

## CONTENT:

- Message from the President
- The 6<sup>th</sup> MTS Scientific Meeting and AGM
- Hospital Kuala Lumpur Asthma and COPD Resource Centre
- Scientific Update
- Newsflash
- Case Challenge



### MALAYSIAN THORACIC SOCIETY

No 19 Jalan Folly Barat,  
50480 Kuala Lumpur,  
Malaysia.  
Tel: (603) 2530100, 2530200  
Fax: (603) 2530900  
email: acadmed@po.jaring.my

#### EDITORS

Richard Loh Li Cher  
Norzila Mohd Zainudin  
Hamidah Shaban

#### EXCO OFFICE BEARERS 2003-2005

##### President

Professor  
Dr Liam Chong Kin

##### Vice-president

Dr Norzila Mohd Zainudin

##### Secretary

Associate Professor  
Dr Roslina Abdul Manap

##### Assistant Secretary

Associate Professor  
Dr Richard Loh Li Cher

##### Treasurer

Associate Professor  
Dr Jessie A de Bryune

##### Assistant Treasurer

Dr Patrick Chan Wai Kiong

##### Members:

Dr Zainudin Md Zin  
Dr Lim Kim Hatt  
Dr Hamidah Shaban  
Dr Pang Yong Kek

## Message from the President

I am extremely honoured to be re-elected the President of the Malaysian Thoracic Society for another 2-year term from July 2003 to July 2005. I would like to thank Dr Patrick Chan and the ex-editorial board members for reviving the newsletter for the society and giving it a new lease of life and naming it *BREATHE*. I would like to congratulate and thank Dr Richard Loh and the new editorial board for coming out with this 2<sup>nd</sup> volume of *BREATHE* to coincide with the 8<sup>th</sup> Congress of the Asian Pacific Society of Respirology (APSR) which the Malaysian Thoracic Society is given the honour to organize and host in Malaysia. This congress which was originally supposed to be held from 17<sup>th</sup> – 20<sup>th</sup> July 2003 has to be rescheduled to 1<sup>st</sup> – 4<sup>th</sup> December 2003 due to the unexpected outbreak of the Severe Acute Respiratory Syndrome (SARS) in the region from March to early June this year. The

venue of the congress has also to be changed to the Sunway Lagoon Resort Hotel. I would like to invite all members of the Malaysian Thoracic Society to attend this major regional event to update your knowledge in Respiratory Medicine and also to take this opportunity to meet up with old friends and make new ones.

Besides organizing the APSR Congress the Malaysian Thoracic Society has been actively involved in organizing events to commemorate the World Asthma Day and the World COPD Day. The society has revised the Clinical Practice Guidelines for the Management of Adult Asthma which was published in July this year. *BREATHE* provides a means by which members can be informed of such activities by the society. I hope the enthusiasm of the members of the new editorial board will see to the publication of more volumes of this newsletter.

## The 6<sup>th</sup> MTS Scientific Meeting and AGM

The above event was held in Port Dickson from 19 to 20 July 2003 in place of the original dates set for deferred APSR Congress to be hosted by Malaysia this year. Despite a short notice, over 100 full time and day participants attended this short Meeting with a relatively compact programme that included AGM where the new office bearers for 2003 to 2005 was elected.

The Meeting kicked off with the Asthma symposium on the Saturday afternoon. Associate Professor Dr TK Lim from NUS Singapore shared about a truly comprehensive asthma nationwide initiative in Singapore to curb morbidity and mortality, stressing the fact that asthma mortality in Singapore was already on a decline prior to this and that the initiative would provide further positive change along this direction. Professor Leif Bjerner from University of Lund, Sweden, eloquently argued for Leukotriene Receptor

Antagonist (LTRA) in his lecture 'LTRA- why the debate'. He proposed LTRA is the better candidate for protection against bronchoconstriction than others such as the Long-Acting  $\beta_2$ -agonist (LABA) where their actions are mainly lies on maintaining bronchodilation since most randomized controlled studies have the standard FEV<sub>1</sub> reversibility  $\geq 12$  or 15% as their entry criteria. Our own Dr Zainudin Mohd Zin elaborated on the new 2<sup>nd</sup> Clinical Practice Guideline on Management of Adult Asthma for Malaysia incorporating the latest evidence-based material that is rapidly expanding. The same CPG was launched in the evening Congress Dinner that were preceded by the AGM and a scientific plenary talk by Datin Dr Aziah Ahmad Mahayiddin, Consultant Chest Physician HKL on the potential of prolonged M3 receptor blockage

continue on next page ...



