15th MSR / SSR Workshop in Rheumatology

Rheumatology Across All Ages

22 – 24 August, 2014
Hilton Kuala Lumpur
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It is with great pleasure that I welcome all of you to the 15th Combined Malaysian Society of Rheumatology and Singapore Society of Rheumatology Workshops in Rheumatology. This workshop is an annual event conducted by both societies and hosted alternately by Malaysia and Singapore. Such workshops are organized to further develop and enhance the care of rheumatology patients in both countries.

Rheumatic disorders are not uncommon and affect people of all ages. The theme “Rheumatology Across All Ages” reflects this point well and I hope this workshop will create awareness on some of the many rheumatic diseases affecting children, adolescents, the adult and the geriatric populations.

There has been much advancement in the treatment of rheumatic diseases with new guidelines, diagnostic tools and therapeutic targets. Therefore, there is a need to educate the medical community and improve the standards of care for our patients through the sharing of clinical experiences between rheumatologists, physicians and medical officers as well as the other medical fraternities such a radiology and family medicine.

This workshop is privileged to have world-renowned speakers who will certainly add more depth and interest to the gathering of knowledge for the delegates. Besides doctors, this workshop also aims to bring together allied health professionals from all over Malaysia and Singapore who are involved in the care of rheumatology patients. I would like to congratulate the Malaysian Society of Rheumatology on the celebration of their Silver Jubilee.

I hope that all of you will benefit greatly from this excellent workshop. For those coming from abroad, do that the opportunity to discover Kuala Lumpur. Hopefully, you will bring back both knowledge and fond memories of this workshop.

Datuk Dr. Noor Hisham Bin Abdullah
Greetings to all and we are pleased to announce that the 15th MSR/SSR Workshop in Rheumatology will be an exciting as well as educational event. All health care professionals and those with an interest in rheumatic diseases are encouraged to participate. The theme for this year is “Rheumatology Across All Ages” and we want to create awareness that rheumatic conditions can affect children, adolescents, adults and the elderly.

Radiology in rheumatology is also highlighted in the workshop. We are fortunate to have Professor Donald Resnick and Professor Wolfgang Schmidt, two prominent and internationally known authorities in radiology and musculo-skeletal ultrasound to be among our speakers. Here we would encourage our Radiology colleagues to participate and do not miss this rare opportunity. The programme includes updates in important topics in rheumatology like inflammatory arthritis, SLE, osteoarthritis, and osteoporosis. So there is something for everyone. There is also a pre-workshop in musculo-skeletal ultrasound for rheumatologists.

Malaysian Society of Rheumatology is 25 years old and we are in a celebratory mood for our silver jubilee. This also happens to be Visit Malaysia Year 2014. So do block your dates for 22-24 August 2014 and join us in the workshop at the strategically located Hilton Kuala Lumpur.
Prof. Donald L. Resnick is a Professor of Radiology and Chief of Osteoradiology at the University of California, San Diego (UCSD). He is world renowned speaker in musculoskeletal radiology and has devoted more than 30 years to musculoskeletal radiology education.

Prof. Wolfgang Schmidt is a Professor of Free and Humboldt Universities in Berlin. He is a world expert in musculoskeletal ultrasound and imaging of vasculitis. He has taught at many ultrasound courses around the world.

Professor Dr. Chak-Sing Lau is Daniel CK Yu and Chair Professor in Rheumatology and Clinical Immunology, Director of the Institute of Medical and Health Sciences Institute and Associate Dean (Teaching & Learning) of the LKS Faculty of Medicine, the University of Hong Kong. Professor Lau’s research interests include systemic lupus erythematosus, rheumatoid arthritis and related disorders. He has many publications and sits on the editorial board of numerous peer-reviewed journals. He is the founding chairman of the Hong Kong Arthritis and Rheumatism Foundation and had served as President of the Asia Pacific League of Associations for Rheumatology (APLAR) from 2006 to 2008. He is also a co-founder of the Asian Congress on Autoimmunity, Huaxia Congress on the Management of Rheumatic Diseases and Ten Topics in Rheumatology in Asia. Currently, Professor Lau is convener of a Steering Committee of APLAR to formulate the first regional treatment recommendation for rheumatoid arthritis.

Dr. Habibah Mohd Yusof is a Consultant Rheumatologist at Hospital Selayang. She is actively involved in research and continuing medical education activities.

