

BREATHE - July 2005



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EDITORS

Richard Loh Li-Cher
Norzila Mohd Zainudin
Hamidah Shaban

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WORLD COPD DAY 2004

By Professor Dr Liam Chong-Kin, University Malaya Medical Centre, Kuala Lumpur



World COPD Day is celebrated each year in November. The first World COPD Day was celebrated on 20 November 2002 and in 2003 it was on 19 November. This year, World COPD Day fell on 17 November 2004. This is the third year that World COPD Day is

celebrated in Malaysia as it is celebrated in many countries throughout the world. Events held in more than 50 countries worldwide are aimed at encouraging people at risk for COPD to see their doctors early and begin treatment if they have the disease while encouraging governments to make COPD a health care priority.

The objectives of GOLD (Global Initiative for Obstructive Lung Disease) are to (1) recommend effective COPD management and prevention strategies for use in all countries, (2) increase awareness of the medical community, public health officials and the general public that COPD is a public health problem, (3) decrease morbidity and mortality from COPD through implementation and evaluation of effective programs for diagnosis and management, (4) promote study into reasons for increasing prevalence of COPD including relationship with environment, and (5) implement effective programmes to prevent COPD.

The theme for World COPD Day this year is Don't Ignore COPD. COPD is not taken seriously by smokers, and signs and symptoms are ignored. According to a survey conducted in May 2004 by MTS, there is a need to further educate the public about COPD as only 30% of all respondents have ever heard of it, much less understood the symptoms (Issue 3 / June 2004 of BREATHE).

In conjunction with the World COPD Day celebration this year, the Malaysian Thoracic Society in collaboration with the University Malaya Medical Centre, Kuala Lumpur has held an exhibition on COPD together with spirometry screening for COPD from 25 – 28 November 2004 at the medical centre. Professor Dr Liam Chong-Kin went on air over Radio 4 RTM on 24 November 2004 to talk on COPD and to highlight World COPD Day 2004. A public forum was held on 27 November 2004 at the Dewan Pulasari on the 2nd Floor of the Rawatan Utama Keluarga Am (RUKA) Building of the medical centre. At the public forum, Professor Dr Liam Chong-Kin, senior consultant respiratory physician spoke on 'Is it just breathlessness, or could it be COPD?' and Dr Pang Yong Kek, lecturer in the Department of Medicine talked on 'What can doctors and patients do about COPD?'. This public forum was well attended by patients, their relatives and members of the public.

More information about World COPD Day is available at the website:
www.goldcopd.org.

ENGAGING HEALTH PROFESSIONALS IN TOBACCO CONTROL

By Assoc Prof Dr Mohamad Haniki Nik Mohamed

Lecturer in Clinical Pharmacy and Coordinator of Quit Smoking Clinic School of

Pharmaceutical Sciences, Universiti Sains Malaysia, Penang
E-mail: haniki@usm.my

Based on the National Health and Morbidity survey in 1996, the Ministry of Health Malaysia reported that the smoking prevalence among those more than 18 years was 24.8%, with 49.2% males and 3.5% females. A national survey in 2000 found 4.64 million

smokers, with 3.26 million (78.4%) males above 18, while another 11.2% of them were 18 and below. More importantly, there were almost half a million female smokers, with 7.3% above 18 years, and 3.1% ≤ 18 years. It is expected that there would be about 5 million smokers in 2025, with 30% males and 10% females. The figures are indeed alarming and immediate actions must be taken to help smokers kick the habit and prevent others from starting. Currently there are about 4.3 million smokers in Malaysia, each consuming an average of 14 cigarettes per day. It is estimated that 10,000 Malaysians die each year due to tobacco related illnesses, particularly cancer and cardiovascular disease. The cost of treatment for lung cancer and COPD, for example, poses a heavy burden on the taxpayers. Indeed, tobacco is the number one preventable cause of premature death nationally and globally. This is not surprising since cigarette contains at least 4,000 harmful chemicals, of which 60 of them have been identified as cancer-causing chemicals (carcinogens).

