

my Alvernia

Inspiring Healthy Living

Issue 18 | June 2014



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The New Mount Alvernia Medical Centre D

Our new Medical Centre is up! Mount Alvernia Medical Centre D broke ground in December 2011 and the completed building was granted its temporary occupation permit in April 2014. When it begins operations in July 2014, it will be home to over 50 specialist clinics covering a wide range of specialties including cardiology, neurology, ophthalmology, orthopaedic surgery, obstetrics & gynaecology, paediatric medicine and general surgery.

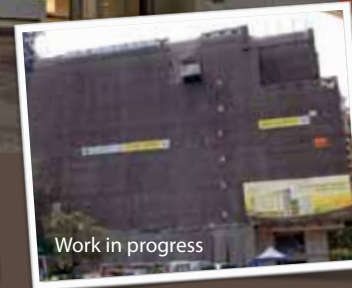
The 17,490 square metres new facility not only provides additional medical suites, but also much-needed expanded carpark space. The improved multi-storey car park at the new centre now offers 350 parking lots for our patients, their families, visitors and doctors, including designated lots for the handicapped.



The initial multi-storey carpark



Early groundwork



Work in progress

Editorial Team

Publisher
Mount Alvernia Hospital
820 Thomson Road Singapore 574623
Tel: 6347 6688 Fax: 6347 6632

Editor
Joyce See

Editorial Advisor
Goh Hock Soon

Contributing Writer
Stella Thng

Editorial Co-ordinator
Premila Elangovan

Design
TOM Design & Communications

For feedback and inquiries, please email: myalvernia@mtalvernia-hospital.org

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The greatest investment anyone can ever make is in their health. It is the basis of all our accomplishments; both at the family, social and professional level. The appreciation of how important this is to all our patients and their families continues to motivate the hospital to advance the quality of patient centred care in a holistic manner.

We officially received temporary occupation permit (TOP) in May for our new medical suites cum car park block. Some of the clinics have started renovation and we are on track for clinics to be fully operational by July. We hope our patients consulting their doctors at the new premises will enjoy more comfort and better ambience. We are also pleased that the new car park provides a better parking and driving experience for our doctors, our patients and many visitors to the hospital.

Raising the bar of quality healthcare and improving patient health outcomes in the safest manner have always been our top priority. It is therefore our privilege and with sincere gratitude that we thank the outgoing Medical Advisory Board (MAB) members whose advisory on clinical governance matters during their term of service had helped the hospital in development planning, and reinforced patients' trust in our care.

I also take the opportunity to welcome the new MAB leadership and members for taking time and effort to advise the hospital on matters relating to medical professionalism, standards of care in medical, clinical and nursing services, patient safety and outcome.

In terms of community outreach, we made a contribution in support of the needy in the poor Vietnam provinces and provided free health screening to the parishioners of Tan Quy Parish, Ho Chi Minh City. A Certificate of Appreciation signed by the Bishop Dominico, Chairman of Caritas Vietnam, was presented to us in recognition of our medical support rendered during these past events.

Pastoral paradigm in our culture, values and care remains very much a way of life at our hospital today as it was 53 years ago. Open display of kindness, compassionate care and an overall sense of value as a person are elements that we believe will inspire and encourage our patients to achieve a balance of healing physically and spiritually.

Thank you for considering Mount Alvernia Hospital for your care.

Stay Healthy!

Dr Lee Hwee Huang
Acting Chief Executive Officer



The Miracle of Faith

After a dangerous pregnancy, little Valeria Faith Eridani was delivered safely last December at Mount Alvernia Hospital. Her parents share their story about how support from doctors, nurses, the Clinical Pastoral Care team and loving family and friends pulled them through those difficult months.





With her wobbly cheeks and chubby thighs, five-month-old Valeria Faith Eridani utterly charmed the *My Alvernia* team as she cooed and chuckled adorably at our antics. Looking at this bright-eyed bundle of joy, who would have guessed that Valeria almost ended up in a miscarriage?

Indonesian general practitioner, Puteri Nastiti Krisma, 27, had just started her new job in Batam last year when she discovered that she was pregnant with their first child. As she suffered from light spotting in the early weeks, she decided to quit her job and move to Singapore for medical treatment, and to be with her husband Marsellus Yohz Hendryanto, 33, who works in the oil and gas industry here.

"The plan was for Puteri to fly home when her pregnancy stabilised in her fifth month, so that she could deliver our baby in Jakarta where our family lives," explained Marsellus. However, a nasty turn of events soon threw that out of the window.

A Movie Date Turned Sour

One evening during her 16th week, the couple was about to go on a movie date when a large amount of bloody fluid suddenly gushed out of Puteri.

They rushed to her gynaecologist. Puteri's water bag was leaking and she needed immediate bed rest. "She warned me that this might be a sign of miscarriage and to expect that the foetus might come out in the next day or two," recounted Puteri.

Her heart sank. "I was not prepared to lose my baby of course, but being a doctor, I knew that with so much amniotic fluid leakage at this stage of the pregnancy, logically, the baby won't survive." From the ultrasound imaging, her gynae worried that her fluid level was already so low that movement from the baby could hardly be seen.

Puteri, who had previously assisted dilation and curettage procedures for patients who suffered from miscarriages, knew that should she lose her baby, she would bleed over a few days. She'd need help since she and Marsellus were all alone in Singapore away from their main family support. That night, she was admitted into Mount Alvernia Hospital.

"As a doctor, I knew how this would turn out so I wasn't expecting a miracle," admitted Puteri. But even doctors need healing – and sometimes, of a different kind. They were comforted to meet Vilma Gomez and Sister Bernadette Yeo from the Clinical Pastoral Care department who faithfully checked on the couple. "They usually visit me in the morning but if I was busy with the doctor or a nurse, they'd always come back to pray with me."

Hang In There, Baby!

In the first week, though Puteri felt some contractions with light spotting and a little leakage, they were thankfully not severe enough to trigger a miscarriage. But when the doctor conducted a Doppler ultrasound test, they could not find the baby's heartbeat. The couple broke down in tears and prepared for the worst.

The doctor ordered a full ultrasound scan. "Wilma had seen us through the hardest first days and before the scan, she asked me what I'd like her to pray. We didn't know if our baby was still alive..." recalled Puteri about that helpless moment. "I requested a special prayer: that our baby will know that we love her." Amazingly, the full ultrasound scan picked up their baby's heart beat – their tough little girl was hanging on. "Even more miraculously, tests showed that despite the leakage, my amniotic fluid was just within the normal range but at the lowest end; any further leakage would have put the baby in serious danger," said Puteri.