Dr. Liza Mohd Isa is a Consultant Rheumatologist at Hospital Putrajaya. She is also a trainer for the Fellowship training program for Rheumatology subspecialty.

Dr. Mollyza Mohd Zain is a Consultant Rheumatologist at Hospital Selayang. She was involved in the development of the 2nd Edition of the Malaysian Clinical Practice Guidelines on Osteoarthritis which was recently launched.

Assoc. Prof. Dr. Ng Chin Teck is a rheumatologist and clinician-researcher in University of Malaya. He obtained his basic medical degree with honours from Trinity College Dublin in 2000. Dr. Ng obtained MRCP(UK)(London) in 2003 and entered rheumatology and general medicine specialist training under the Royal College of Physicians Ireland in 2004, during which he was trained in University Hospital Limerick (University of Limerick), St. Vincent’s University Hospital (University College Dublin), Beaumont Hospital (Royal College of Surgeons Ireland) and Tan Tock Seng Hospital in Singapore. Currently his clinical and research interests are rheumatoid arthritis and SLE. He is a committee member of Malaysian Society of Rheumatology (2012-2014), a member of Academy Medicine Malaysia and Royal College of Physicians (RCP)(London), and a fellow of American College of Rheumatology & RCP(Glasgow).
Dr. Tan Bee Eng completed rheumatology fellowship training in Selayang Hospital and Tan Tock Seng Hospital, Singapore. Upon completion of her training in 2006, she served as the state rheumatologist in Penang General Hospital and has also provided rheumatology service to other hospitals in the northern region of Malaysia. She is currently the head of rheumatology unit in Penang General Hospital and a trainer for Rheumatology Fellowship Training in Malaysia.

Dr. Tang Swee Ping is currently a Consultant Paediatrician and Paediatric Rheumatologist at the Selayang Hospital, Kuala Lumpur, Malaysia. She graduated from the University of Malaya, Kuala Lumpur and went on to obtain her MRCP (UK) in Paediatrics. She completed her Paediatric Rheumatology training in United Kingdom at the Birmingham Children’s Hospital and the Great Ormond Street Hospital for Children, London. Upon her return to Malaysia in 2003, she established and heads the first and only Paediatric Rheumatology tertiary referral center in Selayang Hospital which caters to patients from all over Malaysia. She is the chairman of the Arthritis Foundation Malaysia Junior Club. She has a special interest in juvenile SLE, systemic JIA and chronic non cancer pain in children and adolescents.

Dr. Yeap Swan Sim is a Consultant Rheumatologist at Sime Darby Medical Centre, Malaysia. She is the current President of the Malaysian Osteoporosis Society and the co-chairperson of the working group that published the 2012 Clinical Guidance on the Management of Osteoporosis in Malaysia.
**Avelox Tablets**

*Brand name:*

Avelox Tablets are indicated for the treatment of adults (>18 years of age) with the following bacterial infections caused by susceptible strains:

- Acute bacterial sinusitis
- Acute exacerbations of chronic bronchitis
- Community-acquired pneumonia
- Mild to moderately severe inflammatory pelvic diseases (i.e. Infections of the upper female genital tract, including salpingitis and endometritis), without an associated tubo-ovarian or pelvic abscess
- Complicated skin and skin structure infections
- Complicated intra-abdominal infections including polymicrobial infections such as abscesses

**Indications:**

Avelox Tablets are indicated for the treatment of adults (>18 years of age) with the following bacterial infections caused by susceptible strains:

- Acute bacterial sinusitis
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- Complicated skin and skin structure infections
- Complicated intra-abdominal infections including polymicrobial infections such as abscesses

**Dosage and Method of Administration:**

- The recommended dose for moxifloxacin is 400 mg once daily (1 film-coated tablet or 250 ml solution for infusion, respectively) for the above-mentioned indications and should not be exceeded.
- The film-coated tablet should be swallowed whole with sufficient liquid and may be taken independent of meals. The solution for infusion should be infused intravenously over 60 minutes. For patients with impaired renal function, dosage adjustment is not required.

**Contraindications:**

- Known hypersensitivity to any component of Moxifloxacin or other quinolones or any of the excipients;
- Pregnancy and lactation;
- Patients below 18 years of age.

