

# More young people hit by chronic illness

Health Minister will roll out masterplan to tackle this rising trend

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THE problem of chronic diseases is looming large in Singapore, and not only are more people suffering from ailments such as diabetes and high cholesterol levels, they are also getting younger.

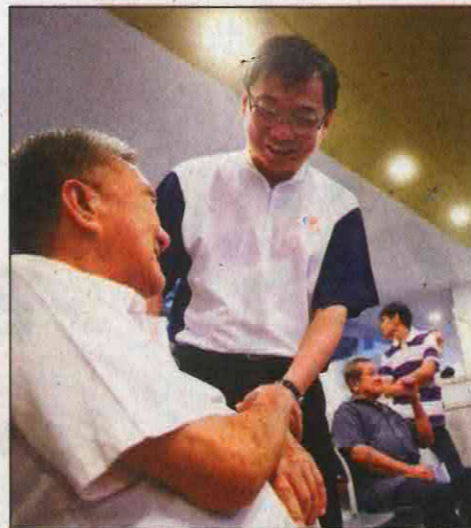
Ministry of Health (MOH) figures show that two in five Singaporeans aged 20 years and above are already suffering from at least one chronic ailment.

With chronic diseases expected to rise significantly in the coming decades as the population ages, Health Minister Gan Kim Yong said yesterday he plans to change the primary care sector to better cope with this challenge.

One way, he said, would be to tap the large pool of general practitioners.

Speaking to reporters after the official opening of the renovated Choa Chu Kang Polyclinic, he said he was serious about addressing the rising trend.

Three of the most common chronic ailments - high blood pressure, high cholesterol levels and diabetes - all increase the risks of heart problems and strokes.



Mr Gan greeting Mr Sin Fook Hong, 76, who was at the Choa Chu Kang Polyclinic yesterday to have his blood pressure checked.

PHOTO: JOSEPH NAIR FOR THE STRAITS TIMES

The ministry views diabetes as the most serious, as it could lead to blindness, kidney failure and amputation of limbs for sufferers.

Today, about 350,000 Singaporeans aged 40 years and older are diabetic. This is projected to almost double to 600,000 by 2030. These figures come from the 2010 national health survey, which looked at the health of 7,500 people be-

tween the ages of 18 and 79.

Just like in the past survey carried out in 2004, half the diabetics surveyed last year were not even aware they had the illness.

Mr Gan noted that polyclinics have done much to meet the needs of the ageing population and the growing burden of chronic diseases, but they "cannot and should not do this alone".

"We should leverage on the many capable and committed general practitioners in the community," he said.

These GPs can do "opportunistic screening", which is to check for the chronic diseases when patients see them for other problems, he said.

Next month, he will reveal the primary care masterplan his ministry has been working on for some time.

It will include roping in GPs in private practice, he said.

He did not want to reveal too much, but said he wants GPs to change their relationship with patients from just treating them when they are sick to long-term management of their chronic ailments.

But he realises many GPs in small practices do not have the necessary facilities to carry out the various tests needed for the proper management of chronic ailments.

The masterplan will outline how the ministry can provide them with access to things like blood tests, which patients might need regularly.

Without such access, he said, GPs

would be limited in what they can offer.

He added that there are also patients who know of their problems but are not getting treatment because of the cost.

He hoped the expansion of the primary care partnership scheme to those aged 40 to 65 will help many of them. The scheme lets them see a GP at subsidised rates,

with the ministry footing part of the bill.

The ministry will also work with various community bodies to encourage more senior citizens to get treated, and get them to help those who find the cost high despite subsidies.

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## Polyclinics to help train more family physicians

POLYCLINICS will play a larger role in training future generations of family physicians, who will be better able to provide chronic care to patients.

The 31 doctors starting the three-year Master of Medicine (Family Medicine) course this year will spend at least one day a week at a polyclinic.

Choa Chu Kang Polyclinic is one of

the first to have consultation rooms designed for education, said Professor Chee Yam Cheng, chief executive officer of the National Healthcare Group.

These rooms have to be big enough for two doctors, as doctors on the course will see patients together with a senior family physician in their first year of training.

They will also see the same patients for all three years of their training, so they will be able to see how well their treatments are working.

In their final year, they will do a six-month stint at the polyclinic.

Junior doctors serving their five-year bond in the public sector could take up this degree as part of their training.

But out of the more than 100 medical graduates who end up in primary care each year, either as GPs or working in polyclinics, only a small number are taking the master's degree that better equips them to manage patients with chronic ailments.

Speaking at the official opening of the renovated Choa Chu Kang Polyclinic, Health Minister Gan Kim Yong said the number of doctors taking the course now has gone up by 50 per cent compared to 2009. But he

admitted it was not easy to get doctors to take up the postgraduate course in family medicine, which is offered by the National University of Singapore.

Singapore is setting up a register of family physicians for doctors who are better qualified than general practitioners.

Mr Gan said it is important to have more such doctors to cater to an increasing number of patients with chronic conditions.

Besides training younger doctors, Mr Gan said polyclinics have become "one-stop centres" offering laboratory and X-ray services, counselling,

physiotherapy, health screening and dental care. The revamped Choa Chu Kang Polyclinic includes elderly-friendly features that also cater to wheelchair bound patients.

Prof Chee said the polyclinic houses a Primary Care Academy on the third floor. It will run courses for different groups, from doctors to members of the public. Caregivers, for example, might need to learn the proper way to transfer a patient from the bed to a wheelchair.

A life-size doll as heavy as an average person is used to train them to move and clean a bed-bound patient.

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