Though their baby was alive, their doctor warned them that if the fluid level dipped too low, it would affect her organs' development. Puteri had to continue her strict bed rest to prevent further leakage. During her 15-day hospitalisation, the Clinical Pastoral Care team prayed with her daily, chatting with her to keep her spirits up.

After her discharge, the couple had to check into a hotel for a week while waiting for their new rental apartment to be ready. While Marsellus was at work, Puteri's best friend, who was studying in Singapore then, stepped in to care for her. When they finally moved into their new home, Puteri's mum, sister, brother and cousin took turns to fly down from Indonesia to care for her for the next few months of her pregnancy. "We even roped in my brother's friend's sister, who happened to be in Singapore!" said Puteri.

The Power of Prayer

Though Puteri got stronger, the nagging fear that they could still lose their baby hung in the air. The couple found peace in the prayer sheets that Sister Bernadette had given them, especially the "Prayers For Expectant Mothers" which Puteri soon committed to memory.

The couple were also urged not to give up. Due to the rocky history, there was a high chance that the baby could be born prematurely. "Hold on to the baby until at least 24 weeks. If the baby were to be born by then, there is still hope of saving her with the current medical technology" she encouraged.

Before long, they'd hit 32 weeks. Then, 37 weeks. Relieved, her doctor said that the baby could be delivered safely anytime now. But 40 weeks came -- and still no sign for delivery! "Instead of the premature birth we were worrying about, the



doctor now had to induce my baby's birth at full term!" said the couple in disbelief. Out popped a bouncy little girl who tipped the scales at a robust 3.81kg. They named her Valeria Faith Eridani, a reminder of the faith and prayers from so many who love her. Whenever Puteri or Valeria returned to Mount Alvernia Hospital for check-ups, they'd visit the Clinical Pastoral Care team, the nurses at Our Lady's Ward who cared for Puteri, and the chapel where Valeria had her baby blessing ceremony conducted by the Clinical Pastoral Care team. It's been months since Puteri delivered Valeria but she still cherishes the expectant mother's prayers that Sister Bernadette had given her, adapting them to seek blessings and protection for their happy family of three.

As Marsellus summed up, the happy twist to their harrowing journey was only possible because "encouragement and prayers really matter." "Medical technology and care would deliver half of the equation. But the support and prayers from the Clinical Pastoral Care team, the doctors, medical staffs, countless friends and families truly helped to realise our hope of successfully delivering Valeria," said the grateful father. **A**



Vilma Gomez:

"It was a blessing to have journeyed and been a part of Puteri's and her husband's life during their helpless moments. When I first met them there were tears of sadness as there was a high possibility that they were going to lose their child. But their trust and faith in God gave them that glimmer of hope. They also shared that they surrendered to whatever was God's will for them. Sensing their serenity in spite of their helplessness and sadness, I prayed together with them asking God to work a little miracle of allowing the baby to live and to develop normally to full term. God allowed this to happen blessing the couple with a beautiful baby.

Vilma joined the Clinical Pastoral Care department on 6 March 2013. She is currently attending the Singapore Clinical Pastoral Education (CPE) Programme organised by Trinity Theological College.



Sister Bernadette Yeo:

"Pastoral Care is the language of being human and relating as honestly as possible in a human manner. With skilled Pastoral Care we enable our patients to accept their vulnerability. I feel privileged to be able to provide pastoral support during their most difficult times.

Words cannot describe my joy when Valeria was born and to share the joy of Puteri and Marsellus Yohz."

EAT WELL TO KEEP UP



Prolonged long hours on-site with little rest and high levels of stress leave many event managers susceptible to fatigue and illness. Clinical Dietitian at Mount Alvernia Hospital, Sim Chin Ting, suggests some recommended dietary choices to keep planners healthy and energy levels up.

The traditional image of an event manager is that of a person constantly on the go, on the phone, drinking coffee, thinking on his feet and making sure everything is going exactly according to plan. It is no surprise then, that we hear event managers complaining from exhaustion, relegating nutrition to energy drinks and coffee for days at a stretch and irregular meal timings.

Sometimes the meals for event managers are included in the conference buffet, but sitting down and having a complete meal is always nearly impossible. A common question is how to pick the right foods for sustained energy throughout the day.

A sensible amount of carbohydrates is essential for optimal functioning as our bodies use carbohydrates as the primary fuel source. It is also important to choose whole grains as they are packed with vitamins, minerals and fibre. However, if meals are not provided, the alternatives are either packed lunches in bento boxes or hot flasks; wholemeal sandwiches with chicken meat, ham, cheese, sardines, tuna or egg and salad; and complete the meal with a serving of fruit. For individuals who are in a rush, they can also consider having instant oatmeal with a packet of low-fat milk or soybean milk, a glass of fruit smoothie or a packet of ready-to-drink complete nutrition formula.

It can be very tempting to skip meals especially when deadlines

are looming – however, this habit could lead to chronic health issues like gastric ulcers and some individuals might binge eat or drink when they are too hungry at the end of the day. The brain is unable to function well when the body is low in nutritional reserves during highly stressful periods; the immune system is more prone to being compromised.

Taking small regular breaks even if it is for a short while is ideal, as having some rest can result in even higher productivity and it ensures the body is receiving adequate nutrition to cope with work demands.

Unhealthy eating habits are a



major contributor to lifestyle diseases such as obesity, diabetes, hypertension and high cholesterol. In the short term, overeating tends to put extra stress on the digestive system and makes one feel more sluggish and lethargic.

Breakfast is crucial and many people find that having a balanced meal in the morning tend to give them more energy to start the day and help maintain peak performance. Examples of healthy breakfasts would include omelettes with whole grain toast, whole grain cereals with low-fat milk, yoghurt with oats and fruits, and even meat porridge or soupy noodles with extra vegetables for those who prefer a hot meal.

Some event managers like to start their day with a few cups of coffee or tea; as the day progresses, event managers tend to consume large quantities of caffeinated drinks to keep them awake and alert due to a lack of sleep and hectic event schedules.

It is possible to get addicted to caffeine and the symptoms of withdrawal can be challenging to overcome. Some side effects of stopping caffeine intake abruptly can include headaches, sleepiness, irritability, lethargy and lack of concentration.

To avoid being addicted to caffeine, it is advisable to limit caffeine intake to less than 300mg per day – an equivalent to about three cups of coffee. Teas generally contain half to one third the amount of caffeine as coffee. However, the caffeinated beverages sold in those popular coffee places tend to have much larger volumes of caffeine than usual and a single serving can exceed the amount of caffeine usually found in three regular cups of coffee.