**Warnings and Precautions:**

- The risk of developing fluoroquinolone-associated tendonitis and tendon rupture is further increased in people older than 60, in those taking corticosteroid drugs, and in kidney, heart, and lung transplant recipients. For patients with complicated pelvic inflammatory disease, treatment with intravenous, rather than oral Moxifloxacin is recommended. In patients for whom myasthenia gravis is involved, treatment should be undertaken cautiously in patients with myasthenia gravis because the symptoms can be exacerbated. Fluoroquinolones have neuromuscular blocking activity and may exacerbate weakness in patients with myasthenia gravis. Post-marketing serious adverse events, including deaths and requirement for ventilator support have been associated with fluoroquinolone use in persons with myasthenia gravis.

**Adverse Reactions:**

**Undesirable effects:**

- Common adverse drug reactions reported include:
  - Infections and infestations: Mycotic superinfections
  - Nervous system disorders: Headache, Dizziness
  - Cardiovascular system disorders: QT prolongation in patients with hypokalemia or hypomagnesemia, sodium intake is of medical concern, the additional sodium load of the solution for infusion should be taken into account.

**Overdose:**

- In case of overdose, supportive measures and symptomatic treatment should be instituted.

**Interactions:**

- Moxifloxacin does not significantly affect plasma concentrations of rifampicin, aminoglycosides, ciprofloxacin, or cefotaxime.

**Other Information:**

- Pregabalin is a prodrug of gabapentin and is not metabolized by CYP 3A4, therefore, co-administration of Avelox and pregabalin is not expected to result in any clinically significant drug interaction.

**References:**


**ABBREVIATED PRESCRIBING INFORMATION.**

- For Healthcare Professionals only.

**ABBREVIATION**

- CAP: Community-acquired Pneumonia
- AECB: Acute Exacerbation of Chronic Bronchitis
- ABS: Acute Bacterial Sinusitis
- cSSSI: Complicated skin and skin structure infections
- cIAI: Complicated intra-abdominal infections
- PID: Pelvic Inflammatory Disease

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"Think about:

Trust.

Trust is based on experience. Again and again."
21 August 2014 (Thursday)

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<td>Principles of Musculoskeletal Ultrasound for Rheumatologists</td>
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<td>Ultrasound interventions: Techniques &amp; Advice</td>
<td>Prof. Dr Wolfgang Schmidt</td>
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22 August 2014 Day 1 (Friday)

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<td>1415 – 1445</td>
<td>The Teen-y Woes: Managing Adolescents with Rheumatological Diseases</td>
<td>Dr Tang Swee Ping, Malaysia</td>
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<td>Updates in the Management of Rheumatoid Arthritis</td>
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<td>Controversies in Osteoporosis Management</td>
<td>Dr. Yeap Swan Sim, Malaysia</td>
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<td>1700 – 1800</td>
<td>Dinner Symposium by Roche</td>
<td>A/Prof. Yi-Hsing Chen, Taiwan</td>
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| 0730 – 0830 | Breakfast Symposium by Jassen  
The Development of Biologics in Rheumatology | Dr. Jim Morgan, USA                            |
| 0830 – 0930 | T2T in Spondyloarthritis                                               | Dr. Liza Mohd Isa, Malaysia                   |
| 0930 – 1030 | MSK U/S For The Non-Rheumatologists                                   | Prof. Wolfgang Schmidt, Germany               |
| 1030 – 1050 | Coffee Break & Trade Exhibition                                       |                                               |
| 1050 - 1130 | Articular Disorders of the Peripheral Skeleton: Conventional Radiography | Prof. Donald Resnick, USA                     |
| 1130 - 1200 | Updates in Gout Management                                             | Dr. Habibah Mohd Yusof, Malaysia             |
| 1200 - 1245 | Articular Disorders of the Peripheral Skeleton: MR Radiography        | Prof. Donald Resnick, USA                     |
| 1245 – 1400 | Lunch Symposium by Pfizer                                              |                                               |
| 1245 – 1250 | Opening Address by Chairperson                                        | Dr. Heselynn Hussein, Malaysia                |
| 1250 – 1310 | Advanced Therapy for RA: Perspectives From the Real World Asian Data  | Dr. Tak-Hin Chan, Hong Kong                   |
| 1310 – 1320 | Immunogenicity of the Anti-TNF-alpha Biologics in Malaysian Patients   | Dr. Shereen Ch’ng, Malaysia                  |
| 1320 – 1345 | Intracellular Signalling Pathway: New Target in the Treatment of Rheumatoid Arthritis | Dr. Heizel Reyes, Philippines                |
| 1345 – 1400 | Panel Discussion & Closing                                             | Dr. Heselynn Hussein, Dr. Tak-Hin Chan, Dr. Shereen Ch’ng, Dr. Heizel Reyes |
| 1400 – 1445 | Articular Disorders of the Axial Skeleton: Emphasis on Inflammatory Diseases and Degenerative Diseases I | Prof. Donald Resnick, USA                    |
| 1445 - 1545 | Case Presentation                                                      | Expert panel: Prof. Chak-Sing Lau, Prof. Donald Resnick, Prof. Wolfgang Schmidt, Dato’ Dr. Gun Suk Chyn |
| 1545 - 1615 | Tea Break                                                              |                                               |
| 1615 - 1700 | T2T for SLE, a New Concept?                                            | Prof. Chak-Sing Lau, Hong Kong                |
| 1930 - 2000 | Registration For Gala Dinner & Cocktail                                |                                               |
| 2000 - 2230 | Gala Dinner in Aloft Hotel (By Invitation Only)                        |                                               |

