarded to Dr Madeline Ho. She attended the Australian College of Dermatologists Conference and was also attached to a hospital in Adelaide.

For nursing staff, SN Agnes Chong was at the St Vincent's Hospital, Skin & Cancer Foundation in Sydney from February to April for her HMDP attachment in Photobiology, and SN Phionna Koh completed a 6-week training attachment in Mohs Micrographic Surgery at the St John's Institute of Dermatology, St Thomas Hospital in UK from March to May.

Dr Ng See Ket, Senior Consultant, received the NHG Distinguished Achievement Award, and Mrs Alice Chew, Senior HR Manager, received the NHG Outstanding Citizenship Award. The NHG Excellence in Action Awards were presented to Ms Sophie See, Senior Accountant, and Ms Elizabeth Tian, Principal Pharmacist. I was very honoured to receive the Queen Elizabeth II Gold Medal, presented by the Royal Society for Public Health in recognition of persons who have made outstanding contributions to public health in the Commonwealth.



NATIONAL SKIN CENTRE

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NO Mohd Adnan was presented with the Nurses Merit Award by the Ministry of Health, and the National Day Long Service Awards were presented to 4 NSC staff – Senior Consultants A/Prof Giam Yoke Chin and Dr Wong Siew Ngoh, Senior HR Manager Mrs Alice Chew and Health Attendant Low Eng Niow. This was the first time that awards were given to staff in RH/Is.

WeCare is NSC's Lean Transformation initiative that was launched in 2008. In January 2009, a

two-day workshop was conducted to train 31 staff, including seven doctors, on Value Stream Mapping and Rapid Improvement Events. Another 69 staff have since been trained in 6S System & Practices, with a total of 137 staff involved in completing 38 projects. Daily Improvement Boards for staff to submit their suggestions were implemented in July, and a Mission Control Board was installed in August to showcase completed 6S projects and reflect the status of each VSM.

In the area of community service, our staff participated in the Outreach Programme to bring food hampers to 20 NSC needy patients' homes. NSC also sponsored the SSO Gala Concert in aid of the Handicaps Welfare Association (HWA) held in September.

I would like to thank everyone for the hard work and contributions to making NSC the preeminent dermatological centre in Singapore and the region.

Skin Facts

Male and Female Pattern Hair Loss

What is it?

It is the most common form of hair loss affecting men and women. In male pattern hair loss, or androgenetic alopecia, there is gradual recession of the frontal hairline with thinning of hair over the crown. In female pattern hair loss there is more diffuse thinning over the crown and unlike male pattern hair loss, the hairline is usually preserved. Miniaturization of hair is characteristic of pattern hair loss. Permanent loss of these miniaturized hairs occurs when the condition is left untreated.

What is the cause?

Genetic factors, male hormones and increasing age may be important contributing factors in the development of male and female pattern hair loss. In men, testosterone is converted to dihydrotestosterone via the enzyme 5-reductase. Dihydrotestosterone acts on the hair follicle causing miniaturization of the hair. In a small number of men and women, the hair loss may be a reflection of increased male hormone production from a range of medical and endocrine conditions.

How will it affect me?

Pattern hair loss can affect a person's self esteem and confidence. This can result in significant psychological stress.

How is the diagnosis made?

Your doctor will make an assessment based on history and clinical examination. In some patients, tests may be required to exclude other causes of hair loss.

What are the treatment options for male pattern hair loss?

Topical minoxidil and oral finasteride have been proven to be effective in the treatment of male



Androgenetic alopecia in men is the commonest cause of hair loss.

pattern hair loss. They control the progression of hair loss and stimulate hair regrowth.

How does minoxidil work, and what are its side effects?

Topical minoxidil is applied twice a day to the affected areas of the scalp. Minoxidil prolongs the growing phase of the hair cycle and thickens the hair. Side effects include scalp irritation and dandruff. Infrequently, hair loss may be paradoxically increased in the first few months of use. However, this increased hair loss is usually transient and self-limiting.

How does finasteride work and what are its side effects?