Health professionals are at the best position to promote smoking cessation. They understand the complexity of nicotine addiction that includes both physiological and psychological dependency, treatment and prevention. Physicians' advice regarding the harmful effects of tobacco use on health has been shown to be the most effective when in motivating smokers to quit. A brief intervention employing the 5 A's method (Ask, Advise, Assess, Assist and Arrange for follow-up) should be employed at every encounter with patients. Pharmacological agents (e.g., nicotine replacement therapy, NRT) should be offered when appropriate. More intensive intervention could be provided by those trained in providing the service. The Ministry of Health (MOH) Malaysia has been running about 200 quit smoking clinics at various hospitals and health clinics in the country since late 1990's. This shows that help has been around for quite sometime. Thus, health professionals must ask all patients about their smoking status and refer them to the quit clinics. Health professionals should familiarize themselves with the clinical practice guideline (CPG) on Treatment of Tobacco Smoking and Dependence that has been published by the MOH and Academy of Medicine in September 2003 (available at: <http://www.acadmed.org.my/>).

Health professionals should also be actively involved in other aspects of tobacco control in line with the Framework Convention on Tobacco Control (FCTC). The FCTC is the world's first public health treaty negotiated under the auspices of the World Health Organization (WHO) to reduce the global devastating health and economic impacts of tobacco. The FCTC outlines in its provisions measures to achieve effective tobacco control, including increasing price and tax, combating cross-border smuggling and illicit trade, placing pictorial health warnings on tobacco packaging, protecting non-smokers from exposure to tobacco smoke in workplaces, public transport and indoor public places, and banning any sort of promotion, advertising and sponsorship by tobacco industries. The existing health professional organizations should be more active in urging prompt ratification of the FCTC and also more importantly, its implementation.

Health professionals should adopt the recently signed WHO's code of practice on tobacco control. The code clearly states that health professionals need to be role models by not using tobacco and by promoting a tobacco-free culture. Their own organizations' premises and events must be tobacco-free. Tobacco control must be included in the agenda of all relevant health-related congresses and conferences.

Health professionals must refrain from accepting any kind of tobacco industry support financial or otherwise, and from investing in the tobacco industry. They must actively participate in World No Tobacco Day every 31 May (2005 would be the most relevant since the theme is on the role of health professionals). Last but not least, health professionals should influence health institutions and educational centers to include tobacco control in their health professionals' curricula, through continued education and other training programmes.

In conclusion, health professionals must play a more active role in promoting smoking cessation, by routinely ask patients about tobacco consumption and exposure to tobacco smoke using evidence-based approaches and best practices, give advice on how to quit smoking and ensure appropriate follow-up of their cessation goals. They should also get involved in other tobacco control activities to ensure all are informed of the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure to tobacco smoke.

WORLD ASTHMA DAY JOGATHON 2005

The event draws over 1000 participants

By Dr Norliza Mohd Zainudin
Paediatric Institute, Hospital Kuala Lumpur

The scene at Taman Tasik Perdana (Lake Gardens) was one of unusual activity on the morning of 15 May, 2005. Usually a peaceful and idyllic island of greenery, its streets and parking lots were jammed with people in bright orange T-shirts in various stages of activity jogging in place, stretching, and briskly walking.

Live and Breathe, Asthma-Free was the reason why hundreds of people were gathered at the Lake Gardens on a Sunday morning, instead of staying snug in their beds. Its official theme, was made doubly meaningful as the morning dawned clear and sunny. The fourth consecutive World Asthma Day Jogathon enjoyed a great response, with more than half the participants signing up in the two weeks preceding the event, and a significant number simply showing up despite not being able to register. In fact, the final tally was in excess of 1,000 participants, a welcome increase from the original target of 800.

A first-time collaboration between the Malaysian Thoracic Society (MTS) and the newly-formed Asthma Council Malaysia, the event was sponsored by GlaxoSmithKline Pharmaceuticals. Members of the Federal Territory Amateur Athletic Association (FTAAA) conducted the warm-up session for the participants while invited guest Dr Zainol Ariffin Pawanchee, Health Director of City of Kuala Lumpur, kicked off the event at the starting line.

While waiting for the participants to complete the course, the St John's school military band entertained the crowd that remained, in particular the children who were taking part in the colouring competition, and others who had arrived to find out more about asthma from the respiratory nurses stationed at the exhibition booth. In addition to educational information, a highlight at the booth was the 30-second asthma test, which allowed participants to gauge the severity of their condition objectively.