### 24 August 2014 Day 3 (Sunday)

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| 0800 - 0900 | Breakfast Symposium by GSK  
Updates in Management of SLE                                                 | Prof. Chak-Sing Lau, Hong Kong               |
| 0900 – 0930 | Quiz                                                                   | Facilitator - Dr. Asmahan Mohamed Istim, Malaysia Dr. Chong Hwee Cheng, Malaysia |
| 0930 – 1015 | Articular Disorders of the Axial Skeleton: Emphasis On Inflammatory Diseases And Degenerative Diseases II | Prof. Donald Resnick, USA                    |
| 1015 – 1100 | Management of Osteoarthritis - 2014 Malaysian Clinical Practice Guidelines on Osteoarthritis | Dr. Mollyza Mohd Zain, Malaysia              |
| 1100 - 1130 | Tea Break & Exhibition                                                |                                               |
| 1130 - 1215 | Osteonecrosis, Osteoporosis, Osteoarthritis, Impingement, Paget Disease, and Insufficiency Fractures: Dogma And Dilemma With Emphasis On The Hip | Prof. Donald Resnick, USA                    |
| 1215 - 1245 | Biologic Therapy in Patients with Rheumatoid Arthritis in Ministry of Health Hospitals, Malaysia | Dr. Tan Bee Eng, Malaysia                    |
| 1245 - 1300 | Prize giving Closing                                                  | Dr. Lau Ing Soo, Malaysia                    |
| 1300 - 1500 | Annual General Meeting of MSR                                         |                                               |
"I would like to change the perception of rheumatoid arthritis and increase public awareness. It is associated with the elderly, but it is a disease that can happen to anyone at any age. I'm grateful for the therapies that are available now to help sufferers live their lives as best they can."

**Alison,** living with rheumatoid arthritis

UCB has a passionate, long-term commitment to help patients and families living with severe diseases lead normal, everyday lives.

Our ambition is to offer them innovative new medicines and ground-breaking solutions in two main therapeutic areas: neurology and immunology. We foster cutting-edge scientific research that is guided by patients' needs.
The Teen-y Woes: Managing Adolescents with Rheumatological Diseases

Dr. Tang Swee Ping
Consultant Paediatrician and Paediatric Rheumatologist
Hospital Selayang, Malaysia

The period of adolescence for a healthy teenager is one of complex physical, social and emotional challenges. A teenager with a rheumatological disease has in addition, the burden and demand of an ongoing chronic illness. This results in an often tumultuous time for not only the patient but also the physician! The physician needs to understand the complex and bidirectional interaction between the normal developmental process and the chronic illness in order to successfully manage these teenagers.

Chronic rheumatological diseases can affect the physical appearance of teenagers (e.g. obesity, short stature, delayed puberty), cause psychological problems (e.g. depression, low self-esteem), lead to an increased dependence on family in a time of expected autonomy, lead to social isolation from peers, and result in educational disadvantage with potential impairment of future financial independence. Similarly, the developmental processes of the adolescent period, for example the pubertal spurt can cause disease flares, the psychological changes may result in poor adherence, the different priorities in socialisation process and exploratory risk taking behaviour can impact on disease control and management.

