

出國報告（出國類別：開會）

2019 日本京都亞太家庭醫學年會

服務機關：高雄榮民總醫院家庭醫學部家庭醫學科

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派赴國家：日本京都

出國期間：2019/05/14-2019/05/19

報告日期：2019/06/06

摘要

108.5.14-19代表本院至日本京都參加2019 Wonca 亞太家庭醫學年會。本次大會主題為“Medical generalists: bringing forward a brighter future”。本院家醫部論文投稿Abstracts三篇，題目分別為「Application of coronary computed tomography angiography for screening hospital employees with cardiovascular risk factors」、
「Primary care physicians’ reflection on challenges in implementing home care services and bidirectional referral system in Southern Taiwan」及「An Investigation of Health-Risk Behaviors and Health Awareness in Community-Dwelling Adults at High Risk for Diabetes」，三篇皆獲得刊登。會中演講主題涵蓋全球健康與高齡保健政策(Global Health & Elderly Care Policy)、健康促進(Health Promotion)、全科醫學(Medical generalists)、心靈健康(Mental health)、醫療成本效益分析(Cost-effectiveness)、初級保健中之特殊族群(Special Population in Primary Care)、以及未來醫學與研究(Future Medicine and Research)等。

關鍵字：Wonca 亞太家庭醫學年會、論文投稿

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一、目的

此次出國目的為參加2019年5月15日至18日於日本京都舉行之2019 Wonca 亞太家庭醫學年會會議研究論文之海報發表。WONCA世界家庭醫師組織會議為家庭醫學科最重要之醫學會會議，其目的為達各國的經驗交流，臨床治療方式的研討及創新醫學教育，對本人而言，能將本院研究成果發表於會議中，不但使各國了解臺灣醫療研發之進步，更可達到互相觀摩的目的。

二、過程

此次2019 Wonca 亞太家庭醫學年會會議之主題為「全科醫師：帶來更光明的未來(Medical generalists: bringing forward a brighter future)」，聚焦於基層初級保健的整合照護、高齡醫學、醫療經濟學、全科醫學訓練及家庭醫學科之醫學教育與整合性研究，此次與會代表來自不同個國家(主要以亞太會員居多)，超過1,000位專家共同交換有關醫學教育、臨床研究、流行病學及公共衛生等多領域相關健康議題。此次大會議題活動多元，可增加知識強度與技巧，包括3場keynote sessions，7場全席演講(plenary sessions)，20場專題演講(symposiums)，32個workshops，257篇口頭報告，414篇壁報展示(posters)等等。於會議中，筆者提出關於本院高風險員工健康促進初步成果報告之壁報展示，並與各國代表互相觀摩與經驗交流。

5月15日下午為大會前針對青年醫師的暖身會議，主題有同理心訓練，醫病溝通，運動醫學及青少年健康等議題，此次年會會議地點位於國立京都國際會館，是日本第一個由國家設立的會議設施，環境設備都相當完善，在這裡曾舉辦過多次重要國際會議，其中有名的<京都議定書>就是於1997年在這裡簽訂的。傍晚由主辦單位舉辦歡迎酒會，與來自各國的專家學者一起參加。

5月16日上午全席演講主題為「Elderly Care」，由美國、英國、日本及新加坡等學者介紹自己國家高齡照顧之現況與改革內容，也強調基層醫師如何準備開展高齡整合照顧，世界趨勢亦越來越著重關於社區的綜合醫療服務，講題包括「Primary health care for the elderly in

community settings」, 「Elderly care at home: A nursing-based project」, 「Caring for the seniors: beyond hospital to community」, 「Elderly care in Japan」等。接下來的全席演講主題為「Generalist」, 一樣由各國專家分享該國全科醫學的發展, 其中美國代表是一位日本裔教授, 身為紐約地區醫學院家醫科主任, 他提到他們的住院醫師來自世界各地, 語言及文化隔閡也常會出現。因此他特別強調共同目標學習, 教學相長及團隊合作的重要性, 更重要的能力是良好的溝通技巧。其他相關講題包括「Hospital medicine: indispensable element in generalist training」, 「restoring generalism: the new mission for family medicine」, 「new era in generalism in Japan」等。

同日下午全席演講主題為「Mental health」, 介紹亞洲國家不同文化下心理健康表現之差異性及家醫科專業特性適合成為心理疾病辨識的守門員與溝通諮商技巧的重要性, 其中日本教授提到福島核災後居民的創傷症候群及憂鬱症疾患, 而他們也藉由學會的力量投入資源協助災民等內容令人印象深刻。講題包括「Core competences of family doctors in primary mental health care」, 「Family doctors and depression: the Japanese train-the-trainers program」, 「Cross-culture mental health」等。