Oral finasteride is a 5-reductase inhibitor that decreases the dihydrotestosterone level. This also results in prolongation of the growing phase and thickening of the hair. Sexual dysfunction may occur in a small percentage of men. This side effect is temporary and reversal occurs following cessation of the drug. Finasteride can be safely taken with most other medications. Patients with a history of prostate cancer should inform their doctors if they are on finasteride.

What are the treatment options for female pattern hair loss?

Topical minoxidil has also been proven to be

effective in the treatment of female pattern hair loss. Where indicated, an oral medication such as spironolactone may be used. However, this medication may not be suitable for all individuals. Frequent blood monitoring is required for someone on spironolactone. Women with androgen excess may benefit from hormonal therapy. Finasteride is not usually used in FPHL.

When can I see results?

Hair loss usually stabilizes after three to six months of therapy. Hair growth may be appreciated in some patients six months to two years later.

How long is treatment necessary?

Treatment for male and female pattern hair loss is life-long. If treatment is stopped, hair loss recurs three to six months later. Hair that was previously gained may also be lost.

Can treatment reverse complete balding?

Current medical therapy does not reverse complete balding. Therefore, early therapy before permanent hair loss occurs is advised.

Are there other treatment options for pattern hair loss?

Surgical options include hair transplantation and scalp reduction. For patients with advanced pattern hair loss, cosmetic aids like tinted powder/spray, hair pieces, and wigs may be suitable alternatives.

Talk to your doctor regarding the advantages and disadvantages of the different treatment options.

Improvement to F & G Clinics

Lawrence Quek, Support Services Manager

The upgrading of Clinics F/G started in December 2009, following the successful renovation of Clinics A/B early last year. The project, which was carried out concurrently with the lift upgrading work, underscored our commitments to improve the Centre's facilities for our patients, visitors and staff.

Apart from aesthetic improvements, the renovation increased the number of consultation rooms from 12 to 15, and the number of treatments rooms from 2 to 6. This enables us to cope with a growing patient volume and to reduce the waiting time for both appointments and consultations.

The upgrading was completed in three months, with minimal disruption to our routine clinical and administrative work and processes.



After the renovation, the clinics are able to serve more patients.

6S Showcase – Laboratory and HR Teams



Lab workstation: Before.

After attending the 6S workshop in November 2009, the teams from Laboratory and HR put what they learnt into practice to optimize their work environment.

The Laboratory team comprising Khatija Mohamed, Serene Chua, Sim Ruoting and Xue Huiqin performed a situation analysis and found that the specimen reception area and fridge at the Immunology Laboratory were highly disorganized, with various forms and specimens lying unsorted. A gap analysis showed that the cause was a lack of clear visual aides and labelling, no designated areas for items, and



After.

over-storage of done specimens. An average of two minutes is spent or wasted trying to locate items amidst the clutter.

To overcome the problems, the team allocated specific columns for different labs (eg. Immunology, Histology), and separate holding areas for forms, specimens and other specific items. They also introduced colour indicators and colour codes to clearly label all items, and removed expired items (e.g. blood that is more than two years old). This resulted in reducing time waste, with an average of 30 seconds saved, when locating items.

The team from HR, comprising Mike Pang, Serene Khoo and Christina Tang, carried out a similar reorganization and optimization of their workspace. They also relocated the HR printer to a separate workstation, as the fumes emitted previously was a health hazard to another staff member.

Kudos to both teams for coming up with simple but yet effective changes that brings time-saving benefits to themselves and their fellow colleagues.

HMDP Attachment – Dr Lim Yen Loo

Dr Lim Yen Loo, Consultant, recently returned from her HMDP training in immunodermatology, atopic dermatitis and drug hypersensitivity in the two Austrian cities of Vienna and Graz. She was there from 1 June to 7 December 2009.

Under the guidance of Prof Georg Stingl at Medical University of Vienna, she attended the inpatient dermatology ward and the Immunodermatology, Bioimmunotherapy and Allergy clinics at the Allgemeines Krankenhaus der Stadt Wien (AKH). The wide spectrum of immunologically-mediated skin conditions, as well as cases of drug hypersensitivity provided good learning opportunities, especially in terms of diagnostics and therapeutics.