Everyone's body type and food requirements are different. A qualified dietitian is the most appropriate health professional to consult with regards to diet and nutrition and to obtain a personalised meal plan. The dietitian is able to do a thorough dietary assessment based on an individual's dietary habits and preferences and then provide personalised advice and make necessary recommendations on dietary and lifestyle changes.

To see a dietitian for an individualised consultation, a referral letter from a doctor is required and the appointment contact number is +65 6347 6702.

This article is produced by micenet ASIA magazine. For more information, visit www.micenet.asia.

Nutrition & Dietetics Services @ Mount Alvernia

Mount Alvernia has recently produced a new Nutrition & Dietetics Services brochure.

It shares the following information plus more.

What does a dietitian do?

A qualified dietitian is a food and nutrition specialist who provides dietary counseling, dietary education and dietary interventions via Medical Nutrition Therapy (MNT) for people with specific medical needs.



Our dietitians support doctors and work closely with nurses, pharmacists and other allied health professionals such as speech therapists, physiotherapists, occupational therapists to improve patients' medical conditions.

What does Mount Alvernia Nutrition and Dietetics Services offer?

A. One-to-One Dietitian consultation session

The dietitian provides Medical Nutrition Therapy (MNT) for clients who require specific nutrition intervention to complement their medical treatment. During the consultation session, the dietitian will do a thorough assessment of patients' diet history, eating pattern and food preferences, then provide personalized dietary advice and motivational counseling to empower patients to improve their diets and practice healthy eating. Finally, the dietitian gives out a tailored meal plan with proposed dietary modifications and handouts to the patients as references. Patients may be required to come back for a follow up visit to see the dietitian if warranted.

B. Nutrition talks / workshops

Dietitian conducts talks and workshops on a variety of nutrition related topics to the general public, community and also to corporate clients. Some examples would include 'Food label reading', 'Healthy eating for a healthy heart', 'Maternal nutrition' and 'Weaning diet'.

C. Consultancy services to nursing homes / foodservice

Dietitian is also engaged as a consultant to provide consultancy service to nursing homes and foodservice institutions.

For appointment booking for one-to-one consultations and other enquiries related to talks/ workshops, please call +65 6347 6702.

Operating hours

Mondays to Fridays: 8.30am-5pm
Saturdays: 8.30am-12pm



Empowering A Healthier Silver Generation

As Singapore's population ages, it is all the more vital that we adopt preventive healthcare measures for our elderly. Geriatric specialist Dr Chan Kin Ming tells us more.

No doubt about it, our pioneers have slogged hard to build Singapore into what she is today. Prime Minister Lee Hsien Loong's announcement of a \$8 billion Pioneer Generation Fund, which offers those born before 1949 subsidies for outpatient care, Medisave top-ups and life-long subsidies for MediShield Life, is definitely a step in the right direction to help them cope with healthcare costs. However, prevention is always better than cure. Our pioneers' quality of life can be much better if preventive healthcare measures are adopted to help them manage the challenges they face as they age.

There are three life stage challenges as a person grows old, highlighted geriatric specialist Dr Chan Kin Ming of Chan KM Geriatric & Medical Clinic Pte Ltd. The first are the 'young

old' who are in their 60s, with some still working while others are retiring or just retired. "Retirement is a stressful event as it brings about changes that the older person may not be prepared for or is unaware of. There is loss of social role and esteem as they now become a 'dependent'. Having nowhere to go and nothing to do require psychological and emotional adjustment, unless they are prepared for it. As they 'take it easy' daily, this could lead to a decline in physical and mental functioning," warned Dr Chan, adding that it may also result in changes and friction within the family relationship. They are also at the age when they start to have concerns about their health.

The second group are those in their 70s when frailty commonly sets in. A decline in their general health status further leads to decreased ability in their activities in daily living and mobility

and causes further social isolation. They also start experiencing 'loss' – loss of spouse and friends of similar age, and loss of their own abilities, leading to low self-esteem and loneliness. "They start contemplating issues of being a burden to their family and issues of death."

The third group are those aged 80 and older who need more assistance including personal effects like bathing and toileting and face increased risk of falls. Their 'social' and 'physical space' shrinks further as many become home bound, sometimes room bound, chair bound or bedbound. "Their social isolation becomes even more acute as even more of their peers and friends pass on. The issue of death becomes closer and they need to reconcile with that," said Dr Chan.

What is preventive healthcare?

There are 3 aspects of preventive healthcare. Primary prevention is the prevention of disease or injury before it occurs. For example, smoking is a cause of many chronic lung conditions like bronchitis, emphysema and even lung cancer. By preventing people from taking up smoking and by getting existing smokers to stop smoking, we could prevent the onset of these chronic lung conditions. In the elderly, it could also mean vaccinations against influenza or the prevention of falls by providing an appropriate physical environment like adequate lighting, having less steps or highlighting them, non-slip floors and having proper furniture, so that they could walk about safely and not fall.

Secondary prevention aims to stop or reverse a problem before it becomes symptomatic, through early detection. For example, identifying visual deterioration through eye screening to pick up early glaucoma or macular degeneration. These conditions may have no symptoms at the early stages but if allowed to progress, can cause blindness later. Other examples include the use of Bone Mineral Density to screen for early osteoporosis and to treat the condition when it is detected.

Tertiary prevention focuses on reducing disability and restoring functionality to people already affected by disease or injury. For example, a person with arthritis of the knees may need treatment for the pain with drugs or even surgery, followed by a course of physical rehabilitation to restore function.

What are some common health problems that our elderly face which will benefit from preventive healthcare?

Some common health problems include hypertension, diabetes, cancers (especially colon cancer), osteoporosis, atrial fibrillation, bladder and bowel problems like urine incontinence and

constipation, falls, dementia, frailty and visual and hearing impairment. In elderly care, we often mention the 'Giants of Geriatrics' being:

- Iatrogenic causes as a result of inappropriate use of drugs, polypharmacy and drug interactions
- Incontinence of urine and stools
- Immobility, often caused by multiple causes like arthritis, heart and lung disease, stroke, visual impairment, fractures
- Instability and falls due to stroke, Parkinson's disease, arthritis, unstable gait and balance
- Impaired cognition - depression, dementia and delirium.

Elderly people usually grow old with medical conditions that they had when they were younger. These often become chronic and complications arise from them. In addition, they develop new problems common in the elderly. For example, if a person has diabetes at 50 years old, by the time he becomes 70, he'll have a 20-year history and would have developed some or all of the complications associated with diabetes, such as eye problems causing visual impairment, skin problems like ulcers, peripheral vascular disease, kidney disease and neuropathy (damage to the nerves). The vascular damage from diabetes will increase his risk of heart disease, stroke and even limb amputations. Neuropathy increases his risk of falls, injuries and fractures, especially so because diabetics are at risk of developing osteoporosis, the risk of diarrhoea, constipation, weakness of bladder muscle and urinary incontinence. Hence, from one initial condition, it can lead to so many possible complications causing instability, immobility, impaired cognition and incontinence. Therefore, each contributing factor of his morbidity needs to be managed carefully.