Colouring competition



St John's School Band



Warming up

The carnival atmosphere was heightened by karaoke performances and clowns distributing balloons and performing antics to entertain the children. Before too long, participants were already returning and the prize-giving ceremony commenced, with trophies, medals and hampers being distributed by Dr Zainol and Mr Jorge Bartolome, Managing Director of GlaxoSmithKline Pharmaceuticals Malaysia-Singapore. The public event ended with a media interview session, during which Dr Norzila Mohd Zainudin, Prof Dr Liam Chong-Kin and Dr Zainudin Zin, together with Dr Zainol and Mr Bartolome, shared their thoughts with the journalists on the objectives and significance of the World Asthma Day Jogathon.



Some more warming up



Start Gun!



The Winners!

ANNUAL 2004 MTS PAEDIATRIC ASTHMA WEEKEND SYMPOSIUM AT LANGKAWI ISLAND

By Dr Patrick Chan Wai-Kiong
Gleneagles Intan Medical Centre, Kuala Lumpur

The 2004 Malaysian Thoracic Society (MTS) Paediatric Asthma Weekend Symposium sponsored annually by Merck, Sharpe and Dohme (MSD) was held at Langkawi Lagoon Resort on Saturday, the 9 of October 2004. This year's symposium was entitled Managing Airway Disease with Leukotriene Receptor Antagonist: Asthma, Allergies and Wheeze.

Dr Norzila Zainudin, like in the previous year remained the Course Director for this weekend meeting.

A total of 71 paediatricians descended upon the mystical island of Langkawi a day earlier by flight and ferry and checked into the Langkawi Lagoon Resort at Padang Merabang. The resort was fairly new, barely a year old with rather enthusiastic staff that



would ferry guests in little electrical buggies to the spacious sea chalets perched on concrete pillars situated out into the sea. Anyone looking for sun, sand and surf was unfortunately disappointed this weekend as it rained, rained and rained&& and rained. The seas looked most uninviting with the grey clouds looming above its choppy waves and the night wailed from the monsoon winds hammering the island coasts. It was therefore fortunate that the symposium programme was well received by the participants. We had a mixture of paediatricians from both the public and private health services. More interestingly, a good number of subspecialties were also represented by the participants; namely neonatologists, neurologists and rheumatologists, a modest indication perhaps of the universal appeal of Paediatric Respiratory Medicine.



The scientific programme was divided into two sessions namely the morning symposia entitled 'Wheezing Disorders in Infants and Young Children'. Dr

Norzila Zainudin presented her lecture 'Phenotypes, categories and diagnosis' that highlighted the current understanding of asthma categories in young children. The following lecture presented by Dr Patrick Chan entitled 'Treatment choices and failure' outlined the various treatment modalities available for asthma management and provided examples where current treatment guidelines may not be uniformly beneficial for all asthma phenotype categories. The morning session concluded with a concurrent case presentation and workshop for the participants. After lunch, the afternoon symposia continued with 'Asthma and allergic rhinitis'. Dr Jessie de Bruyne presented her lecture on the link between asthma and allergic rhinitis followed by Dr Norrashidah Wahab who provided an overview of the treatment of allergic rhinitis including the role of leukotriene antagonist receptor. As before, the session concluded with an interactive question and answer case presentation and workshop.

The symposia gala dinner initially planned as an outdoor beach barbecue night was obviously cancelled due to the wet rainy weather. It was nonetheless amazing that the resort staff was able to organize a themed dinner for the participants on such short notice& and so, an American Wild Wild West dinner was held instead. Fire eating, blowing and howling 'Red Indians' started the evening dinner off which was then intermittently interrupted by a parading 'Red Indian' chief and its posse and a battle between Cowboys and um 'Red Indians'. A buffet dinner with barbecued lamb, chicken, seafood and a variety of typical American fare was available for the hungry masses. One can only assume it must be that MSD is an American company. Nonetheless, everyone had a good time and the evening ended with the Course Director, Dr Norzila Zainudin singing and serenading the participants on stage with the resident band.

The weather the following day was fortunately kinder and many participants took the

opportunity to go into Kuah town to do some duty free shopping and spent some time visiting various interesting spots around the island before returning to the mainland. The 2004 weekend Paediatric symposia like the previous year was well received and despite the less than pleasant weather, getting away from the hustle and bustle of city life visiting Langkawi was as always enjoyable.