## Hospital Kuala Lumpur Asthma and COPD Resource Centre

The beautiful morning of 22<sup>nd</sup> September 2003 saw the launching of the first Asthma and COPD resource centre in Malaysia at the Outpatient Department of Kuala Lumpur Hospital by the Honourable Deputy Minister of Health, YB Dato Seri Dr. Suleiman Mohamed. This centre was established to fulfil the following objectives which are: to be a centre where comprehensive information and education regarding Asthma and Chronic Obstructive Airways Disease are available and easily accessible to all interested



parties i.e. patients, relatives and care providers, a place where patients can receive educations from trained Asthma nurses on all aspects of their illness as to improve self-management and control of their diseases. It is hoped that with good control, their quality of life will improve and frequency of health facilities visits and admissions due to exacerbations will decrease. Long-term outcome will be the decrease in hospital expenditure. This one stop centre also will consolidate and

coordinate the asthma and COPD education programs of HKL in order to optimise the role and functions of related personnel and the resources/facilities available in HKL. The presence of this centre is hoped to improve the management of Asthma and COPD cases by making available Clinical Practice Guidelines (CPGs), latest disease management information and recent literatures to doctors and paramedics.

To achieve the above objectives, the activities of the centre are: making available health educational materials in the form of pamphlets, booklets, posters, cassettes, CDs to interested parties. Ensure availability to doctors and paramedics educational materials, CPGs and latest information and literatures to assist them in improving their knowledge and thus management of their patients. These materials are in hard copies or can be assessed from files stored in computer. Having regular exhibitions of educational posters, new inhalers and peak expiratory flow devices, with nurses available to answer questions or to train if necessary.

Asthma specialist on duty will assist in management of patients diagnosed with asthma/COPD by doing on the spot counseling and advise/ education or by referring patients to appropriate person/ clinic e.g. physician referral, referral to

quit smoking clinic. Other activities planned are having fortnightly lecture on asthma/COPD for patients and public on commonly asked topic, participating with other agencies or doctors in research on Asthma/ COPD. Assistance can be in the form of identifying patients, literature search, and data collections or as investigator and assisting or initiating the activities commemorating World Asthma Days, World No Tobacco Day and World TB days in Hospital Kuala Lumpur.

There is a need to strengthen and consolidate all the educational activities and to make them more easily accessible to the public. Studies have shown that patients' knowledge and practice in relation to their disease and disease management is sadly lacking. Other study (AIRIAP) had shown too that asthma patients are poorly managed by care providers. It is hoped that with the presence of this centre in this highly visited and regarded hospital, will improve the standard of management for these diseases thus improving the disease management outcomes and patients' quality of life.

**The Asthma and COPD resource centre of HKL is located in the male section of outpatient department and it is opened Monday to Friday from 8.30 – 4.00 pm.**

*By Datin Dr Aziah Ahmad Mahayiddin*

*continue from front page*

in treatment of COPD where the scientific and clinical evidence for the use of tiotropium was comprehensively presented. This agent may represent the first novel treatment we have for COPD in the last 20 years or more. The talk coincided with its launch in Malaysia (see NEWSFLASH).

On Sunday morning, an important SARS symposium comprised of two talks from Professor Lam Sai Kit, microbiologist from UMMC and Dr Ong Kian Chung from Tan Tock Seng Hospital, Singapore.

Professor Lam spoke on the nature of SARS virus while Ong, being frontliner in the combat of SARS outbreak in Singapore, described the clinical aspect of the disease that had so severely affected our region. Although the epidemic had subsided then, the nature of its spread and incurred morbidity and mortality, as the story was retold, continued to amaze and trouble many of us. Later the morning was a symposium on community-acquire pneumonia where Professor Liam and Dr Norzila shared on currently available evidence-based management of adult and childhood pneumonia respectively. The

obvious message that stood out was that understanding of local epidemiology and choice of antibiotics were crucial to successful treat CAP that can still carries high mortality rate even among the healthy individuals.