What type of preventive healthcare do you recommend?

The elderly tend to have many health problems. It is difficult for them or their families/caregivers to know which problem or complaint is a result of age (and therefore they have to live with it) and which is disease (and therefore can be treated). Hence, regular health screening and check-ups are important, bearing in mind that many elderly are stoic and tend to play down their complaints, show an ageism attitude ("I fall down because I am old, or I am breathless because I am old") or just do not like to see doctors or get admitted to hospitals.

The health screening for the older person is different from those for younger adults because there is an emphasis on their function – physical and mental functions, medication that they are taking, including all the health supplements bought over-the-counter as they also contribute to polypharmacy and interactions with the medicine that the person is taking.

How have your patients benefitted from preventive healthcare?

Many patients have benefitted from successful preventive healthcare, including an 80-year-old man. He refused to see any doctor because he declared himself "very well and very strong". However, his family noted that he was limping and fell frequently, something he attributed to old age. To 'trick' him into coming to my consultation room, his family told him that a daughter was unwell and needed to see me. I had to 'role play' with the family, initially asking the daughter some general questions and later directing the questions to him when he got familiar with me. I even did a general physical examination and advised him to go for a general blood screen since he was already here. It showed he had early onset of Parkinson's disease which caused him to be unsteady and fall frequently, and recurrent gouty arthritis, causing him to limp with pain. When he was treated, his strength, balance and gait improved. The gouty arthritis subsided and he no longer limps and does not have any more pain in his knees. In the words of his children: "He walks faster than us now" and has started travelling again.

Should our elderly be put on a national health programme, just like what we have for babies?

It would be ideal if there is such a comprehensive programme for the elderly above the age of 60 years old. This programme should have a general medical screening for hypertension, diabetes, lipids, vision, hearing tests, oral health, gait, balance, muscle strength and falls risk, continence, mood and cognitive functional screen, nutritional screen, bone mineral density and screening for colon and breast cancer.

What to screen for and what vaccines to recommend depend on the patient's history and findings of the clinical examination. But in general, annual influenza vaccination, pneumococcal vaccination and zoster vaccination are recommended for adults 60 years and older by the US Centre for Disease Control and Prevention.

The government recently announced a slew of measures under the Pioneer Generation Package during the Budget 2014, which aims to help our elderly with health-care costs. What do you think of these measures?

The announcement of this package is certainly a big relief and welcome for our pioneer generation and is targeted to benefit everyone in that generation, especially the poor. However, it is not useful if no one knows about it or knows how to access it.



Dr Chan Kin Ming is based at Mount Alvernia Medical Centre Block A, #02-24, Tel: 6255 5567.



Similarly, existing facilities and manpower should be able to cope with the possible influx of patients utilising the facilities. I'm sure these are some teething problems that may arise but they should sort themselves out pretty soon.

Preventive healthcare is always difficult because the person is subjected to a change of lifestyle and the need to take drugs on a long term basis. They may be very enthusiastic initially, but after a while, they may lose the stamina to continue, especially when they may not even have the disease in the first place. This difficulty is multiplied many fold in the elderly, especially when they start thinking, "How many more years do I have left?" and "I'm already so old." Therefore, it is a difficult balance to 'enforce' the strict lifestyle that is sometimes needed in preventive healthcare, versus the patient's pragmatic view of his own life and lifestyle.

Thus, preventive steps have to be individualised to the person. But on a national level, to help the elderly achieve and maintain good health, there should be on-going education on conditions that are common for the elderly, perhaps with free admissions to such talks and done in a language or dialect that they can understand. There should be opportunities for health screening and healthy lifestyle – spaces for exercise, formation of exercise or activities groups, each elderly having a health tracking booklet, just like the health booklet that accompanies each baby born in Singapore. This will keep track of their vaccinations, annual health checks, illnesses etc. **A**

Overcoming the Blues

Good physical health is important but seniors must not neglect their mental health too. Psychiatrist Dr Ko Soo Meng shares tips on preventing and managing depression among seniors.

What are the common causes of depression among our elderly?

There is no single cause for depression. Many factors including genetics, chemical imbalance, stress such as life events, physical illness and negative thinking patterns can all play a role in triggering a depressive state in anyone. For the elderly, physical illness and exit events are of particular concern. These include retirement, loss of social status and role, loss of income, social isolation and loneliness, and bereavement. These tend to threaten their psychosocial equilibrium. Finally, chronic and excessive consumption of alcohol has also been associated with depression in late life.

What are some early signs of depression in the elderly that we should look out for?

Besides feelings of dejection, hopelessness, helplessness and unworthiness, depressive disorder in the elderly often manifests physiological symptoms. These include diminished energy level, fatigability, impaired concentration, memory difficulties, poor appetite and weight loss, and vague physical complaints not caused by organic factors like bodily aches, headaches, numbness and weakness of limbs, and chest and abdominal discomfort. What is more worrying is that depression is a risk factor of late-life suicide.

To look out for early signs, refer to this useful acronym for depressive disorder:

- D** - Depressed Mood
- E** - Energy low or loss
- P** - Pleasure loss, interest and enjoyment low
- R** - Retardation –slowing down
- E** - Eating / Appetite changed
- S** - Suicidal ideas or gesture
- S** - Sleep disturbance
- I** - Impaired concentration
- O** - "Only me to blame" – Guilt
- N** - Negative thoughts



Dr Ko Soo Meng is based at Mount Alvernia Medical Centre Block A, #06-02, Tel: 6356 9633.

How common is depression among our elderly?

In an earlier community study of more than 600 Chinese aged 65 years and older living in Singapore, the overall prevalence of depressive disorder was about 6%, making it the commonest psychiatric disorder among the elderly. A subsequent study in 2011 reported a prevalence of 3% amongst elderly in Singapore.

Many people are still unable to accept the social stigma of being diagnosed with depression. If we suspect that an elderly loved one may have depression but refuses to seek treatment, what should we do?

A common presentation among elderly with depression is frequent somatic complaint without physical cause, also termed as somatization (mental illnesses that cause bodily symptoms, including pain). Initially, such complaints can be used as a platform to engage the depressed elderly for treatment. Once a therapeutic alliance is established, psychosocial issues can be addressed.