5月17日一早先到會場海報展示區貼上以筆者為第一作者發表之研究論文。上午全席演講主題為「Right Care」, 強調臨床實務, 避免over-diagnosis及 over-treatment, 建議加強醫學教育中病史詢問及理學檢查的重要性, 也特別重視shared decision making的好處。講題包括「Diagnostic error and over-diagnosis in Japan」, 「Facilitating shared decision making: choosing tests and drugs wisely」, 「Life, death and the overuse of health care resources」等。下午利用空檔特別選擇一個由香港中文大學家庭醫學部門團隊報告的symposiums, 主題為「Understanding the Epidemiology, health Consequences and Potential Interventions of Multimorbidity in General Practice」, 內容包含多重慢性病的定義及流行病學與失能的相關性, 也整理過去研究資料與其在香港本土所作的研究報告, 最後提供一些介入治療的建議。內容精彩豐富, 五位講員英文流利且台風穩健, 令人印象深刻。同日下午三點就位於海報展示區, 由主辦單位安排學者專家共同和參與海報發表作者討論研究內容, 此次本人參加Wonca亞太家庭醫學年會會議發表之第一作者論文為本院高風險員工以心臟電腦斷層篩檢之效益與相關因素探討, 初步研究結果發現唯

一能預測明顯冠狀動脈阻塞的影響因子為多種族動脈硬化評分(MESA score)，且若鈣化指數小於10分，基本上應該可以不再需要進一步冠狀動脈電腦斷層篩檢，以減少醫療浪費與輻射線之暴露，討論過程中有新加坡及日本學者均對本院依據風險評估，提供高風險員工客製化健檢內容表達高度肯定，且在得知經費全由醫院買單後均大表羨慕。

5月18日上午全席演講主題為「Research」，由英國、日本、香港、泰國及台灣等代表介紹該國醫療政策變革與相關研究發表，台灣方面代表是由目前台灣家庭醫學會黃信彰理事長擔當，演講內容為衛福部大力推廣的「全民健康保險家庭醫師整合性照護計畫」，其目的在於：1. 建立家庭醫師制度，提供全人醫療照護，提升醫療品質；2. 建立基層醫療院所與醫院之合作關係，提供民眾周全性、協調性、與持續性的服務；3. 促進分級醫療及雙向轉診；4. 減少醫療浪費，合理控制醫療支出。經由相關成效分析與民眾滿意度調查，證實是政府與民眾雙贏的政策，獲得與會學者的共鳴。香港代表則以香港大學團隊至深圳成立醫院與建立家醫科制度為例，提出原中國大陸不良就醫習性之改革成果，也確實看到令人矚目的成績。大會亦請英國學者介紹附屬於Wonca亞太家庭醫學會下之研究組織，負責跨國研究的相關說明及協調整合等功能，希望會員能多加利用。講題包括「Family practice integrated care project could improve primary health care performance in Taiwan」、「Primary health care data to support health economics：Turning soft values in hard data」、「Capture data of model of success: Thailand」、「Capture data on reform: experience from China」等。四天行程豐富而充實，於5月19日搭機返臺。

三、心得及建議

本次參與Wonca亞太家庭醫學年會會議，除參與海報發表，並與各國專家學者進行意見交流外，由大會幾個重要主題，學習到各國對於未來家庭醫學與基層保健之規劃與臨床之應用，雖然台灣已經有全民健保，民眾的醫療照護能夠獲得廣泛的照顧，但是基層特別是家庭醫師的量能需要繼續的擴大，配合政府的分級醫療，讓民眾在社區當中能夠有值得信任的家庭醫師來推展全人照護的目標。而本部為基層家庭醫師訓練之搖籃，且負責社區醫療群繼續教育與整合性計畫，更應肩負重大責任。此次會議收穫相當豐碩，尤其一些國外講者在其他國家實施的政策與教學經驗分享，可以供未來部科發展規劃之參考。

在此十分感謝院方提供機會參與國際會議，也希望將來能繼續支持各類代表積極參加亞太及世界WONCA會議與相關活動，以具體優異表現，提昇台灣在世界家庭醫學界的能見度與影響力。