Thus, managing these teenagers is certainly not easy and requires the adoption of a broad holistic approach plus the understanding of these complex relationships. In particular, various management aspects require special attention and these include adherence to therapy, education of the patient, family and peers; and ensuring a smooth and successful transition to adult care.

Updates in the Management of Rheumatoid Arthritis

Associate Professor Dr. Ng Chin Teck
Rheumatologist and Clinician-Researcher
University of Malaya, Malaysia

Rheumatoid arthritis (RA) is a chronic systemic inflammatory disease. It can be a disabling and painful condition, leading to substantial loss of functioning and mobility if not adequately treated. Clinical studies and the existing drugs for RA have revolutionised the management of this disease. Methotrexate remains the main anchor drug, either used as monotherapy or in combination with other synthetic disease modifying anti-rheumatic drugs (sDMARDs). Early and aggressive use of DMARDs is effective in suppressing inflammation and slowing or stopping radiographic progression. Over the last two decades, many biologic DMARDs (bDMARDs) become available to patients with RA. These include TNF inhibitors, B-cell depletion therapy and interleukin-6 receptor blocker.
Controversies in Osteoporosis Management

Dr. Yeap Swan Sim  
Consultant Rheumatologist  
Sime Darby Medical Centre, Malaysia

Osteoporosis (OP) is defined as a skeletal disorder characterized by compromised bone strength predisposing a person to an increased risk of fracture. Osteoporotic fractures are the end result of compromised bone strength/low bone density and typically occur at the hip, spine and wrist (Colles’ fracture). These fractures cause significant morbidity and mortality; for example, following a hip fracture, there is a 20-30% mortality rate at 1 year and only approximately 50% who lived independently before sustaining a hip fracture are unable to regain their independent lifestyle. Thus, it is important to treat patients with OP, especially to prevent future fractures.

Recently, there have been adverse reports concerning several treatment modalities. Calcium supplements have been associated with an increased cardiovascular risk, as have strontium ranelate. The bisphosphonates have been associated with atypical femoral fractures and osteonecrosis of the jaw. This lecture will review the evidence behind these concerns and discuss them in the context of the risk-benefit ratio of treating OP. In the appropriate patient, the benefits of OP treatment will far outweigh the possibility of rare side effects.

Treat-to-target (T2T) in Spondyloarthropathy

Dr. Liza Mohd Isa  
Consultant Rheumatologist  
Hospital Putrajaya, Malaysia

In order to improve clinical outcomes, therapeutic targets have been clearly defined in many chronic diseases like diabetes mellitus and hypertension. Unlike the well-established Treat-To-Target (T2T) concept in rheumatoid arthritis, the T2T concept in spondyloarthritis (SpA) is just emerging. Despite the recent advances in the field of SpA, a variety of challenges still exist in the management of these patients. The key recommendations from the most recent EULAR guideline will be discussed in this lecture.
Musculoskeletal Ultrasound for the Non-Rheumatologist

Prof. Dr. Wolfgang A. Schmidt, M.D.
Professor of Free and Humboldt Universities
Berlin

The physician himself can perform ultrasound as part of the clinical examination. Ultrasound helps to decide if pathology is present in clinically ambiguous situations. It can detect effusion, synovitis, tenosynovitis, tendinitis, enthesitis and bursitis. In case of clinically definite arthritis, Doppler ultrasound provides information about the inflammatory activity. It becomes clear if structural damage has already occurred.

Bone morphology is different between rheumatoid arthritis (erosions), osteoarthritis (osteofytes) and psoriatic arthritis (small erosions with small proliferations).

In gout intra-articular tophi appear as hyperechoic snow-storm like intra-articular material, often together with urate deposits on the hyaline cartilage (Double contour sign). Pseudo-gout is characterized by crystal deposits within the cartilage. Post-traumatic lesions can be distinguished from inflammatory lesions. Enthesitis can be differentiated from pain syndrome. Ultrasound has become an important diagnostic test for carpal tunnel syndrome as nerve compression leads to oedema and swelling of nerves.

Ultrasound is also a valuable tool in extra-articular rheumatic disease, showing for instance specific irregular dark foci of the salivary glands in Sjögren's syndrome and homogeneous wall swelling in large-vessel vasculitis (Takayasu's arteritis, giant cell arteritis).