A holistic biopsychosocial approach, including treatment with antidepressants, psychological therapies, social support and community services, is necessary in helping the depressed elderly recover. Family support is crucial as loneliness is a known factor in perpetuating depression. The Seniors Helpline by SAGE (Singapore Action Group of Elders) offers the lonely elderly an avenue to speak with a professional counsellor over the phone (Tel 1800-555-5555) yet maintains anonymity, as many elderly do not wish to wash their dirty linens in public.

How can we prevent depression among our elderly?

Being actively involved even when one has retired helps mitigate the loss of roles. Having a hobby or learning new things (such as painting or gardening) will also provide a sense of well-being and self-worth. Exercise and social interaction are known protective factors. Finally, the practice of spirituality including active religious engagement is also negatively associated with depression.

In any society, the suicide rate is highest amongst the elderly, especially among those who are depressed. Thus, it is important to recognise old age depression and implement intervention early to avert such a consequence. **A**

Straight From The Heart



We managed to capture a few moments with Dr Ho Kheng Thye as he opens up about his role as Chairman, Medical Advisory Board (MAB) at Mount Alvernia Hospital, what's trending in cardiology and candid advice on heart matters.

A hospital is a bustling treatment centre for patients, and a complex, interdisciplinary workplace for many of its healthcare personnel. The responsibility to keep this symbiotic infrastructure running smoothly every day rests in the hands of many – both doctors and hospital administrators.

Dr Ho Kheng Thye has held both roles as Head of Cardiology at Tan Tock Seng Hospital before deciding to set up a private practice in Mount Alvernia Hospital in 2010. His first love and role is as a Doctor and “practicing Medicine means that you have to keep your skills and knowledge updated.” Besides practicing medicine, he was invited to contribute to the Hospital and serve in the MAB first as a member, and then as Vice-chairman in 2013. In May 2014, he was officially appointed Chairman.

The Big Role

“When you have a hospital this size, inevitably there will be many challenges. In a hospital, besides medical treatment of patient, there are also policies that guide the delivery of medical care. Doctors serving in the Advisory Board give relevant and cogent input so that this will aid in the running of the hospital.”

He further explains “decision making will have implications for both patients and staff because it determines how care is delivered. At the end of the day, the entire purpose of the exercise is to have the patient at the heart of everything that we do. Everything else will have to stem from that, including the actual delivery of care and the guiding policies. Facilitating this process is the biggest role that the MAB plays.”

To ensure that there is a consistent quality in the delivery, Dr Ho said that the MAB reviews the audit report to “see how polices are being executed and if care is being delivered competently and expediently.”

The MAB has various sub-committees and at each quarterly meeting, each committee reports clinical governance findings such as response time, patient outcome, solutions, as well as tabling issues for further discussion.

Using the topical example of bacterial resistance to antibiotics to illustrate, Dr Ho said that the Antibiotic Utilization Sub-Committee studies how often certain antibiotics are being prescribed, the pattern of resistance by the bacteria, the utilization pattern by physicians and then come up with recommendations to keep the

problem at bay so that patients can continue benefiting from this valuable group of medications. Resistance patterns vary from hospital to hospital, and local information help doctors make better choices.

Another aspect of MAB's role' according to Dr Ho, is to support the hospital growth and development. “Where there is a period of growth, there will be new challenges. What then is the best way of approaching these issues so that patients, doctors and the Hospital will benefit. This is where the role of the MAB as a conduit of feedback from the doctors and medical professional to the hospital administration remains imperative.”

Planning Ahead

In his other role as Member of the Hospital's Board of Directors, Dr Ho joins a team of directors who bring with them valuable experience from diverse fields to steer Mount Alvernia's growth and development into the future. “What lies ahead is the issue of rapidly aging population. That is important because the average age of the patient that we will see will increase. To plan for the future, we should look at who our main users are going to be.”

The second consideration Dr Ho pointed out is healthcare funding, specifically in the area of insurance and policy coverage as the Pioneer demographic share of population is anticipated to grow.

“Probably due to these considerations, the practice of medicine and delivery of care will change. In many countries, instead of patients coming in and staying for a long time, a lot of the care is now shifted to being delivered more as an outpatient basis or as a community. This is because the costs of hospital stays are higher for most societies than costs of home care. Of course each country will find its own solution and no two countries are the same. This concept is not new, but the model of care will be different from the past.” Dr Ho added.

Keeping Up With The Times

Scientific and medical ideas change with new evidence and increased technology. What was in the textbooks when many of us were in school is sometimes now outdated. “Medicine while being a Humanistic Science, is also a technical discipline and hence the pace of technical advances is rapid. Many of the professional activities that I now engage in on a daily basis were not described in this detail when I was in medical school. So there is a critical need for doctors to continue educating and re-educating themselves. This is one of the reasons why I go for conferences because I am always looking for better ways of treating patients.” Dr Ho's shares his pragmatic views.

Giving the example of Cardiac Computed Tomography (CT), he said the technique was not described or taught when he was in medical school and it was impossible then to scan the heart using CT scanner. “These days we see such beautiful exquisite images which allow cardiologists to diagnose heart disease with certainty and tell patients what the findings mean for them. If I based my practice solely on what I learnt from medical school, I would not be able to use this important technology.”

Dr Ho trained as an advanced fellow in Nuclear Cardiology at the Mayo Clinic in the USA and at the University of Erlangen, Germany in Cardiac CT. Dr Ho has published a number of research papers, authored book chapters in cardiac CT-imaging and is a invited speaker, moderator and chairperson at major local and international cardiology conferences.

Advancing Cardiology

Dr Ho is drawn to the slew of exciting new developments and technologies in cardiology. One important component is the development in Cardiac Imaging in the last two decades. “It is possible to get a lot of information through this type of technique without needing to go into an invasive technique. With this information, therapy can be planned, progress can be monitored and then right decisions can be made. These days the quality of images and information that comes out is quite astounding compared to 10 years ago.”

In addition to better diagnostic predictability, Dr Ho said that it leads to significant savings and convenience for the patient. “Cardiac imaging has developed so much that it is often used as a gatekeeper to more expensive therapies and investigations. For instance, if a patient comes in with chest pain, investigations are carried out either by means of an invasive angiogram or Cardiac CT-imaging. If the CT images demonstrate that there is no or minor coronary artery disease, then we can tell the patients that the long-term outcome for the patient is good and the risk of dying from a heart attack is low. The patient does not need to go for more complicated & costly procedures like the invasive angiogram.”

“More importantly, the doctors can now confidently tell patients that the likelihood of having a heart attack is low with a high-degree of certainty and that gives assurance to both parties. All this can be resolved in a matter of hours. In addition, the patient does not need to stay in the hospital for an invasive procedure and that saves costs. In the past, the patient would have needed to have an invasive angiogram, and might have had to stay in hospital for 2 to 3 days getting this sorted out. This is an example of how the practice of medicine has changed dramatically in the last 10 years.” Another point that Dr Ho raised is the risks involved in invasive procedures. “It may be small but there are some risks.”