附錄

Program at a Glance

The 10th Annual Conference of Japan Primary Care Association

WONCA APR Conference 2019							
Time	Day 1 May 15 (Wed)	Day 2 May 16 (Thu)	Day 3 May 17 (Fri)	Day 4 May 18 (Sat)	Day 5 May 19 (Sun)		
7:00							
8:00	Registration / Exhibition	Registration / Exhibition	Registration / Exhibition	Registration / Exhibition	Registration / Exhibition	Registration / Exhibition	
9:00							Plenary Session 1 "Elderly Care"
10:00	Pre-Conference	Break	Break	Break	JPCA Sessions	JPCA Sessions	
11:00		Plenary Session 2 "Generalist"	Parallel Sessions	Keynote Speech 2 Sir David Haslam			JPCA Sessions
12:00	Registration / Exhibition	Lunch Break	Lunch Break	Lunch Break	Registration / Exhibition	Lunch Break	
13:00		Opening Remarks	Keynote Speech 3 Ms. Natsuko Iino	Closing Remarks			Special Lecture Prof. Kenji Shibuya
14:00	Parallel Sessions	Keynote Speech 1 Prof. Felicity Goodyear-Smith	Plenary Session 5 "Cost-effectiveness"	Parallel Sessions	JPCA Sessions	JPCA Sessions	
15:00	Break	Break	Poster Discussion	Break	Poster Discussion	JPCA Closing Remarks	
16:00	Parallel Sessions	Plenary Session 3 "Mental Health"	Parallel Sessions	Plenary Session 6 "Research"	Parallel Sessions	JPCA Sessions	
17:00	Welcome Reception						
18:00							
19:00			Gala Dinner	JPCA Dinner			
20:00							

Conference Program Day 1 May 15 (Wed)

SY: Symposium
WS: Workshop

Room	Floor	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00
Room 1 Main Hall	1F											17:00~19:00		
Room 2 Room A	2F	8:30~9:00		9:00~17:00 YDM Pre-conference of the Rajakumar Movement										
Room 3 Room B-1	2F	Introduction of the Pre-conference for Japanese Young Doctors												
Room 4 Room B-2	2F							13:30~15:00 WS1-01 NCCs (Ninca Working Party for Women & Family Medicine)						
Room 5 Room D	1F							13:30~15:00 SY1-01 Pharmaceutical Knowledge Required by Primary Care Pharmacists in Japan		15:30~17:00 SY1-02 The Integrated Care Model of Medical Care and Home Care in Taipei City Hospital				
Room 6 Room E	1F													
Room 7 Room C-1	1F							13:30~15:00 WS1-02 Training Empathic Healing		15:30~17:00 WS1-03 Mindfulness-based Interventions to Improve Well-being for You and Your Patients				
Room 8 Room C-2	1F						13:30~14:15 14:15~15:00 WS1-03 Genetic Counseling for Family Phosue through Cancer in Primary Care		14:15~15:00 WS1-05 Body-Knee Pain as a Family Phenon through Multiple Disorder and Prevalence		15:30~16:15 WS1-09 Intervention in the Community: Genetic and Family Medicine in the Clinical Field			
Room 9 Room I	2F							13:30~15:00 WS1-04A1 members only Improving Our Care of Patients with Depression and Anxiety		15:30~17:00 WS1-04A2 members only Improving Our Care of Patients with Depression and Anxiety		Welcome Reception (Swan and Garden)		
Room 10 Room J	2F						13:30~15:00 WS1-04B1 members only Improving Our Care of Patients with Depression and Anxiety		15:30~17:00 WS1-04B2 members only Improving Our Care of Patients with Depression and Anxiety					
Room 11 Room K	2F						13:30~15:00 WS1-05 Grassroots Innovation for Quality Improvement		15:30~17:00 WS1-10 Physical Exercise and Pregnancy					
Room 12 Room 501	5F													
Room 13 Room 509	5F													
Room 14 Room 510	5F		9:00~17:00 WWPWFM Pre-conference											
Room 15 Room 103	1F													
Poster Room Event Hall	1F													
Exhibition Event Hall	1F							13:30	Exhibition		17:00			

Kyoto International Conference Center

Conference Program
Day 2 May 16 (Thu)