APAPARI

(ASIA PACIFIC ASSOCIATION OF PEDIATRIC ALLERGY, RESPIROLOGY & IMMUNOLOGY)

By Assoc Prof Dr Jessie de Bruyne

Hon Treasurer MTS, Treasury Secretary APAPARI

The idea of an association to link those working in the fields of paediatric allergy, paediatric immunology and respiratory paediatrics in the Asia Pacific region was first mooted in 1996. At the KAPARD (Korean Association of Pediatric Allergy and Respiratory Disease) annual congress in Seoul in 1997, a group of interested people met for the first time to discuss the setting up of such a society.

Over the next year, the name Asia Pacific Association of Pediatric Allergy, Respiriology & Immunology (APAPARI) was proposed. The group met again at APCACI '98 in Bangkok, Thailand, where a steering committee was formed. The name APAPARI was formally adopted and Prof Pakit Vichyanond of Thailand) was elected the 1st president of APAPARI. Initial membership included physicians and scientists from 10 countries in the region. Prof Yoji Iikura of Japan became the 2nd president and the 3rd and current president is Prof Sang-il Lee of Korea.

APAPARI is a professional medical specialty organization representing paediatric allergists, immunologists and pulmonologists, allied health professionals, and other physicians with a special interest in paediatric allergy in the Asia-Pacific region.

The mission of the Asia Pacific Association of Pediatric Allergy, Respiriology & Immunology is the advancement of the knowledge and practice of pediatric allergy, respirology and immunology for optimal patient care. The APAPARI's goals are to:

- Improve the quality of patient care in allergy, respirology, and immunology
- Maintain and advance the diagnostic and therapeutic skills of members and foster their appropriate application
- Develop and disseminate educational information for members, patients, physicians and health professionals

APAPARI is also dedicated to facilitating collaboration between members in the Asia Pacific region in research and education.

Several business meetings have been held (including one in Kuala Lumpur in 1999 during the Malaysian Thoracic Society Annual Congress) and members have participated in regional scientific meetings (for example, the APAPARI symposium at the IPRAIC meeting in Hong Kong, 2004). However, APAPARI had its first full scientific meeting back where it all started in Seoul, Korea, in April 2005. An impressive scientific programme with renowned international, regional and local speakers was combined with a generous and entertaining social programme. The next APAPARI scientific meeting will be held in Bali from 14 – 16 April, 2006. I urge everyone with an interest in paediatric allergy, immunology and respirology to attend the meeting and, more importantly, to

join APAPARI so that, together, we can move ahead.

The APAPARI website is <http://www.apapari.org/> and the secretariat can be contacted between 9 am and 5 pm (Korean time) at +82 2 445 3654 or via email at apapari@apapari.org.

CASE CHALLENGE

By Dr Fauzi Anshar

Hospital Universiti Kebangsaan Malaysia, Kuala Lumpur

A sixty year old lady was referred to the respiratory clinic with slowly progressive shortness of breath on exertion. She is a housewife with no significant past medical history. She is not on any medications and there has been no past history of pulmonary TB or contact with pulmonary TB patients.

On examination, her oxygen saturation is 97% on room air. There is no finger clubbing. Pulse 72 beats per minute regular and BP is 130 / 70. There is crepitations in both bases. The rest of physical examination was unremarkable.



SCIENTIFIC UPDATES

Excerpts of selected scientific paper abstracts by Assoc Prof Dr Roslina Abdul Manap, Hospital Universiti Kebangsaan Malaysia, Kuala Lumpur and Assoc Prof Dr Richard Loh Li-Cher, International Medical University, Clinical School, Seremban.

U.K. CONTROLLED TRIAL OF INTRAPLEURAL STREPTOKINASE FOR PLEURAL INFECTION (2005).

Maskell NA, Davies CW, Nunn AJ, et al; First Multicenter Intrapleural Sepsis Trial (MIST1) Group. N Eng J Med 352; 9: 865-874

Several small studies have favored the use of intrapleural fibrinolytic agents in the drainage of infected pleural-fluid collections. Maskell NA et al conducted the first randomized controlled study that had sufficiently large number to address this question.

454 patients with pleural infection (defined by the presence of purulent pleural fluid or pleural fluid with a pH below 7.2 with signs of infection or by proven bacterial invasion of the pleural space) were randomly assigned to receive either intrapleural streptokinase (250,000 IU twice daily for three days) or placebo.