“Another development in cardiology is the aortic valve replacement to treat aortic stenosis. This is a condition where the valve to the aorta is narrowed so much that the blood cannot pump off from the heart to the rest of the body. It occurs more commonly in old age due to wear and tear and the valve gets hardened and calcified. In the past, patients would need to go for operation to replace the valve. But the risk is obviously high if you are an elderly patient. Now, in selected patients, it is possible to replace the valve just by going through a route through the skin without going for open surgery.”

“This is a major paradigm shift as today's medicine is into non-invasive diagnosis and treatment.” he added.

Managing Heart Disease and Fitness

He is also very concerned about the increased risk of high blood pressure and heart diseases in Singapore. It mostly boils down to an aging population, and the growing prevalence of conditions like high blood pressure and diabetes, and a sedentary lifestyle.

Dr Ho explains that "heart disease is what we call a chronic disease; meaning something that develops over a long term, and something that patients have to live with for years once diagnosed." He listed the big five causes as high blood pressure, diabetes, high cholesterol, smoking and a positive family history of premature heart disease. If any individual had any of these five conditions, the risk of developing heart attacks goes up.

In addition, he said that the disease is also partly related to weight and lifestyle. There is an intimate connection between the causes of heart disease with lifestyle.



is because there may be either pre-existing heart disease or an underlying abnormality in the heart structure or function that was not detected previously."

Fitness Is For Doctors Too

Contrary to a very calm, collected composure, Dr Ho leads a fairly active lifestyle that combines regular exercises at the gym and frequent walking. In fact, over the last five years, he has climbed the highest peak in Southeast Asia (Mount Kinabalu in Sabah, Malaysia) and completed a five-day world-renowned Milford Sound trek of more than 100 km in New Zealand. "It is a great way to maintain fitness and see the world." His next trekking target is in Japan – from Kyoto to Edo.

Live By The Credo – Serve All With Love

"What I personally like very much; and which drew me to this hospital is its motto – Serve All With Love. It is relevant because medicine at its core is the genuine desire to help."

"Yes we all live in a practical world, and yes there is no way any organization or any individual can be completely divorced from financial concerns, but this is where Medicine is different from just being a routine commodity or a mundane service. We in the profession and the Hospital will provide this service, because we are primarily motivated by concern for our fellow men, and by love for mankind, over and above mere mundane considerations. It is especially relevant because as you go through the details of the life of St Francis of Assisi, you can see many parallels between the Hospital as a whole working to help the patient." **A**

Individuals who are overweight, or smoke are also at increased risk of heart attacks. So my advice is it is important to treat your body well. Make sure you eat correctly. Make sure you exercise enough. Make sure you maintain close to your ideal body weight. Do not smoke. Consult with doctor should you feel any chest pains or breathlessness; especially beyond the age of about 40.

While fitness is the ticket to pink of health, Dr Ho has this advice for anyone thinking of starting on an exercise regime for the first time - "Anyone who is thinking of doing a rigorous sports or competition level should be evaluated carefully by a doctor. This



Q I am a 30-year-old man who exercises three or four times a week.

I lead a healthy lifestyle and my resting heart rate is about 60 beats a minute.

I have been experiencing a rapid heartbeat on and off, sometimes in the middle of my weights training or while walking on the street.

This rapid heartbeat, about 160 to 180 beats a minute, goes on for 20 to 30 seconds and returns to normal after that.

I have had my yearly full body check-up and my cholesterol level is within the healthy range.

Could I have an underlying heart condition which requires further investigation?

A An awareness of one's heartbeat is medically referred to as experiencing palpitations. Most of us are usually unaware of our heartbeat even though the heart beats an average of 60 to 90 times a minute.

The heartbeat naturally increases during physical exertion, such as walking or running, and sometimes during periods of emotional stress. But it generally returns to the normal baseline once the activity is over.

In your case, the onset of the rapid heart rate appears to be sudden rather than gradual. The rate seems more rapid than what would be expected for the degree of exertion. The raised heart rate also returns to normal very rapidly.

Such situations may arise if the pattern of electrical conduction in the heart is abnormal.

This results in the electrical impulse travelling along different and abnormal pathways in the heart. This, in turn, can lead to a much faster heart rate and palpitations.

The only way a specific diagnosis can be made is by recording the heart tracing during the palpitations through an electrocardiogram (ECG).

The ECG often gives important clues to the reasons for such palpitations.

This can have implications for the diagnosis, prognosis and the specific form of treatment which the patient will respond to.

Palpitations can be divided broadly into two categories: Those which do not pose a danger, though they may be irritating to the patient, and those which can be life-threatening.

If the palpitations are associated with loss of consciousness, they may hint at a more ominous problem, such as underlying coronary artery disease.

Further investigations may include Holter monitoring, during which one's ECG is recorded continuously for 24 hours to increase the likelihood of capturing the abnormal heartbeat, and an electrophysiology study in which wires are passed via the veins into the heart for a more detailed assessment of the circuitry.

There may also be imaging studies (such as echocardiograms and cardiac computed tomography or CT scans) to assess the structure of the heart for abnormalities.

On the basis of the diagnosis, the palpitations can either be left alone or treated with medication.

Sometimes, the problem can also be treated by radiofrequency ablation, a technique in which the conduction pathway is interrupted by applying an electrical current directly to the heart.

Once the pathway is interrupted, the palpitations usually stop. The treatment technique will vary according to the diagnosis, the danger the palpitations poses and the patient's preference.

You should consult a cardiologist for a more detailed assessment of your condition. **A**

Answered by Dr Ho Kheng Thye, Senior Consultant Cardiologist at Heart Consultants at Mount Alvernia Medical Centre and Chairman of the Mount Alvernia Hospital Medical Advisory Board, for The Straits Times Mind Your Body 'Ask the Experts' on 1 May 2014.

Ever wished you knew what your baby's cries meant? Alvernia Parentcraft Centre's Senior Lactation Consultant, Ms Kang Phaik Gaik, sheds some light on the different types of baby cries and how to respond to them.

Can you describe the following kinds of baby cries (in terms of pitch, frequency, gradual build up etc.)?

Hunger

Loud and long cries - demanding energetic cry. The sound is repetitive combined with other signal such as rooting, mouthing or finger sucking. Baby stops crying and gladly accepts the feed.

Gassy/colicky

Intense screaming - loud, long and high pitched cries that mean he is in pain. His face turns red, clenching his fists and drawing up his legs towards the abdomen. It seems to occur around the same time of the day for a prolonged period (usually 3 hours or more). Massage his tummy or apply some pressure on the tummy to help soothe the pain.