SY: Symposium
WS: Workshop

Room	Floor	8		9		10		11		12		13		14		15		16		17		18		19		20	
		00	30	00	30	00	30	00	30	00	30	00	30	00	30	00	30	00	30	00	30	00	30	00	30	00	30
Kyoto International Conference Center	Room 1 Main Hall	8:30~10:00 Plenary Session 1 "Elderly Care" Primary Health Care for the Elderly in Community Settings				10:30~12:00 Plenary Session 2 "Generalist" Generalist in Clinical Practice, Education, and Research: Global Discussion				13:00~13:45 Opening Remarks		14:00~15:00 Keynote Speech 1 Coaching Primary Care Research: What is not On a PhD Faculty Goodbye Speech		15:30~17:00 Plenary Session 3 "Mental Health" Primary Mental Health Care in Asia-Pacific: Challenges and Opportunities													
	Room 2 Room A	8:30~9:15 Oral 1 Home Health Care 1		9:15~10:00 Oral 2 Home Health Care 2		10:30~11:15 Oral 3 Decision Making		11:15~12:00 Oral 4 Medical Collaboration										15:30~17:00 SY2-08 The Use of Traditional Medicine (Kampo and Acupuncture) in the Japanese Health Care System									
	Room 3 Room B-1	8:30~10:00 SY2-03 Managing Common Microbiological Problems in Primary Care from Clinical Practice to Research				10:30~12:00 WS2-13 To Address Health Inequities and Achieve Universal Health Coverage: Medical Education must Change: Develop Local Accountability with the Health Inequity Consortium												15:30~17:00 SY2-09 Role of Family Physician in Community Hospital in Asia									
	Room 4 Room B-2	8:30~10:00 SY2-04 Chronic Obstructive Pulmonary Disease (COPD) Updates for 2019				10:30~12:00 SY2-06 Establishing a New Generalist Training Program												15:30~17:00 WS2-15 Practical Opioid Management in Palliative Primary Care Setting from Walking to the Last Day of the Interactive Case Study									
	Room 5 Room D	8:30~10:00 SY2-05 Bridging Primary Care in a Changing East Asia: A Project on Primary Care in South Korea from the East Asian Primary Care Research Network				10:30~12:00 SY2-07 Exploring Collaboration between Cultural Anthropologists and General Practitioners												15:30~17:00 SY2-10 Management of Aquatic: What is the Role for Primary Care Team?									
	Room 6 Room E	8:30~12:00 Chinese Forum General Practitioner Training and Incentive Mechanism - Chinese Model																15:30~16:15 Oral 5 Medical Generalization									
	Room 7 Room C-1	8:30~9:15 Oral 7 Artificial Intelligence		9:15~10:00 Oral 8 Clinical Care 1		10:30~11:15 Oral 9 Clinical Care 2		11:15~12:00 Oral 10 Clinical Care 3												15:30~16:15 Oral 11 Remote and Rural 1		16:15~17:00 Oral 12 Remote and Rural 2					
	Room 8 Room C-2	8:30~9:15 Oral 13 Research 1		9:15~10:00 Oral 14 Research 2		10:30~11:15 Oral 15 Research 3		11:15~12:00 Oral 16 Research 4		10:00~10:30 Break		12:00~13:00 Lunch Break				15:00~15:30 Break				15:30~16:15 Oral 17 Mental Health 1		16:15~17:00 Oral 18 Mental Health 2					
	Room 9 Room I	8:30~10:00 WS2-04A3 members only Improving Our Care of Patients with Depression and Anxiety				10:30~12:00 WS2-04A4 members only Improving Our Care of Patients with Depression and Anxiety														15:30~17:00 WS2-16 Cultural Considerations in Communication for Teaching and Training							
	Room 10 Room J	8:30~10:00 WS2-04B3 members only Improving Our Care of Patients with Depression and Anxiety				10:30~12:00 WS2-04B4 members only Improving Our Care of Patients with Depression and Anxiety														15:30~16:15 WS2-17							
	Room 11 Room K	8:30~10:00 WS2-12 Psychodrama as a Coping Tool for the Psychological Burden of Family Physicians				10:30~12:00 WS2-14 An Extended Consultation Model for Complex & Chronic Cases in Primary Care														15:30~17:00 WS2-18 Facilitating Reflection on the Doctor/Patient Relationship							
	Room 12 Room 501																										
	Room 13 Room 509	8:30~9:15 Oral 19 Evidence-based Medicine		9:15~10:00 Oral 20 Miscellaneous 1		10:30~11:15 Oral 21 Miscellaneous 2		11:15~12:00 Oral 22 Miscellaneous 3												15:30~16:15 Oral 23 Child Health		16:15~17:00 Oral 24 Alternative Medicine					
	Room 14 Room 510	8:30~9:15 Oral 25 Occupational Disease		9:15~10:00 Oral 26 Antimicrobial Resistance		10:30~11:15 Oral 27 Enlightenment		11:15~12:00 Oral 28 Medication Adherence												15:30~16:15 Oral 29 Quality Improvement		16:15~17:00 Oral 30 Social Determinants of Health					
	Room 15 Room 103																										
Poster Room Event Hall	1F	8:00 Poster Mounting / Viewing (W) P-001 ~ P-149 (W) SP-001 ~ SP-023														15:00 Poster Dismantling											
Exhibition Event Hall	1F	8:30 Exhibition														15:30 Poster Discussion (W) P-001 ~ P-149 (W) SP-001 ~ SP-023											

Conference Program
Day 3 May 17 (Fri)

SY: Symposium
WS: Workshop

#JPCA Programs (Japanese Sessions) are held in the Rooms highlighted in light blue color.