*By Dr Richard Loh*

**For copies of the abstracts related to the respective talks above, be free to contact Dr Loh via loh@imu.edu.my**



## Scientific Update

### Inhaled iloprost is an effective therapy for patients with severe pulmonary hypertension – the AIR study [NEJM, 347:322-329, Aug 2002]

In this study of 203 patients with primary (50%) and nonprimary (50%) pulmonary hypertension with NYHA stage III or IV were randomised to receive either inhaled iloprost (Ilomedin, Schring) or placebo via nebulizer on 6 or 9 occasions throughout the day. The mean age of the patients in both groups was 52 years, mean pulmonary artery pressure 53 mmHg and mean 6-min walk distance 323 m. The primary end point was met if, after week 12, the NYHA class and distance walked in six minutes were improved by at least one class and at

least 10 percent, respectively, in the absence of clinical deterioration according to predefined criteria and death. The combined clinical end point was met by 17 percent of the patients receiving iloprost, as compared with 4.9 percent of the patients receiving placebo ( $P=0.007$ ). There were increases in the distance walked in six minutes of 36.4 m in the iloprost group as a whole ( $P=0.004$ ) and of 58.8 m in the subgroup of patients with primary pulmonary hypertension. As compared with base-line values, hemodynamic values were significantly improved at 12 weeks when measured after iloprost inhalation ( $P<0.001$ ), were largely unchanged when measured before iloprost inhalation, and were significantly worse in the placebo

group. Further significant beneficial effects of iloprost treatment included an improvement in the NYHA class ( $P=0.03$ ), dyspnea ( $P=0.015$ ), and quality of life ( $P=0.026$ ). Syncope occurred with similar frequency in the two groups but was more frequently rated as serious in the iloprost group, although this adverse effect was not associated with clinical deterioration. The authors of the Aerosolized Iloprost Randomized study concluded that inhaled iloprost is an effective therapy for patients with severe pulmonary hypertension.

By Dr Roslina Abdul Manap

This product, Ilomedin® is now available in Malaysia

## Newsflash

### World Asthma Day – Jogathon 03

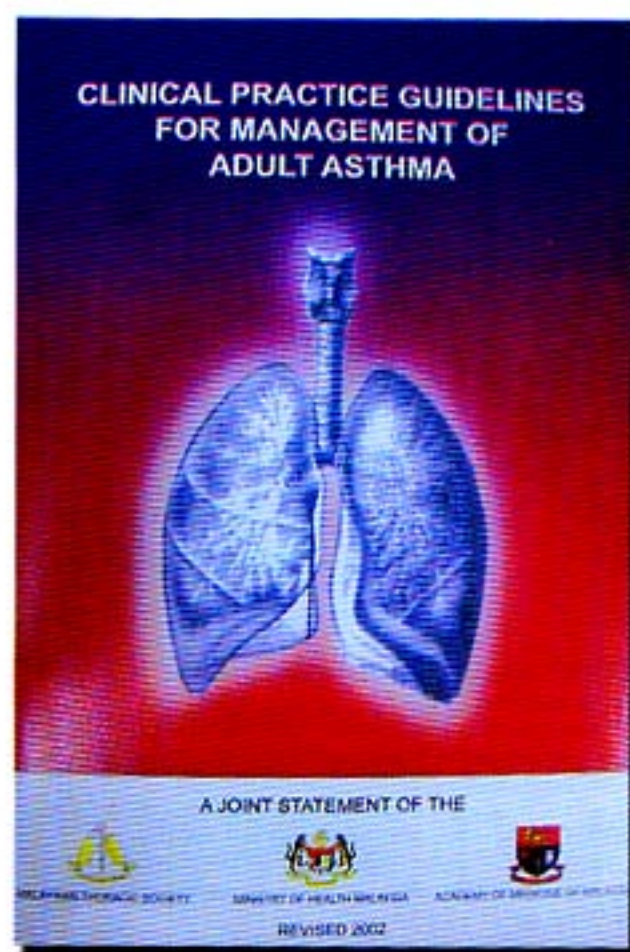
A jogathon was organized by MTS on 18<sup>th</sup> May 2003 to coincide with the World Asthma Day. 700 participants took part in the jogathon who were flagged off by Dr N K S Sathiaselvan, Deputy Director, Perkhidmatan Pembangunan Kesihatan, at 7.30 a.m. from Tapak A, Tasek Perdana, Kuala Lumpur. All the participants enjoyed themselves in the jogathon and the associated activities.

### 8<sup>th</sup> Asian-Pacific Society of Respiriology (APSR) Congress in KL

Hosted by Malaysia (organised by MTS) this year, the APSR Congress has been postponed to 1<sup>st</sup> to 4<sup>th</sup> December 2003 because of the SARS outbreak in April 2003. The venue is also changed to Sunway Convention Centre for this event.

### Guidelines on Management of Adult Asthma

The guidelines were reviewed in 2002 under the auspices of MTS, the Ministry of Health Malaysia and the Academy of Medicine Malaysia. These guidelines are in print and is available on Academy of Medicine Malaysia website at <http://www.acadmed.org.my/cpg>. Hard copies



can be requested via Academy of Medicine Malaysia e-mail: [acadmed@po.jaring.my](mailto:acadmed@po.jaring.my)

### Launch of Spiriva® (Tiotropium) in Malaysia

Spiriva® is officially launched in Malaysia on 15 July 2003, jointly marketed by Boehringer Ingelheim and

Pfizer. It is available in most pharmacy outlets and represents an important treatment option for patients with COPD.