They found that there was no significant difference between the groups in the proportion of patients who died or needed surgery (with streptokinase: 64 of 206 patients [31 percent]; with placebo: 60 of 221 [27 percent]; relative risk, 1.14 [95 percent confidence interval, 0.85 to 1.54; P=0.43), nor was there any benefit to streptokinase in terms of mortality, rate of surgery, radiographic outcomes, or length of the hospital stay.

In fact, serious adverse events (chest pain, fever, or allergy) were more common with streptokinase (7 percent, vs. 3 percent with placebo; relative risk, 2.49 [95 percent confidence interval, 0.98 to 6.36]; P=0.08).

Importance of the study: The first adequately powered randomized controlled trial to show that intrapleural administration of streptokinase does not improve mortality, the rate of surgery, or the length of the hospital stay among patients with pleural infection.

BUDESONIDE/FORMOTEROL COMBINATION THERAPY AS BOTH MAINTENANCE AND RELIEVER MEDICATION IN ASTHMA (2005).

O'Byrne PM, Bisgaard H, Godard PP, et al. *Am J Respir Crit Care Med.* 15; 171(2) : 129-36 .

Asthma control is improved by combining inhaled corticosteroids with long-acting beta2-agonists. However, fluctuating asthma control still occurs.

O'Byrne et al hypothesized that in patients receiving low maintenance dose budesonide/formoterol (bud/form), replacing short-acting beta2-agonist (SABA) reliever with as-needed bud/form would provide rapid symptom relief and simultaneous adjustment in antiinflammatory therapy, thereby reducing exacerbations.

In this double-blind, randomized, parallel-group study, 2,760 patients with asthma aged 4–80 years (FEV1 60–100% predicted) received either terbutaline 0.4 mg as SABA with bud/form 80/4.5 microg twice a day (bud/form + SABA) or bud 320 microg twice a day (bud + SABA) or bud/form 80/4.5 microg twice a day with 80/4.5 microg as-needed (bud/form maintenance+relief). Children used a once-nocte maintenance dose.

Bud/form maintenance+relief significantly prolonged time to first severe exacerbation, resulting in a 45–47% lower exacerbation risk versus bud/form + SABA (hazard ratio, 0.55; 95% confidence interval, 0.44, 0.67) or bud + SABA (hazard ratio, 0.53; 95% confidence interval 0.43, 0.65). Bud/form maintenance + relief also improved symptoms, awakenings, and lung function compared with both fixed dosing regimens.

Importance of the study: Budesonide/formoterol (Symbicort®) used as maintenance as well as rescue treatment may represent a superior approach to treat asthma in some patients.

DAY-NIGHT PATTERN OF SUDDEN DEATH IN OBSTRUCTIVE SLEEP APNEA (2005).

Gami AS, Howard DE, Olson EJ, Somers VK. *N Engl J Med.* 24; 352(12):1206-14.

Obstructive sleep apnea is highly prevalent and runs an increased risk of sudden death from cardiac causes during sleep.

We reviewed polysomnograms and the death certificates of 112 Minnesota (US) residents who had undergone polysomnography and had died suddenly from cardiac



causes between 1987 and 2003. For four intervals of the day, we compared the rates of sudden death from cardiac causes among people with obstructive sleep apnea and the following: the rates among people without obstructive sleep apnea, the rates in the general population, and the expectations according to chance, based on median apnea-hypopnea index.

From midnight to 6 am, sudden death from cardiac causes occurred in 46 percent of people with obstructive sleep apnea, as compared with 21 percent of people without obstructive sleep apnea ($P=0.01$), 16 percent of the general population ($P<0.001$), and the 25 percent expected by chance ($P<0.001$). People with sudden death from cardiac causes from midnight to 6 am had a significantly higher apnea-hypopnea index than those with sudden death from cardiac causes during other intervals. For people with obstructive sleep apnea, the relative risk of sudden death from cardiac causes from midnight to 6 am was 2.57 (95 percent confidence interval, 1.87 to 3.52).

Importance of this study: People with obstructive sleep apnea have a peak in sudden death from cardiac causes during the sleeping hours, signaling some degree of urgency to diagnose and treat OSA.