Room	Floor	Time																								
		8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	13:00	13:30	14:00	14:30	15:00	15:30	16:00	16:30	17:00	18:00	18:30	19:00	19:30	20:00	
Kyoto International Conference Center	Room 1 Main Hall																									
	Room 2 Room A																									
	Room 3 Room B-1																									
	Room 4 Room B-2																									
	Room 5 Room D																									
	Room 6 Room E																									
	Room 7 Room C-1																									
	Room 8 Room C-2																									
	Room 9 Room I																									
	Room 10 Room J																									
	Room 11 Room K																									
	Room 12 Room 501																									
	Room 13 Room 509																									
	Room 14 Room 510																									
	Room 15 Room 103																									
JPCA-Certified Residency Training Programs Sakura																										
Poster Room Event Hall																										
Exhibition Event Hall																										

Conference Program
Day 4 May 18 (Sat)

1) Latest Clinical Findings for the Treatment of Diabetes - Including Efficacy of Antibiotic Food-Disease Combination Products.
2) Non-specialists should be Careful to Treatment Strategies for Oral Diabetes Mellitus Medication?
The Expectations and Challenges for Certified Family Doctors in Supporting a Sustainable Rural Primary Health-Care Delivery System

Room	Floor	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00														
Kyoto International Conference Center															Room 1 Main Hall	1F		8:45~10:15 シンポジウム 2 総合診療へのキャリアチェンジを 実証する研修プログラムの開発	10:30~12:00 シンポジウム 5 ポリティクスへの 人権中心の介入/レジリエンスを促す 新たな教育開発	12:10~12:55 Keynote Speech 3 Dr. Nishi Ito	13:25~14:16 大会 開幕式 特別講演 Rethinking the Roles of Health Experts Dr. Nishi	14:16~15:00 特別講演 Rethinking the Roles of Health Experts Dr. Nishi	15:00~16:30 メインシンポジウム 1 これまで10年間で行われてきた100年 の歴史を振り返る	16:45~18:30 メインシンポジウム 2 従来型のプライマリ・ケアに求められる 役割と学びとは?	18:50~20:20 JPCA Dinner Annex Hall			
															Room 2 Room A	2F		8:45~10:15 Workshop 7: Young GPs in The Spirit of the Japanese Diet Young Doctors Movement To Red Outlight for Young Generators	10:30~12:00 インタラクティブセッション 8 オープントーク ~20:30年間の総合診療の学びへ	13:00~13:15 WONCA APR 2019 Closing Remarks			15:00~16:30 16:45~18:15 日野厚真 講演 Annual Evidence Update in Primary Care 2019 ~総合診療の最新トピックス/トレンドへ	16:45~18:15 シンポジウム 11 HIV/AIDSにどうアプローチするか ~日本プライマリ・ケア学会の 取組として学びをどうするか?				
															Room 3 Room B-1	2F		8:45~10:15 教育講演 (医師向け) 3 よき医師になるための研修 ~①輸入/輸出/研修	10:30~12:00 教育講演 (医師向け) 3 プライマリ・ケアにおける 疫学と疫学介入の重要性				15:00~16:30 教育講演 (医師向け) 4 よき医師になるための研修 ~②シニア医師からの研修/研修	16:45~18:15 シンポジウム 11 HIV/AIDSにどうアプローチするか ~日本プライマリ・ケア学会の 取組として学びをどうするか?				
															Room 4 Room B-2	2F		8:45~10:15 教育講演 総合診療・家庭医学コアシリーズ1 多職種連携の重要性 ~総合診療/家庭医学	10:30~12:00 教育講演 総合診療・家庭医学コアシリーズ2 20代プライマリ・ケア/研修/研修				15:00~16:30 教育講演 (医師向け) 4 よき医師になるための研修 ~③シニア医師からの研修/研修	16:45~18:15 シンポジウム 11 HIV/AIDSにどうアプローチするか ~日本プライマリ・ケア学会の 取組として学びをどうするか?				
															Room 5 Room D	1F		8:45~10:15 Sponsored Symposium 1 TSUNAMI & CO. Teaching Family and Promoting Awareness for Resident Doctors in the Community (Current Status and Future Society)	10:30~12:00 Sponsored Symposium 2 Takeda Pharmaceutical Company Limited				15:00~16:30 シンポジウム 9 大学総合診療科の発展 ~研修/研修	16:45~18:15 シンポジウム 12 プライマリ・ケアの発展/研修/研修 ~研修/研修				