### Seretide® is now available in Ministry of Health (MoH) Hospitals

Seretide® accuhaler was launched in Malaysia in December 2000. From July 2003, Seretide accuhaler 50/250 was enlisted in the MOH essential drug list and is now available for MoH patients. Seretide® accuhaler is a single inhaler agent combining a long-acting  $\beta_2$ -agonist with a corticosteroid. The other combined single inhaler agent available in Malaysia (not as yet in MoH essential drug list) is Symbicort® turbobhaler.

### Becoming Malaysian Thoracic Society (MTS) member

MTS has over 100 members and warmly welcomes all doctors who has interest in promoting respiratory frontiers in Malaysia to join us. The fee for life membership currently stands at RM300 (application forms available from Academy of Medicine Malaysia). MTS Membership for allied health personnel is presently being discussed but the Committee encourages any interested parties to write in for consideration.



## Case Challenge

A 50 year-old woman with renal failure.  
(see Pix A and B)

### Questions

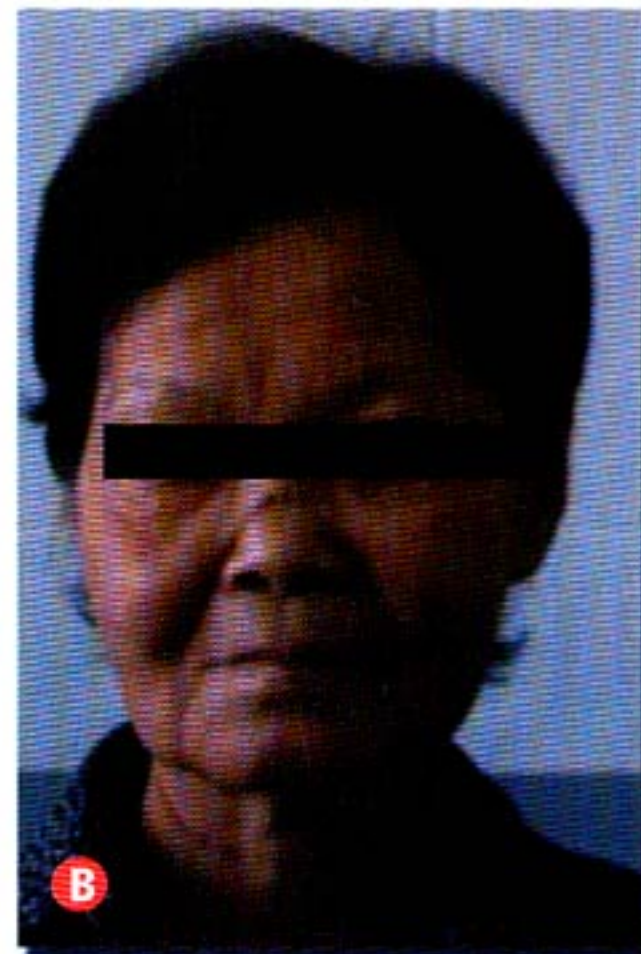
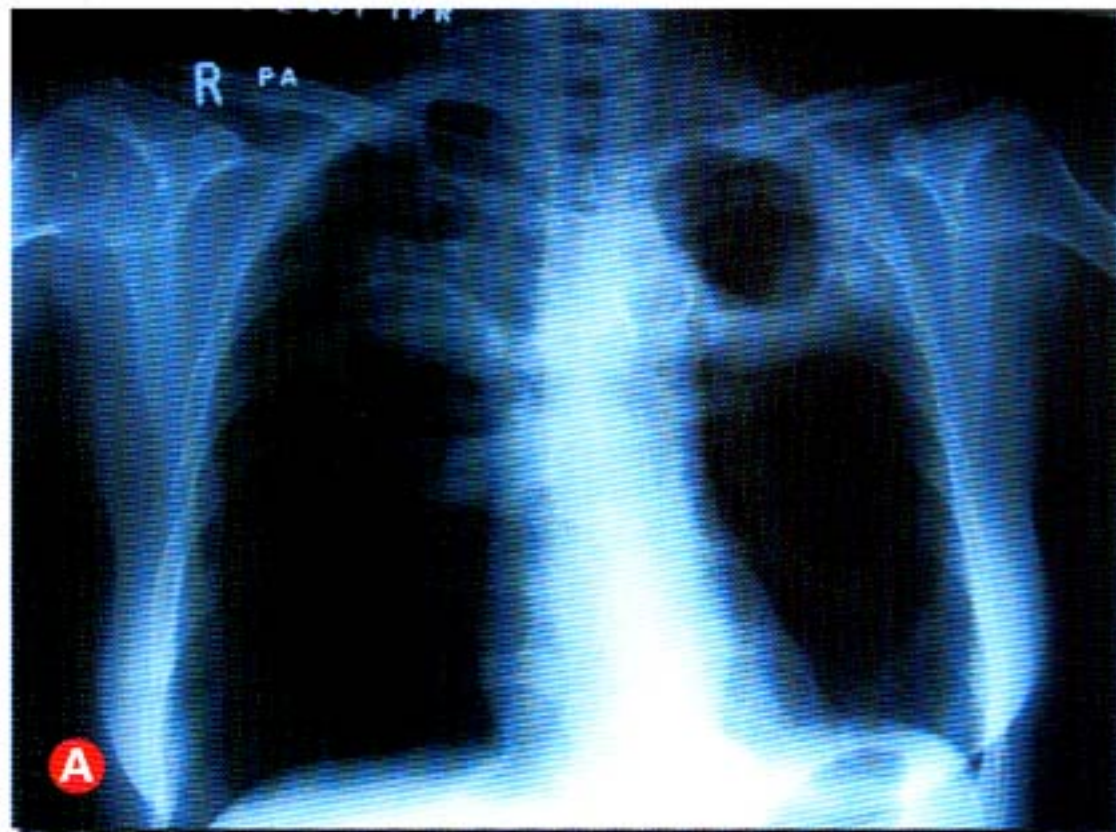
1. What is your diagnosis?
2. Name two investigations you would do to confirm diagnosis.
3. What is the treatment?