Tired

Whiny cry with facial expression of yawning or rubbing his eyes. The cry starts slowly and softly, and increases in intensity.

Hold baby close to your chest so it can hear your heartbeat. Your soft voice will soothe the baby to sleep.

Bored/wants attention

Short and soft cry intermittently. Usually crying stops when you talk to him, rub his tummy or stimulate him.

Pain or discomfort

The cry is high wailing sound to release his tension and draw attention. He may pause in between and cry loudly and hard suddenly. Check for wet diaper, too hot or too cold.

I

The cry is weak and soft as he may not have the energy to cry loudly when he is ill. The baby is fretful and needs to be held most of the times.

What advice do you have for a first-time parent on how to figure out baby's needs by his cries?

The parent needs to learn to listen to baby's cries and observe the baby's behaviour, movements, body language and facial expression at the same time. Gradually he/she will be able to interpret the baby's cries and recognize why the baby cries.

Why is it important for parents to pay attention to their baby's cries? How does it help in terms of bonding and/or alleviating stress?

Baby's only language is crying, it is his primary form of communication. By responding quickly and appropriately to baby's cry, it is easier to calm your baby and help to build your baby's sense of trust and security.

Communication with the baby involves touching, holding, talking, singing, cuddling and active listening to synchronize with baby's behaviour.

Baby needs a lot of cuddling and nurturing touch. Physical contact and reassurance help to comfort the baby.

A cuddle can do wonders to soothe the crying baby if there is nothing physically wrong. Hold baby close to you, your voice, your heartbeats and unique body smell or a gentle rocking motion often will quiet the baby.

The nurturing touch is one of the most important aspect in baby care to promote bonding and alleviate stress and help the baby to sleep better.



Baby cries

Community Outreach in Vietnam



Mount Alvernia Hospital organised its regular overseas community outreach programme on 22 March 2014 at Tan Quy Parish, 1.5 hours' drive from Ho Chi Minh City, Vietnam. This is a major parish serving the Catholic community in Ho Chi Minh City since its establishment in 1880. Started in 2012, this is the fourth time Mount Alvernia Hospital has reached out to the Vietnamese community via complimentary health screening, together with Caritas Vietnam, a member of Caritas Internationalis which is a charitable organisation under the Catholic Church.



Tan Quy Parish was abuzz with activities on the Saturday morning, more than 200 residents came to have their blood pressure, height, weight, as well as glucose and cholesterol levels measured. Koo Hoong Mun, Coordinator of Community Outreach and Judith Lee from Corporate Development coordinated the half day event, with manpower support from the local Parish community and volunteers for the registration and screening activities.

The day started with a short talk by Dr Dung, a volunteer medical doctor from Caritas Vietnam to raise awareness on disease prevention and early detection. Residents were then guided to commence the screening activities, followed by personal health counselling and advice by local medical doctors. For residents who required further blood tests, medical volunteers were on standby to draw blood for local lab analysis to complete the holistic health screening event. Residents were also treated with goodie bags filled with health supplements, nutritious snacks and health information to encourage healthy living.

"For such overseas outreach programmes, we collaborate with local community closely to ensure smooth running of the event." said Hoong Mun.

In recognition of our medical and health screening support rendered during the past community events, Lim Heng Seng, Corporate Development Manager, was present to receive a Certificate of Appreciation signed by Bishop Dominico, Chairman of Caritas Vietnam. **A**

Celebrating Mother's Day at Mount Alvernia Hospital

A pleasant surprise awaited mothers-to-be who attended our hospital's maternity tour throughout the week of 5 to 10 May. In celebration of Mothers' Day, they were treated to chocolate-coated strawberries and melon bouquets along with molten lava cakes. Complimentary cakes were also given out on Mother's Day, to the first 100 Alvernia Ladies Card members who presented their membership cards at participating Smoulder outlets, a bakery chain specializing in bite-sized Lava Cakes.

A week full of sweet smiles indeed!



New Medical Advisory Board

The hospital is pleased to announce its new Medical Advisory Board for 2014, consisting of a group of multi-disciplinary specialist doctors, led by newly appointed Chairman, Dr Ho Kheng Thye.

Chairman
Dr Ho Kheng Thye *Cardiologist*

Vice-Chairman
Dr Simon Ng *Paediatrician*

Chairpersons of Committees

Blood Transfusion and Laboratory
Dr Freddy Teo *Haematologist*

Code Blue
Dr Soon Chao Yang *Cardiologist*

Continuing Medical Education
Dr Jacob Cheng *Ophthalmologist*

Credentials
Dr Christopher Chong *Obstetrician & Gynaecologist*

Obstetrics & Gynaecology
Dr Henry Cheng *Obstetrician & Gynaecologist*

Operating Theatre & Critical Care
Dr Jim Teo *Respiratory Physician*

Paediatric & Neonatology
Dr Lim Kwang Hsien *Paediatrician*

Quality Assurance
Dr Cosmas Chen *General Surgeon*

Therapeutics and Infection Control
Dr Yong Chee Kong *General Surgeon*

Tissue Review
Dr Kang Wee *Obstetrician & Gynaecologist*

Members
Dr Alvin Teo *Anaesthetist*
Dr Ching Kwok Choy *Obstetrician & Gynaecologist*
Dr Francis Wong *Orthopaedic Surgeon*
Dr Wang Chin Foong *Anaesthetist*

What's in the bag?

Signed up for the Mount Alvernia maternity tour? All mums-to-be who join our tour receive a complimentary Mount Alvernia Hospital goodie bag. Each bag contains essential information on hospital services, magazines, product samples from leading baby brands and discount coupons for mothers and babies. To help us improve the quality and value of the tour bag, we surveyed mothers attending the maternity tour. Some of the suggestions include items for nursing mothers and baby care guidebooks. Look out for new items in October!



Continuing Medical Education

It is vital for doctors and clinicians to update and increase their knowledge in all fields of medicine. The hospital provides such a platform through its Continuing Medical Education (CME) courses. In the past months, some of the CME courses conducted include Update In Wound Management, An Update Of Fertility Preservation For Cancer and Screening For Inborn Error Of Metabolism Disorder. Information on evidence-based clinical results and up-to-date therapies presented will lead to greater competency among our health care team.