At Medical University of Graz, she focused on evaluation of drug hypersensitivity, under the supervision of Prof Werner Aberer and his colleagues, learning the approaches to evaluation of different types of hypersensitivity reactions (immediate/delayed) to various drugs (eg betalactam antibiotics, NSAIDs, local anaesthetics, radiocontrast medium) and skin testing techniques (skin prick tests, intradermal tests, patch tests and oral/SC/IV provocations).

Dr Lim also took a short visit to the immunodermatology clinic at Klinik für Dermatologie, Allergologie und Venerologie, UK-SH to learn more about the immunoblotting technique and its use in immunobullous diseases.



Dr Lim Yen Loo (left), with her colleagues at Dachstein, Austria.

She believes that her HMDP experience will be helpful in i) expanding the services for NSC's current drug eruption clinic, ii) the management of immune-related or immunobullous diseases, and iii) the management of NSC's adult atopic dermatitis patients.

Keeping NSC Staff Healthy



The speaker of the afternoon was Ms Ho Yi Fei, a nutritionist from Dayspring Corporate Wellness.

Last year, quite a number of NSC staff who underwent the annual health screening were found to have low Bone Mineral Density (BMD) scores. A low BMD (osteopenia / osteoporosis) increases the risk of bone fractures. Risk factors for this include low calcium and vitamin D intake in their daily diet, lack of sun exposure or physical activity, or due to certain medications such as steroids.

To provide staff with more knowledge and understanding, the Healthy Lifestyle Committee collaborated with the Health Promotion Board to organize two workshops – the Education workshop was held on 4 March 2010, where Ms Ho Yi Fei, a nutritionist from Dayspring Corporate Wellness, taught over 40 participants on the basics of nutrition and on the topics of calcium, vitamin D and osteoporosis; while the Hands-On Workshop on 30 March 2010 imparted valuable knowledge on exercising, cooking and lifestyle modification to staff.

The Healthy Lifestyle Committee also recently introduced the Smoking Cessation Clinic for NSC staff, where trained pharmacists provide private counselling sessions and recommend a range of nicotine replacement therapies for staff who wish to lead a smoke-free life.



Staff listening attentively during the workshops.

Patient Compliments

"Dr Leow Yung Hian shows professionalism, care and concern. He is always encouraging with his words and I find him very approachable. [Staff Nurse] Liu Yan has been very patient with me even though my treatment (MultiClear) is quite extensive and takes up a long time. She does not complain about the duration (about 25 mins) and goes about the treatment meticulously and with professionalism."

- Mr Wong Teck Ong

"[PSA] Norasmawiya Mohammad and [PSA] Rabiah Ibrahim provided an excellent service. They were helpful friendly and patient, and are exemplary role models for other staff to follow."

- Mdm Umi Kalsum Binte Idris

"I was attended to by Dr Ng See Ket. I am absolutely satisfied, as he is the kind of specialist a patient with long-suffering skin problems would want to see. The satisfaction is complete with the very courteous services by [PSA] S. Amutha."

- Mr Leong Weng Kee

"We appreciate that Dr Lim Kar Seng is a caring doctor and also very understanding and friendly. You should employ more of such doctors. The clinic counter staff are also friendly and helpful, with special mention for [PSA] A. Malathy."

- Mr Lee Kong Lin

CME Calendar

Month	Date	Time	Title	Seminar Type
Jun	05 (Sat)	2.30– 5.00pm	Common Skin Concerns	Public Forum I (Malay)
Jun	12 (Sat)	2.30– 5.00pm	Common Skin Problems: The Myths and the Facts	Public Forum II (Mandarin)
Jun	19 (Sat)	2.30– 5.00pm	Spots Illustrated – Pigmentary Disorders	Pharmacy
Aug	14 (Sat)	2.30– 5.00pm	Sun and Skin	Public Forum III
Oct	23 (Sat)	2.30– 5.00pm	Sexual Health – Everything you wanted to know but were afraid to ask	Public Forum IV
Nov	27 (Sat)	2.30– 5.20pm	Practical Tips on Common Dermatological Management	General Practitioners



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For NSC Internet Appointment Booking, please login to www.nsc.gov.sg

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