															Room 6 Room E	1F		8:45~10:15 教育講演 (多職種向け) 2 セルフケアをどう実践するか? マインドフルネスを取り入れて	10:30~12:00 シンポジウム 6 AP/AD/AS/AS/AD/AS/AD/AS/AD ~総合診療/研修/研修				15:00~16:30 教育講演 (多職種向け) 4 よき医師になるための研修 ~④人生/人生/人生/人生/人生	16:45~18:15 教育講演 (多職種向け) 6 よき医師になるための研修 ~⑤人生/人生/人生/人生/人生				
															Room 7 Room C-1	1F		8:45~10:15 シンポジウム 3 新と古をどう調える? 研修/研修 ~研修/研修	10:30~12:00 シンポジウム 7 総合診療/研修/研修/研修 ~総合診療/研修/研修				15:00~16:30 シンポジウム 10 プライマリ・ケア/研修/研修 ~研修/研修	16:45~18:15 シンポジウム 13 (学生企画) 研修/研修/研修/研修/研修 ~研修/研修/研修/研修/研修				
															Room 8 Room C-2	1F		8:45~10:15 インタレストグループ 6 研修/研修/研修/研修/研修 ~研修/研修/研修/研修/研修	10:30~12:00 Sponsored Symposium 3 Alisa Medical, Japan, Inc. New Strategy for Integrating Appraisal, Application, Local Management System (JICA with JICA)	12:10 ~ 13:25 Lunch Break			15:00~16:30 シンポジウム 10 プライマリ・ケア/研修/研修 ~研修/研修	16:45~18:15 シンポジウム 13 (学生企画) 研修/研修/研修/研修/研修 ~研修/研修/研修/研修/研修				
															Room 9 Room I	2F		8:45~10:15 シンポジウム 4 研修/研修/研修/研修/研修 ~研修/研修/研修/研修/研修	10:30~12:00 シンポジウム 8 研修/研修/研修/研修/研修 ~研修/研修/研修/研修/研修				15:00~16:30 シンポジウム 10 プライマリ・ケア/研修/研修 ~研修/研修	16:45~18:15 シンポジウム 13 (学生企画) 研修/研修/研修/研修/研修 ~研修/研修/研修/研修/研修				
															Room 10 Room J	2F		8:45~10:15 インタレストグループ 7 研修/研修/研修/研修/研修 ~研修/研修/研修/研修/研修	10:30~12:00 一般演説 3 研修/研修				15:00~16:30 シンポジウム 10 プライマリ・ケア/研修/研修 ~研修/研修	16:45~18:15 シンポジウム 13 (学生企画) 研修/研修/研修/研修/研修 ~研修/研修/研修/研修/研修				
															Room 11 Room K	2F		8:45~10:15 一般演説 1 研修/研修 (研修/研修)	10:30~12:00 一般演説 4 研修/研修 (研修/研修)				15:00~16:30 シンポジウム 10 プライマリ・ケア/研修/研修 ~研修/研修	16:45~18:15 シンポジウム 13 (学生企画) 研修/研修/研修/研修/研修 ~研修/研修/研修/研修/研修				
															Room 12 Room 501	5F		8:45~10:15 一般演説 2 研修/研修 (研修/研修/研修/研修/研修) ~研修/研修/研修/研修/研修	10:30~12:00 一般演説 5 研修/研修 (研修/研修/研修/研修/研修)				15:00~16:30 シンポジウム 10 プライマリ・ケア/研修/研修 ~研修/研修	16:45~18:15 シンポジウム 13 (学生企画) 研修/研修/研修/研修/研修 ~研修/研修/研修/研修/研修				
															Room 13 Room 509	5F		8:45~10:15 学生セッション①	10:30~12:00 学生セッション②				15:00~16:30 シンポジウム 10 プライマリ・ケア/研修/研修 ~研修/研修	16:45~18:15 シンポジウム 13 (学生企画) 研修/研修/研修/研修/研修 ~研修/研修/研修/研修/研修				
															Room 14 Room 510	5F		8:45~10:15 インタレストグループ 8 研修/研修/研修/研修/研修 ~研修/研修/研修/研修/研修	10:30~12:00 インタレストグループ 9 研修/研修/研修/研修/研修 ~研修/研修/研修/研修/研修				15:00~16:30 シンポジウム 10 プライマリ・ケア/研修/研修 ~研修/研修	16:45~18:15 シンポジウム 13 (学生企画) 研修/研修/研修/研修/研修 ~研修/研修/研修/研修/研修				
															Room 15 Room 103	1F												
キャリアカフェ Event Hall		2F		10:00~11:00 キャリア C&G 企画対象 ①: 多職種 ②: タチカカスタッフ (研修/研修/研修/研修/研修)	11:00~12:00 ①: キャリア A2 ~キャリアの企画/企画/企画/企画/企画 11:00~12:00 ①: キャリア A2 ~キャリアの企画/企画/企画/企画/企画	12:00~13:00 ①: キャリア A2 ~キャリアの企画/企画/企画/企画/企画 12:00~13:00 ①: キャリア A2 ~キャリアの企画/企画/企画/企画/企画	13:00~14:00 ①: キャリア A2 ~キャリアの企画/企画/企画/企画/企画 13:00~14:00 ①: キャリア A2 ~キャリアの企画/企画/企画/企画/企画	15:00~16:00 ①: キャリア A2 ~キャリアの企画/企画/企画/企画/企画 15:00~16:00 ①: キャリア A2 ~キャリアの企画/企画/企画/企画/企画	16:00~17:00 ①: キャリア A2 ~キャリアの企画/企画/企画/企画/企画 16:00~17:00 ①: キャリア A2 ~キャリアの企画/企画/企画/企画/企画																			
JPCA-Certified Residency Training Program Sakura	1F		9:00	JPCA-Certified Residency Training Programs									18:00															
Poster Room Event Hall	1F		8:50 ポスター展示	9:30 ポスター発表 1	10:30 ポスター発表 2	11:30	ポスター発表	15:00 ポスター発表 3	16:00 ポスター発表 4	17:00 学生セッション①	18:15	19:00 ポスター 発表																
Exhibition Event Hall	1F		8:30	Exhibition									18:00															