Upcoming Events

Admission is free

Baby Baby Exhibition
Dates: 4 to 6 July 2014
Time: 11am to 9pm
Venue: Singapore Expo Hall 4B

Health and You Exhibition
Dates: 16 & 17 August 2014
Time: 10am to 8pm
Venue: Suntec Convention Centre Hall 401 to 403

Rise and Shine Expo
Dates: 22 to 24 August 2014
Time: 11am to 8pm
Venue: Suntec Convention Centre Hall 401 to 403

Community Outreach Activities*

| Screening Date | 8-Jun-2014 | 29-Jun-2014 | 6-Jul-2014 | 12-Jul-2014 | 13-Jul-2014 | 19-Jul-2014 | 20-Jul-2014 |
|-----------------|--|------------------------------------|---|--|--------------------------------------|---|------------------------------------|
| Screening Day | Sun | Sun | Sun | Sat | Sun | Sat | Sun |
| Partners | People's Association - Jalan Kayu Active Ageing Committee | Church of Our Lady Star of the Sea | People's Association - Yio Chu Kang Active Ageing Committee | People's Association - Tanjong Pagar Tiong Bahru Active Ageing Committee | Saint Joseph Church (BT) | People's Association - Telok Belangah Active Ageing Committee | Church of Christ the King |
| Venue | Blk 532 Serangoon North Avenue 4 Multipurpose Room 2 S(550532) | 10 Yishun Street 22 S(768579) | Blk 606 Ang Mo Kio Avenue 5 #01-2737 S(560606) | Blk 108 Spottiswoode Park Multipurpose Hall Level 6 S(080108) | 620 Upper Bukit Timah Road S(678116) | Blk 220 Dover Crescent #01-358 S(130022) | 2221 Ang Mo Kio Avenue 8 S(569809) |

* includes activities like health screenings, health talks, etc.

Of Feathers & Blossom



A common myth about lovebirds is that they must be kept in pairs. According to Blossom Lian, Assistant Manager at Mount Alvernia Hospital, this is not true as a single lovebird is capable of being affectionate. In this article, Blossom shares some pointers and thoughts of a parrot enthusiast.

It started off with her husband's sweet intention to get a lovebird as a companion when she was pregnant. Since then, the parrot community in their home has grown to include two additional yellow sided conures, which is a diverse, loosely-defined group of small to medium-sized parrots. The male lovebird is affectionately known as Birdy and the female conures are known as Kopi and Teh Si.

"I would often borrow books from the library to find out more about the different species of parrots! There are just so many and some breeds like the African Greys and Amazons can talk really well, while the cockatoos are reputed for being very affectionate," shared Blossom, Assistant Manager of Strategic Marketing at Mount Alvernia Hospital. The parrot enthusiast was so inspired by what she discovered that she wished she could own a huge parrot aviary and keep all the species!

A typical week with her parrots involves changing the newspaper bedding and playing with them daily. They feed on a pelleted diet and Blossom rotates seeds and vegetables every few days. While feeding is easy, it is a relatively expensive hobby. Besides the special diet and health supplements, she also spends on parrot-toys to keep them entertained. Parrots also require regular veterinary care like any pets. "If they fall sick, the average medical bill is often more than that of a dog or cat," said Blossom.

The adult species are notoriously noisy and even the smallest of parrots can have amazingly loud and boisterous shrill screams. Blossom explained, "Yes, they can be very noisy, especially during dawn and dusk. Being social creatures, they keep in contact with their flock in their natural habitat by making contact calls or screams. It is their natural behaviour!"

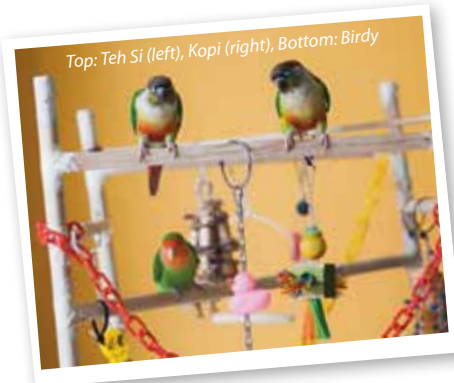
"They also scream or make noise whenever they need something. It is their way of communicating with us!" she added. Blossom

manages their frequencies of calling and screaming by observing their behaviour and body language. At first, she observed that the parrots would scream whenever they were hungry and there was no food in the feeding bowl. Since then, she makes sure that there is always food in the parrots' bowls around feeding time. "Try not to respond to them when they are making noise, otherwise they have the impression that they need to scream for attention. You should only go to them when they're quiet and give lots of praise. In this way, they will learn that only by behaving, they can then get the attention from you," advised Blossom.

While Birdy knows how to perform simple tricks such as picking up a plastic toy ball, climbing up a ladder, going through self-made tunnels and turning around on cue; Kopi and Teh Si have been trained to fly out of the house and they know their way back to Blossom. They get their daily dose of flying freedom and Blossom trusts them to return when they are hungry, thirsty or tired. Beaming with pride and joy when asked what keeps her interest going, Blossom replied, "Parrots are very smart and they do learn tricks. I love watching them fly around carefreely. It is relaxing and therapeutic for me. It is very fulfilling when they fly to me asking for cuddles!"

"It is important to understand that parrots can also exhibit behavioural problems if they are neglected. A certain level of commitment and attention must always be given. If you do not have the time to shower enough attention to your individual parrot then it is best to keep a few or a pair so that your birds are healthy both mentally and physically. Keeping parrots as pets are definitely not for people who are always on a tight schedule!" Another consideration for future parrot keepers is that parrots have long lifespan and even small parrots can live more than 15 years.

What would Blossom's plans be for her parrots? "We are going to grow old together!" she replied earnestly. 📌



The heart of the matter is a matter of your heart.

It takes a healthy heart to lead a fulfilling lifestyle. With an established panel of doctors and a dedicated healthcare team, we can be counted on to provide the care and medical expertise for you to keep doing the things you love.



To understand more about heart conditions, you can reach out to our panel of doctors listed below at Mount Alvernia Hospital

CARDIOLOGISTS

Baldev Singh Cardiology Clinic Pte Ltd
#02-20 Block A
Tel: 6354-1121
www.baldevsingh.com.sg

Heart Consultants Pte Ltd
#02-25 Block A
Tel: 6251-1618
www.heartconsultants.com.sg

MD Specialist Healthcare Pte Ltd
(Pacific Specialist Centre)
#01-06 Block A
Tel: 6256-7130

Nobel Heart Centre
#01-03 Block A
Tel: 6251-0026 / 9151-2121 (Cardio Hotline)
www.nobel-heart.com

Tan Kok Soon Heart Specialist Clinic
#06-06 Block A
Tel: 6358-0650

Y S Lau Cardiology Clinic Pte Ltd
#03-15 Block B
Tel: 6251-2500

CARDIOTHORACIC SURGERY

The Heart Lung & Vascular Centre
#06-02 Block A
Tel: 6356-6288
www.hlvc.com.sg



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