BOOK REVIEW

By Assoc Prof Dr Richard Loh Li-Cher
International Medical University, Clinical School, Seremban

There has been recently much excitement over the potential for medical thoracoscopy, more appropriately termed as pleuroscopy in the diagnosis and treatment of pleural diseases. This is due to the advent of a semi-flexible, semi-rigid, thoracoscope that allows maneuvering inside the pleural cavity of a patient under light sedation. Many of us who have become intolerant of waiting for help from our surgical colleagues would warmly welcome this. In addition of near 100% diagnostic accuracy of pleural diseases in capable hands (due to ability to biopsy visually abnormal pleura), pleuroscopy is therapeutic and can also be used for the purpose of staging lung cancer (Loddenkemper R. Eur Respir J. 1998; 11 (1) : 213 - 21).

Pyng Lee and Henri G Colt's book Flex-Rigid Pleuroscopy. Step-by-Step has come at the most appropriate time to help us along. This pictorial textbook provides the intellectual as well as technical information necessary to learn the skill of exploring the pleural space under local anaesthesia. It also teaches how to perform chemical pleurodesis using this approach. Furthermore, it comes together with a multi-media CD-rom with several live videos of pleuroscopy.

On a personal note, many of us would have met Dr Pyng Lee in recent workshops in Malaysia and Singapore, and would agree with me on her altruistic intention of sharing her knowledge to fellow doctors and her passion of wanting to see patients benefiting from the use of this tool. This new book has only been recently launched and can be purchased online at a discounted price at www.pgbooks.com.

NEWS FLASH

REVISION OF MMA SCHEDULE OF FEES (5TH EDITION)

The Malaysian Medical Association (MMA) Schedule of Fees, an important guideline to medical & surgical fee structure for doctors in Malaysia, is undergoing revision. The Academy of Medicine was invited by MMA to provide feedback and suggestions on the revision. All specialist societies including the Malaysian Thoracic Society assisted in this exercise. A meeting opened for all members of MTS was held at the Damansara Specialist Hospital, on 18 June 2005 to discuss proposals on fee charges for respiratory related consultation and investigations. All suggestions and feedback are presently being channeled back to The Academy for further action.

ASTHMA COUNCIL MALAYSIA

The Asthma Council Malaysia has recently been established in Malaysia with the primary purpose of facilitating education in asthma prevention and management for Malaysian clinicians and general public. The official launch of the Council will take place on the 18 July 2005, final day of the 8th Annual Congress of Malaysian Thoracic Society in Kuala Lumpur Hilton, Kuala Lumpur Sentral.

CREDENTIALLING OF RESPIRATORY MEDICINE SPECIALIST IN MALAYSIA

The much-talk-about Specialist Registry for registering accredited specialists on various fields of medicine continues to take shape, led by the Academy of Medicine, in partnership with the Ministry of Health Malaysia. The criteria for credentialing of higher specialist training in Respiratory Medicine have been set and are presently undergoing the final stages of amendments. Parallel to this is the tabulation of a revised Medical Act in Parliament that would make registering in Specialist Registry as statutory requirement for practice as a specialist. More to come on this in future issues of 'Breathe'.

SYMBICORT® IS NOW AVAILABLE IN MINISTRY OF HEALTH HOSPITAL

SYMBICORT® Turbohaler that was launched in Malaysia in 2003 is now enlisted in the Ministry of Health essential drug list and available for prescribing in government patients. The inhaler incorporates both budesonide and formoterol and is indicated for patients with moderate to severe asthma (*See Scientific Updates Section for more*).

FROM THE EDITORS (via acadmed@po.jaring.my)

We hope you enjoy this expanded issue of Breathe since we did not produce one that was due six months ago. As reiterated before, the Breathe is still in its infancy and welcomes contributions and feedback from its readers for growth and sustainability. Please feel free to contact us via the Academy of Medicine of Malaysia.

We wish to thank AstraZeneca (M) Sdn Bhd for sponsoring this expanded issue of Breathe.

BECOMING MEMBERS OF MALAYSIAN THORACIC SOCIETY

MTS has over 100 members and welcomes all doctors with an interest in respiratory medicine, whether hospital or communitybased, to join our membership. The fee for life membership currently stands at RM300 and application forms are available by writing to Academy of Medicine Malaysia (acadmed@streamxy.com). To know more about our Society, visit our website at www.my-mts.org.