### Answers

1. Wegener's granulomatosis
2. c-ANCA and biopsy of affected sites (renal or lung)
3. Prednisolone and cyclophosphamide

Note: Pix A shows thick wall cavitating lesions in the chest.  
Pix B shows collapsed nasal bridge.

By Dr Hamidah Shaban



For patients 4 years of age and older

## SERETIDE™ - Reduce the limitations of asthma by treating the two main components

Please consult full prescribing  
information before prescribing.

References: 1. Juniper EF et al. *Eur Respir J* 1999; 14 (Suppl 30): 370s, P2460 Poster, ERS Madrid 1999.  
2. Shapiro G et al. *Am J Respir Crit Care Med* 2000;161:527-534. 3. Kavuru M et al. *J Allergy Clin Immunol* 2000;105:1108-1116. 4. Liam CK, et al. *Asian Pacific J Allergy Immunol* (2000) 18:135-140.  
5. Prescribing Information. 6. Nathan P et al. *Am J Respir Crit Care Med* 1999;159(9):A637.

- ▼ **SERETIDE™ provides great asthma control patients can feel<sup>1</sup>**
  - Clinically meaningful improvements in quality of life
  - Helps patients do the things they enjoy<sup>1</sup>
  - Helps people stop feeling like asthmatics<sup>1</sup>
- ▼ **SERETIDE™ provides fast total asthma control that lasts**
  - Improvement in FEV<sub>1</sub> within 30 mins and maintained for 12 hours<sup>2</sup>
  - FEV<sub>1</sub> progressively increased over the 12 hour dosing interval at week 12, peaking at a 40% improvement in Day 1<sup>3</sup>
  - Provides significant increase in the percentage of symptom-free days<sup>2</sup>
- ▼ **SERETIDE™ promotes patient benefits**
  - Easy-to-use Accuhaler device<sup>4</sup> and MDI
  - Convenient dosing<sup>5</sup>
  - Enhances compliance<sup>6</sup>

**Seretide**  
fluticasone propionate / salmeterol xinafoate  
Great Control Patients Can Feel<sup>1</sup>



GlaxoSmithKline Pharmaceutical Sdn Bhd  
8th Floor, Menara Lien 166, Fl. 8, Persiaran Tropikana, 47410 Petaling Jaya,  
Selangor Darul Ehsan, Malaysia. Tel: (603) 7806 5911 Fax: (603) 7966 5927

For comments and contribution of  
articles, please contact the Editors  
via [lah@imu.edu.my](mailto:lah@imu.edu.my) or  
Malaysian Thoracic Society via  
Academy of Medicine Malaysia  
[acadmed@po.jaring.my](mailto:acadmed@po.jaring.my)

The Editors wish to thank



for sponsorship of this issue of  
'BREATH'.