Application of coronary computed tomography angiography for screening hospital employees with cardiovascular risk factors

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Introduction

To determine the proper use of contributing risk factors and coronary artery calcium score (CACS) when screening at-risk hospital employees with coronary arterial stenosis using coronary computed tomography angiography (CCTA).

Methods

During January 2017 to December 2018, 165 employees with Framingham 10 Year Risk of General Cardiovascular Disease >10% were offered CCTA in our hospital. Their demographic data and medical history were collected, and the prevalence of coronary arterial stenosis was calculated. The risk factors of significant coronary arterial stenosis were identified by analyzing these data through univariate and multivariate logistic regression. Subjects were grouped based on CACS into "zero", "minimal" (0 < CACS ≤ 10), "mild" (10 < CACS ≤ 100), "moderate" (100 < CACS ≤ 400), and "excessive" (CACS > 400).

Results

Significant coronary arterial stenosis prevalence in the study population was 12.7%. Age >54 years, dyslipidemia and MESA scale >75% had a higher risk of significant coronary arterial stenosis. In multivariate analysis, only MESA scale >75% remained significant predictors of stenosis. There were no significant differences between the "zero" and "minimal" groups, but the "mild," "moderate," and "excessive" groups showed correlations with significant coronary stenosis.

Conclusions

In Taiwan, at-risk hospital employees with significant coronary stenosis have a prevalence of 12.7%. Asymptomatic patients with CACSs of zero or minimal do not require CCTA, and thereby avoid unnecessary radiation exposure.

I declare I have not received payment or services from a third party for any aspect of the submitted work.

Key word: hospital employee, cardiovascular risk, Framingham risk score
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Table 1. Baseline data of 165 employees undergoing CCTA

Factors	Data
Male / Female	106 (64.2%) / 59 (35.8%)
Age (y/o) (mean±S.D)	54.0±5.0
BMI (kg/M ²) (mean±S.D)	27.1±3.8
DM (+/-)	24 (14.5%) / 141 (85.5%)
HTN (+/-)	66 (40.0%) / 99 (60.0%)
Hyperlipidemia (+/-)	43 (26.1%) / 122 (73.9%)
smoke (+/-)	18 (10.9%) / 147 (89.1%)
alcohol (+/-)	26 (15.8%) / 139 (84.2%)
Framingham 10 Year Risk of CAD (%)	
Moderate (10%-20%)	114 (69.1%)
High (20%-30%)	40 (24.2%)
Very High ≥30%	11 (6.7%)
CAD-RADS Category	
<50% Coronary arterial stenosis	144 (87.3%)
≥50% Coronary arterial stenosis	21 (12.7%)

Table 2. Difference in the prevalence of significant coronary stenosis detected by coronary computed tomography angiography with risk factors of coronary artery stenosis compared to those without them in total patients (n=165)

Risk factor	Total no. of patients (%)	No. of patients with significant coronary stenosis	p-value	OR (95% CI)
Sex				
male	107(64.8%)	15	0.464	1.456(0.533-3.980)
female	58(35.2%)	6		
Age (y/o)				
≥54	86(52.1%)	16	<0.05*	3.383(1.177-9.725)
<54	79(47.9%)	5		
BMI				
≥27	77(46.7%)	8	0.401	0.669(0.261-1.711)
<27	88(53.3%)	13		
Diabetes				
Yes	24(14.5%)	4	0.533	1.459(0.445-4.782)
No	141(85.5%)	17		
Hypertension				
Yes	66(40.0%)	12	0.092	2.222(0.879-5.620)
No	99(60.0%)	9		
Hyperlipidemia				
Yes	43(26.1%)	11	<0.01**	3.850(1.501-9.877)
No	122(73.9%)	10		
Smoke				
Yes	18(10.9%)	3	0.597	1.433(0.378-5.442)
No	147(89.1%)	18		
Alcohol				
Yes	26(15.8%)	2	0.408	0.526(0.115-2.410)
No	139(84.2%)	19		
Health risk degree				
Medium risk (10-20%)	114(69.1%)	11	0.082	0.438(0.173-1.109)
High risk (20-45%)	51(30.9%)	10		
MESA scale >75%				
Yes	47(28.5%)	15	<0.01**	8.750(3.139-24.388)
No	118(71.5%)	6		

*p<0.05, **p<0.01

Table 3. Multivariate analysis of significant coronary artery stenosis detected by coronary computed tomography angiography with risk factors.