Updates in Gout Management

Dr. Habibah Mohd Yusoof
Consultant Rheumatologist
Hospital Selayang, Malaysia

Gout is one of the most common inflammatory arthritis worldwide. It has increased in prevalence in recent years owing to co-morbid risk factors that include obesity, diabetes, chronic kidney disease, cardiovascular disease and hypertension. The clinical entity of the disease has also become increasingly complex. Despite advances in current therapies for gout that can prevent unnecessary joint damage, tophi, and recurrent flares, many patients remain undertreated and this confers a significant individual and societal burden. Appropriate diagnosis and treatment of acute gout should be followed by aggressive and goal-oriented treatment of hyperuricemia and other risk factors. The aim of treatment is to reduce serum uric acid levels which will eventually allow crystals to dissolve, leading to the elimination of acute episodes of inflammation and the disappearance of tophi. Allopurinol, a xanthine oxidase inhibitor remains as a first-line urate-lowering therapy. Other agents like Febuxostat a nonpurine selective inhibitor of xanthine oxidase, uricosuric agent agent like Probenecid, and enzymatic-uricase like Pegloticase should be considered when allopurinol is contraindicated. Treatment of asymptomatic hyperuricemia is not necessary however associated co-morbidities such as cardiovascular disease, hyperlipidemia, hypertension and diabetes should be managed optimally.
**T2T in Systemic Lupus Erythematosus: A New Concept**

Prof. Chak-Sing Lau  
Daniel CK Yu and Chair Professor of Rheumatology and Clinical Immunology  
Associate Dean (Teaching and Learning)  
Li Ka Shing Faculty of Medicine  
The University of Hong Kong

Our understanding of systemic lupus erythematosus (SLE) has advanced significantly in the past few decades. With better knowledge of the pathogenic mechanism and clinical course of the disease, the treatment paradigm of SLE has been slowly changing. One of the important treatment aims is to dampen the disease process as early as possible. The availability of novel immunosuppressive and biologic agents in recent years has further hastened this development. Ideally, clinical remission, defined as the absence of signs and symptoms of significant inflammatory disease activity, should be the primary therapeutic goal in the management of patients with this condition. In reality, however, this may not be possible. Thus, prevention of disease damage, reversal of physical disability, improvement in health related quality of life, and reduction of pharmacoeconomic losses are important treatment goals for the new decade.

In many other areas of medicine, such as in the management of diabetes mellitus and hypertension, treatment targets have been established and widely adopted, with improved outcomes. This ‘treat to target’ approach has recently been successfully applied to rheumatoid arthritis (RA). A number of composite measures for the accurate assessment of disease activity and which are easy to use have been developed in recent years. Clinicians are recommended to regularly evaluate the patient using the same tool and make the required adjustment to the patient’s treatment according to response and a pre-determined ‘target’ which should be individualised based on shared decisions by patients and clinicians and are tailored according to the patient’s disease state and co-morbidities.

A similar treat-to-target approach for SLE has recently been proposed and an international task force has made 11 recommendations to this effect. In this lecture, I will review the concept of treating to target in SLE and discuss the various recommendations made so far. Ultimately, it is hoped that this approach will lead to the development of optimal and individualized treatment strategies to prevent and contain damage of this disabling condition.

**Management of Osteoarthritis – 2014 Malaysian Clinical Practice Guidelines on Osteoarthritis**

Dr. Mollyza Mohd Zain  
Consultant Rheumatologist  
Hospital Selayang, Malaysia

Osteoarthritis (OA), a degenerative joint disease is the most common form of arthritis affecting 251 million people worldwide, according to WHO in 2010 and has a major impact on joint function and quality of life.

The recently launched Malaysian guidelines in the management of OA using evidence-based methodology include both pharmacologic and non-pharmacologic therapies. However, none of the therapies thus far are curative or can be considered disease modifying.

The management of OA involves a multidisciplinary approach aiming at symptom relief and increase functionality. Non-pharmacologic approaches include patient education, lifestyle modification, physiotherapy and occupational therapy.

Pharmacological therapies ranged from topical to oral and intra-articular injections. These therapies mostly offered short term relief and some may have potentially significant adverse events especially among the elderly and those with co-morbidities. Thus, judicious use of non-steroidal and COX-2 inhibitors must be employed to minimize these potential adverse effects. Viscosupplementation is generally well tolerated but the benefits were marginal.

