## PREVENTION OF SUDDEN CARDIAC DEATH: PERCEPTION AND REALITY

39th SMA Medical Convention, 5 July 2008, Raffles City Convention Centre

he 39<sup>th</sup> SMA Medical Convention was held on 5 July 2008 at Raffles City Convention Centre. This year, the theme was "Prevention of Sudden Cardiac Death: Perception and Reality". The turn out was excellent, numbering a total of 700 for both the Public and Medical Symposium; and 800 participated in the free Mass CPR sessions.

At the Opening Ceremony, Senior Parliamentary Secretary for Health and Manpower, Mr Hawazi

Daipi explained that the perception of sudden cardiac death affecting higher numbers of young people was untrue. He also debunked the myth that nothing could be done to prevent cardiac death by stating that artery blockage could be rectified through lifestyle adjustments.

Following the welcome addresses was the launch of the Singapore Heart Foundation Mobile CPR. Mr Hawazi participated in the CPR demonstration after the launch. The Mobile CPR is a package that can be easily downloaded unto handphones. This animated package contains both audio and visual presentation of life-saving instructions, which serves as a simple and effective guide to a self-directed CPR learning experience.

Concurrent English and Mandarin public symposiums were held in Sophia and Olivia ballrooms respectively presenting on the topics "Sudden Cardiac Death: Am I really at risk?" and "Real people, real stories of survivors of sudden cardiac death".

The English panel was helmed by Dr Abdul Razakjr Omar, Dr Eric Hong and Dr Ong Hean Yee as well as fielded by Ms Marilyn Lee, who served to provide a layperson's perspective. The Mandarin panel was conducted by Dr Seow Swee-Chong, Dr Ronald Lee, Dr Teo Swee Guan, Dr Chan Wan Xian and was hosted by Ms Wong Lee Jeng of Mediacorp Radio Capital 95.8FM. The presented topics elaborated on the population at highest risk of sudden cardiac death, as well as the underlying aetiology. Appropriate treatments too were discussed; but the point that 80% of cardiac death stems from coronary artery disease – resulting from lifestyle patterns—was underscored.



After the public symposium closed, a mass CPR session and medical symposium were held in the afternoon. The former was coorganised with the Singapore Heart Foundation, which comprised of a mass demonstration and training of CPR. The mass CPR was opened by Dr Fatimah Lateef, Heart Safe Ambassador and Member of Parliament for Marine Parade GRC. All participants of the sessions were awarded an SMA-SHF certificate of participation.

The Medical Symposium, on the other hand, was a series of talks by experts in cardiology and pathology. Close to 400 healthcare professionals attended the Symposium. The biological causes and manifestation of sudden cardiac death were examined.

A/Prof Tan Huay Cheem presented the cardiologist's perspective while Dr Lai Siang Hui presented the pathologist's perspective. Dr Adrian Low FH spoke on "Coronary Artery Disease: The Major Cause of Sudden Cardiac Death", Dr Chai Ping spoke on "Cardiomyopathy", Dr Chen Lin Yee spoke on "Monogenic Sudden Cardiac Death Syndromes" while Dr Teo Swee Guan spoke on "Coronary Anomalies and Congenital Heart Disease".

Dr Paul Chui gave an overview of death investigation and certification in Singapore and what constitutes good practice in the completion of the death certificate.

The next two speakers, Dr Eric Hong and Dr Ong Hean Yee, focused on assessing risks as well as the practicalities of implementing screening methods. The last three speakers, Dr Seow Swee-Chong, Dr Abdul Razakjr Omar and Dr David Foo addressed the segment on Prevention of SCD. They elaborated on methods to prevent sudden cardiac death, which included lifestyle adjustments together with the utilisation of the implantable cardioverter defibrillator and cardiac resynchronisation therapy.

The 39<sup>th</sup> SMA Medical Convention closed to resounding applause, and was congratulated on its high turn out, timely presentation of topics and good organisation. SMA wishes to thank all sponsors, guests, speakers and participants for contributing to the success of its convention. ■

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(L-R) Dr Raymond Chua, Dr Wong Chiang Yin, Mr Hawazi Daipi, Dr Abdul Razakjr Omar and Mr Ho Sun Yee.



Speakers and emcee for the Public Symposium in English: (L-R) Dr Razakjr, Dr Ong Hean Yee, Ms Marilyn Lee and Dr Eric Hong.



Dr Wong presenting Dr Fatimah Lateef with a token of appreciation, while Mr Ho Sun Yee looks on.



Launching the SHF Mobile CPR: A/Prof Tan Huay Cheem, Dr Terrance Chua, Dr Wong, Mr Hawazi, Dr Razakjr and Mr Ho Sun Yee.



Speakers and emcee for the Public Symposium in Mandarin: (L-R) Dr Seow Swee-Chong, Dr Teo Swee Guan, Ms Wang Lee Jeng, Dr Ronald Lee and Dr Chan Wan Xian.