Risk factor	p-value	OR (95% CI)
Age ≥54	0.068	2.837 (0.925-8.706)
Hyperlipidemia	0.196	1.999 (0.700-5.706)
MESA scale >75%	<0.01*	6.688 (2.270-19.710)

*p<0.01

Table 4. Distribution of different coronary artery calcium score groups in relation to the presence of nonobstructive or obstructive coronary artery disease.

Risk factor	Total no. of patients (%)	No. of patients with significant coronary stenosis	p-value	OR (95% CI)
Zero (score=0)	78 (47.3%)	2		
Minimal (0<score≤10)	24 (14.5%)	1	0.687	1.652 (0.143-19.057)
Mild (10<score≤100)	37 (22.4%)	7	<0.01*	8.867 (1.742-45.132)
Moderate (100<score≤400)	20 (12.1%)	6	<0.01*	16.286 (2.979-89.040)
Excessive (score>400)	6 (3.6%)	5	<0.01*	190.000 (14.610-2470.992)

*p<0.01

【Conference program】

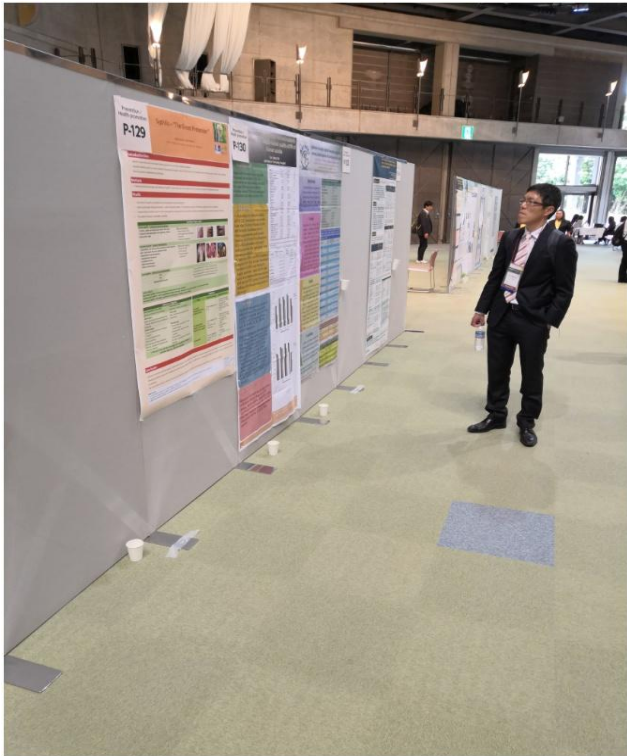
Day 1 : May 15 (Wed.)



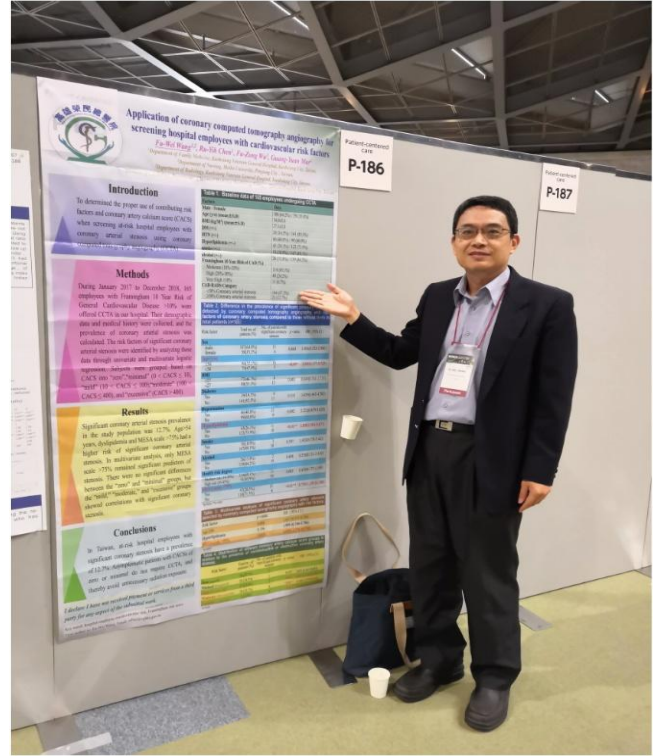
Day 2 : May 16 (Thu.)



Day 2 : May 16 (Thu.)



Day 3 : May 17 (Fri.)



Day 3 : May 17 (Fri.)