There have been some recent advances in OA treatment such as intra-articular stem cells injection, autologous chondrocyte implantation and intra-articular platelet rich plasma injections. However, the lack of available evidence limits its use in the treatment of primary OA.
Biologic Therapy in Patients with Rheumatoid Arthritis in Ministry of Health Hospitals, Malaysia

Dr. Tan Bee Eng
Head of Rheumatology
Hospital Pulau Pinang, Malaysia

Introduction: Use of biologic agents is often limited by its high cost therefore is usually offered as the last resort to patients who had failed multiple oral DMARDs. The preliminary report from the National Inflammatory Arthritis Registry 2010 quoted a 3.9% usage of biologics in RA cohort. We conducted a retrospective review on the biologic treatment in patients with Rheumatoid Arthritis and adult Juvenile idiopathic arthritis in MOH hospitals Malaysia, aimed to determine the clinical profile, efficacy and safety of biological therapy among Malaysian RA and adult JIA patients.

Methods: Ten participating centers contributed data in a standard clinical report form (CRF). We included all RA and adult JIA patients treated with biological agents between 2002 till Jan 2014.

Results: The results and the pitfalls of this retrospective review will be discussed.

Conclusion: We confirmed that biologic therapy was used in patients with high disease activity after failing combination of multiple oral DMARDs. The way-forward is to establish a Malaysia Rheumatology BioLogic REgistry (MARBLE) with prospective data collection.
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1. For the American Arthritis Foundation recommended that “taking a step has been studied with good results, but not which brand was used in the study.”
3. Sauberlich HE

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Detection of malfunction of foot:
- after trauma
- with Hallux valgus
- with rheumatoid arthritis
- with Diabetic foot syndrome
- for orthotics design and therapy control
A bubbling, bustling melting-pot of races and religions where Malays, Chinese, Indians, and many other ethnic groups live together in peace and harmony. The multi-culturalism has made Malaysia a gastronomical paradise and home to hundreds of colourful festivals. Malaysia has 11 states and 2 federal territories form Peninsular Malaysia which is separated by the South China Sea from East Malaysia that includes 2 states (Sabah and Sarawak on the island of Borneo) and a third federal territory, the island of Labuan. Rugged mountains reach dramatically for the sky while rainforest-clad slopes sweep down to flood plains teeming with forest life. Cool highland hideaways roll down to warm, sandy beaches and rich, humid mangroves.

About Malaysia

Weather in Malaysia
Malaysia is a tropical country, with common temperature of low 25 degree Celsius to high 32 degree Celsius.

Visa and Entry Facilities
All visitors must have an international passport when entering Malaysia with a validity period of 6 months beyond the time of stay allowed in Malaysia.

Language
Bahasa Melayu is the national language, but English is widely spoken as the business language. Mandarin, Cantonese, Hokkien and Hakka are spoken by Malaysia's Chinese population and Tamil and Hindi among the Indian population.

Currency
The monetary unit of the country is Ringgit Malaysia and is written as RM or MYR. Notes are available in RM1, RM3, RM10, RM20, RM50 and RM100 denominations, while coins are issued in 5, 10 and 50 sen (cents) denominations. International currencies and credit cards are accepted widely in commercial areas and services.

Tipping
Tipping is not commonly practised in Malaysia. In most hotels and established restaurants, a 10% service charge is added to the bill along with the 6% Government Service Tax. However, a small token is highly appreciated if you find the service satisfactory.

Electricity
The electrical current in Malaysia is 220 volts or 250 volts AC, 50 cycles. Adaptors can be used for other international plugs.

Transportation
Travel within Malaysia is accessible by using common modes of transportation like Light Rail Train (LRT), taxi, public buses, public limousine and domestic flight.

Telecommunication Partners
Malaysia has four mobile service providers: Maxis, Digi, Celcom, and U Mobile. The local codes are 010, 012, 013, 014, 016, 017, 018, 019. SIM-card can be purchased in any convenience shop.

Smoking
Smoking is not permitted in public service vehicles, museums, libraries, lifts, theatres, cinemas, air-conditioned restaurants, hair salons, supermarkets, department stores and government offices.

(Resource: http://www.tourism.gov.my)
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