Question and Answer session.



Mass CPR Demonstration.

Opening Address By
Mr Hawazi Daipi,
Senior Parliamentary Secretary,
Ministry Of Health &
Ministry Of Manpower

Delivered at 39<sup>th</sup> SMA Medical Convention on 5 July 2008, Raffles City Convention Centre



ood Morning. Dr Wong Chiang Yin,
President, Singapore Medical Association.
Dr Abdul Razakjr Omar, Chairman,
Organising Committee. Ladies and gentlemen.

It is my pleasure to be here today at the Singapore Medical Association's 39<sup>th</sup> National Medical Convention.

The choice of the theme for this year, "Prevention of Sudden Cardiac Death: Perception and Reality" is certainly a prescient one, as I understand it was decided last year. Sudden cardiac death, or SCD for short, is currently a hot topic. It was the subject of keen public discussion and debate in the newspapers recently. As its name suggests, SCD refers to sudden and unexpected death from heart diseases. In SCD, the heart stops pumping due to an abnormal heart rhythm.

In line with the theme, I would like to highlight a few areas where the perception of SCD differs from reality.

The popular image of SCD is that of fit and healthy young men collapsing and dying suddenly while exercising. However, the reality is very different. Two out of three cases of SCD occur in the over 60 age group, and less than 3% of SCD victims in Singapore are under the age of 35. In fact, very few cases of SCD happen while exercising. Most cases occur at home.

However, when SCD does occur during sports or while exercising, it makes headlines in the newspapers. Dying suddenly at home is much less newsworthy. We should not let scary headlines put us off from exercising. Medical evidence shows that the benefits of regular moderate exercise far outweigh the risks of exercise for healthy individuals.

Another widespread perception is that nothing much can be done to prevent SCD. Again, this is wrong. A local study showed that more than 80% of SCD is due to underlying blockage of the arteries that supply blood to the heart muscles. This is a condition called Coronary Artery Disease (or CAD), the same problem that causes heart attacks. We know a lot about what can be done to prevent CAD – stop smoking, exercise regularly, eat wisely, detect and control chronic diseases that are risk factors, such as diabetes, high blood pressure and high cholesterol.

The Health Promotion Board is our key partner in rolling out programmes to promote a healthy lifestyle and to encourage screening for diabetes, cholesterol and high blood pressure. But doctors too, especially those in the primary care sector, have a major role to play to encourage their patients take responsibility for their health, by making healthy lifestyle choices, and going for regular screening for chronic diseases. By controlling diabetes, high blood pressure and high cholesterol in their patients, family doctors can also help reduce the incidence of sudden cardiac death.

Despite our best efforts at prevention, sudden cardiac arrests will still happen. In such cases, whether the patient lives or dies is influenced by certain key actions, known as the "chain of survival". These key steps include: early access to emergency medical services (Dial 995), early Cardio-Pulmonary Resuscitation (CPR), early defibrillation and advanced cardiac life support.

Therefore, efforts to educate the public about the need for early recognition of cardiac arrest, and early CPR and defibrillation are important. I am sure that this public symposium, with SCD as the theme, will contribute towards this goal.

During a cardiac arrest, there is little time to think about how to respond. Only a healthcare professional or by-stander who is already trained would be able to perform CPR. Therefore, promoting CPR training is important, to increase the chances that a by-stander will be able to perform

CPR. CPR training has come a long way since the launch of the programme in 1983. Every year, about 30,000 people are trained in CPR by various groups in the public, private and community sector.

I am happy to learn that the Singapore Medical Association and Singapore Heart Foundation are leveraging on modern

technology to promote CPR in an innovative way. They will be launching Mobile CPR later this morning. I'm told that this is an easy-to-understand animated package on CPR that can be downloaded to the hand phone.

In addition to CPR, defibrillation - administering an electric shock to try to return the heart to a normal rhythm, as early as possible is important. With advances in technology, there are now Automated External Defibrillators (AEDs) that can recognise the type of abnormal heart rhythm, decide whether a shock is needed, and give instructions to the user. They do not require specialised knowledge to use, although some training is useful.

All our SCDF ambulances are equipped with AEDs. SCDF also has fast-response teams that carry AEDs. We support efforts to improve access to AEDs at appropriate public locations with high human

traffic (such as convention centres, integrated resorts and airports) and at mass participation high intensity sports events.

However, even in the best of settings, such as casinos – where everyone is closely monitored, and there are trained security staff on hand to respond to collapses quickly by performing CPR

quickly by performing CPR and defibrillation, more than 3 in 5 do not survive. Therefore, the main thrust of our efforts should remain prevention rather than cure.

I am sure that you will learn much more about SCD from the medical experts that are speaking later today. On that note, let me welcome all of you to this public symposium and the SMA's 39<sup>th</sup> National Medical convention.

Thank you. ■



Mr Hawazi being guided through the CPR demonstration by Mr Raymond Sim, a volunteer CPR instructor.